



Planetary Health in Hospice Palliative Care: Building Climate Resilience and Low Carbon Health Systems

Presenters:

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AGENDA	DISCUSSION
ITEM	DISCUSSION
Learning Objectives	 Recognize the intersection between climate change and kidney care, and how a palliative approach supports sustainable care. Understand the contributions of hospice palliative care to planetary health, including mitigation and adaptation strategies. Explore how palliative care principles can be adapted to the Planetary Health Framework.
Presentation	CONTEXT
Key Points	 Climate change is defined by the UN as long-term shifts in temperature and weather patterns, increasingly driven by human activity (burning fossil fuels). The WHO considers climate change the greatest threat to human health. It impacts health via extreme weather, heat stress, air pollution, disrupted habitats, food insecurity, and water quality degradation. Recent climate events (e.g., atmospheric river in 2021, wildfires, heat dome) have significantly disrupted dialysis care and highlighted vulnerabilities in healthcare systems. These events have prompted greater attention to planetary health in BC and across Canada.
	Impact of Climate Change on Kidney Care
	 Climate change can cause acute and chronic kidney injury, increase kidney stone formation, and contribute to kidney failure.
	Dialysis has a high environmental footprint:
	 Uses large volumes of water and energy.
	 Generates significant waste from equipment and supplies.
	 Involves extensive travel emissions (e.g., 20,000 patients traveling three times/week).
	 Relies heavily on medication transportation.
	Sustainable Kidney Care Initiatives
	 In 2024, a Sustainable Kidney Care playbook was published through collaboration with Health Canada, Cascades, SNAP, and the Canadian Society of Nephrology.
	 10 actionable strategies are outlined in the playbook for renal teams to promote planetary health.
	Three strategies closely align with a palliative approach to care:
	1. Understanding the connection between climate change and kidney disease.
	2. Promoting early recognition and prevention to delay or avoid dialysis.
	 Encouraging conservative (non-dialysis) management aligned with patient values and goals.
	Conservative Kidney Management and Palliative Integration
	Conservative management focuses on symptom relief and quality of life without dialysis.
	Palliative approach includes:

o Early conversations about goals of care when kidney function drops below 20%.

- o Support for patients preferring to forgo dialysis due to comorbidities or frailty.
- o Lower default rates to dialysis when values-based discussions occur early.
- Upcoming initiative: Launch of an Advanced Palliative and Geriatric Nephrology Fellowship in 2026.

Disproportionate Impact and Palliative Care

- Vulnerable populations are most affected by climate change.
- Extreme weather events (e.g., heat domes, wildfires) have limited access to essential palliative care services.
- While palliative care focuses on quality of life and symptom relief, it also contributes to greenhouse gas emissions (CO₂, methane, nitrous oxide).

Healthcare Emissions and Scope

- Scope 3 emissions are the largest contributors to healthcare's carbon footprint, including:
 - o Employee commutes
 - o Supply chain transportation
 - Waste disposal and treatment
- A 16-bed hospice was found to produce 420 tons of CO₂ annually, primarily from staff commuting.

Planetary Health Framework

- Planetary health recognizes that human health and the health of the planet are interconnected.
- Strategies to improve planetary health include:
 - o Adaptation: weather response protocols, training, resilient supply chains.
 - Mitigation: energy efficiency, sustainable procurement, waste reduction, climate-conscious clinical practices.

Action at Multiple Levels

Individual Level

- Joined Canadian Association of Nurses for the Environment BC.
- Engaged with the Nursing Toolkit for Planetary Health focusing on:
 - o Eco-friendly habits
 - o Climate-conscious nursing practices
 - Advocacy and awareness

Team Level – Victoria Hospice Green Team

- A collaborative team including clinical and non-clinical staff.
- Supported by Island Health's Environmental Sustainability Program with funding for protected staff time.
- Key initiatives:
 - o Created a Green Team Strategic Plan
 - o Implemented a Sustainable Commute Program
 - o Introduced reusable PPE gowns
 - o Practiced composting and soft plastics recycling
 - o Donated clean unused medical supplies to inner-city clinics
 - o Participated in PPE recycling initiatives

Challenges and Opportunities

- Barriers include competing priorities in operational practices.
- The Green Team aims to empower all stakeholders staff, patients, families, volunteers
 to take sensible environmental actions.
- There is a strong alignment between palliative care values (e.g., reducing unnecessary interventions) and planetary health goals.

Research Gaps & Framework Adaptation

- Existing research on climate and hospice palliative care is limited and mostly anecdotal.
- Dr. McNeil's Planetary Healthcare Framework (reduce demand, match supply, reduce emissions) is a potential model for adaptation.
- This framework has already been adapted for kidney care by Thomas et al.
- Proposal to adapt the framework for hospice and palliative care via a new committee.

Next Steps

- Dr. Kara Schneiders and the presenter propose forming a Sustainable Hospice Palliative Care Committee.
- Invitation extended to attendees to join or contribute to this initiative.

Discussion and Q&A

Q: How to Begin a Green or Planetary Health Initiative When You're the Only One?

Starting Small & Celebrating Existing Efforts:

- o Identify and celebrate small, existing eco-friendly actions already happening in your care setting (e.g., composting, recycling).
- o Highlight individuals already contributing to sustainability, even informally:
 - One staff member took soft plastics home for recycling.
 - Another brought milk and juice containers to a recycling depot.
 - Someone else initiated composting at the site.

• Gaining Visibility and Support:

- o Request regular time on team meeting agendas to talk about sustainability.
 - Even just 5 minutes can help build awareness and interest.
 - Keep the conversation going to maintain momentum and visibility.

• Persistence is Key:

 Be persistent and consistent in raising the topic — progress may be slow initially, but engagement will grow over time.

• Leverage Existing Resources:

- Circulate resources like the Planetary Health Nursing Toolkit to generate discussion.
- Check with your health authority to see if they already support Green Teams or similar initiatives.

• Tap Into Shared Motivation:

- $\circ \quad \text{Many people} \text{both staff and patients} \text{want to make sustainable changes}.$
- Sustainability is a unifying and relatable issue that can engage people on multiple levels.

• Encouragement and Impact:

- Recognize that small, practical actions can build over time and lead to meaningful change.
- Encouragement and visibility of efforts can inspire broader participation and deeper impact.

Q: Advocacy and Integration of Planetary Health in Palliative Care- Staff Commuting and Sustainable Transportation

• Challenge Highlighted:

- Staff at hospices (e.g., Downtown Eastside, Vancouver) often commute long distances, especially nurses, due to high living costs in the city.
- Current staff commuting primarily relies on private vehicle use, increasing carbon emissions.

• Advocacy for Subsidized Transit:

There is existing but limited support for subsidized transit (e.g., via Vancouver Coastal Health & Providence Health).

 Physicians noted ineligibility for these subsidies—prompting a call for more inclusive and active advocacy for accessible, subsidized transport for all healthcare staff.

Q: Environmentally Sustainable Care and the Palliative Approach

• Minimizing Unnecessary Care:

- In the context of planetary health, avoiding unnecessary or non-beneficial care is key.
- Within palliative care, this aligns with the goal of person-centered, value-driven care, not rationing services.

• Renal Care Context:

- Especially in kidney care, there is a shift toward conversations around quality of life, realistic outcomes, and aligning treatment choices with patient values and goals.
- This includes involving families and supporting patients to make informed decisions about their time and care trajectory.

Q: Starting Green Initiatives in New Hospice Facilities

Interest from Durham Region (Ontario):

- Two new hospices opening in the next two years are seeking guidance on how to incorporate planetary health initiatives from the start.
- Request made to connect directly with experienced leaders in this space (e.g., Sherry and Dominique) for practical advice.

Q: Current Initiatives & Strategies: Interest in Peer Learning-

 Participants are curious about how others have organized around planetary health (e.g., green teams, strategies).

Patient Perspective:

- Patients often feel anxious about the unknown and value discussions that prepare them for future care needs.
- Social work and access to reliable transportation (e.g., HandyDART) are vital supports.
- Heat events and climate change disproportionately affect vulnerable populations.

• Medication Waste Reduction:

- Fraser Health reduced IV iron infusion waste by switching to syringe-based delivery—significant environmental impact across 8 dialysis units.
- Hospice green teams are tackling opioid waste, a complex issue requiring multidepartment collaboration.

• Impact Measurement:

 Stress on tracking and reporting environmental savings to justify and scale initiatives.

Systemic & Policy-Level Considerations

• Heat Response:

- o Protocols exist for calling patients during heat events (e.g., Island Health).
- o Innovations like in-home heat sensors trigger health authority interventions when temperatures rise dangerously.
- Idea proposed to deploy portable air conditioning units during home visits if needed.

• Infection Control vs. Sustainability:

 Emphasis on balancing safety with planetary health when making policy or practice decisions.

• Medication Environmental Impact:

- o Metered-dose inhalers (MDIs) have a disproportionately high carbon footprint.
- o Initiatives underway (e.g., CAPE & CNA campaigns) to shift prescribing practices.

• Healthcare's Fossil Fuel Investments:

- o Pension plans often invest in fossil fuels—contradictory to health values.
- o Encouragement for advocacy around ethical and sustainable investing.

Themes from Participants

- Climate Change and Health Inequity:
 - Climate impacts (e.g., food insecurity, chronic illness burden) hit low-income and marginalized communities hardest.
 - Call for macro-level systemic change and proactive prevention.

• Cultural Challenges Around Life-Prolonging Care:

 Need for more early, values-based conversations around care choices to shift from quantity to quality of life.

• Practical Examples of Change:

 Initiatives like reusable medication packaging and reduced medication waste show how small actions scale up.

Closing Notes

- The session emphasized the need for a systems approach that integrates planetary health into kidney and palliative care.
- There is a strong call to action to embed palliative principles from diagnosis through to end-of-life care.

Resources

- Video Recording Link
- BC Renal's Planetary Health Strategy (May 2 session recording available) https://youtu.be/UDOkYw0Jr5s?si=44gLgrF019oGke61
- BC Renal Planetary Health Strategy and related resources:
 http://www.bcrenal.ca/about/accountability/planetary-health
- Full article: <u>Canadian Thoracic Society Position Statement on Climate Change and Choice</u>
 <u>of Inhalers for Patients with Respiratory Disease</u> The flare plan is below the patient
 insert and the guideline is above.
- Nix the Nitrous Canadian Coalition for Green Health Care Inc.
- https://www.lung.ca/inhaler-how-to
- Contact information for Sherry and Dominique: SherriLynn.Kensall@fraserhealth.ca, dduquettern@gmail.com to support direct collaboration and knowledge exchange.