Physicians and Cigarette Smoking

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In a recent popular motion picture there is a line which seems to indicate the point to which popular thinking has now progressed with respect to the cigarette problem. The unheroic hero of the play is offered a cigarette by the similarly equivocal heroine and, believing it is marijuana, he declines. She insists, reassuring him with the line, “Don’t worry; this kind just gives you cancer.”

Surveys indicate that the American public has in general accepted the evidence, in spite of the objections of a few die-hards, that lung cancer tends to follow cigarette smoking. Nevertheless, judging from the reported annual sales of cigarettes, the individual smoker does not relate the hazard to himself, either because the extent of the risk is not comprehended or the day of reckoning seems too remote. The number of deaths from lung cancer, therefore, continues to rise.

The evidence implicating cigarette smoking seems complete enough, far more precise, in fact, than that which has been accepted by physicians as adequate to take action against the causes of other plagues. There is the known presence in cigarette smoke of carcinogenic substances, the production of skin cancer in laboratory animals by smoke condensates, the predilection of precancerous lesions for the lungs of heavy smokers, and the numerous epidemiological and statistical studies showing a consistent parallelism between the number of cigarettes habitually smoked and the chance of developing lung cancer. The evidence can be summarized perhaps in 2 simple statements: cigarette smoke contains carcinogens; statistics confirm the fact that what might be predicted does in fact occur.

Acceptance of the relationship of cigarette smoking to lung cancer has been announced by a long list of scientific societies and other agencies, and steps to curtail cigarette smoking have been taken by a number of foreign governments. The most recent and sweeping indictment of the cigarette, with a consideration of preventive measures, has been published by The Royal College of Physicians of London in a booklet entitled “Smoking and Health.” The United States government seems now ready to examine the problem, and an advisory committee to the Surgeon General of the Public Health Service on the health hazards involved in the use of tobacco is to be set up.

Aside from the all too evident distaste of certain elements of the “American economy” for anything which might disturb the cigarette market, there seem to be 2 factors which stand in the way of positive action. One is the failure to recognize the full extent of the damage to the nation’s health; the other, the refusal of individuals and groups in our society to accept responsibility to do something about the situation.

The magnitude of the problem can be expressed in minimal and maximal terms. To start with, there are almost 40,000 annual deaths from lung cancer. Students of the problem estimate that 75 per cent to 90 per cent (30,000 to 36,000) of these may be attributed to the smoking habit. This is more deaths than occurred from combat among the United States Armed Forces in more than 3 years of fighting in Korea, and it is approximately equal to the total annual deaths from motor vehicle traffic accidents (37,000 per year), about which so much justifiable horror is constantly expressed in our daily press.

The relative difference in mortality rates between smokers and nonsmokers is considerably less for heart disease than for lung cancer. Nevertheless, cardiac deaths are so much more numerous than deaths from lung cancer that the net excess of deaths from coronary artery disease in heavy smokers over nonsmokers is approximately 4 times as large as the number of excess deaths from lung cancer. Higher death rates for smokers than for nonsmokers have been reported also for cancers of the oral cavity, larynx, esophagus, and urinary bladder, from peptic ulcer, from bronchiectasis and

*At the request of the Board of Trustees of the American Medical Association, the Council on Drugs will conduct a year-long study of the relationship between cigarette smoking and disease.
chronic bronchitis, and from certain forms of vascular disease.

There is definite evidence that the life expectancy of men who are cigarette smokers is less than that of nonsmokers. Professor Raymond Pearl of Johns Hopkins University prepared life tables almost a quarter of a century ago which showed this. Recent data compiled from various studies express this in another way: viz., of American men 35 years of age 23 per cent of nonsmokers may expect to die before age 65 as compared to 41 per cent of men who smoke 2 or more packages of cigarettes a day. In other words, the risk of dying in the "prime of life" is almost twice as great for American men who are heavy cigarette smokers as for nonsmokers. Furthermore, among American men between the ages of 50 and 70, the death rate from all causes over a period of 3 years was 34 per cent higher for those who smoked less than half a pack a day than for nonsmokers and 123 per cent higher for those who smoked more than 2 packs a day than for nonsmokers. The nonacceptance or the noncomprehension of these figures seems to be the first reason for inaction. The second reason is surely the existent dispersion of responsibility, making it possible for those with potential influence to "wash their hands" of the problem and to remain unconcerned with the judgment of the future.

Perhaps understandably those who profit from the production and marketing of cigarettes do not accept the evidence, and their consciences may in consequence be untroubled. The national expenditures of the 6 largest tobacco companies for advertising cigarettes are reported to be in excess of $150,000,000 annually, and this provides valuable, if not essential, support for our so-called mass media of communication. Government agencies are caught in cross currents of political pressures and move with caution or not at all.

However, the physician, both as an individual and as a member of professional organizations, cannot remain free of criticism. Health is his subject, which he is dedicated to promote. He will lose self-respect as well as professional and social stature if he flinches before a health problem simply because it has new facets, social and economic, instead of the familiar aspects of, for instance, infection or neoplasia.

The example of The Royal College of Physicians is a shining one. We should not have allowed our British colleagues to be ahead of us, but plenty remains to be done. There is nobody in America to whose pronouncements on health matters more heed is given than the American physician.

The collection of further data is not required. Those on record are adequate and are available for reevaluation if that is needed. What should be asked for is a firm expression of opinion on the evidence, a public recognition of the extent of the problem, and proposals for at least the beginning of a program by which America may eventually find its way out of this unexpected medical, economic, and moral predicament.

Finally, there is the individual physician himself and his individual patient. This is indeed the heart of the problem and one which we have to meet from 2 standpoints, that of counsel and that of example.

There is evidence that the smoking of cigarettes has declined substantially among physicians over the past several years. This suggests that at least some physicians, better informed than the people in general, are protecting themselves or possibly acting on the conviction that their public conduct will have a favorable influence on their patient's habits.

The vast majority of physicians, however, have with respect to this problem claimed the layman's privilege of ignorance. "We are not cancer researchers or specialists in the diseases of the heart or chest." "We do not have any opinion because we haven't bothered to study the evidence."

This claim to the layman's status provides a comfortable means of avoiding the issue when we advise our patients, and of continuing, by example, to indicate our indifference or contempt for the evidence on the damage being done to the public health. Yet, however hard we try to pose as such, we are not yet laymen in the public image because for most Americans the physician is the final accessible authority on all matters of health. The physician has then an obligation to accept—or to re-examine if he wishes—the facts on the effect of smoking upon health and then to act personally and to advise his patients in accordance with the implication of these facts.

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References

Histamine.—(This) is a derivative of the amino acid histidine by decarboxylation. It undoubtedly plays a part in the normal economy of the body but no one has provided a simple account of what that normal function is.