

Climate Change and Health Attitudes of Family Medicine Patients and Physicians in Wisconsin

Unaib Rabbani*

Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, USA

Introduction

Climate change offers unprecedented and growing threats to human health. Climate-related extreme weather events, such as heat waves, wildfires, and droughts, are becoming more common, putting tremendous strain on underprepared health systems and health professionals. Desertification, an on-going mega-drought, and unrelenting wildfires in the Western United States have all been linked to an increase in outpatient visits, hospitalisations, and deaths from cardiovascular and respiratory diseases such as heart attacks, strokes, and chronic obstructive pulmonary disease (COPD). Globally, the number of people killed or injured as a result of flooding, malaria, and diarrhoea is predicted to rise drastically as sea levels rise. As the planet heats, infectious diseases such as West Nile virus, dengue fever, malaria, and Valley fever are expected to spread further north. Malnutrition has increased significantly as a result of rising temperatures.

A significant increase in malnutrition due to rising carbon dioxide levels, droughts, and floods is correlated with an increase in conflict and war, as well as the resulting human displacement. Increases in extreme weather events such as hurricanes and tornados create displacement, homelessness, and psychological distress, in addition to physical harm and sickness induced by climate change sequelae. While climate change will affect all humans, there is no doubt that the effects will exacerbate current health, gender, and intergenerational inequality. Climate change is already affecting low-income countries that have contributed the least to climate change, as well as people of colour living in poverty in high-income countries.

In 2009, the World Health Organization designated climate change as the greatest threat to human health in the twenty-first century. Since then, the American Medical Association, the American Academy of Family Physicians, the American College of Physicians, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have all advocated for protecting human health by enacting legislation to address climate change, increasing medical education on the subject, and increasing support for health professionals and health systems to adapt and become more resilient to climate change. According to a survey, the vast majority of family physicians in the United States believe climate change is important to direct patient care, and more than half believe their own patients are already being negatively impacted by climate change [1].

As preventive medicine and health equity practitioners, family physicians must better grasp the implications of climate change on our communities in order to prevent and respond to potential consequences. Family physicians have an even higher moral duty to address climate change as clinicians who

care for children, because more than 88% of the impacts of climate change are predicted to be suffered by children under the age of five. Most critically, family physicians may serve as leaders at the crossroads of climate change and health equity. Family physicians are specialists in leveraging long-term connections with our communities, as well as using narrative and inter professional care to effectively educate and advocate about health risks, as well as leading individual and social behaviour change and system change [2].

Description

Family medicine educators may help prevent and mitigate the health effects of climate change by acting now and teaching future family physicians to practise in a changing world. However, in general, medical schools and residencies do not teach about climate change. Climate change is only covered in 16% of medical schools' curricula as of 2019. As educators, we can take the lead and push for climate change education in our schools. The Accreditation Council for Graduate Medical Education (ACGME) and the Association of American Medical Colleges (AAMC) both aggressively promote disaster preparation and health equity, two issues that are intrinsically linked to climate change. As family medicine educators, we are prepared to deliver on-going education on climate change to interprofessional care teams in our health systems. Climate change should be included in lectures and curricula for medical students, residents, and fellows. The Planetary Health Report Card is a useful tool for assessing needs. It gives medical schools concrete measures to track their success in combining climate change and health education [3].

Postgraduate fellowships in climate change and health provide possibilities for learners to expand their knowledge. Climate change and health faculty and leadership development are critical to changing the academic family medicine landscape. There are resources accessible, such as the University of Colorado's Diploma and Certificates in Climate Medicine and Yale's Climate Change and Health Certificate. Finally, family medicine educators should engage in and advocate for primary care-driven scholarship and research on how to mitigate the effects of climate change on public health [4].

Transform your life. To be proactive in mitigating and adapting to climate change, we need transform our clinics and health systems. The US health sector alone accounts for 7%-10% of total US greenhouse gas emissions. According to one study, pollution from the health sector is projected to cause health harms on the same scale as unnecessary medical errors. In this perspective, decarbonizing the health system has been characterised as a patient safety issue, in accordance with the key values of family medicine of do no harm and preventive medicine. There are effective models and roadmaps for greening our clinics and hospital systems, such as Health Care without Harm's Global Road Map for Health Care Decarbonization and Practice Greenhealth's Climate Impact Check-up tool [5].

These can be utilised to spearhead creative quality improvement initiatives aimed at reducing the harms caused by our workplaces. The COVID-19 epidemic also teaches us important lessons about sustainability. While waste from personal protective equipment (PPE), test kits, and vaccines has overburdened health-care systems, the pandemic has highlighted the financial and health benefits of pursuing sustainable solutions such as eco-friendly packaging and shipping, reusable PPE, and nonburn waste treatments. We must lead in research and innovation while also advocating for the application of these technologies and policies. Similarly, we should fight for enhancing and

*Address for Correspondence: Unaib Rabbani, Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, USA, E-mail: rabbaniunaib123@gmail.com

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updating telehealth services, as well as allowing some personnel to work from home, as these measures reduce our carbon footprint and enhance health systems during climate-related crises. Finally, we can plan ahead of time.

Conclusion

Advocacy skills are necessary in the ACGME Family Medicine Milestones for resident education and are fundamental to the function of the family physician. We must participate in local and national policy discussions that address our patients' and communities' health and safeguard the most vulnerable. We may persuade our organisations to divest their stakes in fossil fuels. We can work with colleagues and medical societies to lobby lawmakers to assist them design new legislation. We can join or partner with physician organisations like the Medical Society Consortium on Climate and Health, Healthcare without Harm, Eco America, or Physicians for Social Responsibility that are working on this issue. Furthermore, we should lobby our organisations, such as the Society of Teachers of Family Medicine, to publicly recognise climate change as a problem. We should urge our institutions, such as the AAMC and ACGME, to include climate change education as a key component of the training of new physicians in all specialities. We can emphasise persuasive evidence of the need for policy change in partnership with colleagues from other fields of study. As public health stewards, we must use our voices to fight for changes in local and national government policy.

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Conflict of Interest

None.

References

1. Dion, Maxime. "Teaching shared decision making to family medicine residents: A descriptive study of a web-based tutorial." *JMIR Med Edu* 2 (2016): e6442.
2. Amell, Fred. "A shared decision-making communications workshop improves internal medicine resident skill, risk-benefit education and counselling attitude." *Patient Edu Coun* 105 (2022): 1018-1024.
3. Rusiecki, Jennifer. "An innovative shared decision-making curriculum for internal medicine residents: Findings from the University of Pittsburgh medical center." *Acad Med* 93 (2018): 937-942.
4. Van Der Horst. "Attitudes toward shared decision-making and risk communication practices in residents and their teachers." *Med Teacher* 33 (2011): e358-e363.
5. Simmons, Leigh. "Shared decision making in common chronic conditions: Impact of a resident training workshop." *Teaching Learning Med* 28 (2016): 202-209.

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