EMERGENCY MEDICINE RESIDENTS ASSOCIATION

RESOLUTION: F-17-1

Climate change, its impact on patient health, and implications for Emergency Medicine

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Whereas there is widespread scientific consensus that the world’s climate is changing, with 2016 being the warmest year in history, and future projections indicating further acceleration in these changes given exponentially rising CO2 levels; and

Whereas climate change affects human health in a variety of ways, including extreme weather events, shifting vector-borne epidemics, rising sea levels, resource scarcity, population displacement, and contaminants in air, water, and soil; and

Whereas such change has already been shown to increase the incidence of many conditions seen in the ED, including exacerbations of respiratory, cardiovascular, and renal disease; mental health emergencies; shifting infectious disease burden; injuries from extreme weather; and trauma from interpersonal violence; and

Whereas recent disaster events from Hurricane Katrina and Superstorm Sandy to the unfolding aftermath of Irma and Maria are revealing that the patients who rely disproportionately on the ED – those at the extremes of age, the socially marginalized, the economically disadvantaged, and patients with multiple comorbidities – are most vulnerable to the evolving effects of climate change; and

Whereas EM providers will be serving at the front lines of catastrophic extreme weather events, newly emerging and/or spreading infectious diseases, and population displacement associated with a changing climate - by virtue of our craft and role in managing the nation’s emergency care infrastructure and disaster preparedness; and

Whereas currently there exists little guidance for preparing EM providers to adequately respond to global climate change nor required training to withstand the impact of climate change on patient health and health risk management principles; therefore be it

RESOLVED, that EMRA:

1) Craft a report addressing the risk of global climate change on patient health and its impact on the future of emergency medicine.

2) Disseminate materials to residents, based upon the report’s findings (above), in order to guide future training, advocacy and patient care.

References:


**Relevant Policy:** None

**FISCAL IMPACT:** Volunteer committee, staff resources, dissemination costs.