

Health Services and Policy Research by Re-Imagining

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Editorial

Health systems must modify their procedures and reduce their carbon emissions in order to address the climate crisis' effects on human health. For these institutions to change, health services and policy (HSPR) is necessary. We describe an effort by HSPR trainees from throughout Canada to develop ideas for changing health systems to be more ecologically responsible. We describe how HSPR must integrate environmental sustainability. We propose that this process must include a justice-based framework and that HSPR curricula, conduct, and content must take into account both human and environmental health [1]. Furthermore, financing sources and awarding bodies will be used to support these endeavours. We then provide trainees with suggestions for moving forward so that environmental sustainability is ingrained in HSPR.

Given the philosophy of healthcare practitioners to "do no harm," the numerous health implications of the climate crisis require that healthcare systems worldwide adapt and mitigate. If the healthcare industry were a nation, it would be the fifth highest emitter of greenhouse gases globally. The energy required to produce, transport, and dispose of the product used in healthcare, such as syringes, PPE, and drugs, accounts for the majority of these emissions [2].

Climate action in the healthcare sector requires us to transform health systems to be more ecologically sustainable while providing quality care at a reasonable cost [3]. This is due to the growing adverse repercussions of climate change on human health. While the UK committed to having net zero healthcare emissions by 2040, other nations have lagged behind in developing strategies for treatment that is environmentally friendly.

The development, application, and assessment of policies and practises in the direction of a net-zero healthcare system can be informed by health services and policy research. By analysing implementation and policy processes as well as health and health policy results, the area of health services and policy research aims to better understand how we might attain societal health goals. The field has a propensity for interdisciplinary study, supporting a fusion of sociology, public health, economics, political science, and epidemiology [4]. These disciplines frequently collaborate in order to comprehend our health systems and policies better.

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They achieve this by using a number of research approaches. Researchers and students studying health services and policy are currently employed in systems that are both at risk from and significant contributors to the climate problem [5]. We must be prepared to take action, and we suggest that the HSPR community, particularly trainees who will shape the systems that require immediate reform, must be a part of that action. The change of the healthcare system will depend on cooperation between numerous stakeholders. Student- and trainee-led groups are an essential hub of leadership and action in the healthcare sector because the most recent iteration of the climate movement has been predominantly youth-driven. Although there are fledgling calls for acknowledging the climate problem and our role in adaptation and mitigation as the HSPR community, there has only been a small amount of multidisciplinary collaboration among students constructing environmentally sustainable health systems up to this point. The critical need to provide students with training in planetary health and the environment sustainability has been acknowledged by other fields, most notably medicine. For instance, the Health and Environment Adaptive Response Task-force of the Canadian Federation of Medical Students has established planetary health competences for medical students and is working to incorporate planetary health into the curricula of all Canadian medical schools. Planetary health is a Trans disciplinary field that seeks to protect human health in the Anthropogenic by acknowledging the interdependence of human health and ecological systems. It is difficult to articulate a common set of competences or propose comprehensive curriculum reform for planetary health and environmental sustainability given the variety of disciplines represented under HSPR. However, in our future capacities as HSPR specialists, we will be responsible with safeguarding and promoting community

health as well as altering healthcare delivery systems to deliver high-quality, effective, and sustainable care. As a result, we think it is essential to involve HSPR trainees in setting our own direction and brainstorming ways to empower others and ourselves to serve as leaders within health systems on the front trenches of the climate catastrophe.

Here, we discuss the value of trainee participation in setting the direction for sustainable health systems. We describe one project in Canada where health services and policy experts and learners came together to envision a future for HSPR that protects both people and the environment.

References

- 1 Han H , Ahn SW (2020) Youth mobilization to stop global climate change: narratives and impact *Sustainability*, 12: 412.
- 2 Pépin J, Abou CCN, Pépin E, Nault V, Valiquette L et al. (2014) Evolution of the global burden of viral infections from unsafe medical injections. *PLoS ONE* 9: 99677.
- 3 Harhay MO, Halpern SD, Harhay JS, Olliaro PL (2020) Health care waste management: A neglected and growing public health problem worldwide. *Trop Med Int Health* 14: 1414-1417.
- 4 Thomas J, Studdert DM, Burstin HR, Orav EJ, Zeena T et al. (2000) Incidence and Types of Adverse Events and Negligent Care in Utah and Colorado *Medical Care*. 38: 261-271.
- 5 McMichael AJ, Friel S, Nyong A, Corvalan C (2008) Global environmental change and health: impacts, inequalities, and the health sector. *BMJ* 336: 191-194.