

## 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.<sup>1</sup> 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 also 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"<sup>2</sup> 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 weeding out. 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 wine<sup>3</sup>); and teetotallers and those who drink only occasionally (their overall mortality compared with that of moderate drinkers seems to be unacceptably raised<sup>3</sup>). We should also discourage those doctors who parade their suntans, as sunbathing is a reckless and irresponsible activity. They should be allowed laboratory work only.

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 pityingly 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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1 Chapman S. Doctors who smoke. *BMJ* 1995;311:142-3. (15 July.)

2 Doll R, Peto R, Wheatley K, Gray R, Sutherland I. Mortality in relation to smoking: 40 years' observations on male British doctors. *BMJ* 1994;309:901-11.

3 Grenbaek M, Deis A, Sorensen TIA, Becker U, Schnohr P, Jensen G. Mortality associated with moderate intakes of wine, beer, or spirits. *BMJ* 1995;310:1165-9. (6 May.)

### 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.<sup>1</sup> It is questionable whether there has

### Advice to authors

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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 *Lancet*<sup>2</sup> but received only a caustic riposte.<sup>3</sup> This included the confusion of advocacy for public health with morality, a claimed enhanced quality of life for smokers, and the cynical view that there are too many people on this planet anyway; the medical practitioner who wrote this reply concluded that the balance lay in favour of smoking. Five years later, in an academic department of community health in Nottingham, I suggested that nicotine addicts were not ideal recruits to masters' programmes in community health, let alone future possible careers as epidemiologists, health educators, and managers. I had no support and was berated as holding pejorative attitudes towards others. In 1984 I had to stop a public health physician from smoking in the corridors of another academic department in Glasgow, and another from lighting up in my office—his embarrassed rejoinder was that "smoking has nothing to do with the public health."

In Hong Kong the outlook is brighter. The prevalence of smoking among male medical students is less than 2%, and I have encountered only one smoking physician at close quarters: he is from Britain.

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1 Chapman S. Doctors who smoke. *BMJ* 1995;311:142-3. (15 July.)

2 Hedley AJ. Smoking and doctors. *Lancet* 1973;ii:1492-3.

3 Henderson Smith SL. Smoking and doctors. *Lancet* 1974;ii:91.

### Doctors should advise but do not have to lead by example

EDITOR,—We take issue with Simon Chapman's suggestion that medical students who smoke should be channelled away from primary health care.<sup>1</sup> He argues that in view of our "responsibilities as exemplars" it is "hypocrisy" for doctors to smoke and that, consequently, if we do smoke it is reasonable for people in the community to use this as justification for their own continued smoking.

The premise that doctors have a responsibility to lead by example is reminiscent of the paternalistic attitudes held by the medical profession in the past. In contrast, we believe that the duty of the medical profession is to advise people about what is good and bad for their health and to offer treatment when it is desired. It is our job to advise against smoking, not to condemn those who smoke. The decision whether to follow our advice rests with the

individual, not with us, and we must respect this freedom of choice. By the same token, it is not hypocritical for a smoking doctor to advise a patient that smoking can damage his or her health.

We doubt that many people refuse to stop smoking on the basis that "plenty of doctors" smoke. If they do then doctors' rational response is not to aim for a smoke free profession but, rather, to point out that the responsibility for health rests with the individual, not with the doctor.

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1 Chapman S. Doctors who smoke. *BMJ* 1995;311:142-3. (15 July.)

### 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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1 Chapman S. Doctors who smoke. *BMJ* 1995;311:142-3. (15 July.)

### 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.<sup>1</sup> What is needed are 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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1 Chapman S. Doctors who smoke. *BMJ* 1995;311:142-3. (15 July.)