Introduction

Smoking and the Health Service

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TODAY we are considering some of the effects of smoking from its inception to its termination. We shall be mainly concentrating on areas where we can intervene—in prevention, in treatment and finally in palliation and terminal care. The Health Service, certainly the Hospital and Practitioner Service, has spent most of its energies in treating established disease, chronic bronchitis, bronchial cancer and coronary heart disease, conditions in which the word 'cure' is rarely applicable.

Yet the evidence that the reduction of smoking could do more to diminish the distress of these diseases than all the other treatments is very strong. In the Health Service we have particular opportunities for health education and preventive medicine which we are not using. Too many bronchitics still receive pills from their doctors, when they really need persuasion to stop smoking. Too often is the time spent in hospital not used for the supreme opportunity of educating our patients in healthier ways of living. We turn a blind eye to the fag-ends on the locker, to the cigarettes sold on the ward trolleys and also in the hospital shop.

The D.H.S.S. has recently estimated that the cost of smoking to the Health Service amounts to £25m. a year for hospital beds occupied and it can be estimated that about 8,500 are continuously used in England and Wales purely on account of cigarette diseases. The additional cost for the General Practitioner and Pharmaceutical services is about £11m. a year.

The D.H.S.S. has also estimated what would be the effect of a 20% fall in cigarette smoking. This is a target which we can certainly expect to achieve. In fact there has already been an 18% fall in the per capita tobacco consumption in this country since 1960. A 20% fall in cigarette consumption would lead, after 10 years, to 8000 fewer deaths, and between 3 and 4m. less days lost from sickness each year in this country. There would be far fewer examples of that sad figure whom we so often see in our Out-Patient Departments and Surgeries, the Cigarette Widow.

A visitor from Mars would be amazed that a

Government whose Health Department had shown such clear evidence of the lethal effects of this habit should take such puny action to prevent them. Unfortunately it does not take a very perceptive cynic from this planet to discover why this should be. For every £1 the Government spends in the prevention of cigarette smoking, it receives £7500 in revenue from cigarette sales!

Whatever we say about the Government, however, we must look to our own responsibilities as doctors and I have no doubt that the Medical Profession could have a tremendous effect on cigarette smoking in this country if it really set out to do so.

Firstly—every contact with a smoking patient should be considered an opportunity for advice. If one doctor stops one patient a week from smoking he would be saving at least six patients a year from premature death. A Chest Surgeon would have to perform twenty-five lung resections for cancer each year to achieve a similar number of five year cures. We must not be disheartened by the few hard-core addicts we see. Further research into specific methods of treatment for them is needed. But there are many who will give up, following the direct authoritative advice that they must stop smoking.

Secondly, we must use our influence to affect the climate of opinion in our Hospitals. Hospitals should not sell cigarettes in their Shops. Hospital Wards, Chest and Heart Wards in particular, should be Non-Smoking areas. All health workers, particularly the doctors and nurses, should support this policy.

Finally, we can use our influence as a Profession. When we speak with one voice, as we did with the College Report, the effect is dramatic. There was a 5% fall in cigarette sales which, for a whole year, more than counteracted the effect of the £70m. spent by the Tobacco Industry on cigarette promotion.

A.S.H. was set-up, on the initiative of the College and of Lord Rosenheim in particular, to maintain the effect of the College Report. We have achieved a great deal in the last 2 years. We have set up several research projects and you are going to hear the results of some of these this morning. We are

about to launch several other studies, though at the moment we are considerably limited by lack of funds. In the last 2 years smoking in public places has certainly been reduced. This has been noticeable on the Underground railway, in the London buses and in the cinemas. Even the Airlines are beginning to take note of our repeated requests to them to make travel more pleasant for the non-smoking half of the public. The present Conference is the fourth we

have held on varying subjects and next month we are having another one on the use of Anti-Smoking Clinics and how they can be made more effective.

We hope this Conference will produce new ideas, since A.S.H. is continually seeking new ways of bringing home to the Public, the Profession and the Government how to control the major preventable health hazard of this century.