



From the archives of Doctors Ought to Care Clgaret advertisements in the 1930s and 1940s often carried wide-ranging medical claims. In addition to targeting consumers, tobacco industry ads

Vhen more doctors smoked Camels'

By Steve Carrell

AMN CORRESPONDENT

The amusing face of evil. Hard evidence of ignorance. A call to activism for physicians. Alan Blum, MD, sees all these in his exhibit, "When More Doc-tors Smoked Cameis."

The exhibit's title comes from a consumer-oriented ad in 1946: "24 hours a day your doctor is 'on duty."... A few winks of sleep ... a few puffs of a cigaret ... and he's back at that job again ... More doctors smoke Camels than any other cigaret." About 20 years carlier. Lucky Strike had run a similar earlier, Lucky Strike had run a similar eampaign, claiming thousands of phyAnti-smoking group looks at early cigaret ads

sicians thought Luckies were "less irritating to sensitive or tender throats.'

The exhibit is skimmed from more than 250 file boxes in the archives of Doctors Ought to Care (DOC), an antismoking group founded 12 years ago by Dr. Blum, who is an assistant pro-College of Medicine, Houston,
According to Dr. Blum, consumeroriented ads from the 1930s and 1940s

often carried wide-ranging medical claims that placed eigaret-touting physicians in the company of endorsers

such as Santa Claus ("Luckies are easy on my throat"), movie stars, sports heroes, and steady-nerved circus stars. Similar ads appeared in medical journals, where other ads were directed solely at physicians. One, for example, solely at physicians, One, for example, touted the Camel cigarets booth at the AMA's 1942 Annual Meeting.

In the New York State Journal of Medicine, Chesterfield ads began run-

ning in 1933. They often carried claims such as, "Just as pure as the water you drink . . . and practically untouched by human hands.

The New England Journal of Medi-cine, Journal of the American Medical Association, and The Lancet published cigaret ads from the 1930s through the 1950s. In some other medical journals, the ads endured even longer. MD magazine carried cigaret advertising in the active carried cigaret advertising in the early 1960s, and, in 1978, Medical Dimensions ran an ad for Vantage cigarets, headlined: "Why I Choose to Smoke." As late as 1983, the Bostonbased Physician East published an ad

for Carlton, Dr. Blum said.
For 15 years, Philip Morris used various claims, including this one from JAMA in 1949: "Why many leading nose and throat specialists suggest, "Change to Philip Morris". "In 1935," "Change to Philip Morris"..." in 1935, the New York State Medical Journal ran an ad touting scientific studies that showed Philip Morris cigarets were less irritating. An ad by the company in a 1943 issue of the National Medical Journal read: "'Don't smoke' is advice hard for patients to swallow. May we

suggest instead, 'Smoke Philip Morris?' Tests showed three out of every four cases of smokers' cough cleared on changing to Philip Morris. Why not ob-

serve the results for yourself?"
Other companies added different angles for physicians, said Dr. Blum. Camel cigarets paid tribute to medical pioneers and concluded: "Experience is the best teacher ... experience is the best teacher in cigarets, too." Old Gold best teacher in cigarets, too. reacted to early negative medical studies with the slogan: "If pleasure's your medical claims. . . " Some companies hired attractive women to deliver cigaret samples to physicians and the patients in their waiting rooms.

Medical journals did carry antismoking information during this era of free-wheeling advertising, but the edi-torials and studies were far fewer than the cigaret ads, Dr. Blum said.

Cigaret advertising in medical publications slackened when tobacco companies shifted their advertising budgets to television, and eventually scientific studies compelled journals to drop the ads, Dr. Blum said. In the early 1950s. 67% of physicians smoked, he said, but as the scientific research mounted, physicians were among the first to quit.

The first issue of JAMA in 1883 contained an article on the hazards of smoking for children, but the scientific research remained scattered until the appearance of landmark studies such as the 1952 JAMA article on smoking and bronchial carcinoma, by Alton Oschner, MD, and others. JAMA's de-cision to ban cigaret ads came in reac-

See CIGARET ADS, next page





PHOTOS COURTESY OF ALAN BLUM, MD

Extinguishing smoking

Cigaret ads included one for Camel's booth at the 1942 AMA Annual Meeting. Some journals ran cigaret ads from the '30s through '50s, but ads endured longer elsewhere.

Cigaret ads

Continued from preceding page tion to such studies, in accordance with the AMA's general approach of formulating policy based on scientific evidence, said the journal's editor. George Lundberg, MD.

The tobacco industry has developed sophisticated campaigns in response to the preponderance of evidence linking smoking with cancer and lung disease. Dr. Blum said. The key to an effective

counter-response, he said, is to study and understand the industry's marketing strategies. "The solution to the tobacco problem is not scientific research," he said. "It's market and advertising research." He urged all physicians to become anti-smoking activists. "An individual physician may

He urged all physicians to become anti-smoking activists. "An individual physician may feel good telling a 20-year-old to stop smoking," he said, "but that good deed does not compare with the effect a physician can have by impacting an entire community."

He suggested other avenues

for activism: boycotting products made by tobacco company conglomerates, canceling subscriptions to magazines that carry cigaret ads, and working to ban cigaret bill-boards. DOC distributes stickers, to be placed on magazine covers, that read: "Many of the ads in this magazine are misleading, deceptive, and/or a rip-off. For example, smoking does not make one glamorous, macho, successful, or athletic. It does make one sick, poor, and dead. We care about you and your health. Love,



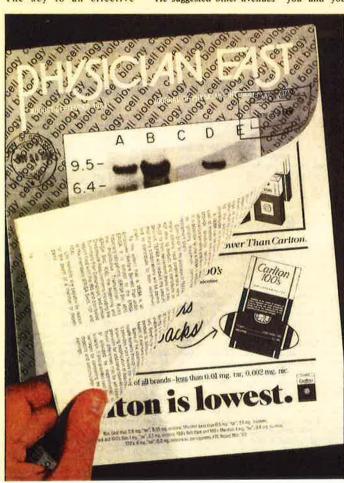
DOC." The stickers cost 10 cents each and are available from DOC, 1423 Harper St., Augusta, Ga. 30912.

Augusta, Ga. 30912.

Medical and health groups also have materials available.

A Massachusetts Medical Soci-

ety kit includes more mildly worded stickers and an office sign saying the MD boycotts magazines with cigaret ads. The free kit is available from the society at 1440 Main St., Waltham, Mass. 02154.





American Medical Association

JUNE 23/30, 1989

INSIDE



15 The business of going solo

Despite medical school debt and the high costs of opening an office, young physicians like Timothy D. Heitman, MD, are discovering they still can launch a solo practice.



Targets for rationing?

Proposed Medicare expenditure targets would force MDs to make unconscionable declaiona about withholding necessary services to some patients. Editorial.



Hereditary medicine?

Physicians tend to reappear in many fam-illes, including the Braslows, who boast 11 MDs in three generations. ADL takes another look at physiciana-plenty clans

House subcommittee endorses expenditure targets for MD pay

By Sharon McIlrath AMN STAFF

With a little help from his friends at the White House, California Democrat Fortney "Pete" Stark has won the House Ways and Means health subcommittee's endorsement of a controversial proposal to tie MDs' future Medicare fee updates to government-set spending targets.
Tied to a committee budget

package that calls for about \$1 billion in MD spending curbs, the expenditure target would be set at somewhere between 10% and 12% for the year that begins Oct. 1, 1989. If the increase was greater or less than that, physicians' 1992 payment updates would be reduced or increased accordingly. But Congress

Targets mean rationing. Editorial, Page 25

would have the final say on the update and would not be bound by the target.

The targets are part of a three-pronged MD payment reform plan that also calls for a new Medicare fee schedule and limits on balance billing as of Oct. 1, 1991. As is now customary with congressional budget proceedings, the package was adopted in a closeddoor debate outside the view and influence of the public and various interest groups.

Long favored by Stark, the expenditure target concept got the blessing of the Physician Payment Review Com-See TARGETS, page 44



LOUISE NOAKES/FOR AMN

Backing controversial proposal Rep. Fortney 'Pete' Stark has long favored expenditure

targets and has found support in the administration.

Few advances offer immediate hope

New HIV treatments look promising

By Sari Staver AMN CORRESPONDENT

Despite impressive research progress on prevention and treatment of HIV in-fections reported at the Fifth International Conference on AIDS, the findings are probably too late to help hundreds of thousands of HIV-positive Americans expected to develop AIDS during the next few years. In addition, there were few advances that would offer already symptomatic patients immediate hope.

The meeting in Montreal featured doz-ens of reports of new treatments offering those in the earlier stages of infection promise that their condition might become a chronic manageable illness

AIDS activists, however, in sometimes disruptive demonstrations, reminded the



COVERAGE FIFTH INTERNATIONAL CONFERENCE ON AIDS

Lax testing cited in underreporting of AIDS cases. Page 3 New blood test said to allow better HIV monitoring. Page 12

researchers that without increased funding and improved access to care, the advances will come too late to help many of those already infected. The majority of the estimated 1 million to 1.5 million infected Americans are believed to have contracted HIV in the early 1980s, and many of those who are now asymptomatic are expected to develop AIDS or AIDS-related complex (ARC) in the coming years, since the median incuba-tion time from infection to AIDS is believed to be 9 to 10 years.

The federal government, which typically unveils a major initiative at these meetings, announced new recommenda-tions urging physicians to begin prophy-See HIV TREATMENTS, page 40

Suit spotlights pay denials for new cancer therapies

By Harris Meyer

In an unusual lawsuit addressing a growing problem, a New Jersey patient won a federal court order last month requiring his health insurers to pay for a new cancer treatment. However, during the delay caused by the payment denial, the man's condition deteriorated to the point where he no longer meets the medi-

cal criteria for the procedure.
Nicolae Dozsa, 55, who suffers from multiple myeloma, received approval for the novel treatment at Johns Hopkins Medical Institutions late last year. The treatment involves combining higher than usual doses of Cytoxan, a chemotherapy drug, with radiation treatment and an autologous marrow transplant. The transplant makes possible more powerful drug dosages than patients othCoverage policy must consider cost limits. Page 6

erwise could tolerate.

Hopkins and other providers of cancer treatment contend that health insurers increasingly are denying payment for in-novative therapies. Lee Mortenson, executive director of the Assn. of Community Cancer Centers, wrote in The Wall Street Journal last month that:

■ Virtually all insurers now classify See DENIALS, page 10



535 North Dearbor Chicago IR, 60610

######## CAR-RT-SORT##CR15 093793799107 Diblum 1115794921726 ROST CHAS BOWMAN NO

77005-2646

Von-Profit Org PAID Waterloo, Wis Permit No. 58