

REPORT First Open Meeting Docs For Climate 14/12/2019

Fédération des Maisons Médicales Brussels

Attending: 32 people

Representing different organisations:

- Psy for Climate
- Artsen voor duurzaamheid
- VWGC
- Institute of Tropical Medicine Antwerp

...

1. What is Docs for climate?

Docs for climate unites Belgian **doctors and health care workers** who want to act more on the biggest threat to human health of the 21st century: the climate crisis and its link with human health.

2. Why did we start this group?

As scientists hearing the increasingly urgent messages from international bodies such as the IPCC, we **cannot accept the current climate policy**. In addition, as healthcare professionals, we are alarmed by the health effects of rising temperatures and other climate/environmental changes on the health of our fellow citizens.

→ **We wish to use our knowledge and expertise and advocate towards our policy and decision makers. Because those who have the privilege to know, have the duty to act.** We feel the health aspect of the climate crisis is not sufficiently present in the climate debate and we are convinced that we can have an additional voice in this conversation!

Moreover human health and wellbeing, the health of all living species with whom we share our home planet, environmental health, and by extension planetary health are all closely linked to a healthy climate. We want to create awareness on this subject at both public and policy level.

3. Decisions of the first meeting

On this first open meeting of doctors for climate, we got to know each other and got to share our opinions about health and climate change.

We decided on our main goal: we want to keep the community of climate + environment activism going by **connecting, informing, influencing and educating**. We can also refer to groups with more expertise for certain actions or for specific topics of interest.

We made **five groups of action**. We pointed out a coordinator of each group. They will organise themselves horizontally. We try to keep the groups as diverse as possible. After three months exactly, on the **14th of March**, we will have our **next meeting**, coordinators will give feedback about their group of action. New groups can be formed, new connections can be made, coordinators can transfer

You can find the five groups below, together with their description and their objectives.

At the end of this report you can find our **agenda** + agenda of our partners. You can also find **interesting links** that were shared during the meeting

- Health System Footprint
- Communication
- Education
- Patient information
- Governance

HEALTH SYSTEM FOOTPRINT

« be the change you want to see in the world »

First Objective: To Measure

- To measure the environmental impact of each institution and the system in general

- To raise awareness among professionals and the public and to serve as baseline / benchmark to measure progress of actions to be taken

- Assess the 'real' impact of the proposed mitigation measures
- Assess the pharmaceutical sector
- Also assess intersectoral institutions. Promote subsidiarity in care.

(For example measuring the footprint of transport)

- Introducing the environmental footprint into the objectives of the health system alongside well-being of patients, accessibility, efficiency, and staff well-being
- Add 'environmental impact' to evaluations and norms of health systems.

Partner: Healthcare Without Harm, Ottignies and ???,

Action: appointment with HCWH; collection and dissemination of measurement and action tools; partnership with other disciplines, call on the help of engineers, experts, ...

Second Objective: To Reorganize Care

- Rethinking the organization of healthcare by strengthening the front line / primary health care, prevention,...
- Developing continuous medical education

Third Objective: Carbon Neutral Hospitals

- Consultancy and peer support to reduce the impact of hospitals
- Developing the label "Green hospital" in Belgium
- Launch Green Label competitions
- Write guidelines

Fourth Objective: To Reduce the Footprint of all segments of the health sector

Brainstorming needed

Examples: promoting videoconferencing for international conferences, choose meeting places close to stations and public transport, organize carpooling,....

Fifth Objective: Reducing the Consumption of Care

- *Strengthen quaternary prevention* based on EBM to reduce the overconsumption of care and unnecessary care.

- Introduce *degrowth and sobriety* in care. Less is more. Develop reflection on the ethics of care and around the environmental footprint of care, contraception, the end of life, the relentlessness of life, ...

Extend to other care providers according to the same principles

- *Identify* the actors who could act as partners and levers,

- Develop continuing medical education (GLEM, etc.) Accreditation points.
- We, as doctors, *act as role model*
- Support professionals who wish to slow down in their practice and in their life, "be the change you want to see in the world ". Encourage individual change within management and peer institutions, support patients who want a more sober care journey.

Partners: the scientific societies SSMG, Domus Medica, Specialist groups, medical journals (Huisarts Nu!), The Unions,...

Sixth: To Build Climate Change Impact Scenarios

- Build scenarios of the "low carbon" health system / limited footprint
- Literature review, brainstorming
- See the publications of The lancet committee ad hoc

COMMUNICATION

“If the climate was a bank, it would already have been saved”

1. External Communication

A. Discussion about the name ‘Docs For Climate’

- Docs for Climate Health
- Docs for Climate and Planetary Health
- **Health** workers for Climate
- ...

quid: avoid names or perceptions of being rebellions

B. Communication/Activism

Objective

We want to make ‘Docsforclimate’ a **group of engaged doctors who connects with all other Belgian doctors**. We want to use our expertise as scientists and as health professionals to advocate for a better climate and environmental future. To offer information and support to, and positively influence policy and decision makers, both at the national and if possible European level. To strive for the right decisions and measures to be taken by the regulatory authorities and agencies, in order to positively influence both planetary and human health (e.g. via food agencies). As a respected partner and professional group, we want to positively inform and nudge our fellow citizens about life-style changes that will both provide benefit for their personal health and well-being, and improve societal and planetary health.

Targets/Goals

- To approve and implement a National Energy and Climate Plan that allows us to achieve carbon neutrality long before 2050;
- To set up an independent Medical Climate Council, composed of representatives of the scientific world from different sectors and from the population,
- To communicate clearly about the impact of climate and environmental disruption on the health of our fellow citizens and about the individual and collective measures that should both improve our personal – and planetary health, and reduce greenhouse gas emissions long before 2050;
- To desinvest the public financial resources of companies whose activities contribute to climate disruption and environmental degradation before the end of the legislature and to reinvest it in the development of a sustainable, carbon-free, socially just, health-conscious and resilient economy in the light of the upcoming changes
- To ensure that no student graduates without the opportunity to learn everything about the climate and environmental challenges specific to his sector

Target/Goal audience

- a. policymakers and lobbyists
- b. the general public: health promotion and education (cfr other groups of D4C)

Strategy

!! The theory of change: we need to build out our vision more clearly (cfr **governance group**) and with those we can build out strategies to reach the two actions that are written below.

a. Open Letter

In analogy of the first open letter written by Docs For Climate, but now reaching more people and more media. For this we need mainly an important internal communication structure. We can use the expertise that was already built up by Lucie, David and Maye while writing the previous letter.

b. Conference

Organise a big conference with both targets: health care workers + policy makers

People and resources

- Power to the people. We want to reach **as many doctors** and doctor-groups in Belgium to join D4C to make our message stronger
- We want to **get in contact with specialists/medical societies** who share a common ground and spread the message via them (Petra De Sutter/ Orde der geneesheren/ Artsenkrant/ Tijdschrift voor Geneeskunde /Revue Medical de Liege/ Revue Médicale /Jan De Maeseneer/Ri De Ridder/ de Hoge Gezondheidsraad or Conseil Supérieur de la Santé (HGR/CSS) which is part of Sciensano, etc)
- Identify media spokes persons : internally and externally (e.g. pneumologists, cardiologists, endocrinologist-diabetologists, when specific expertise and external endorsement is desirable)
- Identify European sister organizations with which we can partner, learn from, share and consolidate, this with regard to points of focus, ideas and actions.

2. Internal Communication

- A LOT of people could not be at the meeting of 14 december but contacted us to tell they are very interested. We have to find a **medium of communication** that keeps on reaching all of them. Facebook? Okuna? Mattermost? Email?
- We will start to send this report to all people who marked 'interested' when they signed the open letter, they can contact us if they want to be part of one of the groups
- **Map on the website** of all the different doctor's initiatives

EDUCATION

Intention:

Promote the **training of doctors** and / or other health actors on the links between climate and environmental change, on the one hand, and the **health of the Belgian population**, on the other hand.

The two concrete adaptation challenges that will form the basis of the training are:

Minimize the ecological impact (footprint) of our professional practice

Take into account the evolution of health problems under the influence of changes irreversible and progressive future, taking into account a possible pejorative evolution of predictability and therapeutic resources (“mitigation”, cfr. NEJM)

-

Allow this training to touch **various disciplines** (psychiatry, infectiology, genetics, neuroscience, emergency medicine, first line ...). Highlight the multi-system and **interconnected aspect** of these issues.

Integrate these training courses into a concrete Belgian adaptive preparation process, cfr. Belgian Climate Change Adaptation Plan (currently behind targets defined by “Measure 9” of the 2017-2020 version).

Goals:

- **Integration into the university curriculum** (cfr. [The Lancet 2019, Sustainable Healthcare Education](#)) “[Fulfilling a new obligation Teaching and learning of sustainable healthcare in the medical education curriculum](#)”) longitudinal (throughout the curriculum: from training from medical students to doctors in complementary masters) and transversal (across the limits of classic “disciplines”)
- Integration into continuing education activities of qualified doctors
- Didactic aspects of interactions with political authorities and other social actors

Target group:

- Students in medical school, including complementary masters
- Faculty authorities deciding for the 8 Belgian faculties of medicine
- Doctors of all specialties (generalists, hospital specialists, public health (doctors or not), school doctors, hygienists, ...)
- Groups and associations active in medical education (SSMG, Belgian Society of Cardiology, INAMI ...) either by providing training or by funding their development

Students:

Support and / or develop the training offer on “health and environment” issues provided by the various universities in the country. Create bridges between the different training offered. Communicate with student associations regarding these training possibilities (see communication group)

Suggest and/or tutor subjects on health / environment issues (general medicine and public health schools)

Doctors :

- Develop and / or distribute training modules (e-learning, presentation with speaker, etc.)

- Make these training courses individually accessible, via platforms (INAMI, SSMG, etc.), via GLEMS or even via any meeting between peers.
- Increase the attractiveness of these training courses by having them accredited
- Give visibility to what already exists: Psy4Climate, tijdschrift voor geneeskunde,... (see communication group)
- Suggest to congress organizers to give an important place on this subject during their event and provide them with ad hoc training material (speakers, presentations, etc.)
- Develop an awareness discourse (for the consultation) centered on the patient himself, putting as much as possible the positive aspects of the desirable changes forward (see motivational interview)
- Create didactic material for a conference bringing together health system actors and political decision-makers (see communication group)

Faculty authorities:

- Aim for longitudinal (throughout the curriculum) and transversal (through limits of the classic “disciplines”) in university medical education. See e.g. [Teaching About Climate Change in Medical Education: An Opportunity](#)
- Connect with the different faculties. Lobbying. Demonstrate the growing interest among students and the need to quickly develop these questions during university training.
- Use the support of the many professors and deans who signed the open letter.

Groups and associations:

Encourage groups and associations active in medical training (SSMG, Belgian Society of Cardiology, INAMI, etc.) either to provide existing training or to finance their development.

All:

Create a library of relevant references (books, studies, etc.)

Learn and be inspired by what is already being done abroad (MOOC, Center for Sustainable Healthcare, etc.)

Next step / To Do:

- Plan meeting of the “education” group
- Invitations to participate (D4C participants? Others?)
- At the meeting, (for certain points to be adapted according to human resources)
 - Share what is already known (see above)
 - Define roles and responsibilities in the group. Subgroups? (not only according to affinities, but also according to individual skills and access to the various “target” levels).
- Prioritization of procedures: favor what is quick and easy and which impact could be major

PATIENT INFORMATION

Focus on positive messages and clear information about climate and health, adapted to the patient that is sitting in front of us, using the principles of motivational Interviewing without inducing guilt and while avoiding to impose our own ideological or political ideas on our patients. We also have to take in account social justice and mental health in regard to climate change.

Propositions of the group:

- Short intervention tools for doctors to use during consultations
- Annual resolutions regarding climate and health (less meat, active mobility,...)
- Online platform for information about climate and health including practical information to help change behaviour
- Patient empowerment and patient participation platform regarding actions and activities that can be undertaken by patients to improve health and lower carbon emissions (vegetable garden, green public spaces, cycling to school together)
- Preferably we would partner up with organizations like Domus Medica, ssmg, vereniging v wgcs, fédération des maisons médicales, ...

GOVERNANCE

The « Governance » workgroup (WG) was created with a mission to elaborate on the issues of the values, objectives, structure and philosophy of the Docs for Climate Initiative.

Philosophy :

- although some in the group suggested the name remain unchanged to begin with, others inside or outside the group thought it could be extended to all healthcare professionals. This is an ongoing debate.
- some in the group expressed the importance of role models : if a doctor (or healthcare professional) carries out environmental-friendly actions, people will more easily endorse such actions themselves.
- there was a wide consensus on the need for a positive message in order to include everyone, depending on what they are capable of.

Structure

There was a consensus that Docs for Climate would have to be an « Umbrella » for initiatives that matched its objectives. Therefore, the name would have to be claimed, mostly for legal matters. This would mean the existence of a structure that would make sure that supported projects or actions were compatible with the Docs for Climate initiative. This would require a charter.

Considering all the positive energy, ideas and need for action in the room that day, it was underlined that our structure should support, promote, enhance all of those, but not limit them, as far as possible.

There should also be a reflexion on who communicates on those actions, among the Docs for Climate initiative.

Although the structure of a VZW/ASBL was suggested, it is still uncertain whether this is the right choice. This remains to be developed.

Mission / Objectives

The objectives were not clearly defined, but we agreed on the need for our objectives to be SMART : specific, measurable, acceptable, realistic, time-based.

Measurability is a must-have, as it allows us to make some quality control and to communicate on our actions.

An idea was to have a general objective that is widely accepted, including among fellow associations (XR, GreenPeace, Youths for Climate...), that defines the general direction we are sailing towards. We would also have specific objectives, specific to our being healthcare professionals.

An example was a general objective : « to limit global warming to 1.5°C compared to pre-industrial levels » ; a specific example could be : « to decrease to carbon footprint of the Belgian healthcare system ».

Additional ideas (post-its) :

- Join the Orde der artsen / Ordre des Médecins, just to make sure what we can or cannot do as doctors.
- Ask for some external consultancy ; my guess is this is to help us build the project and governance and all the same avoiding typical pitfalls.

What next ?

The « Governance » WG will meet again at least once before the 14th of March, when the Docs for Climate initiative gathers again.

4. Agenda

- Congres 26/3-27/3 about sustainable food in Antwerp, more info on (see www.kintu.be)
- Plastic Soup Congres (see www.artsenvoorduurzaamheid.be)
- **NEXT MEETING DOCSFORCLIMATE: Saturday 14th of March!**

5. Interesting links

- The Lancet Countdown 2019
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32596-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32596-6/fulltext)
- WIREs edition on Climate Change
<http://wires.wiley.com/WileyCDA/WiresCollection/id-80.html>
- Medisch Contact 74 jaargang 21 november 2019 (pdf version cfr Dr. H J)
<http://doc-durable.fr>
- [https://www.thelancet.com/pdfs/journals/lanph/PIIS2542-5196\(18\)30246-8.pdf](https://www.thelancet.com/pdfs/journals/lanph/PIIS2542-5196(18)30246-8.pdf)
- <https://www.artsenvoorduurzaamheid.be/>
- <http://psy4climate.org/about-us/>
- <https://noharm-europe.org/>
- <https://duurzaam-pensioen.be/nl/>

