

PLANETARY HEALTH AND NURSING EDUCATION: A NEW PARADIGM OR A RETURN TO OUR ROOTS?

SAÚDE PLANETÁRIA E EDUCAÇÃO EM ENFERMAGEM: UM NOVO PARADIGMA OU UM RETORNO ÀS NOSSAS RAÍZES?

SALUD PLANETARIA Y EDUCACIÓN EN ENFERMERÍA: ¿UN NUEVO PARADIGMA O UN RETORNO A NUESTRAS RAÍCES?

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Dear Editor,

The recent discussion surrounding the new Brazilian National Curriculum Guidelines (DCNs - *Diretrizes Curriculares Nacionais*) for Undergraduate Nursing Programs demonstrates that their importance extends beyond a regulatory update. By reopening the debate on professional education, its relationship with social needs, and its commitment to the Unified Health System, the guidelines also invite us to reflect on the challenges for which we are preparing future nurses¹. Among these, one question is becoming increasingly difficult to keep at the margins of nursing education: how can nursing be prepared to provide care in a world profoundly affected by environmental transformations?

This question becomes increasingly urgent in light of intensification of climate change and its repercussions on population health. Recognized by the World Health Organization as one of the greatest threats to global health in this century, these changes require more resilient and sustainable healthcare systems, as well as professionals capable of understanding and responding to the new needs that emerge from them². It is within this context that planetary health has gained prominence by recognizing that human health depends inseparably on the integrity of the natural systems that

sustain life³. If the new DCNs reaffirm an education that is critical, territorially grounded, and committed to social needs¹, it seems timely to ask: does bringing nursing closer to planetary health mean inaugurating a new paradigm, or does it mean recognizing, from a contemporary perspective, foundations that have always been present within the profession?

The DCNs themselves provide elements for this reflection. By incorporating sustainability and environmental education into critical, scientific, ethical, and interprofessional education, they bring nurses' preparation closer to the socioenvironmental challenges that already permeate the lives and health of populations⁴. The strengthening of practical and extension activities, the expansion of supervised internships, and the organization of education around integrating axes related to care, management, education, and research also point in this direction¹. Thus, the possibility emerges for the environment, territory, and sustainability to move beyond appearing merely as isolated topics and instead become part of the way students learn to understand health needs.

However, this rapprochement does not necessarily represent a break with what nursing has built throughout its scientific trajectory. Since Florence Nightingale, and later through the contributions of theorists such as Madeleine Leininger, Margaret Newman, Myra Levine, and Wanda Horta, understanding the person in relation to the environment and their living conditions has been part of the construction of the profession's body of knowledge⁴⁻⁵. Therefore, planetary health may not introduce an entirely new concern. Its contribution lies in broadening this perspective and repositioning it in the face of a reality in which environmental changes have ceased to be merely a backdrop and have increasingly become determinants of living conditions, illness, and care.

What changes, above all, is the scale, complexity, and urgency of this relationship. By situating human health within a network of ecological, social, and economic interdependencies, planetary health broadens the very understanding of the environment and highlights that changes in natural systems affect the conditions that sustain life³. These repercussions are not limited to physical health problems but also affect well-being, psychological distress, and mental health, generating new demands for nursing practice⁴⁻⁵. Extreme climate events, food insecurity, population displacement, and transformations of territories increasingly demonstrate, in concrete terms, that understanding the health–disease process also requires understanding the spaces in which people live, the relationships they establish with those spaces, and the changes affecting these places⁶.

This understanding also finds support within professional practice, as COFEN Resolution 736/2024⁴ establishes that the Nursing Process must take place throughout the socioenvironmental context in which care is provided, reinforcing the need for education that develops clinical reasoning, decision-making, and critical thinking in response to increasingly complex health

needs^{1,7}. Incorporating this dimension into nursing assessment means not limiting one's perspective to clinical manifestations but also recognizing the territory, housing and working conditions, access to water and food, exposure to environmental risks, and the vulnerabilities that may be created or exacerbated by climate change.

It is precisely for this reason that the integration of education, healthcare services, and the community⁴ takes on even greater significance in the face of contemporary socioenvironmental challenges. Nursing education is not limited to the transmission of knowledge. It also involves engagement with individuals, families, and communities, as well as an understanding of the concrete realities of the territories where care is provided¹. It is within these spaces that social and environmental inequalities cease to be abstract concepts and acquire faces, histories, and consequences for health. Floods, heat waves, pollution, water and food insecurity, and changes in patterns of illness are not peripheral to care; rather, they are part of the conditions in which people live, become ill, and seek healthcare services.

Perhaps the most important question, therefore, is not whether planetary health constitutes a new paradigm for nursing, but rather what we will do with what it enables us to see. The new DCNs⁴ create an opportunity for the environment, territory, and living conditions to cease being fragmented within curricula and instead assume a more organic place in education. Viewed in this way, planetary health does not need to be understood as an external field now being added to nursing, but rather as a contemporary lens that broadens principles already present in its history and places them in the context of the challenges of our time.

Transforming this rapprochement into educational practice requires more than incorporating sustainability or environmental issues into pedagogical projects. It is necessary to educate nurses who are capable of recognizing how environmental transformations affect the daily lives of individuals, families, and communities and of applying this understanding to assessment, clinical judgment, planning, and intervention. If nursing has learned throughout its own history that there is no care detached from the environment, the new DCNs offer an opportunity to renew this commitment in the face of a changing planet. Perhaps we are not facing a new principle for nursing, but rather the need to innovate based on a principle that has always belonged to the profession.

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