

## Ophthalmologists and Climate Change

Ayesha Ahmed\*

West Suffolk Hospital, NHS Trust, England

\*Corresponding author: Ahmed A, West Suffolk Hospital, NHS Trust, England

Received date: 07 July, 2022 |

Accepted date: 15 July, 2022 |

Published date: 03 Aug, 2022

Citation: Ahmed A. (2022) Ophthalmologists and Climate Change. J Ophthalmic Res Vis Care 2(2): doi <https://doi.org/10.54289/JORVC2200107>

Copyright: © 2022 Ahmed A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abbreviations: OR: Operating Rooms

### Dear Editor,

Given the current state of the world we live in and its unpredictable future, with the emergence of global warming and potent viral infections, the article by Campbell TG, et al [1], is most well-timed. Campbell et al present a robust set of strategies that ophthalmologists may adopt to reduce greenhouse emissions in their personal lives.

The combined effects of industrialisation, fossil fuel combustion, and deforestation have undoubtedly led to rising global temperatures and serious climate change with public health implications. It is a well-known fact that the healthcare sector itself is a major contributor to greenhouse gas emissions [2]. While it is every individual's responsibility to act in the best interest of our future generations, health care workers in particular should be aware of the impacts of climate change and take all necessary precautions in reducing climate pollutants both in their private and professional lives. Ophthalmology as a specialty contributes drastically to climate change in terms of energy consumption, use of disposables, and medication waste. The rapid turnover of patients in energy-consuming operating rooms (ORs), the use of single use eye drops and ointments, along with drug wastes all contribute to the carbon footprint of the healthcare industry.

In addition to all the well-reasoned strategies discussed by Campbell et al to increase sustainability, I would like to

further highlight specialty-specific interventions that can have a significant impact. Firstly, we can optimise the use of ORs air-conditioning to save energy. According to a research study, turning off OR ventilation during off-duty times does not significantly affect the quality of OR air [3]. Using an Eco-mode for OR air conditioning can not only help reduce greenhouse gas emissions but can also prove to be economically friendly. Another important factor that needs to be added to the equation is the electricity source. About 90% of the total energy spent in the OR can be accounted to air conditioning. It is thus imperative to commit to the use of renewable sources of energy instead of fossil fuel-based energy.

Furthermore, COVID-19 has precipitated the advent of widespread adoption of telemedicine [4]. Using telemedicine, we can conveniently review and follow up our patients with telephone calls and video consults saving them a visit to the clinic and resultantly reducing greenhouse emissions. Beyond clinical encounters, virtual participation in national and international ophthalmological conferences may further reduce fuel and electricity use for transport [5].

In conclusion, we should apply strategies to reduce greenhouse gas emissions and global warming not just in our private but also in our professional lives. Only by reducing our carbon footprint do we fulfil the oath we made: *primum non nocere* (first do no harm).



---

**References:**

1. Campbell TG, Al-Qureshi S. (2022) Ophthalmologists and climate change. *Clin Experiment Ophthalmol.* 50(3): 274-279.
2. Eckelman MJ, Huang K, Lagasse R, Senay E, Dubrow R, et al. (2020) Health Care Pollution and Public Health Damage in The United States: An Update. *Health Aff (Millwood).* 39(12): 2071-2079.
3. Dettenkofer M, Scherrer M, Hoch V, et al. (2003) Shutting down operating theater ventilation when the theater is not in use: infection control and environmental aspects. *Infect Control Hosp Epidemiol.* 24: 596-600.
4. Saleem SM, Pasquale LR, Sidoti PA, Tsai JC. (2020) Virtual ophthalmology: telemedicine in a COVID-19 era. *Am J Ophthalmol.* 216: 237-242.
5. Bousema T, Selvaraj P, Djimde AA, et al. (2020) Reducing the carbon footprint of academic conferences: the example of the American Society of Tropical Medicine and Hygiene. *Am J Trop Med Hyg.* 103:1758-1761.