

Thanks for the opportunity to submit feedback regarding our opportunity for Tasmania to be a national leader in our approach to strong action to mitigate and adapt to climate change.

As a General Practitioner, I am well aware of the huge risk to health that climate change plays. It is of significant concern and dismay to me that after the Jacobs review and input from multiple health professionals, there remains no substantial inclusion of health in the current climate change act.

The risks to health from climate change present in a number of ways. Excellent work has been done by CAHA, the Climate and health alliance which has clear recommendations and further information. [https://www.caha.org.au/national\\_strategy\\_framework\\_launch](https://www.caha.org.au/national_strategy_framework_launch)

The Lancet Countdown is another source of clear peer reviewed information regarding climate change and health. <https://www.lancetcountdown.org/>

There are direct impacts, such as those from natural disasters - fires, floods, heat waves and other extreme weather events which will be increasingly likely. There are indirect impacts such as changes in mosquito borne viruses, or air quality degradation from increased fire activity. The climate change act should include the health sector in planning for these events and changing conditions. It is important that this planning includes general practice as well as tertiary care and public health responses.

On top of physical health, mental health is impacted by climate - again, directly, and indirectly. My patients already report feeling concerned about the impacts of climate on their future, as well as a sense that it is not being taken seriously. There are an increasing number of studies documenting the various impacts of mental health. Some of the accepted strategies to address the feelings of eco distress include social connection, time in nature, and exercise, as well ideally contributing to meaningful values guided activities. These interventions can help prevent appropriate emotions contributing to more significant mental health issues.

On top of this, no consideration has been given for the emissions of the health sector. This is generally thought to be about 6% of all emissions, although I don't believe there is local data available. Again, there is some excellent work done already on this - internationally, the NHS has made ambitious commitments, with above expected progress. My understanding is that this has been cost effective as well. <https://www.england.nhs.uk/greenernhs/>

An example of a local health service taking this seriously, is the NSW local health district of South Eastern Sydney who have a medical consultant in environment sustainability. Dr Kate Charlesworth is addressing sustainability within the health department, showing that there are better choices to be made when sustainability is taken into consideration. We should be addressing this from all angles - there are gains to be made from considering the anaesthetic gases used, the inhalers that are subsidised, the vehicles community services use, the energy sources, the catering and so many more facets.

We do have the opportunity to be a world leader. Our smaller system has opportunities for collaboration and integration of new strategies. This options are huge, however we need strong leadership to support all the work that needs to be done. This is of utmost importance for the health of individuals and communities.

With hope for a healthy and safe future  
Dr Katherine Bendall  
(individual)