

House Staff Office
Jackson Memorial Hospital

January 23, 1978

Mr. Fred J. Cowell
President
Public Health Trust of Dade County
Jackson Memorial Hospital
Miami, Florida 33136

Dear Mr. Cowell:

In a recent issue of Scanner--news for physicians, published by Jackson Memorial Hospital, you describe your highest priorities for the Public Health Trust as "the best possible patient care" and "cost containment ." We of the House Staff Association wholeheartedly support these aims and wish to do everything possible to assist you in achieving them.

Accordingly, we would like to offer some constructive suggestions for improving the health and well-being of our patients and employes--measures which, we submit, will cut costs and enhance patient care.

To spend hundreds of thousands of dollars on new technological devices to diagnose and treat illnesses, while failing at the same time to educate our employes and the community in the prevention of many of these illnesses will in no way lead either to cost containment or better patient care. It has been brought to our attention that only a miniscule percentage of JMH's fiscal outlay is allocated to employe education, in-patient education, clinic-patient education, and preventive medicine in the community at large. Certainly, with regard to one major health problem, cigarette smoking--which has been named the most significant preventable cause of disability and premature death in our society by the Center for Disease Control--all of us (physicians, administrators, and other hospital personnel) have been extremely lax in our educational efforts. A recent editorial in JAMA, "Epidemic of Lung Cancer in Women" (September 5, 1977), alluded to an HEW survey which reported that only 27% of physicians alert their patients to the life-threatening dangers of cigarette smoking.

However, we physicians seem to be the only group interested in doing anything about the problem. Unfortunately, by ourselves we are not in a position to allocate the much-needed resources for a major educational effort.

On two occasions within the past half-year, a member of the house staff has attempted to discuss with you the problem of cigarette smoking within our hospital. Each time he was referred to other individuals whose understanding of the serious nature of the problem was limited and whose commitment to improving the situation was non-existent.

The challenge he received was that doctors must be the ones to lead the way. We now accept that challenge. But in fact, very few physicians smoke, and those who do--in corridors, patient areas, or nursing stations--are not conducting themselves in any more of a professional manner than are administrators who smoke.

The issue itself is multi-faceted. If the longterm physical and economic benefits of smoking cessation and prevention cannot readily be appreciated by officials who are mainly concerned with the immediate payment of increasingly expensive acute and chronic medical care, then perhaps the devastating effects of fire can be. A medical-legal review of hospital fires in JAMA (February 26, 1973) concluded with the following:

Fire in a hospital is one of those potential disasters about which the hospital is obliged to be constantly on guard...The Medicare Act makes strict adherence to specified fire control requirements a precondition of the eligibility of a facility to receive Medicare patients. It is presumed that failure to adhere to reasonable standards as a result of which a patient is burned in a fire for which he was not responsible would probably make the hospital liable without further proof of negligence.

A similar editorial in JAMA, "The Burn-Prone Society" (January 20, 1975), also implicates "substandard hospital regulation" as a cause of unnecessary fires. On October 9, 1977, a single cigarette caused an estimated \$60,000 in damages at Westchester General Hospital in Dade County. Miraculously, there were no injuries. A more recent cigarette-caused fire occurred in a facility for the elderly, forcing the evacuation of 110 persons.

The present hospital policy on smoking (updated September 14, 1977) is worthless. It essentially permits smoking except where there is oxygen, and it is simply not being enforced. Would that certain hospital personnel were as diligent in enforcing rules which uphold fire regulations and encourage good health practices as they are about chastising a group of physicians who undertake to document violations of hospital policy. Please see the enclosed photographs, all of which were unposed. Enclosed, too, is a transcript of a statement by one of Dr. Tate's patients, a woman who has had to be hospitalized on several occasions because of the overwhelming amount of cigarette smoke in the outpatient clinic.

There have been reports of cigarette-caused fires occurring at JMH. We believe a major disaster, which cannot be hidden from the public, is inevitable unless measures are taken immediately to insure the safety of all hospital patients and personnel.

We therefore urge that the following steps be taken at once:

- The designation of one enclosed but well-ventilated lounge on each ward for the purpose of smoking. The rest of the ward would be completely smoke-free at all times. This rule would apply to all visitors, patients, physicians, nurses, administrators, and

other hospital employees. If a patient, for example, is ill enough to be in a hospital but well enough to smoke, then he or she should be able to walk or be brought to the smoking lounge. If a hospital employee must take a "smoke break," then he or she will similarly go to the lounge. Should a problem arise in selecting an existing lounge as the smoking lounge, then it is suggested that the hospital architect convert a patient room into a lounge. Four references (enclosed) are especially pertinent. These include "A no smoking ward is possible" (Postgraduate Medical Journal), "Smoke on the Ward" (editorial, The Lancet), the JMH Smoking Policy statements, and, of course, the Miami Herald front-page story, headlined, "Careless Smoking Blamed in Fire at Hospital; 46 Evacuated Safely."

- The immediate designation of the cafeteria, the x-ray film library (and similarly trafficked areas), outpatient waiting rooms, and all corridors as entirely no-smoking areas. To those who must sit in a smoke-filled room, the effects of cigarettes are inescapably annoying, often harmful, and frequently (in the cafeteria) disruptive of the meal. Abuse of the privilege to smoke in the cafeteria has led to a situation in which employes sit for an hour or more, during which time they smoke many cigarettes apiece. One relevant reference is the Jackson Memorial Outpatient Clinic Information booklet, which explicitly states that "eating and smoking are prohibited in patient areas."
- As a corollary to the above, it is recommended that the hospital begin to discourage sedentary lifestyles by converting its newest parking lot (bordered in part by the Medical Sciences Building and the Parking Garage) into a Vitacourse and aesthetically landscaped area for the use of hospital employes and patients. It is also recommended that a daily employe fitness and recreation period be included on hospital time.
- Removal of all ashtrays from lobbies, nursing areas, outpatient clinics, and in front of elevators. Although it is possible that butts will continue to be dropped on the floor and in planters, it is equally possible that, with strong administrative backing for hospital cleanliness, people will soon take JMH seriously as a sacred place of health and will respect it as such.
- The posting of prominent signs at the entrance to JMH that smoking will not be tolerated in the hospital except in specially reserved lounges on each floor.
- Strict enforcement of violations, by the administration.
- The establishment of stop-smoking clinics for employes, run during hospital working hours by the medical staff (Drs. Blum and Tate have offered to develop a multi-physician program for JMH.)
- Payment for the distribution to all JMH physicians of a renewable supply of the international no-smoking prescription. Such prescriptions, which contain information on smoking cessation, are being made up by a resident-

initiated group, DOC (Doctors Ought to Care).

- Official discouragement of the sale of cigarettes by neighboring retail establishments along 10th Avenue, especially by those whose lease is held by the Hospital or the University.
- Discouragement of those taxis atop which are cigarette billboards from entry onto hospital grounds or from standing on 10th Avenue in front of the Bascom Palmer Eye Institute.
- The establishment of stepped-up educational efforts to patients, in the form of frequently changing posters (two samples are enclosed), "no smoking weeks" (or one day per week), more readily available brochures, and additional patient educators. For inpatients, smoking education should be a part of all admitting orders. And it should be remembered that post-operative complications are far more numerous among smokers and that such delay in discharge dramatically increase hospital costs.

Thus, if the 320,000 premature deaths attributable to cigarette smoking every year seems like a hopeless situation, then perhaps the billions of dollars spent caring for these individuals will give the JMH administration pause.

Just as we physicians make recommendations for our patients on the basis of what we know to be beneficial (and not on the basis of our personal lifestyles), so we expect an administration that has raised the issues of patient care and cost containment to follow through on a strong program to limit cigarette smoking at JMH.

We urge you to read the enclosed HRS memorandum on smoking, as well as the articles and editorial in Dimensions in Health Service. In the latter editorial, Dr. Brosseau writes, "Health protection must have priority over the selfish desire of an individual to indulge in a harmful practice exposing others to a source of unwanted, unpleasant and dangerous pollution."

Finally, we ask that you thoroughly review the Hospital Administration Currents issue entitled, "Hospitals Must Join No-Smoking Campaign," which states

Hospitals not only have the responsibility to provide medical and surgical care for the sick; they also should help keep people healthy. It is paradoxical, then, that although the warning flag about cigarette smoking has been up since the Surgeon General's report in 1964, many hospitals still have not moved decisively against smoking.

We look forward to being among the very first house staff groups in the country to commit ourselves to a program of better patient and employe education. We hope the administration will devote substantial time, talent, and financial resources to this effort.

Sincerely,

5. Deaconess
6. Weiss
8. BMJ

Enclosures

1. ✓ 1. "Careless Smoking Blamed in Fire At Hospital; 46 Evacuated Safely," news story, Miami Herald, October 10, 1977.
4. ✓ 2. Holder, AR, "Hospital Fires," JAMA 223:1073-4, 1973.
3. "The Burn-Prone Society," editorial, JAMA 231:281, 1975.
4. Jackson Memorial Hospital Smoking Policy: 7/31/73 and 9/14/77 (authorization: Fred J. Cowell).
9. ✓ 5. Brousseau, B.L.P., "Hospitals Must Stop Pushing Tobacco," editorial, Dimensions in Health Service, May 1977, 1976.
- ✓ 6. Campbell, D, "Smoking Policies in Hospitals," Dimensions in Health Service, December, 1976.
- ✓ 7. "Smoke on the Ward," editorial, The Lancet, August 25, 1973.
7. ✓ 8. Pang, A, "A No Smoking Ward Is Possible," Postgraduate Medical Journal.
9. Jackson Memorial Outpatient Clinic Information.
10. ✓ 10. "Hospitals Must Join No-Smoking Campaign," Hospital Administration Currents, September, 1977.
11. Memorandum from Wilson T. Sowder, M.D., Director, HRS, 11/27/73.
12. "Health Professionals and Smoking," editorial, American Pharmaceutical Association journal, August, 1977.
13. Table on Premature Deaths in the US, Continuing Education for the Family Physician, February, 1978.
14. Davis, JH, "Cigarettes and Death Certificates," Journal of the Florida Medical Association, 60:92, 1973.
15. "Physician, No Smoking Please!" editorial, Canadian Medical Association Journal, 114:96, 1976; also sample of international no-smoking prescription.
16. Transcription of tape recording of a clinic patient (by Dr. Tate).
17. "Non-Smoker Gets Job-Begs Pay Because Cigarettes Made Him Ill," news story, Miami Herald.
18. "Decline in Smoking by Doctors Seen as a Model to Public," news story, The New York Times, June 10, 1977.
19. Whalen, RP, "Health Care Begins With the I's," column by The New York Times.
20. "More Doctors Smoke Camels Than Any Other Cigarette!" (sample of the way in which cigarette advertising "educates" the public).
21. "Is it fair to force your baby to smoke cigarettes?" (sample poster used in England).
22. "How to stop smoking." (sample poster)
23. Eight photographs which partially reveal the lack of commitment at present to a good-health, no-smoking philosophy at JMH.