

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 424
(A-22)

Introduced by: Maryland

Subject: Physician Interventions Addressing Environmental Health and Justice

Referred to: Reference Committee D

1 Whereas, Environmental degradation and climate change are among the greatest global health
2 threats facing our world in the 21st century; and
3

4 Whereas, Fossil fuels that are fueling the climate crisis are also the sources of pollutants that are
5 causing heart disease, lung disease, and cancer; and
6

7 Whereas, The burdens of environmental degradation have historically fallen on communities of
8 color and low-income communities, exposing them to higher environmental risk, characterized by
9 proximity to hazardous waste sites, exposure to air and water pollution, poor and crowded
10 housing quality, and dangerous work environments; and
11

12 Whereas, Communities of color and low-income communities subsequently experience higher
13 incidences of cardiovascular disease, asthma, cancer risk, and mortality; and
14

15 Whereas, As the world's climate changes, vulnerable communities will be exposed to even higher
16 risks of health harm. Ecological changes will result in increased temperature extremes, natural
17 disasters, wildfires, vector-borne disease, sea level rise, food insecurity, and more; and
18

19 Whereas, Environmental justice is closely tied to social determinants of health; thus, interventions
20 to improve public environmental health must be rooted in participatory and distributive justice,
21 prioritizing those currently facing the greatest disadvantage; and
22

23 Whereas, Healthcare costs can be directly tied to the health of our environment, as climate
24 change and environmental pollutants lead to increased hospitalizations and emergency room
25 visits, which are especially expensive and resource-consuming; and
26

27 Whereas, Research suggests that asthma hospitalizations can be decreased with intervention. In
28 2009, there was a sharp decline in asthma hospitalization rates (57%) in two Baltimore zip codes
29 where there was a large reduction in pollution from nearby coal-fired power plants; and
30

31 Whereas, Physicians have a special obligation to participate in climate health advocacy and
32 policy intervention based on an ethical framework of seven criteria: expertise, proximity,
33 effectiveness, low risk or cost, unique role, severity of outcome, and public trust. Physicians have
34 expertise in treating illnesses related to environmental determinants and climate change and are
35 often first responders with proximity to those who require care. Their advocacy poses low risk to
36 themselves, and they can be effective advocates as they have unique medical expertise. By
37 speaking on the severity of the health consequences of climate change, physicians can uphold
38 public trust; and

1 Whereas, The current AMA policy H-135.938 1) supports the findings of the Intergovernmental
2 Panel on Climate Change's fourth assessment report, 2) supports educating the medical
3 community on the health implications of climate change, 3) recognizes the importance of
4 physician involvement in climate policymaking, 4) encourages physicians to assist in educating
5 patients on environmental sustainability, and 5) supports research necessary for evidence-based
6 climate change policy decisions; and
7

8 Whereas, The current AMA policy H-135.938 lacks explicit statement of the importance of
9 physician assessment of environmental determinants of health faced by their patients; and,
10 Whereas, physician assessment of environmental determinants will improve patient outcomes
11 and prevent future development and exacerbation of disease, especially for patients from low-
12 income communities or communities of color; and
13

14 Whereas, Previous studies have shown great physician interest in environmental health, but a
15 lack of confidence in their ability to take an environmental history. Currently, there is no
16 systematic documentation of environmental risk factors in the medical record and environmental
17 factors are often not specifically investigated and highlighted as a cause of disease; and
18

19 Whereas, A survey study of 500 primary care physicians showed that only 27.8% correctly
20 recognized all health effects related to environmental exposures, and those who recognized the
21 importance of the environment were significantly more likely to have knowledge of environmental
22 risk factors related to respiratory disease. Less than one third of physicians provided educational
23 material about environmental and public health to their patients, and those who asked their
24 patients about environmental exposures were significantly more likely to believe that
25 environmental health history is a useful tool to prevent environmental health exposures; therefore
26 be it
27

28 RESOLVED, That our American Medical Association amend policy H-135.938, "Global Climate
29 Change and Human Health," by addition to read as follows:
30

31 Our AMA:

- 32 1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth
33 assessment report and concurs with the scientific consensus that the Earth is
34 undergoing adverse global climate change and that anthropogenic contributions
35 are significant. These climate changes will create conditions that affect public
36 health, with disproportionate impacts on vulnerable populations, including children,
37 the elderly, and the poor.
- 38 2. Supports educating the medical community on the potential adverse public health
39 effects of global climate change and incorporating the health implications of climate
40 change into the spectrum of medical education, including topics such as population
41 displacement, heat waves and drought, flooding, infectious and vector-borne
42 diseases, and potable water supplies.
- 43 3. (a) Recognizes the importance of physician involvement in policymaking at the
44 state, national, and global level and supports efforts to search for novel,
45 comprehensive, and economically sensitive approaches to mitigating climate
46 change to protect the health of the public; and (b) recognizes that whatever the
47 etiology of global climate change, policymakers should work to reduce human
48 contributions to such changes.
- 49 4. Encourages physicians to assist in educating patients and the public on
50 environmentally sustainable practices, and to serve as role models for promoting
51 environmental sustainability.

- 1 5. Encourages physicians to work with local and state health departments to
2 strengthen the public health infrastructure to ensure that the global health effects of
3 climate change can be anticipated and responded to more efficiently, and that the
4 AMA's Center for Public Health Preparedness and Disaster Response assist in this
5 effort.
- 6 6. Supports epidemiological, translational, clinical and basic science research
7 necessary for evidence-based global climate change policy decisions related to
8 health care and treatment.
- 9 7. Encourages physicians to assess for environmental determinants of health in
10 patient history-taking and encourages the incorporation of assessment for
11 environmental determinants of health in patient history-taking into physician
12 training. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 05/11/22

REFERENCES:

1. Romanello M, McGushin A, Napoli CD, et al. The 2021 report of the *Lancet Countdown* on health and climate change: code red for a healthy future. *The Lancet*. 2021;398(10311):1619-1662. doi:10.1016/S0140-6736(21)01787-6
2. Brulle RJ, Pellow DN. ENVIRONMENTAL JUSTICE: Human Health and Environmental Inequalities. *Annu Rev Public Health*. 2006;27(1):103-124. doi:10.1146/annurev.publhealth.27.021405.102124
3. Centers for Disease Control and Prevention. Climate Effects on Health. *Climate Change and Health*. Published March 3, 2021. Accessed April 5, 2022. <https://www.cdc.gov/climateandhealth/effects/default.htm>
4. Kolk S. How The Principles Of Environmental Justice Can Improve Health Equity. *Health Aff Forefr*. Published online February 22, 2022. doi:10.1377/forefront.20220224.590765
5. Stafford Jr. L. Opinion: Baltimore, Environmental Justice and Biden's Build Back Better Agenda. *Maryland Matters*. Published October 12, 2021. Accessed April 5, 2022. <https://www.marylandmatters.org/2021/10/12/opinion-baltimore-environmental-justice-and-bidens-build-back-better-agenda/>
6. Environmental Integrity Project. Environmental Integrity Baltimore Residents Rally to Demand Cleaner Air and a Transition to Zero Waste. *Environmental Integrity Project*. Accessed April 5, 2022. <https://environmentalintegrity.org/news/12237/>
7. Birnbaum HG, Carley CD, Desai U, Ou S, Zuckerman PR. Measuring The Impact Of Air Pollution On Health Care Costs. *Health Aff (Millwood)*. 2020;39(12):2113-2119. doi:10.1377/hlthaff.2020.00081
8. Knowlton K, Rotkin-Ellman M, Geballe L, Max W, Solomon GM. Six Climate Change-Related Events In The United States Accounted For About \$14 Billion In Lost Lives And Health Costs. *Health Aff (Millwood)*. 2011;30(11):2167-2176. doi:10.1377/hlthaff.2011.0229
9. Gantz S. Fighting for breath: High asthma rates plague Baltimore's poor — and hospitals that treat them. *Baltimore Business Journal*. Published August 15, 2014. Accessed April 5, 2022. <https://www.bizjournals.com/baltimore/print-edition/2014/08/15/fighting-for-breath-high-asthma-rates-plague.html>
10. Kelly L, Burkhart K. *Asthma and Air Pollution in Baltimore City*. Environmental Integrity Project; 2017. Accessed April 5, 2022. <https://www.environmentalintegrity.org/wp-content/uploads/2017/12/Baltimore-Asthma.pdf>
11. Macpherson CC, Wynia M. Should Health Professionals Speak Up to Reduce the Health Risks of Climate Change? *AMA J Ethics*. 2017;19(12):1202-1210. doi:10.1001/journalofethics.2017.19.12.msoc1-1712
12. American Medical Association. H-135.938 Global Climate Change and Human Health. *AMA Policy Finder*. Published 2019. Accessed April 5, 2022. <https://policysearch.ama-assn.org/policyfinder/detail/climate%20change?uri=%2FAMADoc%2FHOD.xml-0-309.xml>
13. Wilborne-Davis P, Kirkland KH, Mulloy KB. A Model for Physician Education and Consultation in Pediatric Environmental Health—The Pediatric Environmental Health Specialty Units (PEHSU) Program. *Pediatr Clin North Am*. 2007;54(1):1-13. doi:10.1016/j.pcl.2006.11.001
14. Corra L. A Call to Re-Evaluate the Role and Responsibility of the Physician in Environmental Health. *J Health Pollut*. 2017;7(14):1-3. doi:10.5696/2156-9614-7.14.1
15. Nicotera G, Nobile CGA, Bianco A, Pavia M. Environmental History-Taking in Clinical Practice: Knowledge, Attitudes, and Practice of Primary Care Physicians in Italy. *J Occup Environ Med*. 2006;48(3):294-302. doi:10.1097/01.jom.0000184868.77815.2a

RELEVANT AMA POLICY

Global Climate Change and Human Health H-135.938

Our AMA:

1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.
2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.
3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.
4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.
5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort.
6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.

Citation: CSAPH Rep. 3, I-08; Reaffirmation A-14; Reaffirmed: CSAPH Rep. 04, A-19;

Reaffirmation: I-19