



Sustainable Nephrology Action Planning (“SNAP”)—A New Committee of the Canadian Society of Nephrology

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Earth has warmed by 1.1°C since 1850 due to atmospheric accumulation of anthropogenic greenhouse gases (GHG)¹ and the *Lancet* has recognized the climate crisis as the greatest risk to health. In Canada, we recently witnessed extreme weather events attributed to climate change, many of which disrupted the provision of life-sustaining therapies to our vulnerable kidney patient population.

The health care sector produces 4.6% of GHG emissions in Canada,² and kidney care has a disproportionately large contribution.³ Carbon pollution, more commonly known to cause lung cancer, cardiovascular, and pulmonary diseases, also causes kidney disease.⁴ Furthermore, the incidence of dialysis use worldwide is projected to increase by 2.8 million individuals by 2030.⁵ Canada, as a signatory of the COP26 health agreement, aims to build a climate resilient, low carbon health system. Medical leaders have called for emergency action from health professionals in contributing to a global response to the climate crisis.⁶ Increasing resource and financial scarcity, in conjunction with the now striking and ever-increasing ecologic realities we face, demand that novel approaches be “on the table.” The Canadian Society of Nephrology (CSN), in creating the Sustainable Nephrology Action Planning (“SNAP”) Committee, has identified the urgent moral and patient care imperative of developing a comprehensive approach to sustainable kidney care. Our mission is to educate, innovate, and advocate for sustainable kidney practice.

This committee is proudly aligning with the planetary health movement by signing the Sao Paulo Declaration on Planetary Health, while individual members will be guided by principles of the planetary health pledge of the Anthropocene.⁷ Notably, this wider scope includes respect for social and structural determinants of health and traditional knowledge systems.

SNAP has cross-Canada representation and hence a communication network within both pediatric and adult nephrology for sharing and disseminating sustainability resources and advances. We intend to change clinical practice through

sustainable clinical care, education, procurement and infrastructure, and advocacy and engagement.

A comprehensive mapping of the patient journey from prediagnosis throughout the spectrum of chronic kidney disease aims to identify opportunities for disease prevention, as well as avoiding “hotspots” of carbon expenditure in optimal patient care. We aim to introduce sustainability key performance indicators. Learning resources are being assembled, and we foresee that sustainable nephrology will be a topic of focus at our annual conference. We anticipate fellowship positions in the emerging field of green nephrology. We will advocate for purchasing to be rooted in environmentally preferred principles, and will work with industry partners to promote and adopt a sustainability focus for the design, manufacture, delivery, and disposal of kidney treatment associated equipment.

As always, patients are the primary focus of our work and will have representation.

We are liaising with similar organizations in other countries and foresee amalgamating our collective actions internationally.

The Canadian nephrology community hopes that SNAP activities serve as a useful model, and perhaps even a motivating example, for individual practitioners, renal programs, and other medical specialties to create their own climate aligned health solutions in this era of uncertainty and yet tremendous hope.

Consent for Publication

The author have reviewed the manuscript and consent to its publication.

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