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November 21, 1984

Ms. Judy Shaw
American Hospital Association
840 North Lake Shore Drive
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Dear Judy:

It was good seeing you again in Washington. For a first meeting, there seemed to be a few interesting ideas. Hard to believe, though, that these few people have to work so hard to counter the "evil empire."

As we discussed, I am editing a follow-up issue to our earlier one on the world cigarette pandemic. One of the most frequently heard comments about the first issue was "Why didn't you tackle the problem in the hospital setting?" Clearly, many people were saying, how can you talk about curtailing smoking in society if places of health, especially hospitals, do so little to create a smoke-free environment -- not to mention a vehicle for cigarette sales?

I believe I have heard every rationalization in the book from hospital administrators concerning their unwillingness to create a smoke-free hospital setting. In 1976, one administrator responded to my proposal for a smoking room for patients and personnel alike on every floor (and nowhere else in the building) by exclaiming, "But doctor, what about the patients in traction?" Auxiliary gift-shop proprietors have complained that ending cigarette sales would curtail income. Administrators have claimed there would be a black market run by orderlies. Most administrators artfully pass the buck by claiming that it is the medical staff who either won't obey rules on smoking or who simply don't care.

I regularly hear of parents who are angered and horrified to learn that their child has been given a hospital room with another child who smokes. My all-time favorite line was at a children's hospital which sells cigarettes (and gives away matchbooks with its logo and the slogan "We care!"). When I asked the salesgirl how a hospital could stock cigarettes, she replied, "But we never sell to under 12's."

In my experience, perhaps the only time hospitals as a rule show any concern about smoking is when the Joint Hospitals Accreditation Commission is coming to inspect. Then the various minimal fire measures of the JCAH are suddenly enforced.

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A couple of good news items in the past year concern hospitals in Arizona and Washington State that have gone smoke-free. I also gather that Group Health in Seattle no longer hires employees who smoke.

But overall it's my impression that the American Hospital Association has few if any policies on smoking for its members. The rise of for-profit hospital chains (such as Humana headquartered in the tobacco state of Kentucky) leads me to wonder whether the all-out quest for profit will leave the smoking issue even lower down on the list of priorities, as hospitals claim that they would not wish to offend anyone who wishes to smoke (for fear that the patients will go down the street to another hospital).

I thought the packet on smoking Lynn Jones prepared was quite a good start, but I would very much appreciate your submitting a commentary to the Journal during the next month concerning the various questions I have raised. Without a clearly demonstrated effort by the AHA and its member hospitals to curtail the demoralizing presence of smoking in hospitals, I can foresee a growing and serious credibility gap for the AHA in regard to professed concerns for the health and safety of the hospital environment.

Again, it was good to see you. Hope to hear from you soon.

Sincerely,



Alan Blum, M.D.
Editor

AB/jc