

## It's time for Australian hospitals to be all-electric (and powered by 100% renewable energy)

Over 7% of Australia's total greenhouse emissions are estimated to be from health care,<sup>1</sup> with up to 30–40% of an Australian hospital's emissions derived from the facility's energy consumption.<sup>2</sup> Fossil gas can be almost half of a public hospital's energy supply, particularly in Victoria, New South Wales and South Australia.<sup>3</sup>

The health of present and future generations depends on significant cuts to greenhouse gas emissions this decade.<sup>4</sup> The health care sector has both the capacity and duty to lead this transition, with all-electric hospitals and 100% renewable electricity supply being part of the solution.

Several new large Australian hospital builds and redevelopments in Canberra, Adelaide, Melbourne and Geelong are planned to be all-electric with no gas infrastructure.<sup>5</sup> Doctors for the Environment Australia has produced a guide for clinicians to champion their organisation's next build to be all-electric.<sup>6</sup>

Encouragingly, Victoria has demonstrated the feasibility of such a policy by recently announcing that all new homes and public buildings including hospitals will be 100% electric in design from 2024.<sup>7</sup>

Switching to an all-electric design once development is underway, or retrofitting existing facilities, is possible but more challenging, and will require hospital planners and engineers to consider their options based on existing infrastructure, context, return on investment, and life cycle analyses. Ongoing advocacy is required to ensure that all future health infrastructure is all-electric and that plans to electrify existing structures are developed.

Decarbonisation of the sector also requires a rapid transition to renewable electricity supply for all health care facilities, particularly in NSW, Queensland, Western Australia and the Northern Territory as there has been no commitment to this goal in these jurisdictions. Encouragingly, Victoria has again demonstrated this is feasible by committing to supplying 100% renewable electricity to all its public hospitals by 2025<sup>8</sup> (electricity supplies in the Australian Capital Territory and

Tasmania are already close to 100% renewable, with SA approaching 80%).

Beyond minimising the footprint of on-site energy usage, opportunities for a 100% renewable powered hospital include optimising carbon reductions from electric vehicle fleets and medical equipment. As single-use medical equipment is presently responsible for a significant portion of health care emissions, transitioning to reusable equipment (including personal protective equipment, gowns and drapes) that is washed and sterilised with 100% renewable electricity will be integral to reducing the sector's carbon and waste footprints, and will assist the sector in transitioning to a circular economy approach.<sup>9</sup>

Climate risk mitigation is health risk mitigation. We can lead by example and rapidly decarbonise the health sector. All-electric, renewably powered hospitals are an important, and feasible initial step.

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## A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service: a randomised controlled trial

TO THE EDITOR: Grigg and colleagues must be commended for their randomised controlled trial (RCT).<sup>1</sup> However, their conclusion that “the effectiveness of brief alcohol interventions for reducing alcohol consumption in women attending breast screening should be further investigated” deserves comment.

First and foremost, it is unacceptable that no national program for cancer screening has yet implemented evidence-based interventions to reduce the burden of avoidable causes of cancers (tobacco, alcohol, and obesity).

Second, although brief alcohol interventions can improve awareness of alcohol harms, in my opinion there is no rationale for investigating whether this could reduce consumption. Key considerations are:

- In the RCT by Grigg and colleagues, none of the secondary outcomes investigating alcohol consumption, even using subgroup analyses, supported a hypothetical effectiveness.<sup>1</sup>
- Although brief intervention is usually recommended, its effectiveness remains controversial.<sup>2,3</sup> It is time to acknowledge that “brief intervention” is a bazaar of techniques without a defined method. In contrast, motivational interviewing, a cornerstone of care,<sup>4</sup> is a well defined and effective technique that can be learned.