

I have become an advocate largely by accident.

In medical school, I started to see how climate change would act as a threat multiplier, exacerbating existing structural disparities. As catastrophic storms and severe heatwaves became increasingly routine, those with the fewest resources would be least equipped to cope with these climate threats. In residency, I'm building an academic career addressing how climate change impacts surgical care access and quality, especially for our most vulnerable patients.

During my first three clinical years, I saw how surgical care contributes to the problem. All told, healthcare constitutes 9% of our national carbon emissions.¹ Surgery specifically generates 3-6 times more emissions than any other hospital-based care.² While surgeons are the worst climate offenders, we also have unique agency to catalyze change. As high earners with an engrained culture of self-examination, we are adept at identifying feasible practice changes and mobilizing healthcare resources. If I can motivate surgeons to support sustainability efforts and recognize the health threats of climate change, we could move the needle.

During my research time, I have intentionally developed the statistical and climate science skillset I need to generate the evidence that climate change is a surgical diagnosis. I expected an uphill battle. What I did not expect was the level of interdisciplinary support and public interest in my work. With growing opportunities for public engagement, I owe it to the patients most affected by climate change to become more than an accidental advocate.

Particularly for climate change, physician advocacy is crucial. Nationally, healthcare providers are the most trusted voices on science and health topics – above scientists and policymakers.³⁻⁵ To help reframe climate change as a health challenge rather than a political debate, I have sought mentorship from local surgeon leaders and read about public engagement. MCACS support to continue building this skillset at the ACS Leadership and Advocacy Summit would be instrumental in translating my work into meaningful change.

References

1. Eckelman MJ, Huang K, Lagasse R, Senay E, Dubrow R, Sherman JD. Health Care Pollution And Public Health Damage In The United States: An Update. *Health Aff (Millwood)*. 2020;39(12):2071-2079. doi:10.1377/hlthaff.2020.01247
2. MacNeill AJ, Lillywhite R, Brown CJ. The impact of surgery on global climate: a carbon footprinting study of operating theatres in three health systems. *Lancet Planet Health*. 2017;1(9):e381-e388. doi:10.1016/S2542-5196(17)30162-6
3. Skinner G, Clemence M. *Veracity Index 2020*. Ipsos MORI; 2020. Accessed January 5, 2022. <https://www.ipsos.com/ipsos-mori/en-uk/ipsos-mori-veracity-index-2020-trust-in-professions>
4. Chen L, Vasudev G, Szeto A, Cheung WY. Trust in doctors and non-doctor sources for health and medical information. *J Clin Oncol*. 2018;36(15_suppl):10086-10086. doi:10.1200/JCO.2018.36.15_suppl.10086
5. Reinhart R. Nurses Continue to Rate Highest in Honesty, Ethics. *Gallup.com*. Published online January 6, 2020. Accessed January 5, 2022. <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>