

Medical researchers and administrators discuss how to make US health care more sustainable

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If you were being treated in a hospital, your immediate concerns probably wouldn't include plastic waste, but maybe they should. Growing awareness of the links between environmental and human health has

some in the U.S. health care system wondering if the pledge they take to "do no harm" extends to the natural world.

The sector accounts for almost 10% of U.S. emissions and is one of the country's largest producers of waste, about a quarter of which is [single-use plastic](#) in the form of syringes, test kits, gloves, and other equipment. Some health care organizations, however, have scored sustainability successes by using automated machines that dispense insulin into syringes instead of using individual vials, collecting unused bedside supplies to donate rather than dispose of after patient discharge, and installing solar panels, among other initiatives.

Below, Stanford University infectious disease physician Desiree LaBeaud and undergraduate student Navami Jain join Helen Wilmot and Christine Foster—chief sustainability officers at Stanford Health Care and Stanford Medicine Children's Health, respectively, to discuss alternatives to single-use medical items, the need for regulatory change, and more.

Jain and LaBeaud recently co-authored a commentary in *AMA Journal of Ethics*, "How Should U.S. Health Care Lead Global Change in Plastic Waste Disposal?" Wilmot attended a roundtable at the White House this past June on reducing the health care industry's climate-warming emissions. Foster has presented at various national conferences on the topic of decarbonizing health care.

What are some of the most promising solutions for making health care more sustainable?

Wilmot: Each health system should establish a policy that determines sustainability criteria—such as greenhouse gas emissions and chemicals of concern—for goods and services and includes contract language for suppliers to report such criteria. Beyond that, the industry needs a

regulatory environment that values reusables over disposables. At a federal level, the FDA should be asking suppliers to default to reusable items as appropriate and require justifications for single-use disposable items.

Jain: One solution that has attracted a lot of spotlight is reusable gowns. A 2020 Stanford-led [study](#) provides evidence for their safety, sustainability, and cost-savings. A lot of institutions, notably UCLA and UCSF, have successfully used these gowns on a regular basis.

What are the biggest obstacles to making U.S. health care more sustainable?

Jain: There is a lack of accountability, both within institutional operations and supply chain procurement. In hospitals and other health care facilities, sustainability is not close to a priority so no one is held accountable for failing on that count.

Foster: The lack of product-level sustainability data creates a barrier to making decisions with overall carbon impact in mind. Approximately 77% of the [carbon footprint](#) for Lucille Packard Children's Hospital at Stanford is attributed to supply chain. Our percentage is higher than the industry average because we have already reduced or eliminated many of the other greenhouse gas sources in our operations.

Wilmot: The health system has a number of important priorities that compete with sustainability, such as quality initiatives, cost containment, and patient satisfaction. It's hard to make a change or adjust workflows or change medical products when there are always other urgencies in focus.

To what extent is staff or public perception an issue for switching from disposal items marketed as more sanitary to reusable items

that may be perceived as less sanitary or safe? How can health care organizations overcome these concerns?

Jain: A lot of the reservations stem from uncertainty about the quality control strategies for reusable products. I think we owe staff and patients transparent communication about sterilization procedures and study-backed evidence of product safety.

LaBeaud: Again, I think awareness is a huge part of this. Sustainability and impacts of climate on health must be integrated into medical curriculum from the very beginning. Grants and prizes to incentivize innovative ideas in sustainability can be used to get health care workers excited about combatting this crisis together.

Foster: As we have begun to share information about the impacts of climate on health, and the contribution that health care is making to climate impacts with the professionals in our community, it has been amazing to see how quickly they become engaged and want to contribute to solutions.

What other benefits are there to more sustainable health care?

Jain: In our paper, we discuss case examples where [health care](#) systems recover millions in savings through waste mitigation and recovery efforts. For example, one U.S. hospital system's implementation of reusable gowns resulted in savings of more than \$3.5 million over four years. It's been estimated that [health care organizations](#) in Nova Scotia, Canada, could save more than \$12 million due to policies that hold manufacturers and importers accountable by internalizing environmental costs associated with waste streams.

Foster: Moving to cleaner fuels and eliminating chemicals of concern from the products and equipment we use in the hospital creates a

healthier environment for our patients, families, and staff, as well as the communities we operate in.

More information: [How Should U.S. Health Care Lead Global Change in Plastic Waste Disposal?](#)

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