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<th>Doctors who smoke. Little progress has been made over 20 years.</th>
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Doctors who smoke

Why not exclude doctors with other unhealthy habits too?

EDITOR,—I am encouraged by Simon Chapman’s suggestion that doctors who smoke are undesirable in primary care.1 Perhaps it is important that we preserve the fantasy that doctors are fundamentally different from their patients rather than acknowledging that we have all of the same human failings and using our joint experience of imperfection to understand the difficulties we all face in balancing the costs and benefits of our behaviour. We should all ignore Doll et al’s findings that “those who stopped smoking before middle age subsequently avoided almost all of the excess risk associated with smoking”2 and thus that well informed medical students in their 20s are not technically endangering their health and are perhaps simply enjoying themselves while they can do so with relative impunity.

I am glad that Chapman mentioned obese and sexually reckless people as other bad examples who might need medical advice. On cardiovascular grounds, I believe that we should also discourage those with a sedentary lifestyle; those with diets containing over 30% fat; those with a type A or “coronary prone” personality (that probably gets rid of most surgeons); those who drink more than 21-30 units of alcohol a week (especially those who drink beverages other than wine3); and teetotallers and those who drink only occasionally (their overall mortality compared with that of moderate drinkers seems to be unacceptably raised4). We should also discourage those doctors who parade their suntans, as sunbathing is a reckless and irresponsible activity. They should be allowed to go to the beach with hats.

I am sure that there are many other activities in which doctors should not be allowed to participate. But if the above list is used, however, at least three activities, plus recreational cigar smoking, apply to me. I am therefore a disgrace to the profession, and it is fortunate that I never chose a career in general practice.

When medicine has been cleansed of the less than superhuman, those who are left can be proud of being part of a really professional group. Of course, your patients will think that you live on a different planet, find you nauseatingly pious, and wonder pitifully if you ever thought of getting a life. They will shrug knowingly when you spend a lot of time off sick, suffering from the psychological disorders that afflict those destined to fail in their futile search for perfection.

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Little progress has been made over 20 years

EDITOR,—Action on Simon Chapman’s rational argument that medical practitioners should practise those things that they (should) preach is long overdue.1 It is questionable whether there has been much progress on many aspects of this in 20 years.

In 1973 I raised the issue of doctors who smoke for debate in the correspondence columns of the British Medical Journal.2 In our discussion, some members of the medical profession pointed out that the smoking doctors described had been weeds.3 I was therefore surprised when I recently read in a major national newspaper that doctors continue to smoke in large numbers.4

Advice to authors

We prefer short letters that relate to a recently published article and we are unlikely to publish letters longer than 400 words and containing over five references. Letters may be shortened. Your letters should be typed with double spacing and include a word count. All authors need to sign the letter and provide one current appointment and address. We encourage you to declare any conflict of interest. Please enclose a stamped addressed envelope if you require an acknowledgment.


Zealotry is counter productive

EDITOR,—Simon Chapman’s suggestion that students who smoke should be channelled away from primary health care would deny to patients the insights available to doctors who (like me) used to smoke, which can be invaluable when they advise smokers how to stop. My experience suggests that smokers are much more likely to listen to me when they know that I have gone through their difficulties myself.

We are all aware of the dangers of smoking and most of us would like to see it die out, but zealotry is counter productive.

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Medical students should be educated about their exemplary role

EDITOR,—There is little evidence to support the theory that advice on stopping smoking is less effective when delivered by a doctor who smokes (the recipient being unaware of the doctor’s smoking status) than when offered by a non-smoker.1 What is needed is positive strategies to encourage medical students who smoke to give up the habit and prevent others from taking it up. Furthermore, students should be educated about the exemplary role they exhibit for their patients in relation to their personal lifestyle. The medical student is usually very different from the person who emerges some 10 years later as a principal in general practice. Cutting down these medical saplings in their prime is not the answer.

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