Letter to Editor

Climate Crisis: The Rehabilitation Emergency No One Talks About

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Respected Editor,

While hospitals debate carbon footprints, rehabilitation wards are quietly drowning. Climate change isn't coming for healthcare—it's already here. Rehabilitation services are bearing the brunt of a crisis most administrators refuse to acknowledge.

By 2050, 246 million older adults will face life-threatening heat exposure.[1] That's not merely a climate statistic; that's our future caseload. Air pollution from wildfires and industrial emissions is creating a generation of patients requiring pulmonary rehabilitation before age 40.[2] These aren't occasional cases anymore—they're becoming the norm.

Our most vulnerable patients pay first. Disabled individuals lose access to mobility aids during floods. Elderly patients cannot reach cooling centers during heatwaves.[3] Rural communities face mental health crises as their livelihoods disappear with changing weather patterns. Each climate disaster creates a cascade of rehabilitation needs that our current systems simply cannot handle.

In rural Pakistan, extreme weather destroyed crops and triggered anxiety disorders in farming communities, particularly among women.[4] These patients need integrated psychosocial rehabilitation, not just antidepressants. Heat stress during pregnancy is creating developmental issues that require specialized pediatric rehabilitation services.[5] Air pollution exposure is complicating routine pulmonary rehabilitation—exercise in polluted air can worsen cardiovascular outcomes.[6]

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Every rehabilitation professional will encounter climate-affected patients within the next two years. Most won't recognize the connection. The patient with worsening COPD after wildfire season? Climate impact. The elderly stroke survivor who can't access therapy during heat advisories? Climate barrier. The patient with anxiety whose farming income vanished with drought? Climate psychology.

Recent scoping reviews have identified 38 studies documenting health effects of climate change specifically on patients in rehabilitation practice, with particular emphasis on air pollution and heat exposure impacts.[7] Current rehabilitation protocols assume stable environmental conditions. That assumption is now obsolete.

We need climate-responsive pulmonary rehabilitation programs that account for air quality variations[8]. We need emergency protocols for disabled populations during extreme weather events. We need mental health integration for environmental stressors. We need training for rehabilitation professionals on climate-health linkages. Most importantly, we need to stop pretending this is someone else's problem. The rehabilitation sector cannot remain passive while climate change reshapes our patient demographics and treatment challenges.

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