

Société Alzheimer Society



The Commission on Health P.O. Saskatoon, S7K 3K4
Hon. on Care Box 160,
the Roy in Future Station
Romanow of Canada Main SK

Dear Mr. Romanow:
Re: Sustainable Health Care

We have noted with considerable interest that one of the four major themes that your Commission is addressing is the sustainability of the health care system. While we appreciate that this term may be used by you in the sense of financial sustainability, we hope that you will also consider the term to include the environmental sustainability of the health care system, an issue which is one of our priority concerns, and which is not incompatible with, and indeed contributes to, the long economic sustainability of Canada's health care system.

As 10 percent of Canada's economy, the Canadian health care system – inadvertently – has a significant impact on Canada's environment and has a large ecological footprint. Indeed, one of our members, Dr. Susan Germain, has recently completed the first ever calculation of the ecological footprint of a hospital. (An article on this project will be published in Hospital Quarterly next month, in the meantime I enclose a copy of a Maclean's Magazine article about this.)

By far the largest component of a hospital's ecological footprint is its consumption of energy. Hospitals in general are very energy-intensive facilities, and Canadian hospitals are much more energy-intensive than their European counterparts, with electricity consumption "almost 6 times higher than Switzerland and 2.5 times higher than the average" and thermal energy consumption approximately 4 times that of Sweden and almost twice the average of the 9 countries, according to an international comparison of energy use in hospitals cited in the section on energy in the enclosed report on health care's environmental impact.

In addition to the unsustainable consumption of energy, the health care system is a major consumer of a wide range of other resources that are also measured in the ecological footprint, and an unwitting producer of a variety of toxic wastes, including mercury, disinfectants and dioxins — and even some pharmaceuticals — whose presence is not captured by the ecological footprint.

There is a growing interest in both understanding and then reducing the negative environmental impact of health care. That hospitals and other elements of the system have an adverse impact on the environment and on human health is incompatible with the health care system's ethical duty

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to do no harm. It also does not make economic sense, in the long run. Indeed, in light of your Commission's focus on economic sustainability, it is worth considering the following examples of major cost savings resulting from environmentally responsible health care:

- Norfolk General Hospital, winner of the OHA/Canadian Coalition for Green Health Care "Green Health Care Award" for energy conservation, has decreased its overall energy budget 22 percent, with savings of at least \$132,000 per year, every year since 1995.
- Orillia Soldiers Memorial Hospital has operated a natural gas powered co-generation plant since 1991. The plant supplies 90 percent of the hospital's electrical power, while providing hot water and steam for the building. The hospital is now licensed to sell surplus power to the Ontario electric grid. The payback time for this plant was 5 – 6 years, and annual savings are over \$200,000.
- Pembroke General Hospital entered into an energy performance contract with Honeywell and implemented a number of other energy conservation measures, with the result that gas consumption fell by almost 50 percent between 1993 and 2000, even though the building size increased by almost 30 percent and the patient load increased by over 45 percent.
- Arnprior and District Memorial Hospital, a rural hospital in Eastern Ontario, worked with Ontario Hydro, the utility, to reduce electrical energy consumption, commencing in 1992. Following comprehensive energy audits, a number of initiatives were implemented and as a result average daily electrical consumption fell by 31 percent in the 10 year period from 1991/2-2001/2, in spite of adding a new regional laundry program. Estimated operating dollar savings for the ten years are in excess of \$300,000.).
- As a result of a comprehensive waste audit conducted in 1992, Toronto's Hospital for Sick Children put in place a comprehensive waste management program that included a full-time environmental affairs coordinator, the creation of an environmental advisory committee, development and implementation of waste management policies and guidelines, centralization of all waste management operations, re-negotiation of all waste hauling contracts, and the decommissioning of the hospital's main incinerator. Among the principal accomplishments: an 80 percent reduction in biomedical waste volumes through education, removal of 'yellow bags' where appropriate, and restreaming of recyclables and general waste – a 78 percent increase in recycling volumes, diverting 680,000 kilograms of waste from landfill. – net savings over seven years of \$453,000.

I am enclosing a copy of "Doing Less Harm", a report I prepared for Health Canada's Office on Sustainable Development and that has recently been published by the Canadian Coalition for Green Health Care, of which CAPE is a founder. I am also enclosing a second Coalition publication (a set of case studies of environmentally responsible health care) and an update of the Coalition's recent activities at the Ontario Hospital Association's annual convention, as well as our mission statement and list of members.

We would be delighted to meet with you or provide you with further information about health care's environmental impact and the need for the health care system to be more environmentally sustainable. We hope you will agree that this is an important issue for the Canadian health care system to address, and that sustainability applies to the environment, not just to funding.

Yours truly,

Dr.
Chair of the Board

Trevor

Hancock

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