Planetary Health in CanMEDS 2025 La santé planétaire dans CanMEDS 2025

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Introduction

The worsening impact of the climate emergency on health is increasingly apparent. A recent literature review identified Planetary Health as an evolving concept that is relevant to the CanMEDS physician competency framework. In the context of physician competencies, planetary health is concerned with minimizing the impact of healthcare on the climate emergency and the impact of the climate emergency on patient care. This manuscript aims to establish the critical importance of including planetary health links in CanMEDS and to propose opportunities for future iterations of CanMEDS to exemplify planetary health concepts.

What is planetary health and why is it important to physician competency?

The Planetary Health Alliance defines planetary health as "a solutions-oriented, transdisciplinary field and social movement focused on analyzing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth."² Planetary health addresses both the climate emergency and other ecological crises, including land destruction, biodiversity loss, and pollution.³ The climate emergency is considered the greatest health threat to human life this century, with predictions of 250,000 additional deaths per year from 2030 onward.⁴

The health of people in Canada is already affected by the climate emergency⁵: in 2021, at just 1.2 degrees Celsius of warming, over 700 people died in British Columbia's (B.C.) heat dome event,⁶ crops failed in Manitoba and Saskatchewan droughts contributing to rising food prices,⁷ flooding took out entire communities in B.C. and Newfoundland,⁸ and wildfires engulfed large parts of western Canada⁹ and northern Ontario.¹⁰ Healthcare service delivery is also being increasingly disrupted as extreme weather damages critical infrastructure and interrupts supply chains.¹¹ The climate emergency has a disproportionate impact on the health of Indigenous populations across Canada,¹² as environmental destruction threatens traditional lifestyles and exacerbates ongoing processes of colonization and land dispossession.¹³

The health sector is a significant contributor to the problem. The Canadian health sector is the second most carbon-intensive health care system on the planet,4 contributing 4.6% of Canada's greenhouse gas emissions on par with the country's aviation industry.14 Modelling from the National Health Service in the United Kingdom suggests that nearly 70% of emissions come from medicines, equipment, and other aspects of the supply chain; 10% comes from travel; 10% comes from building energy; 5% from water and waste; and a full 5% from anesthetic gases and Metered Dose Inhalers (15). The federal government, together with other countries, has pledged to deliver a climate-resilient, low-carbon health care system, and significant advocacy from physicians will be required to ensure this transformation occurs. 16 Models of sustainable healthcare have been developed and will

need to be implemented. One such framework for sustainable health systems proposes three categories of intervention: reduce demand for health services by addressing the Social Determinants of Health and engaging in health promotion and disease prevention; match the supply of health services to demand, ensuring appropriate care and avoiding unnecessary tests and treatment; and reduce emissions from the supply of health services.¹⁷

As respected voices, physicians have a unique role to play in planetary health and the climate emergency. They must be prepared to be advocates for planetary health. Physicians can act at the micro (patient) level, meso (clinic, hospital, community) level, and macro (policy) level. Physicians can advocate for climate action and mitigation and build climate resilience into healthcare. In Improved training in planetary health and advocacy from medical school through Continuing Medical Education will be necessary to prepare physicians to practice in a climate emergency.

How is planetary health represented in the 2015 CanMEDS competency framework?

There are no explicit references to planetary health in the 2015 CanMEDS physician competency framework. The Health Advocate role does contain some enabling competencies that could be related to planetary health as it relates to the social determinants of health, disease prevention, health promotion, health surveillance, and improving community health (Table 1B). While climate scientists have been sounding the alarm on the climate emergency for decades, most health professionals have only recently begun to acknowledge the health system's role in causing the worsening planetary emergency as well as the need to reduce the climate emergency's associated morbidity and mortality by adopting adaptive measures.

How can planetary health be better represented within the 2025 CanMEDS competency framework?

In Table 1C, we propose the inclusion or modification of competencies that we believe would help to integrate our evolving understanding of planetary health within the CanMEDS physician competency framework. These suggestions incorporate four themes:

- Improving the sustainability of our health system. This theme recognizes the enormous environmental impact of healthcare delivery and the need for physicians to meet our professional obligation to "do no harm" by addressing this.¹⁷
- Improving the resilience of our health system to disruption from the climate emergency. Canadian healthcare systems are vulnerable to disruption by extreme weather events such as floods, wildfires, heatwaves, and storms that could be reduced by accelerating the implementation of climate-resilient healthcare systems to maintain critical care delivery.⁴ Physicians must recognize environmental vulnerabilities in healthcare and contribute to quality improvement processes to embed climate-resilience.²⁰
- Addressing the impact of the environment on patient health. Just as physicians consider a patient's social context, we must also consider their environmental context. Indigenous and racialized populations, those living in poverty, and others who are politically marginalized are disproportionately affected by environmental degradation. Physicians must understand the breadth and variety of environmental impacts on patients and their families.
- The importance of a planetary health lens in social accountability. Social accountability is defined as "the social contract that medicine has with society."²¹ Socially accountable healthcare is responsive to patient, community, and population health needs.¹⁹ Socially accountable physicians must speak out about the social—and environmental—conditions that contribute to disease, suffering, and death.

Table 1. Planetary Health Competencies for the CanMEDS Physician Competency Framework.

None	
B. CanMEDS 2015 Competencies partially related to Planetary Health	
Health Advocate 2.1: Work with a community or population to identify the	determinants of health that affect them
Health Advocate 2.2: Improve clinical practice by applying a process of cont	
health surveillance activities	indous quality improvement to disease prevention, health promotion, and
Health Advocate 2.3: Contribute to a process to improve health in the comm	quality or population they corve
C. Suggested additions or modifications for the CanMEDS 2025 Framework	
New or Modified Competency	Rationale for change
Medical Expert	I
1.x (New): Recognize and respond to both social and environmental	There is growing recognition of the importance of incorporating social
determinants of health in the presentation of patients.	accountability into all aspects of medical practice. ²²
1.x (New): Consider environmental sustainability as an important	Environmental sustainability is increasingly acknowledged as an important aspect of quality care. ²⁰
dimension of the quality of care.	
5. (Modify): Actively contribute, as an individual and as a member of a	
team providing care, to the continuous improvement of healthcare	
quality, patient safety, climate-resilient healthcare, and healthcare	
sustainability.	
5.3 (New) Adopt strategies that ensure environmentally sustainable	
resource use, including low carbon and low environmental impact	
alternatives when appropriate.	
Communicator	
4.4 (New): Assist patients and their families to identify and address	Environmental determinants of health are increasingly recognized
environmental factors contributing to the patient's health.	alongside the social and structural determinants of health. ²³
Collaborator	
4. (New): Collaborate with health system leaders to adapt health services	The majority of healthcare carbon emissions result from the supply
to reduce the environmental harm of healthcare delivery.	chain. ¹⁴ We must therefore both modify our use of products and
to reduce the environmental harm of healthcare delivery.	collaborate with suppliers to reduce emissions.
Leader	Collaborate with suppliers to reduce emissions.
2.2 (Modify): Apply evidence and management processes to achieve cost-	
appropriate and environmentally sustainable care.	A shift from prioritizing cost alone to including sustainability as an
	•
3.2 (Modify): Facilitate change in healthcare to enhance services and	equivalent value will only occur through leadership.
outcomes, and increase their environmental sustainability.	•
outcomes, <u>and increase their environmental sustainability.</u> Health Advocate	equivalent value will only occur through leadership.
outcomes, <u>and increase their environmental sustainability.</u> Health Advocate 2.1 (Modify): Work with a community or population to identify <u>the social</u>	equivalent value will only occur through leadership. It is increasingly recognized that health is largely a consequence of both
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Conflicts of Interest: Samantha Green is CAPE board member (volunteer) with salary support from University of Toronto DFCM. Owen Dan Luo is a past CFMS HEART Co-Chair. Joe Vipond is heavily invested in Green technologies. Aimee Bouka is a CAPE board member. Brent Thoma has received payments for teaching, research, and administrative work from the University of Saskatchewan College of Medicine, payments for teaching and administrative work from the Royal College of Physicians and Surgeons of Canada, honoraria for teaching or writing from Harvard Medical School, the New England Journal of Medicine, the University of Cincinnati Children's Hospital, and NYC Health + Hospitals, and research

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