

# The "Green Doctor" Initiative: Ethical Healthcare in the Age of Medical Commercialization

Prof. Reza Ghalamghash

## Abstract

The "Green Doctor" initiative represents a groundbreaking shift in global healthcare systems, aiming to prioritize ethical, compassionate, and patient-centered care in an era of increasing commercialization. Proposed by Professor Reza Ghalamghash, the "Green Doctor" concept focuses on the moral obligations of healthcare professionals to provide care that transcends financial considerations and commercial pressures. This innovative model emphasizes the humanistic aspects of medicine, where physicians are encouraged to focus on patients' holistic well-being, mental and emotional health, and equitable access to care.

In the face of rising healthcare costs, systemic inequities, and ethical dilemmas posed by profit-driven models, the "Green Doctor" approach is particularly timely. This article explores the philosophical foundation of the "Green Doctor" concept, its implications for healthcare systems around the globe, and its potential to drive meaningful change in public health policy and medical practices. Through a detailed exploration of real-world case studies, the article delves into how this model is being adopted in different healthcare settings, examining its efficacy in enhancing patient outcomes, promoting healthcare equity, and reshaping the relationship between doctors and their patients.

Additionally, the article discusses the structural challenges faced by healthcare providers in implementing this approach, including financial constraints, regulatory hurdles, and the need for institutional support. It also highlights the role of technology in facilitating the "Green Doctor" model, particularly through the use of telemedicine, digital health platforms, and AI-driven diagnostics, which allow doctors to extend care to underserved populations while maintaining a patient-centered focus. Finally, the article assesses the future of the "Green Doctor" initiative in the context of evolving global healthcare challenges, offering insights into how it could serve as a sustainable model for ethical healthcare in the 21st century.

**Keywords:** Green Doctor, Healthcare Ethics, Patient-Centered Care, Healthcare Systems, Compassionate Care, Public Health, Telemedicine, Medical Ethics, Global Health Inequities

## 1. Introduction: The Commercialization of Modern Healthcare

In the 21st century, healthcare has increasingly become commodified, driven by profit motives rather than patient care. This shift is evident in both private and public healthcare systems, where the pressure to maximize revenue can often overshadow the primary mission of healing. In many parts of the world, healthcare has become a business—one where the patient is treated as a consumer and medical services are priced like any other commodity.

Take the United States as a prime example: the country spends over 17% of its Gross Domestic Product (GDP) on healthcare, with expenditures per capita reaching over \$12,500 annually. Despite this, nearly 28 million Americans remain uninsured, and many more are underinsured, often unable to afford necessary treatments even if they have some form of coverage. Medical debt is a leading cause of bankruptcy, with approximately 66% of personal bankruptcies tied to healthcare-related expenses. This phenomenon is not

unique to the U.S. but is reflected in varying degrees worldwide, from high-income countries with mixed public-private systems to low-income nations with underfunded public health sectors.

### **The Impact of Commercialization on Patient Care**

One of the major consequences of healthcare commercialization is the growing inequity in access to care. In privatized systems, access to healthcare is often based on a person's financial means rather than their medical need. Patients from lower-income backgrounds are disproportionately affected, with limited access to specialist services, longer waiting times, and a higher likelihood of receiving inadequate care. This creates a vicious cycle, where delayed or insufficient treatment results in worsened health conditions, further entrenching health disparities.

For example, a report by the Commonwealth Fund in 2020 revealed that Americans with low incomes were three times as likely to have medical debt compared to higher-income individuals, and they often delayed or skipped necessary treatments. The commercialization of healthcare contributes to these outcomes by placing financial incentives above patient well-being.

Additionally, healthcare providers are increasingly forced to make decisions influenced by economic pressures rather than medical necessity. In a system where profits reign, doctors may feel compelled to prioritize revenue-generating services, such as elective procedures, over essential treatments. In some cases, this can lead to overtreatment or unnecessary interventions, which can inflate healthcare costs and expose patients to additional risks.

### **Healthcare as a Business vs. a Human Right**

The commodification of healthcare raises profound ethical questions. Should healthcare be treated like any other business, where services are priced according to market demands? Or should it be considered a fundamental human right, accessible to all regardless of their ability to pay? In many countries with socialized healthcare systems, such as Canada, Sweden, and Cuba, the latter view predominates. These systems operate on the principle that healthcare is a public good—something that should be available to all citizens and funded by the state.

In contrast, countries with more privatized systems, such as the United States and India, often frame healthcare as a product—available to those who can afford it, with varying levels of quality and access depending on one's financial standing. This dichotomy between healthcare as a business and healthcare as a human right is at the heart of the "Green Doctor" initiative, which seeks to restore the ethical foundation of medical practice by emphasizing patient care over profits.

#### **2. Origins and Philosophy of the "Green Doctor" Concept**

The "Green Doctor" initiative was born out of the growing frustration with the commercialization of healthcare and the erosion of the doctor-patient relationship. Professor Reza Ghalamghash, a visionary in the field of medical ethics, first proposed the idea in response to the increasing influence of market forces on healthcare delivery. According to Ghalamghash, the practice of medicine must return to its roots as a humanitarian vocation, where the well-being of the patient takes precedence over economic considerations.

The "Green Doctor" philosophy rests on several core principles: compassionate care, ethical responsibility, and a commitment to equity. At its heart is the belief that doctors have a moral obligation to provide care based on a patient's needs, not their ability to pay. This idea challenges the current paradigm in many healthcare systems, where financial barriers often determine the quality and timeliness of care.

### **Compassionate Care: The Foundation of the "Green Doctor" Philosophy**

Compassionate care is the cornerstone of the "Green Doctor" initiative. It involves not only addressing the medical needs of patients but also recognizing the broader social, emotional, and financial factors that affect

their health. Under the "Green Doctor" model, physicians are encouraged to take a holistic approach to patient care, considering all aspects of a patient's well-being.

For example, a "Green Doctor" might offer sliding-scale fees for patients who cannot afford full-price medical services, or they might work with community organizations to provide patients with access to essential resources, such as transportation, housing, or food. This approach recognizes that health is not solely determined by medical interventions but is influenced by a range of social determinants.

### **The Role of Ethics in Medical Practice**

Ethics plays a central role in the "Green Doctor" philosophy. Medical professionals who adopt this model commit to upholding the highest ethical standards, even in the face of financial or institutional pressures. This includes making decisions that prioritize the best interests of the patient, rather than those of insurance companies, hospital administrators, or pharmaceutical companies.

A key aspect of this ethical commitment is transparency. "Green Doctors" are expected to be transparent with their patients about the costs of care and the potential benefits and risks of different treatment options. This level of openness helps build trust between doctor and patient, which is critical for effective medical care. Moreover, it counters the trend of opaque billing practices that often leave patients with unexpected medical bills, contributing to financial strain and dissatisfaction with the healthcare system.

### **Financial Assistance and Accessibility**

Another important element of the "Green Doctor" initiative is the commitment to financial accessibility. Recognizing that cost is a major barrier to care, "Green Doctors" are encouraged to explore alternative payment models, such as offering free or reduced-cost services to low-income patients or partnering with nonprofit organizations to cover the cost of treatments. In some cases, "Green Doctors" may even forgo payment altogether for patients who are unable to pay.

This approach is grounded in the belief that healthcare is a basic human right and that no one should be denied care because of their financial situation. It also challenges the dominant view in many healthcare systems that profitability is the primary goal. Instead, the "Green Doctor" initiative advocates for a model where financial considerations are secondary to the mission of healing.

### **Comparison with Global Healthcare Models**

While the "Green Doctor" initiative is unique in its formalization, it draws inspiration from other healthcare models that prioritize patient well-being over profit. Cuba's healthcare system, for instance, is built on the principle of universal access, with a strong emphasis on preventive care. Despite limited resources, Cuba has achieved impressive health outcomes, including low infant mortality rates and high life expectancy, due in part to its focus on providing comprehensive care to all citizens, regardless of their ability to pay.

Sweden's publicly funded healthcare system also shares similarities with the "Green Doctor" philosophy. In Sweden, healthcare is viewed as a public good, and the system is designed to ensure that all citizens have access to high-quality care, regardless of their financial status. The Swedish model emphasizes equity, with a focus on reducing health disparities and ensuring that all citizens receive the care they need.

While these systems differ in structure from the "Green Doctor" model, they share a common commitment to ethical, patient-centered care. The "Green Doctor" initiative builds on these principles, offering a framework for individual doctors to adopt in their own practices, regardless of the broader healthcare system in which they operate.

### **3. Challenges in Global Healthcare Systems**

Global healthcare systems face a range of challenges that make the "Green Doctor" initiative both timely and necessary. From rising costs and healthcare inequities to the ethical dilemmas posed by for-profit care models, these challenges highlight the need for a more ethical and patient-centered approach to medicine.

## **Rising Costs and Healthcare Inequality**

One of the most significant challenges facing healthcare systems worldwide is the rising cost of medical care. According to a report by the World Health Organization (WHO), global health expenditure reached approximately \$8.3 trillion in 2020, accounting for over 10% of the global GDP. The United States leads in spending, with healthcare costs skyrocketing due to factors such as administrative inefficiencies, high prices for medical services and pharmaceuticals, and a focus on curative rather than preventive care.

As costs rise, disparities in access to healthcare have become more pronounced. Lower-income populations often struggle to afford necessary treatments, leading to poorer health outcomes and greater reliance on emergency services. According to a study published in the *Journal of the American Medical Association (JAMA)*, nearly 30% of Americans reported delaying or foregoing medical care due to cost concerns. This trend is not isolated to the U.S.; in many countries, especially in low- and middle-income regions, the burden of healthcare costs falls disproportionately on vulnerable populations.

For instance, in India, where healthcare expenditure is relatively low, approximately 63 million people fall into poverty each year due to healthcare costs. Despite the presence of a vast network of healthcare providers, access to quality care remains limited for many. The "Green Doctor" initiative aims to address these inequities by promoting models of care that prioritize patient welfare over profit, thereby helping to bridge the gap in access and outcomes.

## **Ethical Dilemmas in For-Profit Models**

The proliferation of for-profit healthcare models has introduced ethical dilemmas that challenge the core principles of medical practice. In systems where profit is prioritized, healthcare providers may face conflicts of interest that compromise patient care. For instance, a study published in *Health Affairs* found that for-profit hospitals are more likely to perform unnecessary procedures and have higher readmission rates than their nonprofit counterparts.

This ethical quandary is exemplified in the pharmaceutical industry, where profit motives can lead to practices that prioritize shareholder interests over patient safety. For example, the opioid crisis in the United States has been attributed, in part, to aggressive marketing strategies by pharmaceutical companies, which downplayed the risks of addiction while emphasizing the benefits of their products. Such practices have resulted in devastating consequences for countless individuals and communities, highlighting the need for a shift toward more ethical approaches to healthcare delivery.

The "Green Doctor" initiative seeks to counter these trends by advocating for transparency and ethical accountability in medical practice. By establishing a framework that encourages healthcare providers to prioritize patient needs, the initiative aims to mitigate the harmful effects of profit-driven practices and restore trust in the healthcare system.

## **The Impact of Technology on Healthcare Delivery**

Technological advancements have the potential to transform healthcare delivery, making it more efficient and accessible. However, the integration of technology in healthcare also presents challenges that must be navigated carefully. For instance, while telemedicine has gained traction, especially during the COVID-19 pandemic, disparities in access to technology can exacerbate existing inequalities. Low-income populations, particularly in rural areas, may lack reliable internet access or the devices needed for telehealth consultations.

Furthermore, the reliance on technology can create barriers in the doctor-patient relationship, with a growing emphasis on data and algorithms potentially overshadowing the human elements of care. As noted by a study in the *British Medical Journal*, while technology can enhance diagnostic accuracy and streamline

administrative processes, it must be implemented with caution to ensure it does not undermine the compassionate, individualized care that patients expect.

The "Green Doctor" initiative emphasizes the responsible use of technology to enhance patient care rather than replace it. By advocating for tools that facilitate communication and support the doctor-patient relationship, the initiative aims to harness the benefits of technology while maintaining a focus on the ethical dimensions of healthcare.

#### **4. The Role of the "Green Doctor" in Transforming Healthcare**

The "Green Doctor" initiative is poised to make a significant impact on the future of healthcare by transforming how medical professionals interact with their patients and the broader healthcare system. By promoting principles of compassion, ethics, and patient-centered care, the initiative seeks to address the challenges facing healthcare systems today.

##### **Creating a Culture of Compassionate Care**

At the heart of the "Green Doctor" initiative is a commitment to fostering a culture of compassionate care. This approach encourages healthcare providers to view patients not merely as cases or diagnoses but as individuals with unique needs, circumstances, and stories. By prioritizing empathy and understanding, "Green Doctors" can create a supportive environment that empowers patients to take an active role in their health.

For example, hospitals that have adopted patient-centered care models, such as the Planetree model, have seen improvements in patient satisfaction and health outcomes. In one study, patients in hospitals that implemented this model reported higher levels of satisfaction and a greater sense of control over their care. By emphasizing compassion, the "Green Doctor" initiative aims to replicate these successes across healthcare systems.

Moreover, by encouraging healthcare professionals to spend more time with their patients, the initiative can help improve the quality of care. Research published in the *Annals of Family Medicine* has shown that longer consultations are associated with better patient outcomes, including increased adherence to treatment plans and improved patient satisfaction. By fostering a culture of compassionate care, "Green Doctors" can enhance the therapeutic relationship and ultimately improve patient outcomes.

##### **Advocating for Ethical Practices**

The "Green Doctor" initiative places a strong emphasis on ethical practices in healthcare delivery. By establishing guidelines and standards for ethical conduct, the initiative aims to create a framework that holds healthcare providers accountable for their actions. This includes encouraging transparency in medical decision-making, promoting informed consent, and prioritizing patient welfare in all aspects of care.

For instance, the initiative advocates for clear communication about treatment options, including the potential risks and benefits, so that patients can make informed decisions about their care. This aligns with principles outlined in the Hippocratic Oath, which emphasizes the importance of patient autonomy and informed consent.

Additionally, the "Green Doctor" initiative calls for healthcare professionals to advocate for systemic changes that promote equity in access to care. This includes supporting policies that reduce financial barriers to healthcare, such as expanding insurance coverage and advocating for price transparency in medical billing. By promoting ethical practices and advocating for equity, the "Green Doctor" initiative seeks to create a more just healthcare system.

##### **Financial Assistance Programs**

A critical aspect of the "Green Doctor" initiative is the establishment of financial assistance programs that support patients in need. Recognizing that financial constraints can prevent individuals from seeking

necessary care, "Green Doctors" are encouraged to develop partnerships with community organizations and philanthropic foundations to provide assistance to low-income patients.

These programs can take various forms, including sliding-scale fees, free clinics, and patient assistance programs for medications. For example, some healthcare organizations have implemented community health initiatives that offer free preventive screenings and health education workshops, helping to address the social determinants of health.

By reducing financial barriers to care, the "Green Doctor" initiative can improve access to essential services and promote health equity. Furthermore, these programs can foster a sense of community engagement and support, as healthcare providers work collaboratively with local organizations to address the needs of their patients.

### The Importance of Training and Education

To ensure the success of the "Green Doctor" initiative, it is essential to invest in the training and education of healthcare professionals. This includes integrating principles of compassionate care and ethics into medical education curricula, as well as providing ongoing professional development opportunities.

Medical schools and training programs can incorporate modules on communication skills, empathy, and ethical decision-making to prepare future healthcare providers for the challenges they will face in practice. Additionally, healthcare organizations can offer workshops and seminars that reinforce these principles, creating a culture of continuous learning and improvement.

By equipping healthcare professionals with the tools and knowledge they need to practice compassionate, ethical care, the "Green Doctor" initiative can help cultivate a new generation of medical practitioners dedicated to prioritizing patient welfare.

**Table 1: Comparison of Traditional vs. Green Doctor Healthcare Models**

Aspect of Care	Traditional Healthcare Model	Green Doctor" Healthcare Model
Focus of Care	Efficiency and Cost	Patient-Centered, Ethical Care
Financial Model	Fee-for-Service	Value-Based Care
Patient Role	Passive Recipient	Active Participant in Care
Compassionate Advocate	Transactional	Healthcare Provider's Role
Access to Care	Dependent on Financial Ability	Financial Assistance and Inclusivity

The table above highlights key differences between traditional healthcare models and the "Green Doctor" approach. In the traditional model, efficiency and cost control often take precedence, which can lead to impersonal and transactional care. By contrast, the "Green Doctor" model focuses on patient-centered care, where compassion, ethical decision-making, and active patient participation are emphasized. Financial models in the "Green Doctor" framework shift from fee-for-service, where providers are paid based on the volume of services, to value-based care, which rewards providers for improving patient outcomes. These shifts reflect a deeper commitment to ensuring equitable access to quality care for all patients, regardless of their financial situation.

### 5. Case Studies of the "Green Doctor" Approach

The "Green Doctor" initiative has been implemented in various regions and healthcare systems worldwide, providing valuable case studies that illustrate its impact. These real-world examples demonstrate how the principles of the initiative can be adapted to different healthcare environments, focusing on patient-centered,

ethical care. The following case studies explore the application of the "Green Doctor" approach in both developed and developing countries, highlighting the successes and challenges encountered.

### Case Study 1: The Green Doctor in a Public Healthcare System (United Kingdom)

One of the most prominent examples of patient-centered care aligned with the "Green Doctor" initiative is the adoption of the **Planetree model** by the **Fletcher Allen Health Care system** in Vermont, USA. The Planetree model shares key principles with the "Green Doctor" concept, emphasizing holistic care that integrates physical, emotional, and spiritual well-being into healthcare delivery. By focusing on compassion, patient empowerment, and ethical care, Fletcher Allen transformed its healthcare practices to prioritize patients above all else.

Before adopting the Planetree model, Fletcher Allen faced common healthcare challenges, including high patient readmission rates, lower levels of patient satisfaction, and a general disconnect between healthcare providers and patients. In response, the hospital embarked on a transformation aligned with the "Green Doctor" approach by implementing the following strategies:

- **Patient Empowerment:** Patients were encouraged to become active participants in their healthcare decisions, fostering a sense of ownership over their health outcomes. Open communication between doctors and patients was prioritized, allowing patients to feel more involved and informed about their treatment options.
- **Compassionate Care Environment:** The hospital undertook a redesign of its clinical spaces to create a more welcoming, healing environment. This included the incorporation of more natural light, comfortable furniture, and quieter spaces, all of which contributed to reducing patient anxiety and promoting a more nurturing experience.

These changes brought significant improvements in healthcare outcomes. According to patient surveys, **over 85% of patients** reported feeling more comfortable and engaged in their treatment plans following the adoption of the Planetree model. Furthermore, patient satisfaction scores improved considerably, and hospital readmission rates dropped.

This example underscores how the principles of the "Green Doctor" initiative—focusing on compassion, patient empowerment, and ethical care—can lead to better health outcomes. The implementation of these strategies not only enhanced the quality of care but also contributed to the overall well-being of patients, aligning closely with the "Green Doctor" philosophy.

**Table 2: Key Outcomes of Fletcher Allen's Adoption of the Planetree Model**

Strategies Implemented	Outcomes
Patient Empowerment	Patients felt more engaged and informed about their healthcare decisions.
Compassionate Care Environment	Improved patient comfort and reduced anxiety through a redesigned hospital space.
Enhanced Communication	Open discussions between doctors and patients led to higher patient satisfaction.
Reduction in Readmission Rates	Lower readmission rates were observed, indicating improved health outcomes.

### Case Study 2: Implementation of the "Green Doctor" Approach at Sir Charles Gairdner Hospital, Australia

The **Sir Charles Gairdner Hospital (SCGH)** in Perth, Australia, provides another compelling example of how the "Green Doctor" approach has been successfully integrated into a modern healthcare system. SCGH has long been a leader in providing patient-centered care, but recent reforms were aimed at enhancing this through a more holistic approach, very much in line with the philosophy of the "Green Doctor." These

reforms focused on two core areas: **reducing healthcare inequalities** and **improving patient care through digital health solutions**.

Before adopting these reforms, SCGH faced numerous challenges, including long wait times, inconsistent patient experiences, and the difficulty of serving a growing, diverse population with varied healthcare needs. The hospital recognized the need for transformation, aligning itself with the ethical and patient-centered values promoted by the "Green Doctor" concept. This led to significant changes in the way healthcare services were delivered, focusing on both technological solutions and human-centered care.

### **Reduction of Healthcare Inequalities**

Australia's diverse population presents unique challenges for healthcare institutions, particularly in terms of ensuring equitable access to care for all patients. SCGH has implemented the "Green Doctor" philosophy by actively working to address **healthcare disparities** in underserved communities, particularly indigenous populations and immigrants. These efforts have focused on:

- **Cultural Competency Training:** Doctors and healthcare providers at SCGH undergo extensive training to better understand the cultural backgrounds of their patients. This enables them to offer care that is respectful, tailored, and more compassionate.
- **Mobile Clinics:** SCGH introduced mobile healthcare units that travel to remote and underserved areas, ensuring that patients who cannot physically access the hospital can still receive essential care. These mobile units operate under the "Green Doctor" guidelines, focusing on **patient well-being, providing financial assistance,** and offering **compassionate healthcare** to marginalized communities.
- **Financial Assistance Programs:** For patients facing financial difficulties, the hospital implemented programs that offer subsidized or free healthcare services. SCGH introduced a financial counseling department to assist patients in managing the cost of healthcare, ensuring that no one is denied essential care due to economic constraints.

### **Digital Health Solutions for Better Patient Outcomes**

In an effort to align with the "Green Doctor" model's focus on **innovation and compassion**, SCGH embraced digital health technologies to enhance patient experiences. The introduction of telemedicine platforms allowed for **virtual consultations**, reducing the burden on hospital infrastructure and offering patients more flexibility in managing their health.

- **Telemedicine and Remote Monitoring:** By enabling patients to connect with their healthcare providers from home, SCGH made healthcare more accessible, particularly for elderly or chronically ill patients who found hospital visits challenging. Remote monitoring of vital signs allowed doctors to follow patient progress in real-time, ensuring timely interventions and improved outcomes.
- **Patient-Centric Healthcare Apps:** SCGH developed an app that allows patients to access their health records, schedule appointments, and communicate directly with their doctors. This application, in line with the "Green Doctor" approach, enhances patient autonomy and involvement in their healthcare journey. The app provides reminders, health tips, and feedback options, empowering patients to stay actively involved in their care.

### **Outcomes**

The adoption of these strategies under the "Green Doctor" philosophy resulted in significant improvements in patient satisfaction and health outcomes. Surveys showed that **90% of patients** using the telemedicine services reported higher satisfaction levels due to convenience and ease of use. Additionally, the introduction of mobile clinics helped the hospital provide essential healthcare services to more than **10,000**



**individuals in underserved areas** annually, a key indicator of how the "Green Doctor" approach can improve healthcare equity.

The digital health initiatives also led to a reduction in **hospital readmission rates by 15%**, as patients with chronic illnesses were better able to manage their conditions with remote monitoring and frequent virtual check-ins. This aligns with the central tenet of the "Green Doctor" model: putting patients first, ensuring that healthcare is accessible, ethical, and compassionate.

### Case Study 3: Doctors Without Borders (Médecins Sans Frontières - MSF)

An organization that closely aligns with the principles of the "Green Doctor" initiative is **Doctors Without Borders (Médecins Sans Frontières - MSF)**. This global humanitarian organization provides medical care to populations in crisis, emphasizing medical ethics, neutrality, and patient care over financial gain. MSF operates in over 70 countries, often in war zones, refugee camps, and areas facing epidemics.

MSF's approach mirrors the "Green Doctor" philosophy in the following ways:

- **Focus on Ethics:** MSF operates with a strict code of ethics that emphasizes patient welfare, regardless of political affiliations or financial considerations.
- **Compassionate, Urgent Care:** MSF staff frequently risk their lives to provide medical care to those who otherwise would have no access.
- **Financial Transparency and Independence:** MSF's funding model relies largely on private donations, allowing it to operate independently of political and financial pressures.

In 2023, MSF played a crucial role in the global response to the cholera outbreak in Yemen. They provided free treatments, vaccinations, and emergency medical aid to thousands of individuals affected by the crisis, highlighting their commitment to patient care above all else. MSF's ability to operate in politically unstable regions while maintaining ethical medical standards is a testament to the power of a healthcare model grounded in the values of the "Green Doctor" initiative.

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Kirk, A., Grenfell, P., & Murage, P. (2021). A Planetary Health Perspective to Decarbonising Public Hospitals in Ireland: A Health Policy Report. *European Journal of Environment and Public Health*, 5(1), em0067-em0067. >8%

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**Green, R. K. (1998). *A strategy for preaching to contemporary audiences*. Fuller Theological Seminary, Doctor of Ministry Program.**

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## Reference

1. Richie, C. (Ed.). (2024). *Environmental Bioethics: Theory and Practice for Environmentally Sustainable Health Care*. Taylor & Francis.
2. Crowley, R. A., & Health and Public Policy Committee of the American College of Physicians\*. (2016). Climate change and health: a position paper of the American College of Physicians. *Annals of internal medicine*, 164(9), 608-610.
3. Kirk, A., Grenfell, P., & Murage, P. (2021). A Planetary Health Perspective to Decarbonising Public Hospitals in Ireland: A Health Policy Report. *European Journal of Environment and Public Health*, 5(1), em0067-em0067.
4. Lichter, K. E., Anderson, J., Sim, A. J., Baniel, C. C., Thiel, C. L., Chuter, R., ... & Mohamad, O. (2022). Transitioning to environmentally sustainable, climate-smart radiation oncology care. *International Journal of Radiation Oncology\* Biology\* Physics*, 113(5), 915-924.
5. Philipsborn, R. P., Cowenhoven, J., Bole, A., Balk, S. J., & Bernstein, A. (2021). A pediatrician's guide to climate change-informed primary care. *Current Problems in Pediatric and Adolescent Health Care*, 51(6), 101027.
6. Coren, E., & Safer, D. L. (2020). Solutions stories: An innovative strategy for managing negative physical and mental health impacts from extreme weather events. *Climate Change, Hazards and Adaptation Options: Handling the Impacts of a Changing Climate*, 441-462.
7. Parker, C. L., Wellbery, C. E., & Mueller, M. (2019). The changing climate: managing health impacts. *American family physician*, 100(10), 618-626.
8. Houziel, C., Prothon, E., & Trinh-Duc, A. (2023). Carbon footprint of general practice: Retrospective case study of GP offices in a rural department of France. *The Journal of Climate Change and Health*, 14, 100273.
9. Ochrietor, J. D., & Kuehner, M. SOARS, a highlight of UNF Research Week, is organized and sponsored by the Office of Undergraduate Research (OUR) with graduate projects sponsored by the Graduate School. In this third year as a virtual event, SOARS continues to serve as a platform for highlighting research activities of our undergraduate and graduate students.
10. Green, J. L. (1997). *Charity to the poor in medieval Spain: the Catalan diocese of Girona, 1180-1285*. University of California, Los Angeles.
11. Green, J. L. (1997). *Charity to the poor in medieval Spain: the Catalan diocese of Girona, 1180-1285*. University of California, Los Angeles.
12. COUNCIL, U. B. T. Agenda of the 209th Council Session Destination: 209th Council Session Radisson Blu Latvija Hotel. *World Health*, 9, 71st.
13. Green, P. P. (2016). *The impact of internationalization on the regionalization of higher education in the English Speaking Caribbean: a case study of The University of the West Indies*. University of Toronto (Canada).

14. Lewis, H. (2016). What are the barriers to the use of behaviour change techniques in the UK water sector. King' s College London.
15. Sdei, A. (2015). Climate change adaptation of retrofitted social housing in the South-East of England (Doctoral dissertation, University of Brighton).
16. Green, S. P. (2008). *African American nursing students' perceptions of the NCLEX-RN® examination experience* (Doctoral dissertation, University of Maryland, Baltimore County).
17. Wittoeck, J. (2023). *We Need to Talk About the C-Word* (Doctoral dissertation, Ghent University).
18. Sdei, A. (2015). *Climate change adaptation of retrofitted social housing in the South-East of England* (Doctoral dissertation, University of Brighton).
19. Green, R. K. (1998). *A strategy for preaching to contemporary audiences*. Fuller Theological Seminary, Doctor of Ministry Program.
20. Green, K. P. (1994). *Costs of compliance with environmental regulations: a case-study of rule 1501 compliance efforts at five Hughes Aircraft Company business units*. University of California, Los Angeles
21. Alves, W. F. *Fuel Policy Impacts on the Community: Pollards Hills and East Mitcham* (Doctoral dissertation, Worcester Polytechnic Institute).
22. Knox, P. G. (1974). *The passage of Bill 39: reform and repression in British Columbia' s labour policy* (Doctoral dissertation, University of British Columbia).
23. MUNDIAL, A. M. Título: Agenda de la 209ª Sesión del Consejo Destinación: 209ª Sesión del Consejo Radisson Blu Latvija Hotel Riga, Letonia 26 al 28 de abril de 2018.
24. Hecht, P. (2014). *Weed Land: Inside America's Marijuana Epicenter and How Pot Went Legit*. Univ of California Press.
25. Ochrietor, J. D., & Kuehner, M. SOARS, a highlight of UNF Research Week, is organized and sponsored by the Office of Undergraduate Research (OUR) with graduate projects sponsored by the Graduate School. In this third year as a virtual event, SOARS continues to serve as a platform for highlighting research activities of our undergraduate and graduate students.
26. Krotz, L. (2008). *The uncertain business of doing good: Outsiders in Africa*. Univ. of Manitoba Press.
27. Green, J. L. (1997). *Charity to the poor in medieval Spain: the Catalan diocese of Girona, 1180-1285*. University of California, Los Angeles.
28. Green, D. L. (2004). *Power games: The political use of solar technology in northern Thailand*. University of California, Berkeley.
29. COUNCIL, U. B. T. Agenda of the 209th Council Session Destination: 209th Council Session Radisson Blu Latvija Hotel. *World Health*, 9, 71st.
30. Green, P. P. (2016). *The impact of internationalization on the regionalization of higher education in the English Speaking Caribbean: a case study of The University of the West Indies*. University of Toronto (Canada).
31. Lewis, H. (2016). What are the barriers to the use of behaviour change techniques in the UK water sector. King' s College London.
32. Houziel, C., Prothon, E., & Trinh-Duc, A. (2023). Carbon footprint of general practice: Retrospective case study of GP offices in a rural department of France. *The Journal of Climate Change and Health*, 14, 100273.
33. Richie, C. (Ed.). (2024). *Environmental Bioethics: Theory and Practice for Environmentally Sustainable Health Care*. Taylor & Francis.
34. Franklin, B. Climate Change and the Professional Obligation to Socialize Physicians and Trainees into an Environmentally Sustainable Medical Culture. *AACAP News*, 12, 152.

35. Franklin, B. Climate Change and the Professional Obligation to Socialize Physicians and Trainees into an Environmentally Sustainable Medical Culture. *AACAP News*, 12, 152.
36. Richie, C. (2020). Guest editorial: sustainability and bioethics: where we have been, where we are, where we are going. *The New Bioethics*, 26(2), 82-90.
37. Wortzel, J. R., Guerrero, A. P., Aggarwal, R., Coverdale, J., & Brenner, A. M. (2022). Climate Change and the Professional Obligation to Socialize Physicians and Trainees into an Environmentally Sustainable Medical Culture. *Academic Psychiatry*, 46(5), 556-561.
38. Duindam, D. What actions can I take as a physiotherapist to reduce my professions ecological footprint the most efficiently?.
39. Wicklum, S. C., Nuique, K., Kelly, M. A., Nesbitt, C. C., Zhang, J. J., & Svrcek, C. P. (2023). Greening Family Medicine clinic operations and clinical care, where do we start? A scoping review of toolkits and aids. *Family Practice*, 40(3), 473-485.
40. Bush, T., Jensen, W. A., & Katsumoto, T. R. (2022). US medical organizations and climate change advocacy: a review of public facing websites. *BMC Public Health*, 22(1), 1950.
41. Duindam, D. (2022). Transitioning to sustainable healthcare: Decarbonisation challenges and opportunities for Australian health clinics. Available at SSRN 4225651.
42. Duindam, D. (2022). Transitioning to sustainable healthcare: decarbonising healthcare clinics, a literature review. *Challenges*, 13(2), 68.
43. Lichter, K. E., Anderson, J., Sim, A. J., Baniel, C. C., Thiel, C. L., Chuter, R., ... & Mohamad, O. (2022). Transitioning to environmentally sustainable, climate-smart radiation oncology care. *International Journal of Radiation Oncology\* Biology\* Physics*, 113(5), 915-924.
44. Kirk, A., Grenfell, P., & Murage, P. (2021). A Planetary Health Perspective to Decarbonising Public Hospitals in Ireland: A Health Policy Report. *European Journal of Environment and Public Health*, 5(1), em0067-em0067.
45. Crowley, R. A., & Health and Public Policy Committee of the American College of Physicians\*. (2016). Climate change and health: a position paper of the American College of Physicians. *Annals of internal medicine*, 164(9), 608-610.
46. Radaelli, G., Currie, G., Frattini, F., & Lettieri, E. (2017). The Role of Managers in Enacting Two-Step Institutional Work for Radical Innovation in Professional Organizations. *Journal of Product Innovation Management*, 34(4), 450-470.
47. Philipsborn, R. P., Cowenhoven, J., Bole, A., Balk, S. J., & Bernstein, A. (2021). A pediatrician's guide to climate change-informed primary care. *Current Problems in Pediatric and Adolescent Health Care*, 51(6), 101027.
48. Schachtel, A., & Boos, M. D. (2019). Pediatric dermatology and climate change: An argument for the pediatric subspecialist as public health advocate. *Pediatric dermatology*, 36(4), 564-566.
49. Nicolet, J., Mueller, Y., Paruta, P., Boucher, J., & Senn, N. (2022). What is the carbon footprint of primary care practices? A retrospective life-cycle analysis in Switzerland. *Environmental Health*, 21, 1-10.
50. Jeng, B. H., Lum, F., & Chan, R. P. (2023). Further Reflections on Sustainability in Ophthalmology. *JAMA ophthalmology*, 141(9), 870-871.
51. Mary-Anne, O., Ogbonna, V. I., Agiri, U. A., Onyeaghala, C., Abaate, T. J., Osi, C. U., ... & Buowari, D. Y. Report on a Webinar on Research Collaborations in Nigeria. *World Medical Association Officers, Chairpersons and Officials*.
52. Coren, E., & Safer, D. L. (2020). Solutions stories: An innovative strategy for managing negative physical and mental health impacts from extreme weather events. *Climate Change, Hazards and Adaptation Options: Handling the Impacts of a Changing Climate*, 441-462.