

AMA Journal of Ethics®

February 2021, Volume 23, Number 2: E201-203

ART OF MEDICINE

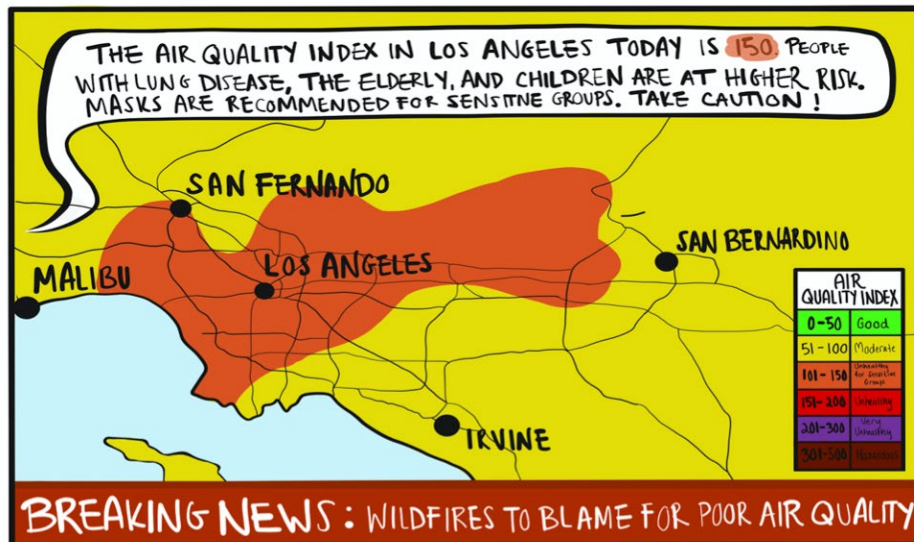
Climate Change and Health Equity

Nealie Tan Ngo

Abstract

Physical environment, income, and access to education and food are all health determinants that situate whether, when, and to what extent patients or their communities have equitable access to wellness and health care services. Because climate change will likely exacerbate national and international health inequity, this comic considers our future.

Figure. Detail from *Diagnosing Our Future*



[\(Click here to view the entire graphic narrative.\)](#)

Media

Adobe Draw, Adobe Photoshop, and Microsoft Word.

As current and future health care professionals, it can be easy for us to view climate change as an issue that is too far removed from our daily responsibilities. Our jobs

center around medications and differentials, not greenhouse emissions and **rising sea levels**. It can be easy for us to turn a blind eye and say, “That’s someone else’s problem.” However, our calling as health care professionals does not make us immune to the consequences of climate change; our patients already are—and will continue to be—the victims of climate change. Our profession gives us the unique perspective of seeing many of the possible consequences of climate change—from re-emerging infectious diseases and toxic algae blooms to exacerbations of health conditions due to air pollution and food shortages.^{1,2,3}

As current and future health care professionals, we are in a position of responsibility, privilege, and power, and we need to add our voices to the climate change narrative. There has been—and will continue to be—a physical human toll due to climate change.¹ The World Health Organization reports that between 2030 and 2050, climate change will be responsible for 250 000 additional deaths per year from malnutrition, malaria, diarrhea, and heat stress.⁴ Furthermore, the direct damage costs to health is estimated to be between 2 to 4 billion USD per year by 2030.⁴

As current and future health care professionals, we have an obligation to the public to take action on climate change—whether through **climate advocacy**, improving patient and medical student education,^{5,6,7} or even taking steps to help **reduce the carbon footprint** of the health care industry^{8,9}—because members of the public are our patients, and we are caretakers of their health.

Climate change is a public health crisis.¹⁰ As current and future health care professionals, we need to pay attention to it.

References

1. Edenhofer O, Pichs-Madruga R, Sokona Y, et al, eds. Summary for policymakers. In: Edenhofer O, Pichs-Madruga R, Sokona Y, et al, eds. *Climate Change 2014: Mitigation of Climate Change. Working Group III Contribution to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Cambridge University Press; 2014:1-30.
2. Watts N, Amann M, Arnell PN. The 2018 report of the *Lancet* Countdown on health and climate change: shaping the health of nations for centuries to come. *Lancet*. 2018;392(10163):2479-2514.
3. Crowley RA; Health and Public Policy Committee, American College of Physicians. Climate change and health: a position paper of the American College of Physicians. *Ann Intern Med*. 2016;164(9):608-610.
4. Fact sheets: climate change and health. World Health Organization. February 8, 2018. Accessed October 25, 2019. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>
5. Climate Change Toolkit. American College of Physicians. Accessed October 25, 2019. <https://www.acponline.org/advocacy/advocacy-in-action/climate-change-toolkit>
6. Wellbery C, Sheffield P, Timmireddy K, Sarfaty M, Teherani A, Fallar R. It’s time for medical schools to introduce climate change into their curricula. *Acad Med*. 2018;93(12):1774-1777.
7. Maxwell J, Blashki G. Teaching about climate change in medical education: an opportunity. *J Public Health Res*. 2016;5(1):673.

8. Eckelman MJ, Sherman JD. Estimated global disease burden from US health care sector greenhouse gas emissions. *Am J Public Health*. 2018;108(suppl 2):S120-S122.
9. Blumenthal D, Seervai S. To be high performing, the US health system will need to adapt to climate change. *Commonwealth Fund* blog. April 18, 2018. Accessed October 23, 2020. <https://www.commonwealthfund.org/blog/2018/be-high-performing-us-health-system-will-need-adapt-climate-change>
10. Hollis A. Why climate change is a global public health emergency. *Time*. September 12, 2019. Accessed October 25, 2019. <https://time.com/5672636/climate-change-public-health/>

Nealie Tan Ngo is a third-year medical student at the University of Toledo College of Medicine and Life Sciences in Ohio. She earned a BA in history of science, medicine, and public health at Yale University. Besides pursuing medicine, she is interested in incorporating graphic medicine and public health in her future career.

Citation

AMA J Ethics. 2021;23(2):E201-203.

DOI

10.1001/amajethics.2021.201.

Conflict of Interest Disclosure

The author(s) had no conflicts of interest to disclose.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.