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Physician, no smoking please!

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microscopes, Anton van Leeuwenhoek, who examined his stools with his own microscope in 1681, when he became ill with diarrhea; he described the "animalcules" he saw when he wrote to the Royal Society of London.) The trophozoite is shaped like a pear sliced in half lengthwise. Its features are curiously anthropomorphous: at its broad forward end two nuclei resemble eyes, central median bodies simulate a mouth, and eight flagella pass for eyebrows and a beard. The "tumbling" mobility of the trophozoite has been likened to the gyrations of a falling leaf.

The recommended treatment[11] for giardiasis in adults is quinacrine hydrochloride, 100 mg *tid* for 7 days, with graduated dosage for children; metronidazole, 250 mg *tid* for 10 days, also has been used, particularly for long-standing infection.

Cysts of *G. lamblia* can survive in cold weather but are killed when the water temperature increases to 50°C. Iodine compounds used in water purification also kill the cysts and are more effective than chlorine compounds. The incidence of giardiasis appears to be highest among those who drink tap water, those who use tap water for brushing teeth and for preparing ice cubes, those who consume such ice cubes, and those who eat uncooked fruit or vegetables. No prophylactic drug is currently available.

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Physician, no smoking please!

If you smoke, refrain from doing so during the conduct of your professional duties.

Remember the importance of your personal smoking habits and behaviour as an example.

Encourage your colleagues, employees and patients to refrain from smoking by signing the international no smoking prescription and displaying it prominently in your office.*

These three requests form the quintessence of an appeal letter sent to all Canadian physicians by the minister of national health and welfare and the president of The Canadian Medical Association.

For over 3 decades, and as late as Nov. 22, 1975, with publication of the editorial entitled "Cigarette smoking, coronary heart disease and sudden death" (*Can Med Assoc J* 113: 919, 1975), this Journal has recorded the proven and potential hazards of smoking related to pulmonary carcinoma, chronic bronchitis and emphysema — to the smoker. Only recently, however, has medical science come to appreciate the health hazards to nonsmokers of cigarette smoke. As the appeal letter says, "physicians especially cannot ignore the large number of their patients with asthma, chronic bronchitis and emphysema who suffer respiratory, psychogenic or other distress when exposed to smoke". The influence of the physician's personal example on the smoking habits of patients cannot be denied: how credible is the physician who, while "lighting up", advises a patient with emphysema or one who has had a myocardial infarction that he should stop smoking? And though the term hypocrite may not be entirely appropriate, that ever-declining, but still sizable, group within the profession who smoke have reason to be uncomfortable when the subject of smoking and health is discussed.

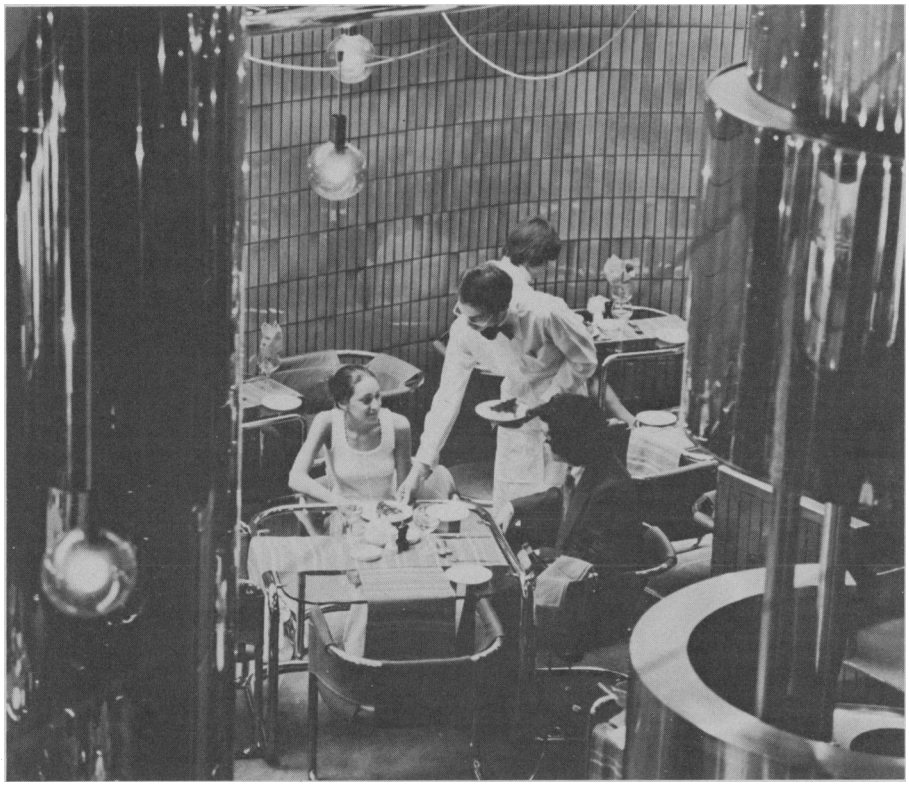
An impressive development is the growing number of business and scientific meetings of the profession at which smoking is either banned or, as is the custom of the Ontario Medical Association council, permitted only in an isolated area. Little sympathy is shown for those members who insist on engaging in a habit that is irritating or even hazardous to the health of their colleagues and socially unacceptable.

Under the circumstances it is surprising that there is any need for the minister of health and the CMA president to request that physicians refrain from smoking while attending to the needs of their patients. Indeed, one could reasonably and appropriately interpret the CMA Code of Ethics in this context. Under the heading of personal conduct the code states that "an ethical physician will conduct himself in such a manner as to merit the respect of the public for members of the medical profession". At the very least, the requirements of professional decorum, if not those of good hygiene and good manners, provide strong support for the request that physicians refrain from smoking while performing their professional duties. The Journal supports the request from the minister and our president and urges personal and professional commitment.

The Journal, therefore, joins with the minister of national health and welfare and with the president of the CMA in advocating two important actions by Canadian physicians: to avoid smoking during performance of professional services, and to sign the international no smoking prescription form and display it prominently in their offices — two small steps for physicians but a giant step for Canadian health.

D.A. GEEKIE

*Additional copies of the no smoking prescription form are available from the office of your provincial medical association or the Department of communications, CMA House, PO Box 8650, Ottawa, ON K1G 0G8.



The paradox of proximetrics: crowding among spaciousness

proved nutrition, warmer houses, smaller families and the easier availability of abortion may all have made their contribution.

Most of today's diseases, said Malleson, are the result of "environment, culture or lifestyle" and, he believes, the track record of the medical profession in dealing with them is not too good.

Dr. Malleson said that government actuaries calculate our old age pensions on the supposition that many smokers won't be around to collect them; even so, he said, life expectancy hasn't really changed all that much: in 1840, said Malleson, a 45-year-old man could expect to live another 23 years; in 1973, a man of that age could expect to be around for another 27 years.

And anyway, said Malleson in response to a questioner who asked about applying our knowledge that a high fat diet contributes to ischemic heart disease, who's to say whether we should spend 50 years eating butter and enjoying it or 70 years not doing so and being miserable?

At present, said Dr. Malleson, we don't have a structure enabling people to make health decisions — government agencies do it. Asked in an interview how such a structure might come about, Malleson said that each community, with its own health care centre run by that community, should establish its own health care priorities and goals — and decide where to spend its health care dollars. The centre should generate constant feedback to determine whether or not it's meeting the community's health care needs.

"Medical care doesn't do that much to increase life expectancy," said Dr. Malleson, "and it's silly to believe that it does."

While not exactly favoring a policy of benign neglect where health care is concerned, Dr. Malleson said that we can have too much care — especially in the hospitals. He cited the example of the would-be suicide taking up the services of three or four health care professionals; in fact, said Malleson, "I don't think it's possible to stop people killing themselves."

Dr. Malleson would like to see health care develop with a new emphasis on primary care, involvement by the individual and the community in assessing priorities, and a community control over health care economics.

The inaugural symposium on community health was made possible by a grant from the Department of National Health and Welfare. The symposium's planning committee consisted of: Dr. T.W. Anderson (chairman); Dr. J.W. Browne, Dr. P.K. New and Dr. R.W. Osborn.■

No-smoking campaign gathers momentum

The campaign in Canada against smoking takes a new turn in the current issue of *CMAJ* with a cover devoted to the subject. And CMA President L.C. Grisdale has joined with Health Minister Marc Lalonde to appeal to Canadian physicians to provide smoke-free air to patients.

Meantime, Mr. Lalonde has released statistics showing that the proportion of smokers in Canada has steadily decreased in the last 10 years.

Now 55.3% of the Canadian population 15 years and over do not smoke. Males 20 years and up show the most significant declines in smoking. However teenagers, particularly girls, are smoking more.

"Data for 1972-74 suggest, however, that this trend among females 15 to 19 is levelling off," Lalonde said. "Nonsmoking among teenage males has remained relatively stable over 1965-1974."

The letter signed by Mr. Lalonde and Dr. Grisdale asked Canada's 38-500 physicians not to smoke while engaged in professional duties and to put up a sign (indicated on our cover) to ask patients in the waiting room also not to smoke.

"The health hazards for smokers have been documented beyond dispute; however an appreciation of the health hazards to nonsmokers exposed to cigarette smoke is more recent," says the letter. "Physicians especially cannot ignore the large numbers of patients with asthma, chronic bronchitis and emphysema who suffer acute respiratory, psychogenic and other distress when exposed to smoke."

The Canadian Hospital Association in 1975 passed unanimously a resolution asking all hospitals to prohibit smoking in all patient areas and set aside designated areas for nonsmokers in public and general use areas, The CHA resolution also urged a ban on sales of cigarettes in hospitals.

Canadian physicians are not the only ones to join the battle against smoking. A report from Israel shows 77% of physicians there are now non-smokers — up 36% from 1960.

The Grisdale-Lalonde letter was part of a national nonsmokers' week supported by the Canadian Tuberculosis and Respiratory Disease Association and other organizations.