

# Canada-wide Sustainable Healthcare: from Desflurane-free in 2025 to Coordinated for Climate-Resilience by 2028

For public dissemination

March 12, 2025



## Goals



1. Achieve a Canada-wide phase-out of desflurane by October 2025, building on the successes of Newfoundland and Labrador (NFLD) and the Northwest Territories (NWT), just in time to announce a national phase-out of desflurane in Canada at COP30 in Brazil from 10-21 November 2025, and building capacity, teams, relationships, and momentum towards the creation of a network of provincial and territorial secretariats for sustainable, climate-resilient healthcare in Canada by the end of 2028.
2. Use the November 2025 Health x Climate Gathering to obtain commitments from various actors and assign roles in the implementation of the *Roadmap for Planetary Health and Sustainable Health Systems for Canadian Medical Professionals*, which was prepared for the Association of Faculties of Medicine Canada (AFMC) and approved by the Deans of Canada's Medical Schools in 2024 and which will shortly be released publicly. This will allow us to fully coordinate for sustainable, climate-resilient healthcare by the end of 2028.

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# 1.How you can help

 <a href="#">Volunteer sign-up</a>	<h2>Fill our 1 min volunteer survey</h2> <p>Would you like to join our target-based advocacy efforts regarding desflurane phase-out and sustainable healthcare and get connected into the group doing this work in your jurisdiction with our national support?</p> <p><b>Answer our short survey here and let us know how you would like to contribute.</b></p>
 <a href="#">Organizational sign-up</a>	<h2>Get your organization to endorse our campaign</h2> <p>If your organization wishes to endorse this campaign, please send us an email confirmation of support at <a href="mailto:gagnon.will@gmail.com">gagnon.will@gmail.com</a> with your preferred logo. We will then show your logo on our campaign communications including website. We thank you for your support!</p>

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## 2. Context: Climate change and health in Canada

The World Health Organization has long called climate change the [greatest global health threat of the 21st century](#). In Canada, its impacts include trauma, displacement and poor air quality related to severe wildfires, deaths from heat emergencies, food insecurity related to changes in crops and land-based food availability, emerging infectious disease risks including the spread of Lyme Disease, and mental health challenges related to both subacute long-term risks like eco-anxiety and ecological grief, and acute risks related to the traumas of disaster and displacement.



Image: “Climate Changes Health in Canada”, by the Canadian Medical Association

Healthcare systems, while addressing these challenges, also contribute to them. The Canadian healthcare sector is responsible for [approximately 5% of national greenhouse gas emissions](#), among the highest per capita globally. Unfortunately, although Canada’s National Adaptation Strategy has set a blueprint for progress towards climate-resilient health systems, funding is piecemeal and no mechanism currently exists to track progress to the target of ensuring that every health system in Canada has conducted a vulnerability and adaptation assessment. As called for in the 2024 Lancet Countdown Policy Brief for Canada, and the AFMC Roadmap, establishment of a sustainable healthcare secretariat in each province and territory is [critical](#) to achieving this goal.

In 2023, the Association of Faculties of Medicine of Canada launched the [Academic Health Institutions’ Declaration on Planetary Health](#). It has now been signed by academic organizations on four continents, as well as by the World Federation of Public Health Organizations and the World Medical Association and is seen as leading the way internationally in terms of [seeding a global planetary health revolution](#) in education, research, and practice. Following a

cross-Canada and international consultation process, landscape assessment, and gap analysis, in late 2024, a [roadmap](#) for its implementation was passed unanimously by the assembled deans of Canada's Medical Schools. As part of that roadmap, a network of new structures critical to the realization of sustainable, climate-resilient healthcare was envisioned, including coordinating secretariats at the provincial and territorial levels. These are essential to reduce the siloing which currently occurs, where healthcare workers intent on this work tend to be shunted back and forth between the ministries of health and of the environment as they seek to bring climate-resilient, sustainable healthcare systems to life. The creation of these secretariats is a key step to allow Canada's federated healthcare delivery system to deliver on our national commitments in a coordinated way, however their creation requires a concerted influence effort led by health workers in the respective provinces.

Currently, many healthcare leaders do not know what they do not know with regards to climate change and health. Many health sector workers, even leaders, have trouble coping with the emotional overwhelm of the climate emergency, don't know what to do, and don't know how to do it. Combined with an existing pan-Canadian health and human resources shortage and other systems issues, though climate-resilient healthcare is frequently cited as being important, allocation of adequate organizational resources to deliver on our commitments has not occurred.

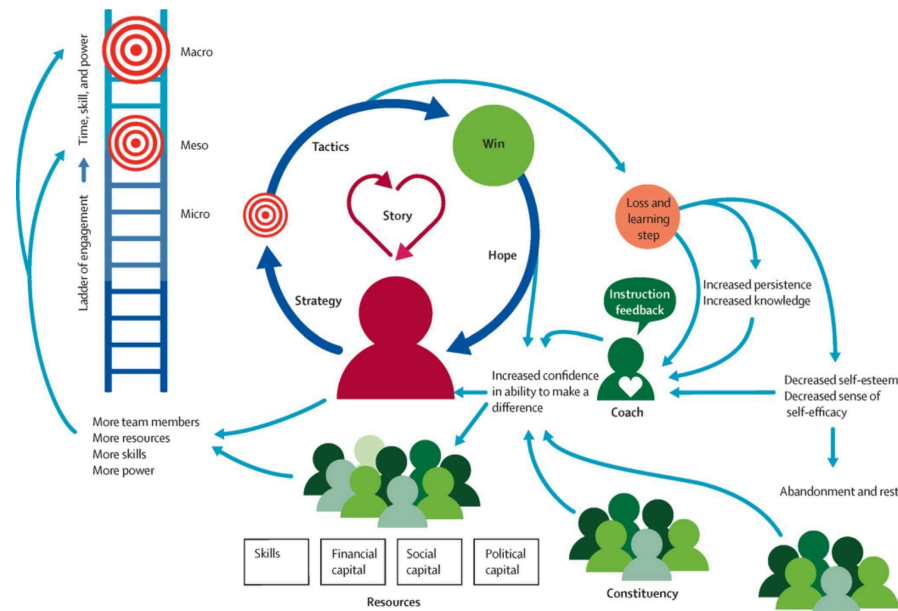
In order to help health sector professionals cope with the climate emergency, show them what to do, and how to do it, we are proposing a learning-by-doing change-making project. This gives a focused pathway to agency via a plan that harnesses the quick wins available through phase out of super-polluting anesthetic gas desflurane to build momentum towards the creation of provincial and territorial secretariats for climate-resilient sustainable healthcare and an in-person meeting to allocate tasks associated with the further implementation of the [Roadmap](#) for the Declaration on Planetary Health.

Desflurane, a gas long used in anesthesia, has a global warming potential (GWP) thousands of times greater than carbon dioxide: it accounts for up to 80% of anesthetic-related greenhouse gas [emissions](#). Alternatives like sevoflurane and total intravenous anesthesia offer comparable efficacy with significantly lower environmental impact. Additionally, this switch represents cost savings for Canadians, as desflurane [is twice as expensive as sevoflurane](#). Phasing out desflurane is a [priority](#) in sustainable healthcare, with [Scotland](#) having withdrawn it from operating rooms, and the [UK](#) having committed to phasing it out by the end of 2024. Canada has [committed](#) to climate-resilient, sustainable low-carbon healthcare. Desflurane phase-out is a priority intervention in our analysis of climate-related [social tipping interventions](#) by the health sector and it has already phased out by [Newfoundland & Labrador](#) on December 30, 2024, followed by [Northwest Territories](#) on January 7, 2025.

**Building momentum across the country for a national phase-out of desflurane is an actionable and achievable first step to build momentum towards the implementation of the *Roadmap for Planetary Health and Sustainable Health Systems for Canadian Medical Professionals*.**

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### 3. Theory: Target-based Change-making



**Image:** [Target-based Change making](#) from “*Learning to Treat the Climate Emergency Together: social tipping interventions by the health community*,” Howard et al.

Defined through an international expert consensus process and in consultation with Marshall Ganz of Harvard, the Target-based change making model aligns with Ganz’s own teachings as well as evidence from political science, behavioural change, communications, and movement-building.

It is based on an understanding that the limiting factor in work for a healthy climate is not that people don’t care, it’s that they are limited in their pathways to agency through a combination of an inability to cope (problems of the heart), uncertainty as to what to do (challenges of the head), or a lack of ability to practically accomplish tasks (problems of the hands). This model addresses these challenges through attention to story to help and motivate the heart, strategic target-setting and tactics to inform the mind, and coordination and training to enable the hands. Losses are reframed into learning steps with the help of instruction and feedback from a well-trained and caring change-making coach<sup>1</sup>.

<sup>1</sup> The definition of coaching in this document follows the one proposed by Marshall Ganz (Senior Lecturer in Leadership, Organizing and Civil Society at the Harvard Kennedy School of Government). [According to Marshall Ganz](#), “Coaching is a direct intervention in an individual or team’s work process to help them improve their effectiveness. Coaching is a leadership practice that is useful in a variety of contexts in organizing campaigns and trainings. Some examples of when coaching skills are necessary: 1. Helping an organizer overcome motivational challenges with their volunteers, 2. Assisting a leadership team in creating strategy for their organizing campaign.”



The key concept is that momentum is generated through iterative wins that each contribute to building skill, financial capital, social capital, political capital, and a larger team, yielding a bandwagon-jumping effect and the power required to achieve progressively more ambitious targets.

By thinking through elements of strategic target-setting, tactics, and story-telling, the POWER secretariat is able to provide a pathway to agency for health sector workers who otherwise feel stuck in their efforts for a healthy response to climate change, and to coach them through the different elements of change-making and reframe losses as learning moments.

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## 4. Team



### **Dr. Courtney Howard, MD, MPP**

Dr. Courtney Howard is an Emergency Physician in Yellowknives Dene Territory in the Canadian subarctic and a Clinical Associate Professor at the University of Calgary. The Vice-Chair of the Global Climate and Health Alliance, Dr. Howard has researched menstrual cups and the health impacts of wildfires and was the first woman president of the Canadian Association of Physicians for the Environment. She sat on the board of the Canadian Medical Association for six years and is the President-Elect of the Northwest Territories Medical Association. More at [drcourtneyhoward.ca](http://drcourtneyhoward.ca)



### **Raissa Marks, BSc. (Environment), MES**

Facilitator, Certified Coach, Non-Profit Consultant

Raissa is a collaborative leader with a passion for fostering healthy communities and empowering the people within them. As the former Executive Director of the New Brunswick Environmental Network and the Canadian Association of Physicians for the Environment, Raissa has driven change through strategic advocacy and collaboration. More at [lilymark.ca](http://lilymark.ca)



### **William Gagnon, BEng., MSc.**

Healthcare systems decarbonization expert,  
LEED AP BD+C, LEED AP ND, PMP, Cornell Climate Fellow

William Gagnon is a healthcare decarbonization expert with extensive experience leading impactful climate and health initiatives. He holds a bachelor's degree in building engineering (Concordia University) and a master's degree in bioresource engineering (McGill University). More at [williamgagnon.ca](http://williamgagnon.ca)

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## About POWER

POWER – Planetary-health Organizations for Wellbeing, Equity, and Regeneration – is a new public-facing brand of University of British Columbia-based charity [Generation Squeeze](#), co-founded by it and the emerging Canadian Coalition for Planetary Health and a Wellbeing Society. Our vision is a society where all people in present and future generations can thrive while living within planetary boundaries. Our mission is to act as a mobilizing force for societal and health system transformation in Canada by leveraging academic research and diverse networks in service of longterm wellbeing for all. We are building a pan-Canadian network of peri-academic “Think and Change” nodes linked together by a national body to deliver the coordination, knowledge mobilization, and strategic, evidence-based communications required to integrate health systems transformation with a broader societal transition to alignment with planetary health and wellbeing principles.

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