THE SMOKER—A FAMILY MENACE

A Special Correspondent*

EPIDEMICS of bubonic plague and cholera, those great waves of disease, used to start in the Orient and spread progressively to the West, killing millions in their path. Ignorance of their cause prevented effective action.

Today a new epidemic, starting in the West and potentially as deadly as the earlier plagues threatens the world. Its effects are less obvious and its growth more insidious, yet its cause is known and its spread is encouraged by those whose interests are vested in its expansion.

Chronic bronchitis and emphysema is nearly always caused by cigarette smoking, often aggravated by industrial urban air pollution. Commonly occurring in unskilled labourers it causes much prolonged distress. Stopping smoking early in the disease is the only effective remedy.

Sadly tobacco companies are often far more active than the health authorities. The cigarette salesman, promoting a habit which kills, often reaches remote villages in developing countries long before health workers. Massive budgets used for cigarette promotion are far greater than the small amounts available for health education, which must also cover advice on nutrition, hygiene, family planning, etc., and little is left over for education on smoking.

What is still largely missing in this part of the world is information on all aspects of the smoking habit. Tobacco products are often widely advertised, linked subtly to promises of social success. Tobacco companies sponsor contests and sports meetings which capture the imagination of the people. But, despite a few articles in the media on the possible hazards to health caused by smoking (often dismissed, even by the educated as alarmist), people by and large are pretty sanguine about the whole matter. A concerted campaign by influential groups could swing the tide of public opinion against the smoking habit, at least for the young people. But there are no signs of such commitment by any section of society.

The case against smoking

The medical and scientific case against cigarette smoking has been made. The verdict is final—cigarettes are guilty of thousands of unnecessary deaths.

Cigarette smoking starts a disease process that progressively produces irreversible damage, the end-effect of which is more or less proportional to the total dosage accumulated during the years of smoking.

Statistics show that 90% of all lung cancer deaths, 25% of deaths from cardiovascular diseases and 75% of all deaths from chronic bronchitis stem directly from smoking. This means, at a conservative estimate, that at least one million men and women die each year because of smoking.

If tobacco were introduced to the world today, it would almost certainly be rejected as unsafe, in the same way as an unsafe medicinal product is rejected.

The toll

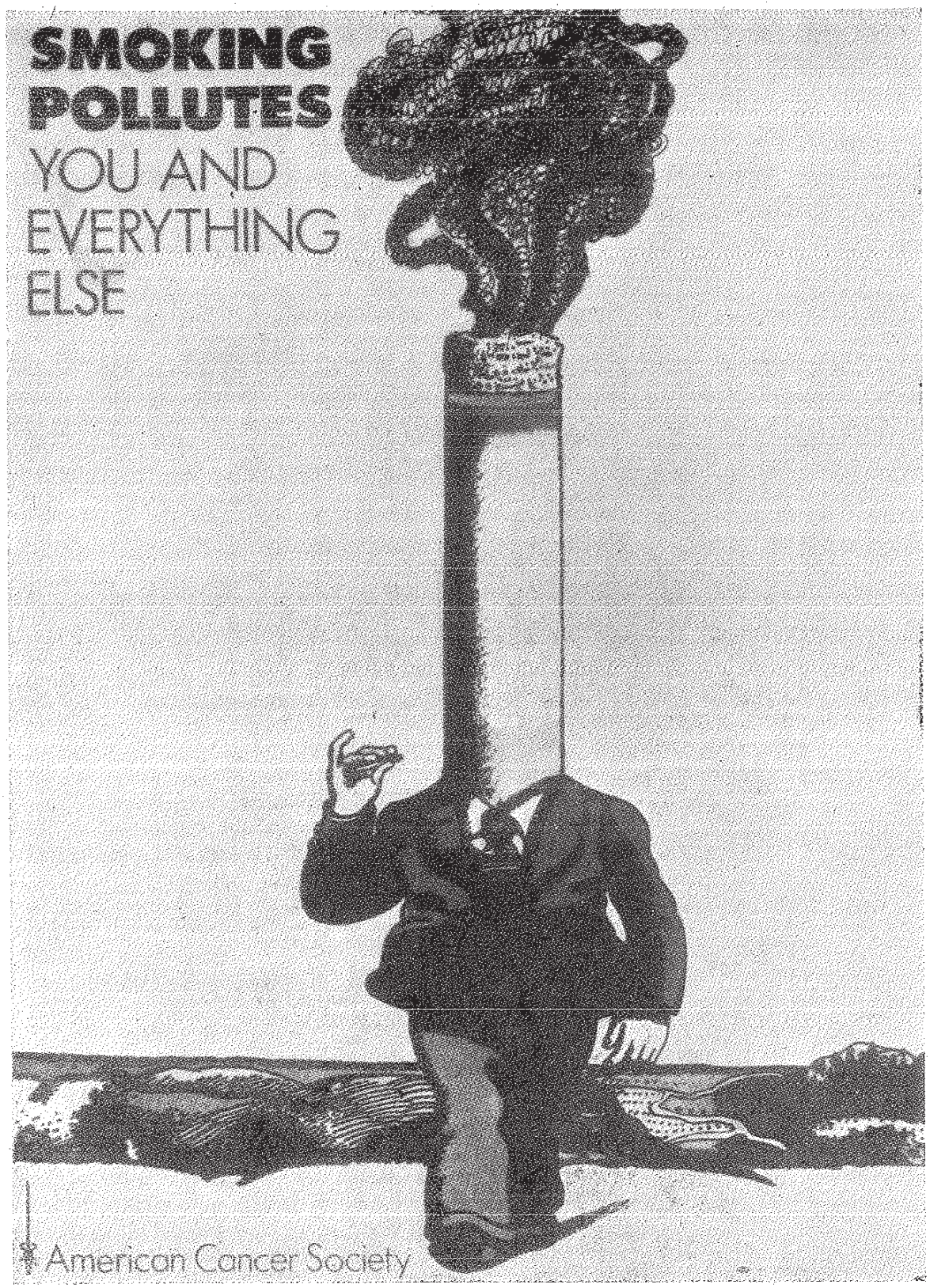
Smoking is Canada's number one preventable health hazards, claiming some 24,000 lives each year in smoking-induced excess mortality. It accounts for 25,000-30,000 deaths of those under the age of 65 in the United Kingdom. The Secretary of Health, Education and Welfare, estimated that smoking caused 350,000 deaths a year in the United States.

Special risks for women

Smoking may make oral contraception dangerous. A woman who smokes and continues to use oral contraceptives may run a 1 in 60 risk of dying of a heart attack by age 50.

Let us examine more closely the association between smoking and respiratory disease. The harmful effects of smoking can be observed before birth. The pregnant mother's smoking may cause uterine excitement

*Based on Scientific features from WHO.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leading to premature birth. The premature baby usually has a lower birth weight and less resistance to infection. The association between parental smoking and infants' respiratory infection persists.

The dangers of passive smoking are less widely known. In the first year of life, babies of smokers have twice as many attacks of bronchitis and pneumonia as babies of non-smokers. Where only one parent smokes the incidence lies midway between these two. If a child has these attacks in the first year of life he or she is more likely to have further attacks of respiratory illness in subsequent years. This relationship between parental

smoking and respiratory illness in children may not be the result of passive inhalation of smoke alone. A positive relationship exists between parental cough and phlegm production and children's respiratory disease; smoking causes the parents to cough and produce phlegm and may make them more infectious.

Children rarely smoke at primary school but by the time they leave and enter secondary school an increasing proportion of them have begun to smoke. Smoking of the cigarette may seem negligible yet the child who smoke it is among those most likely to take up smoking. The Royal College of Physicians, London, reported that about 80% of children who smoke regularly continue to do so when they grow up. And the earlier a person starts smoking regularly the earlier he is likely to die. Children who smoke have more coughs and chest illnesses than children who do not smoke. They do less well in athletic events, are less popular among their peers and are more likely to play truant than children who do not smoke. Changes in breathing capacity can be detected at this age and young adult smokers have more symptoms and lower levels of lung function than their non-smoking peers. In westernized countries some children start smoking at the age of 9 or 10 so it is important to begin education into the hazards of smoking at the primary school stage when the children are impressionable.

To develop effective education to prevent children from smoking we must consider factors which encourage them to start. Influence of parents and older brothers and sisters is crucial. Although less women than men smoke the numbers are increasing, and consequently more girls are beginning to smoke. Friends' smoking behaviour is also a major influence on both children and adults. Among adolescents the desire to be accepted in a social circle is perhaps even more important and reinforces this influence. Bynner, in England, found that less boys smoked in schools where the headmaster was a non-smoker. Certain schools have more smokers than others irrespective of social class or area.

Antismoking propaganda directed at adults and particularly parents should emphasize the dangers, not only to the adults themselves, but to their children. This might be most effective during the period of pregnancy and in the first year of life, because few parents wish to harm their newborn babies.

Current health education in schools is surprisingly ineffective. One survey reported that only 28% of children felt that films and discussions at school were valuable in discouraging smoking. The older the pupils, the less value they placed on this type of health education. No difference has been found between schools with formal teaching about the harmful effects of smoking and those without. Children are influenced by example; the example of the non-smoking teacher is far more effective than the lessons of the occasional health visitor.

A healthier way of life

"The solution to many of today's medical problems will not be found in the research laboratories of our hospitals, but in our parliaments. Look at most of the big killer diseases of today, they are not caused by nature, but by our way of life. For these illnesses, medicine has, at best, cures which are expensive and partially successful, or at worst, no cures at all. The answer to these illnesses is not cure but prevention", said the Minister of Health, United Kingdom, in a recent statement.

Medicine has no specific measures to produce behavioural change and no drug or other intervention that has been shown to have any greater effect than persuasion. The problem, then for the health professions is that of devising effective persuasion. It has been found that persuasion related to a clinical episode is more likely to have a lasting effect than general exhortation at other times. It is also known that such opportunities are too often ignored. There are even indications that physicians sometimes resent the implied responsibility and would like to feel that they have done their part by demonstrating the menace of smoking to health. But the medical responsibility cannot end there, especially for the family physician. Health promotion is the physician's duty and a failure to use a real opportunity to dissuade the smoker is far worse than failing to detect his lung cancer 20 years later.

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NURSES AND ETHICAL ISSUES

Guidelines for Nurses Associations in regard to the ethical issues raised by the mechanical maintenance of life, interreputation of life and genetic counselling and the moral dilemmas these pose for nurse.

The purpose of this statement is to highlight a number of specific points which national nurses associations may wish to take into account when considering guidance to give their members.

Ethical issues do not easily lend themselves to definitive solutions. Each problem raised needs to be considered individually, taknig into account the varying local factors which might influence the final decision.

The nurse is called upon to take decision involving ethical issues and may find that the differing roles she plays—as a nurse practitioner, as a member of the health team, as a member of the nurses association and as a citizen—may give rise to conflict.

In discussion the ethical issues and moral dilemmas posed by the mechanical maintenance of life, interruption of life and genetic counselling, ICN urges national nurses associations to consider the following points:

— the cultural/religious differences which may exist among the people of the country;

— the country's legislation in relation to the maintenance of life, interruption of life and genetic counselling;

— the changes in the delivery of health care; for example, the trend towards greater participation by the individual, the family and the community in decision-making;

— the ability of nurses to influence the attitudes of decision-makers towards the determination of financial and manpower priorities in the health care system;

— the ability of nurses to influence decision-making in relation to ethical issues which have social, legal and political implications;

— the value systems of the national association, which may in some instances differ from those of society, government, other professions and socio-political groups within that country;

— the responsibility of nurses to participate in the determination of priorities in meeting requests for services;

— the ability of nurses to assist the community in understanding health requirements, recognizing quirements, recognizing priorities, and becoming aware that limited resources may determine the extent to which conflicting health demands can be met;

— the inclusion of content on ethical issues in educational programmes for nurses at basic and post-basic levels, and for other health personnel, to enable them to function effectively and with sensitivity and to become fully aware of their accountability for their professional actions;

— the provision of counselling services for nurses and opportunities for discussion to help them deal with stress arising from the conflicts they may have to face.

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Since smoking is very much a household infestation in many countries, the smoker is a menace to his or her family as a model. In ordinary social situations and at work the smoker again endangers his friends and co-workers both by example and because his smoke makes their abstention more difficult.