AMERICAN MEDICAL ASSOCIATION ACADEMIC PHYSICIANS SECTION

Resolution: 1
(A-24)

Introduced by: Gary M. Gaddis, MD PhD

Subject: Call for Study: A Mandate That Hospital Interior Temperatures Should Be Thermally Neutral to Humans within Those Hospitals

Whereas, a 2022 report from the Commonwealth Fund noted that the health care industry worldwide produces as much as 4.6% of all of global “greenhouse gas” (GHG) emissions (chiefly carbon dioxide, methane and ozone), while in the United States, the health care industry contributes about 8.5% of the nation's GHG emissions; and

Whereas, GHG emissions since the onset of the “Industrial Revolution” are widely understood to have contributed to a progressively increased carbon dioxide (CO₂) fraction of the air, and to a progressively increased average temperature of the surface of the Earth (long-term, non-human-induced cyclical fluctuations of Earth temperatures not due to human-induced GHG emissions, such as volcanic activity and other influences notwithstanding); and

Whereas, these elevated temperatures have contributed measurably to increased morbidity and mortality of human inhabitants of the Earth, not limited to residents of warmer climates and occupational groups such as outdoor laborers; and

Whereas, these elevated temperatures are also adversely impacting the natural environment upon which all life depends in ways too numerous to list in this proposed Resolution, and

Whereas, these elevated temperatures are also clearly associated with increased numbers of extreme weather events; and

Whereas, AMA policy D-135.966, most recently modified in 2022, has declared climate change to be a public health crisis, such that the goal of 50% reduction in greenhouse gas emissions by 2030 and “carbon neutrality” by 2050 are goals endorsed by this policy; and

Whereas, hospital interiors in areas where patients and families gather are typically maintained by heating, ventilation and air conditioning (HVAC) systems that are not typically supplied by “renewable” energy sources, and thus contribute significantly to health care’s GHG burden; and

Whereas, the burden of hospitals’ HVAC systems upon health care’s GHG burden are exacerbated when overly cool temperatures are maintained, as exemplified by, times when many patients and visitors must wear jackets or sweaters to stay warm; and

Whereas, the burden of hospitals’ HVAC systems upon which health care’s GHG burden are also exacerbated when overly warm temperatures are maintained, as exemplified, times when patients and visitors sometimes wear “shirtsleeve” attire to avoid becoming hyperthermic; and

Whereas, hospitals’ modern HVAC systems can be controlled with sufficient precision such that patient rooms, hospital corridors, cafeterias and other common areas need not be maintained outside of a temperature range of 21 to 25 degrees C, a range that most human beings would find to be comfortable; and

Whereas; these elevated temperatures are also clearly associated with increased numbers of extreme weather events; and
Whereas, nothing in this proposed resolution would apply to areas which must be kept at temperatures outside of this 21°C-25°C range, such as certain operating theaters and other areas of hospitals with specific patient care roles that make the specifying of such a narrow zone of indoor temperatures unwise or impractical; and

Whereas; time is running short to permit mankind to limit GHGs to a quantity not likely to disrupt life and ecosystems irreversibly with unforeseeable consequences to humans and their health; therefore be it

RESOLVED, That our AMA study the potential feasibility of the creation of a hospital accreditation standard for implementation by the Centers for Medicare and Medicaid Services (CMS), through accreditation visits provided by The Joint Commission (TJC), Det Norske Veritas (DNV), and other accrediting agencies, such that hospital internal temperatures will require ongoing monitoring for compliance with a new standard for hospital internal temperatures; and be it further

RESOLVED, that this standard will specify that hospital “common areas” must be maintained within a temperature range across which most humans would be comfortable when dressed for the weather of the season (for example, between 21°C-25°C), toward decreasing health care’s GHG impact, with a report back at the 2024 Interim the next meeting of our AMA’s House of Delegates (Directive to Take Action); and be it further

RESOLVED, That our AMA will forward the results of this study regarding the maintaining of hospital internal temperatures within a suitably narrow range to health care journalists, hospital regulators, hospital executives, and other relevant parties, toward the eventual implementation of the findings and recommendations that are anticipated to be reached. (Directive to Take Action)

Fiscal Note: Moderate - between $5,000 and $10,000

Received: 04/09/2024
REFERENCES

RELEVANT AMA POLICY

D-135.966 Declaring Climate Change a Public Health Crisis
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.