
The climate crisis: the health service must take responsibility

EDITORIAL

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The healthcare sector accounts for a considerable proportion of Norway's greenhouse gas emissions. We need a green transition now.

Climate change is widespread, extensive and accelerating. An immediate reduction in greenhouse gas emissions is needed in order to achieve the goals of the Paris Agreement, according to the latest warning from the UN Intergovernmental Panel on Climate Change (IPCC) [\(1\)](#). Globally, greenhouse gas emissions from the healthcare sector account for more emissions than aviation and shipping combined [\(2\)](#). The Norwegian health service has amongst the highest emissions per capita in the world, and 4.3 % of Norway's greenhouse gas emissions come from the healthcare sector [\(3, 4\)](#). Thus, we represent a very good example of the inverse correlation between the health service's carbon footprint and the population's need for medical care: the countries with the lowest emissions also have the highest unmet demand for health care – and the highest risk of disastrous consequences caused by climate

change [\(5\)](#). Poorer countries cannot be expected to cut their carbon emissions at the expense of medical care. The responsibility rests with the world's richest countries, which also account for the highest emissions.

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The national health service (NHS) in England has recently adopted a national plan to achieve the goal of zero emissions within 20 years [\(6\)](#), and has 150 employees working on this. Their work shows that it is possible to deliver good health services while also reducing greenhouse gas emissions. The report from the IPCC emphasises that climate change is extremely widespread, rapid and intensifying [\(1\)](#). In other words, we cannot take 20 years to achieve the objective of zero emissions if we are to keep temperatures within the target agreed in the Paris Agreement. Even if existing international climate pledges are upheld, we will end up with a planet that is 2.7–3.1 °C warmer by 2100, which will change the world as we know it [\(7\)](#). To help avoid catastrophic climate change, Norway needs to be more ambitious and help develop the low carbon solutions of the future for the health sector.

Until now, the health sector in Norway has largely distanced itself from political efforts to tackle climate change. However, now we need a fresh approach to running the health service. As healthcare workers, we must help reduce emissions from the health sector and map the path to a more sustainable, low-carbon world.

Clinicians can help to reduce emissions in several ways. We ought to have a sustainable approach to climate solutions [\(8\)](#) and establish green networks within our specialties. However, although we can initiate good measures locally, many of the necessary measures lie beyond the control of individual healthcare workers. Around 70 % of the health service's carbon footprint comes from emissions that are built into global health supply chains, such as manufacturing, packaging, transport and waste management of services and equipment [\(9\)](#). Pharmaceuticals alone account for 20 % of these emissions [\(5\)](#). This is precisely where the cuts must be made, and we need the decision makers on our side.

«Now we need a fresh approach to running the health service»

The emissions from the Norwegian health sector must be cut, and quickly. A proposal was recently submitted to the Storting to prepare a climate plan for the health sector [\(10\)](#). This was a step in the right direction, but unfortunately the proposal was voted down. This illustrates the lack of ambition and lacklustre efforts in Norway and among Norwegian politicians. A climate-neutral health sector is possible in the future with the right ambitions as well as specific, nationally coordinated plans. Developing a road map for moving to low-carbon health services is essential in order to halt rising emissions from the global health sector in the years to come. The solutions are many, and they already exist [\(5, 6\)](#). It requires not only political *will* – it requires political *action*.

Investment in a green transition is in accordance with a core principle of medicine: prevention is better than cure. We hope that the voters in the general election this autumn as well as their new elected representatives recognise the climate crisis as a health crisis and take this seriously. Our responsibility to future generations for both their health and our planet means that we must act *now!*

LITERATURE

1. Summary for Policymakers. I: Climate Change 2021: The Physical Science Basis. Contribution of Working Group I to the 6th Assessment Report of the IPCC. Cambridge: IPCC, Cambridge University Press, 2021. <https://www.ipcc.ch/report/ar6/wg1/> Accessed 9.8.2021.
2. World in Data. Sector by sector: where do global greenhouse gas emissions come from? <https://ourworldindata.org/ghg-emissions-by-sector> Accessed 24.6.2021.
3. Brean A. Unhealthy emissions. Tidsskr Nor Legeforen 2020; 140. doi: 10.4045/tidsskr.20.0830. [PubMed][CrossRef]
4. Healthcare Without Harm. Global Road Map for Healthcare Decarbonisation: Norway Fact Sheet. <https://healthcareclimateaction.org/fact-sheets/77> Accessed 1.7.2021.
5. Watts N, Adger WN, Agnolucci P et al. Health and climate change: policy responses to protect public health. Lancet 2015; 386: 1861–914. [PubMed] [CrossRef]
6. Greener NHS. Delivering a 'Net Zero' National Health Service. London: National Health Service, 2020. <https://www.england.nhs.uk/greenernhs/publication/delivering-a-net-zero-national-health-service/> Accessed 24.6.2021.
7. Climate Action Tracker. The CAT Thermometer. <https://climateactiontracker.org/global/cat-thermometer/> Lest 9.8.2021.
8. Mortimer F, Isherwood J, Wilkinson A et al. Sustainability in quality improvement: redefining value. Future Healthc J 2018; 5: 88–93. [PubMed] [CrossRef]
9. Karliner J, Slotterback S. Health Care's Climate Footprint. Health Care Without Harm, 2019. <https://noharm-global.org/climatefootprintreport> Accessed 9.8.2021.
10. Representantforslag om å utarbeide en klimaplan for helsesektoren. Dokument 8:143 S (2020–2021), Innst. 472 S (2020–2021). <https://stortinget.no/no/Saker-og-publikasjoner/Saker/Sak/?p=83884> Accessed 9.8.2021.

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