

FROM THE EDITOR'S DESK

From the Editors Desk: Climate Change in Clinic

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In this issue, Dr. Brooks raises the provocative suggestion that we bring climate change into the exam room.¹ As someone who obsesses about our planet, I have contemplated the same question. I live and work in the Boston metropolitan area, and many of my patients are politically liberal. I know this because they occasionally out their politics in answers to our PHQ2 questionnaire, attributing their mood to current political realities. I have raised the issue of climate change only once in a semi-retired patient who responded to my question on her daily routine to say that Fox news was always on in her home. When she later despaired of concerns for her grandchildren's future, I shared that my primary worry was for our planet. She responded that she didn't really know anything about climate change. I quickly looked for resources to share, but only found websites that could immediately be labeled as liberal sources. My words may have prompted her to learn more, but my response felt far from the mark. I also worried that I may have inappropriately inserted my politics into our encounter.

While I am fully on board on the relationship between climate change and health, I can't imagine inserting this into my routine social history questions. First, there is the question of hypocrisy. Yes, I drive an electric car, obsess about recycling, and was bringing bags to the grocery store for decades before it was accepted practice. But I am not a vegetarian, and I travel a lot when not in COVID-19 lockdown. It doesn't feel quite right to preach what I don't practice. It got a lot easier to counsel patients about incorporating exercise into their routines when I started to exercise regularly.

Dr. Brooks is largely targeting the exam room, not the hospital bed. It does seem that this message would best come from doctors seeing patients over years with substantial deposits in the trust bank. As has been clarified many times over, primary care doctors in particular are already overwhelmed with chronic disease

management, cancer screening, and the wealth of preventive measures. We are struggling to help patients whose social determinants prevent them from following our recommendations. I don't think we can ask them to incorporate these questions into their routine social histories.

How, then, do we achieve the goal of connecting climate change to human health in our practice settings? Rather than focusing on the action of the individual physician, we should ask our practices to consider offering questionnaires to our patients. Rather than broadcasting the news in our waiting rooms, we could have informational videos both in our practices and on hospital television inpatient channels. We could make videos of our clinicians describing their own efforts to mitigate climate change. This would allow our patients to ask clarifying questions of their doctors without putting the burden of screening on those doctors.

Many of us may have signed petitions asking our institutions to divest from fossil fuel investments. That is important, but as Dr. Brooks suggests, we should also capitalize on our knowledge to inform our patients of these health risks. This won't be as "easy" as our efforts have been to encourage patients to quit smoking as the questions are beyond the binary yes or no, but that doesn't mean it isn't worth the effort.

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REFERENCE

1. **Brooks CK.** The Climate Crisis and the Exam Room. JGIM. 2020. <https://doi.org/10.1007/s11606-020-06050-3>.

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