Whereas, Climate change is a risk multiplier that threatens to unravel decades of development gains; and

Whereas, Nearly 10% of all US greenhouse gas emissions are from health care; and

Whereas, The house of medicine has a responsibility to limit its contribution to climate change because of its impact on human health; and

Whereas, The use of hydrofluorocarbons is a known contributor to climate change; and

Whereas, Metered-dose inhalers (MDIs) use hydrofluorocarbons as a propellant, making a significant contribution to the health care sector's greenhouse gas emissions; and

Whereas, MDIs remain an important part of asthma and COPD care and need to still be available, as dry-powdered inhalers are not the best option for everyone, dry-powdered inhalers nonetheless have been shown to have equal or superior efficacy and tolerability to MDIs, and thus should be developed and made available; therefore be it

RESOLVED, That our American Medical Association advocate for reducing greenhouse gas emissions from health care as well as strategies for increasing the resilience of our health system to the adverse impacts of climate change (Directive to Take Action); and be it further

RESOLVED, That our AMA study the climate effects of metered-dose inhalers, options for reducing hydrofluorocarbon use in the medical sector, and strategies for encouraging the development of alternative inhalers with equal efficacy and less adverse effect on our climate. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/10/22

REFERENCES:
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 concur 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.


7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training.

Citation: CSAPH Rep. 3, I-08; Reaffirmation A-14; Reaffirmed: CSAPH Rep. 04, A-19; Reaffirmation: I-19; Modified: Res. 424, A-22.