

# Health and climate change: call for sustainability in Australia's health care sector

This issue of the *MJA* returns to the topic of climate and health, with the publication of the 2023 report of the *MJA–Lancet* Countdown on health and climate change, focusing on the need for sustainability in Australia's health care sector (doi: [10.5694/mja2.52245](https://doi.org/10.5694/mja2.52245)). This is the sixth report in this series. The Countdown on health and climate change in Australia was established in 2017, producing its first national assessment in 2018. The report comes after yet another catastrophic year for the climate with 2023 having been the hottest year on record (<https://www.climate.gov/news-features/understanding-climate/climate-change-global-temperature>) and following extreme floods in Australia in 2022. The early reports appeared in the context of the severe 2017–2019 droughts; this year's report “thus [completes] a picture of Australia's drought-to-flood cycle”. As in previous years, the report tracks progress on five broad domains: health hazards, exposures and impacts; adaptation, planning and resilience for health; mitigation actions and health co-benefits; economics and finance; and public and political engagement. In the run-up to 2030, the next phase of the countdown is even more critical. Although they observe signs of progress, including the release of Australia's first National Health and Climate Strategy, the authors note that their “results highlight the health and economic costs of inaction on health and climate change”. The *MJA* will continue to publish on health and climate change, and we encourage submissions in this area.

Elsewhere in the issue, Pemberton and colleagues highlight the growing challenge of care of older people within the prison population, especially at the end of life (doi: [10.5694/mja2.52240](https://doi.org/10.5694/mja2.52240)). Reports regularly emerge of patients being subject to restraints, even when very frail and in palliative care, despite doctors calling for restraints to be removed. As the authors conclude, it seems clear that when prisoners enter hospital or palliative care,

the justice and health care systems are directly challenging each other. The authors note that this is an important reminder that international standards require “prisoners should be entitled to the same level of health care as the wider community”.

Finally, an editorial and research article explore how Aboriginal and Torres Strait Islander caregivers are involved in parenting programs. In their scoping review of randomised controlled trials (RCTs) (doi: [10.5694/mja2.52198](https://doi.org/10.5694/mja2.52198)), MacDonald and colleagues assess the extent to which Aboriginal and Torres Strait Islander parents, particularly fathers, are included in trials of parenting programs in Australia and whether these programs are culturally appropriate. The answer is unfortunately that Aboriginal and Torres Strait Islander families have been engaged in such studies to only a very limited degree. The authors' conclusions are sobering: “We could not identify any RCTs in which the participation of Aboriginal and Torres Strait Islander fathers was reported, and few interventions were tailored to the cultural needs of Indigenous people.” In their editorial, Sherriff and Gwynn reinforce this concern (doi: [10.5694/mja2.52238](https://doi.org/10.5694/mja2.52238)), although they note that “RCTs are generally not the preferred method of assessment for Aboriginal communities because direct benefits are not evident and they do not conform with cultural views on reciprocity and community-centred approaches”. As they conclude, “Aboriginal ways of knowing, being, and doing must be privileged across all aspects of research in their communities”. ■

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doi: [10.5694/mja2.52264](https://doi.org/10.5694/mja2.52264)