

AMERICAN MEDICAL ASSOCIATION ACADEMIC PHYSICIANS SECTION

Resolution: 1
(A-24)

Introduced by: Gary M. Gaddis, MD PhD

Subject: Call for Study: A Mandate That Hospital Interior Temperatures Should Be Thermally Neutral to Humans within Those Hospitals

1 Whereas, a 2022 report from the Commonwealth Fund noted that the health care industry
2 worldwide produces as much as 4.6% of all of global “greenhouse gas” (GHG) emissions
3 (chiefly carbon dioxide, methane and ozone), while in the United States, the health care industry
4 contributes about 8.5% of the nation’s GHG emissions;¹ and
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6 Whereas, GHG emissions since the onset of the “Industrial Revolution” are widely understood to
7 have contributed to a progressively increased carbon dioxide (CO₂) fraction of the air, and to a
8 progressively increased average temperature of the surface of the Earth (long-term, non-
9 human-induced cyclical fluctuations of Earth temperatures not due to human-induced GHG
10 emissions, such as volcanic activity and other influences notwithstanding); and
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12 Whereas, these elevated temperatures have contributed measurably to increased morbidity and
13 mortality of human inhabitants of the Earth, not limited to residents of warmer climates and
14 occupational groups such as outdoor laborers; and
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16 Whereas; these elevated temperatures are also adversely impacting the natural environment
17 upon which all life depends in ways too numerous to list in this proposed Resolution, and
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19 Whereas; these elevated temperatures are also clearly associated with increased numbers of
20 extreme weather events; and
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22 Whereas, AMA policy D-135.966, most recently modified in 2022, has declared climate change
23 to be a public health crisis, such that the goal of 50% reduction in greenhouse gas emissions by
24 2030 and “carbon neutrality” by 2050 are goals endorsed by this policy; and
25

26 Whereas, hospital interiors in areas where patients and families gather are typically maintained
27 by heating, ventilation and air conditioning (HVAC) systems that are not typically supplied by
28 “renewable” energy sources, and thus contribute significantly to health care’s GHG burden; and
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30 Whereas, the burden of hospitals’ HVAC systems upon health care’s GHG burden are
31 exacerbated when overly cool temperatures are maintained, as exemplified by, times when
32 many patients and visitors must wear jackets or sweaters to stay warm; and
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34 Whereas; the burden of hospitals’ HVAC systems upon which health care’s GHG burden are
35 also exacerbated when overly warm temperatures are maintained, as exemplified, times when
36 patients and visitors sometimes wear “shirtsleeve” attire to avoid becoming hyperthermic; and
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38 Whereas, hospitals’ modern HVAC systems can be controlled with sufficient precision such that
39 patient rooms, hospital corridors, cafeterias and other common areas need not be maintained
40 outside of a temperature range of 21 to 25 degrees C, a range that most human beings would
41 find to be comfortable; and

1 Whereas, nothing in this proposed resolution would apply to areas which must be kept at
2 temperatures outside of this 21°C-25°C range, such as certain operating theaters and other
3 areas of hospitals with specific patient care roles that make the specifying of such a narrow
4 zone of indoor temperatures unwise or impractical; and
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6 Whereas; time is running short to permit mankind to limit GHGs to a quantity not likely to disrupt
7 life and ecosystems irreversibly with unforeseeable consequences to humans and their health;
8 therefore be it
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10 RESOLVED, That our AMA study the potential feasibility of the creation of a hospital
11 accreditation standard for implementation by the Centers for Medicare and Medicaid Services
12 (CMS), through accreditation visits provided by The Joint Commission (TJC), *Det Norske*
13 *Veritas* (DNV), and other accrediting agencies, such that hospital internal temperatures will
14 require ongoing monitoring for compliance with a new standard for hospital internal
15 temperatures; and be it further
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17 RESOLVED, that this standard will specify that hospital “common areas” must be maintained
18 within a temperature range across which most humans would be comfortable when dressed for
19 the weather of the season (for example, between 21°C-25°C), toward decreasing health care’s
20 GHG impact, with a report back at the 2024 Interim the next meeting of our AMA’s House of
21 Delegates (Directive to Take Action); and be it further
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23 RESOLVED, That our AMA will forward the results of this study regarding the maintaining of
24 hospital internal temperatures within a suitably narrow range to health care journalists, hospital
25 regulators, hospital executives, and other relevant parties, toward the eventual implementation
26 of the findings and recommendations that are anticipated to be reached. (Directive to Take
27 Action)
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Fiscal Note: Moderate - between \$5,000 and \$10,000

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REFERENCES

1. Commonwealth Fund "Explainer". How the U.S. Health Care System Contributes to Climate Change. Issued April 9, 2022. <https://www.commonwealthfund.org/publications/explainer/2022/apr/how-us-health-care-system-contributes-climate-change>. Accessed March 15, 2024

RELEVANT AMA POLICY

D-135.966 Declaring Climate Change a Public Health Crisis

1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions.
4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050.
5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.