What are the hospitals doing?

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THE last few years have shown marked changes in public attitudes towards smoking. No longer is indiscriminate smoking in public places considered generally acceptable, and increasing pressures, not only from non-smokers, have been built up to extend non-smoking areas. For example, public opinion polls show that a considerable majority of both smokers and non-smokers welcome more non-smoking accommodation on public transport. Thus we have seen this pressure resulting in increasing provision for the non-smoker on buses and trains, on airliners and in cinemas and in other places of entertainment.

A.S.H. feels that of all the places to which the public have access where smoking should be limited and discouraged, the hospital is perhaps the most important. The role that the hospital has to play is to set an example not only to patients and visitors but to the community as a whole. A conference on this subject sponsored by A.S.H. just over a year ago resulted in a number of recommendations being circularized to hospital authorities throughout the United Kingdom. This advice was circularized some

months after the Department of Health had issued their Memorandum on Smoking in Hospitals.

A continuing follow-up in the hospital service has shown that many hospitals have taken effective action to limit smoking by in-patients to a reasonable level, to discourage staff from smoking at all in areas accessible to patients, and not to allow smoking by out-patients and visitors. A considerable number of hospitals no longer sell cigarettes on the premises and the open display of tobacco products is now becoming unusual.

Nevertheless, there is a very great contrast between what some hospitals do and the inactivity of others. For example, while in some hospitals there have been very marked limitations of smoking by staff and patients for a considerable number of years, there is at least one chest hospital which, less than a year ago, took the view that to make any rules which would be unacceptable would be idiotic, the more especially because 'a lot of patients came into this hospital to die here'. It is precisely this attitude in specialist units that still confuses very many patients as to whether the doctors really mean what they say when they talk about cigarette induced disease.

Discussion

DR. BALL: We have not yet covered a very important field, which is the question of medical education and cigarette smoking. The DHSS have stated that they are willing to give to medical students leaving medical school a booklet by Dr Fletcher and Dr Horn on Smoking and Health which is a very good summary. It would be interesting to hear what other people have done or the problems they have had in their own experience either with individual patients such as Dr Handel has had, or in the hospital scene.

DR J. W. PATERSON (Brompton Hospital): Why have British Airlines been so resistant to introducing non-smoking areas?

DR J. DUNWOODY (Director General, ASH): The British Airlines have been extraordinarily resistant, it is true. They have responsibility of management of day-to-day affairs and the provision of non-smoking accommodation is considered to be one of these. ASH started making approaches to them about 2 years ago and got absolutely

negative replies. There were a vast series of reasons why they could not do anything. We were also in fact writing to other airlines on the same subject and also gathering information from around the world. We discovered at that time there was, in America, on some of the domestic airlines in particular, very considerable provision for non-smokers. We used this as an example and fortunately at the same time TWA and PAN-AM started to make provision on their international services for non-smokers which was being used as a selling point in their advertisements. With this sort of build up and the change in the climate of opinion here, it has resulted now in some shift on the part of British airlines. The progress is not startling, we have still got a long way to go, but BEA are now beginning to make some provision on some services for non-smokers and BOAC are trying to allocate a certain area for non-smokers on quite a lot of services. The independent airlines are also making progress, so we are moving along. Why the British Airlines should