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“Doctors Ought to Care”: A History of Smoke-Filled Hospitals, 1950-1993”

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The following article analyzes what hospitals knew, and did, about the health hazards of smoking, with a focus on the national level and a case study of Missouri, where the link between smoking and lung cancer first burst onto the American scene, in 1950, with a JAMA article published by St. Louis doctors. Not surprisingly, the medical profession was the segment of society best educated on smoking and health issues. Likewise, hospital administrators were continually concerned with factors contributing to rising health costs. The hospital section of the National Conference on Smoking and Health (1981) noted that “as healing institutions, hospitals are particularly aware of the scientific evidence indicating the health and safety hazards and related economic costs of smoking¹ Yet, despite their acute awareness of the health hazards and costs of smoking, hospitals established weak smoking policies, sold cigarettes to patients and permitted smoking in hospital rooms decades after the Surgeon General warned the public not to smoke. Despite steady criticism from within the profession and from without, most hospitals did little or nothing to curb smoking until their accrediting body forced them to ban it in 1993.

Medical Awareness of Smoking Risk: “Every physician is very familiar”

Medical professionals were the most highly educated segment of society on health issues. The early studies linking smoking to lung cancer appeared in their most prestigious journals and physicians responded quickly to the news by accepting the linkage and quitting the habit.² A national ACS survey of doctors (1960) found that the vast majority “believe that cigarette smoking

¹ “Advancing the Role of Hospitals in Reducing Smoking,” work group statement, in American Cancer Society, National Conference on Smoking Or Health: Developing A Blueprint for Action: Proceedings, New York, New York, 18-20 November 1981, p. 98. Verdell L. Nyland, president of the Kansas City Area Hospital Association participated in the hospital work group.

² In addition to publishing the findings in JAMA, the American Medical Association (AMA) stopped accepting cigarette advertising in 1953. Gene Borio, Tobacco Timeline, 1953, http://www.tobacco.org/resources/history/Tobacco_History20-2.html (accessed 20 June 2011).

is definitely or probably a major cause of lung cancer.” Moreover, there was a “sharp drop off” in the number of doctors smoking.³ A 1963 survey by Modern Medicine found that 95 percent of doctors “believe cigarette smoking is a health hazard.”⁴ With the release of the Surgeon General’s Report of 1964, the American Hospital Association’s Advisory Committee on Professional Practice “agreed that smoking, especially cigarette smoking, was causally related to disease and to unnecessary mortality and therefore was to be considered a public health hazard.” The AHA’s Board voted to endorse the Surgeon General’s Report and “to encourage hospitals to participate in the pertinent educational efforts of the U.S. Public Health Service and other agencies.”⁵ The American Medical Association president said smoking was “the greatest single producer of preventable diseases” but that further research was needed to help those who would not quit.⁶ Meanwhile, the AMA’s prestigious journal JAMA published articles on smoking before and after the release of the Surgeon-General’s Report of 1964.⁷ The Journal of the American Osteopathic

³ “Poll Reveals Doctors’ Views on Smoking and Lung Cancer,” Greater Kansas City Medical Bulletin, 31 December 1960: 388. The National Opinion Research Center (University of Chicago) conducted the representative survey for the ACS.

⁴ “60,000 Answer MM Smoking Survey,” Modern Medicine, 2 March 1964: 18. Only 2.8 percent disagreed that smoking was a health hazard (the rest were “no response”). Every physician in the country received this information through the following headline: “94.8% of 60,202 Physicians Find Smoking a Health Hazard,” Medical Bulletin on Tobacco 2, no. 2 (Spring 1964): 1.

⁵ American Hospital Association [hereafter AHA], Annual Report: 1964 (Chicago: AHA, 1964), 88.

⁶ “AMA Head Says Smoking is Chief Cause of Disease,” St. Louis Post-Dispatch April 16 1964: 20A. See previous article “AMA Head Says Smoking, Cancer Linked in Report,” St. Louis Post-Dispatch, 9 January 1964: 5A.

⁷ See, e.g., Howard C. Taylor, “Physicians and Cigarette Smoking,” JAMA, 181, no. 9 (1 September 1962): 115-16; Richard D. Chessick, “The Problem of Tobacco Habituation,” JAMA 188, no. 10 (8 June 1964): 208-209; AMA Committee for Research on Tobacco and Health,

Association (JAOA) stated that the evidence against smoking was “indisputable,” “irrefutable,” and “should be studied by every physician.”⁸ By the 1970s, most medical schools had responded by incorporating smoking-and-health education into their curricula.⁹

Missouri: More of the Same

Even before the Surgeon General’s Report, Missouri doctors were aware of the health hazards. The editor of St. Louis News and Views, the publication of the St. Louis Academy of General Practice, stated why he gave up smoking: “I am convinced, as are all of you, that there is a definite causative relationship between cigarette smoking and lung cancer.”¹⁰ One month after the release of the Surgeon-General’s Report, the St. Louis County Medical Society endorsed its findings and went “on record as opposing the use of cigarettes,” calling for their ban on school property, and advocating warning labels on cigarette packages.¹¹ The St. Louis Pediatric Society went further by calling for area hospitals to stop selling cigarettes, an issue that roiled the hospital

“Smoking and Health,” JAMA 205, no. 10 (2 September 1968): 105; Arnold J. Flick, “Hospital Sale of Cigarettes,” JAMA 207, no. 10 (10 March 1969): 1916.

⁸ “Smoking and Health” [editorial], JAOA 63 (March 1964): 605-606. Doctors of Osteopathy, or D.O.’s, were (and are) one of the most common general practitioners of medicine. Furthermore, Missouri (Kirksville) was the birthplace of this subspecialty of medicine.

⁹ Felissa L. Cohen, “A Survey of Smoking in Institutions That Educate Health Professionals,” Public Health Reports 94, no. 6 (November-December 1979): 544-52. See, esp., Table 8, “Placement of Smoking in Various Health Curriculums, According to 244 Health Program Administrators,” 551.

¹⁰ Charles A. Molden, “Round the Clock,” News and Views, October 1963, 4.

¹¹ Charles A. Molden, et al., “Resolution,” St. Louis County Medical Society Bulletin, 21 February 1964: 14; “County Medical Society Council Urges Cigarette Warning Label,” St. Louis Post-Dispatch, 6 February 1964: 2C; “Medical Group Urges Campaign on Cigarettes,” St. Louis Globe-Democrat 6 February 1964: 10A.

industry for years to come (see below).¹² Citing a statement by St. Louis physician and ACS president Wendell Scott, the St. Louis Department of Health and Hospitals issued a public warning about the hazards of smoking and warned of the increased hospitalization rates among smokers.¹³ On the front page of the Globe-Democrat, “Dr. Scott” advocated passage of warning labels on cigarette packages, a stance echoed by the paper’s editors.¹⁴ Missouri Medicine, the journal of the Missouri Medical Society, published a detailed study of “Smoking Habits and Disease in Missouri” (1965) documenting not only the higher disease and mortality rates but higher hospitalization rates.¹⁵ In 1969, both the St. Louis Medical and St. Louis County Medical Societies went on record again opposing smoking. The County Society’s survey found that only two percent of area doctors doubted the connection between smoking and cancer. One percent doubted the link between smoking and emphysema.¹⁶ By 1981, a St. Louis doctor declared that “almost every adult and certainly every physician is very familiar with the hazards of cigarette smoking.”¹⁷ (emphasis added).

¹² “Seeking to Bar Cigarette Sales from Hospitals,” St. Louis Post-Dispatch, 19 February 1964: 3A.

¹³ “Smoking Warning Issued by City Health Dept.,” St. Louis Post-Dispatch, 29 November 1964: 27A.

¹⁴ “Dr. Scott Urges Tobacco Warning,” St. Louis Globe-Democrat, 18 March 1964: 1A; “Tobacco Needs Labels” [editorial], St. Louis Globe-Democrat, 19 March 1964: 14A.

¹⁵ E. Cuyler Hammond and Orus Wilson, “Smoking Habits and Disease in Missouri,” Missouri Medicine 62, no.2 (February 1965): 109-112, 122.

¹⁶ “Medical Society Here Opposed to Smoking,” St. Louis Post-Dispatch, 16 October 1969: 21A; “Doctors’ Smoking Survey,” St. Louis Post-Dispatch 1 December 1969: 16A.

¹⁷ Luke L. Burchard, “The Tobacco Connection,” St. Louis Metropolitan Medicine, 25 November 1981: 459.

The Missouri medical community's knowledge of the health hazards of smoking included awareness of addiction: "Why do people smoke cigarettes? The answer is the addictive nature of cigarettes," wrote St. Louis University neurosurgeon Kenneth R. Smith, Jr. in an 1983 issue of St. Louis Metropolitan Medicine.¹⁸ More recently, Dr. Charles M. Striebinger, writing in the Greater Kansas City Medical Bulletin, criticized anti-tobacco litigation, stating that "all of us in medicine recognize the health hazards of tobacco But not only we in medicine know this, the public as a whole has been aware of the detrimental effects of smoking for years."¹⁹ Indeed, one study found that in private practice "nearly all physicians advise against smoking" (96 percent) and provided anti-smoking advice, services, or referrals to their smoking patients.²⁰ Furthermore, nearly all doctors had "quit the habit": Nationally, only seven percent of primary care physicians smoked in 1989, down from forty percent in 1959.²¹ The next generation of physicians looked even more smoke-free: A St. Louis University study (1981) reported that only six percent of medical students were smokers.²²

¹⁸ Kenneth R. Smith, Jr., M.D., "Why People Smoke Cigarettes," St. Louis Metropolitan Medicine, 22 June 1983: 243. See also Bruce Stoliar "Chemical Dependency—A Broader View," St. Louis Metropolitan Medicine, 23 July 1980. Stoliar wrote: "Medicine is also looking carefully at cigarette smoking, and most agree that nicotine dependency bears a striking similarity to other chemical dependencies."

¹⁹ Charles M. Striebinger, "Should We Be Pleased with the Tobacco Settlement or Does This Portend Worse Things to Come?," Greater Kansas City Medical Bulletin (October 1997): 11.

²⁰ "1989 Survey of Physicians' Attitudes and Practices in Early Cancer Detection," CA 40, no 2. (March/April 1990): 96.

²¹ "1989 Survey," 96; Lawrence Garfinkel, "Cigarette Smoking Among Physicians and Other Health Professionals, 1959-1972," CA 26, no. 6 (November/December 1976): 373.

²² "Fewer Doctors Will Smoke," Cancer News 35, no. 3 (Autumn 1981): 11.

Missouri physicians were fortunate to have access to information beyond their local or national medical bulletins and journals. The ACS reached doctors through CA—A Bulletin of Cancer Progress (est. 1950), the “bi-monthly digest of cancer information for the general practitioner.”²³ Missouri was one of the first states to distribute CA “to all the practicing physicians in the state, to medical schools and [to] nursing organizations”²⁴ Thus, Missouri doctors in big cities and small towns had access to the latest news on smoking and health—useful information that they could pass on to their patients. From the 1950s onward, CA published landmark reports, such as the Report of the Study Group on Smoking and Health (1957),²⁵ the British Medical Research Council Statement (1958),²⁶ commentary on the Surgeon General’s Report of 1964,²⁷ tips on quitting,²⁸ calls to action for physicians to do more anti-smoking counseling and lobbying,²⁹ and generally

²³ ACS, 1952 Annual Report, 17.

²⁴ Missouri Division of Health, Annual Report, Fiscal Year 1955-1956, p. 10 [quote]; Missouri Division of Health, Annual Report, 1958, p. 14. This was a joint project of ACS (Missouri Division) and the Missouri Division of Health (MDOH). In the January/February 1969 issue of the Missouri Cancer Crusader, ACS-Missouri stated that it “sends the journal to “every practicing physician in the state” (p. 3). In 1971, the ACS claimed that CA was “the medical journal with the world’s biggest circulation” and announced that it was now sending it free to medical students as well. ACS, 1971 Annual Report, 14.

²⁵ “Report of Study Group on Smoking and Health: Section on Lung Cancer,” CA, 8, no. 2 (March-April 1958): 57-61.

²⁶ “Tobacco Smoking and Cancer of the Lung: Statement of the [British] Medical Research Council,” CA 8, no. 2 (March-April 1958): 66-68.

²⁷ Alistair Cooke, “Cigarettes—The Final Indictment,” CA 14 (January-February 1964): 35-36.

²⁸ Börje Ejrup, “Breaking the Cigarette Habit,” CA 13 (September/October 1963): 183-186.

²⁹ ACS, advertisement to doctors, “Caution: Cigarette Smoking May Be Hazardous to Your Health.” “....the most significant influence—the key figure—is you, doctor.” CA, 16, no. 6

educating them to the health hazards, costs and addictive properties of tobacco.³⁰ CA alerted general practitioners to the early symptoms of lung cancer; summed up the other health hazards of smoking; and informed doctors that the “addictive agent in tobacco is nicotine” and then gave advice on how their patients might quit their addiction to smoking.³¹ Throughout the CA bulletins, the emphasis was on the need for action by physicians as role models and medical advisers to patients. As one 1966 bulletin put it: “....the most significant influence—the key figure [in the anti-smoking campaign]—is you, doctor.”³²

Beginning in the 1950s, the MDOH and the Missouri Heart Association distributed the MHA’s bimonthly Heart Bulletin “to the physicians in general practice.”³³ The Heart Bulletin carried stories and book reviews on how smoking was a risk factor for circulatory conditions such

(November/December 1966): back cover; Ellen R. Gritz, “Cigarette Smoking: The Need for Action by Health Professionals,” CA, 38, no. 4 (July/August 1988): 194-212.

³⁰ One good summary of health hazards: John H. Holbrook, “Tobacco and Health,” CA, 27 no. 6 (November/December 1977): 344-53.

³¹ Benjamin E. Kuchar, “Primary Lung Cancer,” CA 17, no. 2 (March-April 1967): 60-67; John H. Holbrook, “Tobacco and Health,” CA 27, no. 6 (November-December 1977): 344-53; Arden G. Christen and Kenneth H. Cooper, “Strategic Withdrawal from Cigarette Smoking,” CA 29, no. 2 (March-April 1979): 96-107 [quote on 96]. Christen and Cooper cite addiction researcher M.A.H. Russell: “If it were not for the nicotine in tobacco smoke, people would be little more inclined to smoke cigarettes than they are to blow bubbles or to light sparklers”! (p. 96). [Russell’s original quote is from his 1971 survey of the literature on nicotine dependence, M.A. Hamilton Russell, “Cigarette Smoking: Natural History of a Dependence Disorder,” British Journal of Medical Psychology 44, no. 1 (March 1971): 1-16 (quote on 7)]. See also Russell, Cigarette Dependence: I; and M.A.H. Russell, “Cigarette Dependence: II—Doctor’s Role in Management,” British Medical Journal, 15 May 1971: 393-95.

³² CA, 16, no. 6 (November/December 1966): back cover.

³³ MDOH, Annual Report, 1958, p. 14.

as peripheral vascular disease, Buerger's disease, hypertension, and coronary heart disease.³⁴

Nationwide, the American Heart Association reached 340,000 physicians and nurses with its publications, including Heart Bulletin for the general practitioner.³⁵

Also, the AHA, together with the ACS, ALA, and American Public Health Association issued the Medical Bulletin on Tobacco from 1962 through 1970, and circulated it to "all practicing physicians, to all dentists, to 25,000 registered nurses, and to many others in the health professions" (total circulation: 400,000).³⁶ All Missouri physicians received the quarterly Medical Bulletin on Tobacco between 1963 and 1970, which brought "significant reports . . . on the effects of smoking so that physicians may properly advise their patients and the public."³⁷ For example, in 1967, a Medical Bulletin article entitled "Cigarettes and Shorter Lives" reported that heavy smoking men had a life expectancy eight years shorter than nonsmoking men.³⁸

³⁴ See, e.g., "Tobacco and Peripheral Vascular Disease," Heart Bulletin, January-February 1954: 18-20; "Coronary Heart Disease" [review of John William Gofman, Coronary Heart Disease (Springfield, 1959)], Heart Bulletin, March-April 1960: 39; Martha Trulson and Fredrick J. Stare, "The Epidemiological Approach to Coronary Heart Disease," Heart Bulletin, May-June 1960: 67-68; Grace M. Roth and Richard M. Shick, "The Effects of Smoking on Normal Persons and Patients with Hypertension," Heart Bulletin, January-February 1961: 10-13; "Tobacco: Experimental and Clinical Studies" [review of Larson, et al, Tobacco: Experimental and Clinical Studies (Baltimore: Williams and Wilkins, 1961)], Heart Bulletin, September-October 1961, 99; Grace M. Roth, "The Effects of Smoking on Normal Persons and Patients with Peripheral Vascular Disease," Heart Bulletin, November-December 1965: 117-19.

³⁵ AHA, Annual Report 1971, 11; AHA, Annual Report 1959, 8.

³⁶ Scott, A Year of Progress, 28 October 1964: 12.

³⁷ Mission statement, Medical Bulletin on Tobacco 1, no. 3 (Fall 1963): 1.

³⁸ "Cigarettes and Shorter Lives," Medical Bulletin on Tobacco, 5, no.4 (December 1967):

Health Care Costs

Medical professionals also had access to information concerning the higher health-care costs imposed by smoking. In 1964, the Medical Bulletin on Tobacco reported the results of a massive ACS survey that showed higher hospitalization and morbidity rates for smokers (the study included survey respondents from Missouri and 24 other states).³⁹ A National Center for Health Statistics Study in the mid-1960s estimated that “If No One Smoked” there would be 12 million fewer chronic illnesses in the United States; Surgeon General William Stewart said of the survey, “we are paying dearly for the cigarette habit, not only in terms of lives prematurely lost but also in terms of human suffering, medical bills and the nation’s economy.” Stewart estimated that smoking cost the nation \$60 million annually in emphysema disability payments through Social Security alone.⁴⁰ Similarly, in a pamphlet distributed to the public, the ACS answered the question of “economic effect if everyone stopped smoking?” by noting “the cost of doctors, hospitalization and treatment . . .”⁴¹ During the 1970s, the American Cancer Society noted the higher “cost of medical and hospital care needed by smokers as compared with those who have

³⁹ “422,094 Man Study Confirms Health Risks of Cigarette Smoking,” Medical Bulletin on Tobacco 2, no. 1 (Winter 1964): 3. E. Cuyler Hammond presented the original paper at a meeting of the American Medical Association in Portland, Oregon on 4 December 1963, “Smoking in Relation to Mortality and Morbidity, Findings in First 34 Months of Follow-Up in a Prospective Study Started in 1959.

⁴⁰ “If No One Smoked,” article from Missouri Family Doctor (December 1966), inserted in St. Louis County Medical Bulletin, 6 January 1967: 24.

⁴¹ ACS, Answering the Most-Often Asked Questions About . . . Cigarette Smoking and Lung Cancer (ACS, 1967), question 45, n.p.

never smoked.”⁴² ACS estimated total smoking-related medical costs at \$4 billion per year.⁴³ Under the headline “The Hospital Cost of Smoking,” the Fall 1978 issue of ACS Cancer News reported an estimate by Blue Cross President William E. Flaherty that “millions of dollars might be saved annually if people smoke less.” Summarizing the Blue Cross study, Cancer News pointed to the “removal of a smoker’s cancerous lung as a case in point” because the total hospital and physician bills came to \$8,251.⁴⁴ A study published in the journal Medical Care (1974) concluded that male smokers “made [by] far the highest demand of all age-sex groups for hospital services, the most expensive type of health service.”⁴⁵ In 1978 and 1985, the New England Journal of Medicine published articles estimating direct health-care costs at \$8 billion (later \$16 billion)—figures cited by writers for the Ellis Fischel Cancer Center (Columbia, Missouri) in a column distributed to newspapers statewide.⁴⁶ In 1987, the JAOA cited estimates attributing up to ten percent of all

⁴² American Cancer Society, ‘71 Cancer Facts & Figures, p. 28. The following year, the ACS estimated the direct medical expenses at nearly \$1 billion. ‘72 Cancer Facts & Figures, p. 22.

⁴³ ACS, “Smoking: Five-Year Target,” Cancer News, 31, no. 3 (Fall 1977): 7.

⁴⁴ “Hospital Cost of Smoking,” Cancer News 32, no. 3 (Fall 1978): 20-21.

⁴⁵ Thomas W. Oakes, et al., “Health Service Utilization by Smokers and Nonsmokers,” Medical Care 12, no. 11 (November 1974): 958. The Council for Tobacco Research [supported by tobacco companies] partially funded this research.

⁴⁶ Bryan R. Luce and Stuart O. Schweitzer, “Smoking and Alcohol Abuse: A Comparison of Their Economic Consequences,” New England Journal of Medicine 298, no. 10 (9 March 1978): 569-571; Jonathan E. Fielding, “Smoking: Health Effects and Control,” New England Journal of Medicine, 313, no. 8 (22 August 1985): 491; Ellis Fischel Cancer Center Staff, “Perspectives on Cancer: What Can We Do About Smoking?,” in Ellis Fischel Cancer Center Papers, University of Missouri (Columbia). The Center distributed the “Perspectives on Cancer” column to 15 newspapers around the state. Ellis Fischel State Cancer Center, 1985 Annual Report, 46.

medical costs to smoking.⁴⁷ Many U.S. government studies (1974, 1976, 1977, 1980, 1981, 1990, 1993, 2004) likewise attributed much of hospital care expenditures on cancer to smoking—statistics cited as early as 1974 by the editor of JAMA and four years later by letter writers to the editor.⁴⁸ Congressional witnesses, including St. Louis University School of Medicine Professor Stephen M. Ayres (representing the American Lung Association) also attributed billions of dollars of health care costs to smoking.⁴⁹ In 1984,

⁴⁷ Mark W. Ketterer, et al., “Smoking Prevention, Cessation, and Maintenance: Review for the Primary Care Physician,” JAOA 87, no. 3 (March 1987): 249.

⁴⁸ Bryan R. Luce and Stuart O. Schweitzer, “The Economic Costs of Smoking-Induced Illness,” in Research on Smoking Behavior, Research Monograph 17, ed. M.E. Jarvik, et al. (Rockville, MD: National Institute on Drug Abuse, 1977), 221-27; U.S. Department of Health and Human Services, Social and Economic Implications of Cancer in the United States (Hyattsville, Maryland: Public Health Service, 1981), 4, 17. Another government study estimated the “direct cost of medical and hospital bills due to cigarette-related illness” at \$8 billion in 1976. Lynn Dickey Jones, “Advancing the Role of Hospitals in Reducing Smoking,” work group statement, in American Cancer Society, National Conference on Smoking Or Health: Developing A Blueprint for Action: Proceedings, New York, New York, 18-20 November 1981, 102, 117 (n. 17). See also U.S. Department of Health and Human Services, Health: United States, 1980 (Hyattsville MD, 1980), 289; or at \$11 billion, according to a NIH scientist, Anne Kiefhaber and Willis Goldbeck, “Smoking: A Challenge to Worksite Health Management,” *ibid.*, 133; “Smoking’s ‘Costs’ Pegged at \$65 Billion A Year,” St. Louis Post-Dispatch 17 September 1985: 2A [Office of Technology Assessment report]. Finally, see the Surgeon General’s report of 1990: Smoking and Health: A National Status Report (Washington, DC: HHS, 1990); “Smoking costs U.S. \$52 billion a year: Report details economic burden,” Kansas City Times, 21 February 1990: 1; CDC, “Medical-Care Expenditures Attributable to Cigarette Smoking, 1993,” MMWR 43, no. 26 (8 July 1994): 469-472; “Smoking Attributable Economic Costs,” in The Health Consequences of Smoking (2004), 863-871; Weldon J. Walker, “Government-Subsidized Death and Disability,” JAMA, 230, no. 11 (16 December 1974): 1529-30; W.F. Forbes and M.E. Thompson, “Cigarette Smoking: Medical Costs vs Tax Receipts,” JAMA 240, no. 9 (1 September 1978): 828.

⁴⁹ Stephen M. Ayres, testimony, hearings on S. 2902, U.S. Subcommittee on Health, Cigarette Smoking and Disease, 19 February 1976: 645-46. Ayres estimated direct smoking-related health care costs as “at least \$20 billion a year by my calculations” [645]. Deputy Assistant

Surgeon General C. Everett Koop stated that “of great significance is the realization among consumers, insurers, and employers that cigarette smoking adds greatly to the health care costs of the individual and the nation. The effects of cigarette smoking are all too often manifested in long hospital stays and extended outpatient care for a variety of chronic health problems the [sic] could have been avoided.”⁵⁰

Local and state health officials were also aware of the health care costs associated with smoking. Two studies in particular by the Missouri Department of Health (MDOH) documented the health care expenses related to smoking in Missouri specifically. In 1985, MDOH reported that health-care expenditures related to smoking cost the government far more than it raised in tax revenue.⁵¹ Another study by MDOH officials, published in Missouri Medicine (1990), offered a detailed analysis of the direct and indirect costs of smoking in Missouri.⁵² It is not surprising, then, that a physician writing in the Cape County Journal asked and answered the question, “Do you want to reduce your costs of medical care?” “Smoking cigarettes . . . definitely contribute[s] to many chronic illnesses which require expensive medical care.” “If there was ever a clear-cut medical problem related to living habits, smoking tobacco is one of them.”⁵³

Secretary of the U.S. DHEW, Gene R. Haislip, came in at a lower figure of \$11.5 billion (Ibid., 27 May 1976, p. 765).

⁵⁰ C. Everett Koop, “Julia M. Jones Memorial Lecture,” presented to the Annual Meeting of the American Lung Association, Miami Beach, Florida, 20 May 1984, in Koop Papers.

⁵¹ Thomas J. Kruckemeyer, et al., “Missouri Nonsmokers Pay Smokers’ Health Costs,” Kansas City Star (14 July 1985): 7E.

⁵² James R. Davis, et al., “The Health and Economic Costs of Smoking in Missouri,” Missouri Medicine, 87, no. 12 (December 1990): 877-880.

⁵³ Dr. Jean A. Chapman, “Habits and Your Health” [Guest Editorial], Cape County Journal (journal of the Cape Girardeau County Medical Society), January 1980, 7.

The above studies confirmed the common-sense notion that if smoking caused disease it added to the nation's health care costs, including indigent care. But who paid these costs? Historian Rosemary Stevens notes that hospitals in the 1950s and 1960s constantly complained about the losses they incurred on indigent care. However, Stevens states: "Actually, it was not the hospitals themselves (through endowments or donations) which were making up for any deficits in 'charity care,' but other patients—through cost-shifting from one part of the budget to another."⁵⁴ Cost-shifting was also recognized by a prestigious state body created to study health and quality of life issues in Missouri. In 1987, a blue-ribbon panel established by Governor John Ashcroft blamed rising indigent care expenditures on "lifestyle choices such as smoking. . . ." and recommended state funding "to compensate for care for the indigent without shifting the cost to paying patients or third-party payers."⁵⁵

⁵⁴ Rosemary Stevens, In Sickness and Wealth: American Hospitals in the Twentieth Century (New York: Basic Books, 1989). The AHA complained in 1959 that "failure of state and local governments to pay hospitals for the full current costs of care provided indigents . . . requires hospitals to raise charges to paying patients if they wish to reduce at least partially the deficits created by such failure." AHA, Report of Committee on State Programs for Indigent Care (Chicago: AHA, 1959), 1-2. See also: "Somebody Has to Pay for Patient Care: A Modern Hospital Round Table," Modern Hospital 86, no. 1 (January 1956): 83-84, 142; Carl K. Schmidt, Jr., "Indigent Care: Annual Administrative Review," Hospitals, 16 April 1958: 50-51; For local examples of concern with medical indigence, see Harry O. Cole, M.D., "Care for the Indigent," St. Louis Metropolitan Medicine, 4 September 1985: 329, 331 [Cole was president of the SLMMS]; Eugene L. Staples, "Needed: A New Social Policy for Medical Indigency," Greater Kansas City Medical Bulletin, October 1986, 7; Cynthia Anderson, "Missouri's Medically Indigent," Missouri Hospitals 11, no. 2 (Summer 1986): 6-8; William C. Banton, II, "President's Page: Health Care for the Medically Indigent," St. Louis Metropolitan Medicine (October 1987): 401, 403, 405.

⁵⁵ The Missouri Opportunity 2000 Commission Report (6 August 1987), 20.

Hospital Policies: Smokers' Rights Trump Clean Air

Despite the awareness of health hazards and economic costs, the official policies of leading hospital associations toward smoking were virtually non-existent (1964-1974) to weak (1975-1993). As noted above, the AHA Board of Directors endorsed the Surgeon General's report of 1964 but took no further action, leaving the matter to be decided at the local level. A Hospitals survey of local and state hospital associations (1964) found that they were "acutely aware of the report's implications" but member hospitals saw no need to take action.⁵⁶ In 1974, the AHA signed the "Bill of Rights for Non-Smokers," developed by the National Interagency Council on Smoking on Health, but as the following section will show, nonsmokers had few rights in most hospitals.⁵⁷ Five years later, the AHA issued a Policy and Statement on the Hospital's Responsibility for Health Promotion and distributed a smoking cessation guidebook to 2,000 hospitals; little progress, however, was made: ten years later, only 37 percent of hospitals offered quit-smoking services.⁵⁸

⁵⁶ "Government Hospitals Act on Smoking Report; Few Voluntary Groups Take Stand," Hospitals 16 March 1964: 132-133. Hospitals is the official journal of the AHA.

⁵⁷ "AHA Endorses the 'Bill of Rights for Non-Smokers,'" Hospitals, 1 April 1974: 211. The "Bill" "stated that non-smokers have the right to breathe clean, nonpolluted air . . ." Ibid.

⁵⁸ AHA, Policy and Statement: The Hospital's Responsibility for Health Promotion (Chicago: AHA, 1979); AHA and ACS, Helping Smokers Quit (Chicago: AHA, 1979); Jones, "Advancing the Role of Hospitals in Reducing Smoking," 108. The AHA tried again with Smoking: A Resource to Assist Hospitals in Developing Policies on Smoking (Chicago: AHA, 1983); Joe B. Tye, "Duty Calls: Hospitals' Responsibility for Controlling the Tobacco Epidemic," Hospital & Health Services Administration 34, no. 4 (Winter 1989): 447; Norma Ruth Kelly, "Survey of Smoking Policies in Hospitals in the United States," M.S. Thesis (University of Illinois, 1978), vii.

The Joint Commission on Accreditation of Hospitals (JCAH) had the potential to “put the heat on” hospitals by imposing smoking restrictions in response to the nonsmoking movement of the 1970s. Instead, in 1975, the JCAH issued minimal standards that included:

- “Smoking shall be prohibited in any area of the hospital where flammable liquids, gases, or oxygen are in use or stored.”
- “Wastebaskets shall be made of noncombustible materials and shall not be used as ashtrays. Ashtrays shall be noncombustible.” [!]
- “Ambulatory patients shall not be permitted to smoke in bed.”
- “Patients who are confined to bed should be discouraged from smoking”
- No smoking by the mentally unstable or those made so by medications.⁵⁹

The policies of local and state hospital associations were as weak as their national counterparts. When the Surgeon General released his report in 1964, Gerald Malloy of the Hospital Association of Metropolitan St. Louis stated that “there has been some talk about taking cigarette machines out of hospitals, but to my knowledge there has been no action.” There was, according to Malloy, “unanimous agreement ‘among medical people’ that such action was not necessary.”⁶⁰

When the Missouri Hospital Association adopted mandatory standards in 1977 (revised 1980) they amounted to the following statement and “sample policy”:

⁵⁹ JCAH standards listed in AHA, Smoking: A Resource, section “Policy Restrictions Put the Heat On,” 1. The JCAH Board adopted the standards in 1975 and they appeared in the 1976 edition of the Accreditation Manual for Hospitals. JCAH, “Board Adopts New Standards,” Perspectives on Accreditation (November/December 1975): 1-2; JCAH, Accreditation Manual for Hospitals, 1976 edition (Chicago: JCAH, 1976): 43.

⁶⁰ “Government Hospitals Act,” Hospitals 16 March 1964.

“Recognizing that smoking is injurious to one’s health and may be particularly dangerous to a patient’s well-being, the hospital may choose to provide a policy on smoking as a guide to all employees.”

“Sample policy: Smoking is permitted in the cafeteria, employee/patient lounge, locker rooms, rest rooms and areas designated as safe by department heads. For safety reasons, smoking is prohibited in patient areas where oxygen is being administered.”

“Note: Care should be taken to comply with all municipal codes restricting smoking for fire safety.”⁶¹

Individual hospitals too refrained from stringently restricting smoking. In 1978, only one percent of hospitals banned smoking and most continued to sell cigarettes to patients, usually through vending machines.⁶² The two chief reasons given in surveys: “smokers’ rights” (or convenience) and the cost or difficulty of implementing a ban on smoking.⁶³ St. Louis University Hospital initially removed cigarette vending machines in response to the Surgeon General’s

⁶¹ Missouri Hospital Association, Hospital Personnel Policies Guidelines rev. ed. (Jefferson City, MO: MHA, 1980), 52.

⁶² Kelly, “Survey,” 34, 39.

⁶³ Jones, “Advancing,” 107. Hospitals were more concerned with preventing fires, which averaged fifteen daily nationwide in 1980, and so they provided employee training in teaching patients how to smoke properly in the hospital. In Ohio, hospitals distributed a matchbook offering safety tips (“Always smoke in an upright position”; “Do not smoke after you have been given sleeping pills”); nationally, the Trainex Corporation distributed a slide show and video entitled Preventing Fires in the Hospital (1981), which showed nurses how to help their patients smoke safely in bed. Jones, “Advancing,” 102; “Giant Matchbook gives Patients Safety Tips,” Hospitals, 16 June 1967: 38; Trainex Corporation, Preventing Fires in the Hospital (Garden Grove, CA: Trainex Corporation, 1981).

Report of 1964 but “they were replaced 24 hours later after a barrage of complaints from smokers.”⁶⁴ Cigarette sales at Kansas City-area hospitals made front-page news on 12 March 1970, when the Star reported that 29 of 33 hospitals surveyed sold cigarettes and only one planned to stop, despite such a recommendation by the county medical society.⁶⁵ In 1974, a survey of 80 hospitals in Western Missouri found that two-thirds sold cigarettes and only half had no-smoking areas (usually the waiting rooms). The bad publicity generated by this survey, coupled with a fire that killed eight people, caused some improvement in a follow-up survey two years later. Still, half of the hospitals surveyed in the Western Missouri area still sold cigarettes and there was only modest progress made in expanding no-smoking areas.⁶⁶ The situation was as bad on the other side of the state. In 1982, Dr. Luke Burchard noted the following irony: “It’s sad commentary that the [St. Louis] hospital at which Dr. [Alan] Blum [a well-known anti-smoking activist] spoke promotes disease through the sale of cigarettes in the hospital gift shop.”⁶⁷ Indeed, it was not until the late 1980s that a few St. Louis hospitals instituted a “totally smoke-free policy”—not surprising

⁶⁴ “Officials Here to Study Report on Smoking,” St. Louis Globe-Democrat 13 January 1964: 1A. Two days earlier, St. Louis University medical researchers Dr. Herbert C. Sweet and John P. Wyatt, with funding from the Tobacco Industry Research Council (TIRC), linked cigarette smoking to emphysema. “Two St. Louis U. Doctors Report that Smoking Can Harm Lungs,” St. Louis Post-Dispatch, 11 January 1964: 3A; “Cigarettes are Linked to Lung Disease by 2 St. Louis U. Doctors,” St. Louis Globe-Democrat 11-12 January 1964: 3A;

⁶⁵ Phillip S. Brimble, “Few Hospitals Drop Cigarettes,” Kansas City Star, 12 March 1970: 1-2.

⁶⁶ David P. Cook, “Western Missouri Hospitals Update Their Smoking Controls,” American Lung Association Bulletin (November 1977), 6-9.

⁶⁷ Luke Burchard, “Every Physician as a Prevention Specialist,” St. Louis Metropolitan Medicine, 27 January 1982: 11. Blum’s anti-smoking organization, “DOC” (Doctors Ought to Care), was active in St. Louis. Earlier, in 1978, Blum had presented DOC’s anti-smoking message at the annual AMA meeting, held in St. Louis. Luke Burchard and Richard Johnson, “What’s up ‘DOC’?,” St. Louis Metropolitan Medicine (23 September 1981): 383.

given that only 8 percent of hospitals nationwide banned smoking completely in 1988.⁶⁸ The Ellis Fischel Cancer Center, a state facility, allowed smoking to go on until the 1990s.⁶⁹ Even hospitals that took early progressive measures were timid. Edward T. Matheny, Jr., who wrote the history of St. Luke's of Kansas City (Missouri), states that the hospital's executive committee banned the sale of cigarettes in 1973, although "there was considerable concern expressed over the effect of this on hospital patients addicted to nicotine [emphasis added]." "Smoking was not yet prohibited but patients would have to find some off-campus source of tobacco. They did not have to go far, however . . . cigarette machines were installed in the medical office building across the street!" (exclamation in original).⁷⁰

Hospital Critics: The Medical Press

The contradiction between the hospital's mission of promoting health and the sale of cigarettes to patients was evident to critics within the profession. Furthermore, allowing patients, visitors, doctors, and/or nurses to smoke in the presence of the sick could injure their health. As early as 1946, an anonymous letter writer to Hospital Management complained that smoking had become a "menace" in hospitals, and asked "Has anyone a 'Right' to annoy others and even to

⁶⁸ "Around the Districts," Missouri Hospitals 11, no. 3 (Fall 1986) [Ozarks Medical Center bans smoking because of "the high incidence of smoking-related illnesses" and "concern for the health of smoking and nonsmoking employees"]; "St. Louis Regional Medical Center Bans Smoking," Metro Medicine, October 1988, 357 [quote]; "Up in Smoke," Missouri Hospitals 14, no. 1 (Spring 1989): 15-16.

⁶⁹ Michael Patton, memorandum to Tom Murray, et al, "Smoking Policy Issues," 14 November 1990, in Ellis Fischel Cancer Center Papers, University of Missouri (Columbia).

⁷⁰ Edward T. Matheny, Jr., The Presence of Care: The History of Saint Luke's of Kansas City (Kansas City, MO: Saint Luke's Hospital Press, 1997), 251-52.

injure their health, just because they have learned to smoke and think it is a smart habit?”⁷¹ The journal took the issue seriously enough to devote a special survey asking “Should Smoking Be Permitted in Hospitals?” Only 23 percent answered “yes” but most thought controlling smoking patients would be too difficult. Others were concerned with making patients feel at home, a long-time goal of hospitals. As the head of the Jewish Hospital (St. Louis) put it, “since we strive to make patients happy, isn’t it paradoxical to deny them that which contributes so much to their happiness?” The only consistent concern was with preventing fires.⁷²

The Surgeon General’s Report of 1964 called on public health agencies to take “appropriate remedial action” to deal with the health threat of smoking. The report sparked criticism of hospitals, mostly from within the profession. Dr. Charles Letourneau wrote in Hospital Management, “If we are going to be honest about the report . . . we are in duty bound to prevent smoking in our hospital.” Letourneau noted the potential litigation hospitals faced if they continued to sell cigarettes to patients! Letourneau, foreshadowing the arguments of later critics, noted that forcibly depriving cigarette smokers of their drug would help them quit the habit.⁷³

A sampling of article titles gives some sense of the criticism directed at hospitals:

“Hospitals Give De Facto Endorsement to a Health Hazard” (Hospital Management, 1966)⁷⁴

⁷¹ E.S., “Should Smoking be Permitted in Hospitals?,” Hospital Management (July 1946): 10, 12, 14.

⁷² “Should Smoking Be Permitted in Hospitals? Poll Replies Vary,” Hospital Management (August 1946): 35-37 [quote on 36].

⁷³ Charles U. Letourneau, “Smoking in Hospitals,” Hospital Management, March 1964, 54-55 [quote on 55].

⁷⁴ Daniel A. Kane, “Hospitals Give De Facto Endorsement to a Health Hazard,” Hospital Management (April 1966): 32-33.

· “Medical Profession—A Call to Action” (CA, 1967)⁷⁵

· “Hospital Sale of Cigarettes,” JAMA (1969)⁷⁶:

Notes “an inconsistency existed between the medical profession’s warnings of the hazards of smoking and the continuing sale of cigarettes by the profession’s prime institution, the hospital.”

· “Nicotine Gives Hospitals Fits” (Hospital World, 1973)⁷⁷

· “Tobacco Addiction: A Cloud Over Hospitals” (Dimensions in Health Services (1974)⁷⁸

“[H]ospitals should not be in the business of profiteering by sale of an addictive substance”

· “What Should Be Done About Smoking in Hospitals” (ALA Bulletin, 1976)⁷⁹

· “Let’s Clear the Air of Smokers’ Pollution” (Nursing, 1976)⁸⁰: Discusses report entitled More Rights for Airplane Passengers Than Hospital Patients

· “Hospitals Must Stop Pushing Tobacco” (Dimensions in Health Services, 1977)⁸¹

· “Most Hospitals Lag on Banning Smoking” (Medical World News, 1978)⁸²:

⁷⁵ Roald M. Grant, “Medical Profession—A Call to Action,” CA 17, no. 6 (November-December 1967): 310.

⁷⁶ Arnold J. Flick, “Hospital Sale of Cigarettes,” JAMA 207, no. 10 (10 March 1969): 1916.

⁷⁷ “Nicotine Gives Hospitals Fits,” Hospital World (February 1973): 1, 21. This article noted that addicted patients were more difficult to handle when deprived of cigarettes.

⁷⁸ Eleanor LeBourdais, “Tobacco Addiction: A Cloud Over Hospitals,” Dimensions in Health Services (March 1974): 44-45. Although a Canadian journal, this article discusses practices in Canada and the U.S.

⁷⁹ Alan S. Katz, “What Should be Done About Smoking in Hospitals,” ALA Bulletin, May 1976: 2-5.

⁸⁰ Elizabeth Wilson, “Let’s Clear the Air of Smokers’ Pollution,” Nursing (September 1976): 68.

⁸¹ L.P. Brosseau, “Hospitals Must Stop Pushing Tobacco,” Dimensions in Health Services (May 1977): 5.

“It’s outrageous that they’re dragging their feet. Meanwhile, people sit in hospital ERs engulfed in clouds of smoke.”

· “Smoke-Free Hospitals—The Time Has Arrived” (Journal of Medical Association of Georgia, 1980)⁸³

“Paradoxically, there remains one medical bastion where smoking practices continue virtually unchanged.” “[W]hy are the institutions devoted to health such ‘hotbeds’ of cigarette smoking?”

· “Hospitals Challenged to Restrict Smoking” (Hospitals, 1982)⁸⁴

· “Smoking in Hospitals: A Paradox” (JAOA, 1982)⁸⁵

· “Reducing Smoking in Hospitals: A Time for Action” (JAMA, 1985)⁸⁶

“It is paradoxical that the hospital, an institution created solely for health care, tolerates widespread smoking.”

· “Preventive Medicine: Are We Really Interested?” (Greater Kansas City Medical Bulletin, 1986)⁸⁷

“Why don’t our schools and hospitals prohibit smoking while at the same time establishing [smoking cessation programs]?”

· “Banning of Smoking in All Health Care Facilities” ([St. Louis] Metro Medicine, 1988)⁸⁸

⁸² “Most Hospitals Lag on Banning Smoking,” Medical World News, 18 September 1978: 25. Quote by counsel for Action on Smoking and Health.

⁸³ Sheldon B. Cohen, “Smoke Free Hospitals, The Time has Arrived,” Journal of the Medical Association of Georgia 69 no. 8 (August 1980): 721-22 [quotes on 721].

⁸⁴ “Hospitals Challenged to Restrict Smoking,” Hospitals, 16 March 1982, 20-21, 24.

⁸⁵ “Smoking in Hospitals: A Paradox,” JAOA 82, no. 4 (December 1982): 242-43.

⁸⁶ Anthony M. Ho, “Reducing Smoking in Hospitals: A Time for Action,” JAMA 253, no. 20 (May 24-31, 1985): 2999-3000.

⁸⁷ D. Kay Clawson, “Preventive Medicine: Are We Really Interested?” Greater Kansas City Medical Bulletin (December 1986): 9.

“When we in the medical profession consider the devastation to the health of our patients caused by the use of tobacco products, it seems ironic that we should allow the administration of hospitals where we . . . permit smoking within their confines.”

- “Duty Calls: Hospitals’ Responsibility for Controlling the Tobacco Epidemic” (Hospital & Health Services Administration, 1989)⁸⁹

“Hospitals that permit smoking convey a message that smoking is not an important risk to health . . . Hospitals do not provide alcohol to alcoholics or heroin to drug addicts.”

Professional Societies and Public Health Authorities

External bodies also called upon hospitals to restrict cigarette smoking. A rough timeline of such recommendations follows:

- 1964 Surgeon General releases *Smoking and Health*, calling for “appropriate remedial action” to deal with smoking.

American Cancer Society recommends removal of cigarette vending machines from hospitals.⁹⁰

St. Louis Pediatric Society advocates end to cigarette sales in area hospitals.⁹¹

- 1967 American Cancer Society Board of Directors passes Resolution on Cigarette Smoking calling for smoking restrictions in hospitals, an end to cigarette sales, and a call for medical professionals to act as nonsmoking role models.⁹²

- 1968 American College of Physicians executive director recommends removal of cigarette vending machines from hospitals.⁹³

⁸⁸ “Fritz A. Byrum, “Banning of Smoking in All Health Care Facilities,” Metro Medicine (August 1988): 277.

⁸⁹ Tye, “Duty Calls.”

⁹⁰ Letourneau, “Smoking in Hospitals,” 55.

⁹¹ “Seeking to Bar.”

⁹² Kelly, “Survey,” 6.

⁹³ [Executive Director’s Page], “Tobacco and the Hospital,” The Bulletin [The American College of Physicians], 9, no. 3 (March 1968).

California Medical Association passes resolution calling for an end to cigarette sales in hospitals.⁹⁴

New Jersey Hospital Association and State Medical Society approve similar resolutions.⁹⁵

Minnesota State Medical Association Council goes further and recommends a ban on smoking in hospitals, "except in designated areas."⁹⁶

1969 Hawaii Medical Association passes resolution to ban sale of cigarettes in hospitals.⁹⁷

Jackson County Medical Society (Kansas City, Missouri-area) calls on hospitals to stop selling cigarettes. One hospital does so, according to a survey conducted by the Kansas City Area Hospital Association. The Medical Society's letters were met with "Shattering silence. Not a single ripple back from the hospitals."⁹⁸

1973 American College of Radiology holds several conferences nationwide to promote ban on smoking in hospitals. This was the earliest known call by a national association of physicians for a ban on smoking in hospitals. Moreover, the conference was held in St. Louis.⁹⁹

Action on Smoking and Health (ASH) and Group Against Smoker's Pollution (GASP) make smoking in hospitals a "major target" of their anti-smoking protests.¹⁰⁰

⁹⁴ Flick, "Hospital Sale," JAMA (1969). The San Diego County Medical Society originally adopted the resolution in 1967 and presented it to the state medical association the following year.

⁹⁵ "Hospital Smoking Ban Endorsed by Society," The AMA News, 17 June 1968: 7.

⁹⁶ "Medical Society, Private MD's to Ban Smoking in Hospitals," Canadian Doctor (May 1968): 24.

⁹⁷ "Physicians Back Ban on Cigaretts," Missouri Cancer Crusader 18, no. 3 (May-June 1969): 4.

⁹⁸ Brimble, "Few Hospitals Drop Cigarettes," 1-2 [quote on 2].

⁹⁹ George E. Curry, "Conference Seeks End to Smoking At Hospitals; No Butts About It," St. Louis Post-Dispatch, 13 November 1973: 6A.

¹⁰⁰ "Nicotine Gives Hospitals Fits," 21.

- 1976 Ralph Nader Organization, Public Citizen Health Research Group, releases “More Rights for Airplane Passengers than Hospital Patients.” Group demands government, insurance companies cut off funding to hospitals that allow unrestricted smoking because of increased hospitalization costs and injury to patients.¹⁰¹

American Lung Association–Western Missouri and Missouri Thoracic Society draft “model policy on hospital smoking controls” and circulate it to hospital administrators.¹⁰²

“As We Say – Not as We Do”: President of Cape Girardeau County Area Medical Society recounts recent trip through two smoke-filled area hospitals (“blue haze” and smoke in the ER and even on the Oncology [cancer] floor). Ironically, he was on his way that evening to St. Louis for a symposium in honor of Evarts Graham, the pioneer in smoking-and-health research.¹⁰³

- 1977 U.S. Department of Health, Education and Welfare reports that the ACS, the American Lung Association, and the Third World Conference on Smoking and Health had all recommended stepped-up action by hospitals but noted that “The American Hospital Association does not have an official policy on smoking in hospitals”¹⁰⁴
- 1980s Doctors Ought to Care (DOC), organization founded by anti-smoking activist Alan Blum, directs protests at hospitals. Blum, 1982: “I’m shocked and embarrassed that hospitals have lagged behind on the issue of smoking.”¹⁰⁵
- 1986 Surgeon General C. Everett Koop notes that “permitting smoking on the premises may undermine the messages delivered to many patients about the importance of not smoking.” He cites recommendations for “stringent restrictions on smoking in

¹⁰¹ Wilson, “Let’s Clear.” For the full report, see Leora Fishman, More Rights for Airplane Passengers than for Hospital Patients: A Report on Smoking Policies in Metropolitan Washington D.C. Hospitals (Public Citizen Health Research Group, 4 April 1976).

¹⁰² Cook, “Western Missouri,” 8.

¹⁰³ Charles P. McGinty, Jr., “As We Say–Not As We Do” [editorial], Cape County Medical Journal 33, no. 10 (October 1983): 5.

¹⁰⁴ U.S., Department of Health, Education and Welfare, The Smoking Digest: Progress Report on a Nation Kicking the Habit (Bethesda, MD: Public Health Service, 1977), 40.

¹⁰⁵ Alan Blum, quoted in “Hospitals Challenged,” Hospitals, 16 March 1982: 24.

hospitals” by the American College of Physicians (1984), American Medical Association (1986), and the American Academy of Pediatrics (1986).¹⁰⁶

- 1988 Greater Kansas City Metropolitan Medical Society board votes for resolution in favor of “smoke-free” hospitals.¹⁰⁷
- 1989 St. Louis University Hospital physician, Jerome D. Cohen, director of the preventive cardiology program at the hospital, told the Post-Dispatch, “[A]s a physician, how can I tell patients and others not to smoke at home or the work place if all smoking isn’t banned where I work?”¹⁰⁸
- 1991 Surgeon General Antonia Novello asks hospitals to create “smoke-free environments.”¹⁰⁹

Public Pressure: Hospitals Forced to Quit

Members of the public also complained by writing to syndicated medical and advice columnists, letting them know about their negative experiences in smoke-filled hospital rooms. These articles appeared periodically in both the St. Louis Post-Dispatch and the Kansas City Star. The columnists often took the opportunity to editorialize against the rampant smoking in hospitals.¹¹⁰ It was not until the late 1980s, however, that the AHA commissioned a Gallup survey

¹⁰⁶ U.S. Department of Health and Human Services, The Health Consequences of Involuntary Smoking: A Report of the Surgeon General (Bethesda, MD: Public Health Service, 1986), 283-84.

¹⁰⁷ ““Smoke-Free Medical Offices, Hospitals Urged,” Greater Kansas City Medical Bulletin (April 1988): 13.

¹⁰⁸ “Few Hospitals Here Ban Smoking,” St. Louis Post-Dispatch, 24 June 1989: 1D.

¹⁰⁹ Antonia C. Novello, “The Slowing of the Lung Cancer Epidemic and the Need for Continued Vigilance,” CA 41, no. 3 (May/June 1991): 134.

¹¹⁰ See Joseph G. Molner, “Smoke-Filled Ward,” St. Louis Post-Dispatch 13 February 1964: 3F; “Smoking in Hospitals?,” St. Louis Post-Dispatch, 19 August 1964: 2D; Peter J. Steincrohn, “What Does the Doctor Say,” Kansas City Star: 4 March, 1970; 6 April 1970, 27; 29 May 1972, 17; Martha Carr, “What’s Important,” St. Louis Post-Dispatch 28 February 1973: 5F; Martha Carr, “Smoking in Hospital Bothered Ex-Patient,” St. Louis Post-Dispatch, 4 January 1988: 2E.

that revealed widespread public demand for smoke-free hospitals.¹¹¹ Patient complaints also appeared in the ALA Bulletin. In a May 1976 article covering a typical day in an intensive respiratory care unit at a hospital, an emphysema patient said, “‘You’re not supposed to smoke,’ he raves, pointing behind the glass partition into the ward office where a doctor is having a quiet cigarette. ‘Doctors tell you not to smoke and then turn around and do it themselves.’ The smoking physician seems embarrassed, and the patient laughs uproariously.”¹¹² Citing examples from around the country, the New York Times (1977) concluded that “Smoking in the nation’s hospitals—institutions that treat patients with lung cancer, emphysema and heart ailments—appears to be inevitable among addicted staff members, patients and visitors.”¹¹³

By 1990, the writing was on the wall: municipalities, state legislatures, and regulatory agencies were increasingly passing “clean indoor air” measures. For example, Kansas City passed a “clean air” act affecting doctor’s offices in 1986.¹¹⁴ Two years later, the Missouri Department of Health issued regulations requiring hospitals to designate no-smoking areas.¹¹⁵ Finally, in November 1991, the Joint Committee on the Accreditation of Healthcare Organizations (JCAHO)

¹¹¹ “The Public is Ready for Smoke-Free Zones,” Hospitals (5 August 1986): 69.

¹¹² Grant Pick, “Intensive Respiratory Care: Sponge Baths, Ventilators, and Death Close By,” ALA Bulletin, May 1976: 3-4. In the May 1975 issue of the Bulletin, a husband complained that his wife had given up smoking and then went to see her pediatrician, who was smoking. “Zingo,” he said, “she was back smoking again.” “How Many Cigarettes Do You Smoke, Doctor?—And What Do You Tell Your Patients?,” ALA Bulletin, May 1975: 2.

¹¹³ “Hospitals Wage a Losing Battle to Curtail Smoking,” New York Times, 28 February 1977: 1.

¹¹⁴ “Smoking Ban Affects Physicians,” Greater Kansas City Medical Bulletin (June 1986): 25.

¹¹⁵ “Up in Smoke,” 15.

mandated that all the nation's hospitals ban smoking by 31 December 1993, thus ending the long history of smoke-filled hospitals.¹¹⁶

From the 1950s to 1993, this article documents medical community awareness of the health hazards of smoking. Historically, medical professionals reacted to the news by quitting or not starting to smoke. Although they “ought to care,” few did much about smoking in their own workplace. Ultimately, it was public pressure—not professional discipline—that forced hospitals to bar smoking. Thus, state and federal governments responded to the demands of the growing nonsmoking majority by enacting tough anti-smoking measures, including “clean indoor air” acts. Hospitals, on the other hand, while “acutely aware” of the health hazards and costs of smoking, took little or no action until forced to do so. They defended the status quo by citing “smokers’ rights” or the perceived difficulty in enforcing smoking bans, which proved more theoretical than real. While some doctors took part in the nonsmoking movement, their own hospitals remained bastions of “smokers’ rights” until forced to quit.

¹¹⁶ Daniel R. Longo, et al., “Smoking Bans in U.S. Hospitals,” JAMA 274, no. 6 (9 August 1995): 488.

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NUCMC (National Union Catalog of Manuscript Collections)

WorldCAT: Premier bibliographic database listing the holdings of 20,000 libraries and archives worldwide, including books, articles, manuscript collections, etc.

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New York Times Index (1950-1990s)
PAIS Bulletin Index (Public Affairs International Service) [1950-1990s]
Reader's Guide to Periodical Literature (1950-2003)

Government Documents

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National

U.S. GOVERNMENT

Presidential

Public Papers of the Presidents of the United States: read all tobacco and smoking-related entries from Eisenhower through Clinton.

Congressional

Congressional Record: Hundreds of entries on tobacco, smoking and health, and related topics
Congressional hearings and reports: Reviewed hundreds of these from 1950s to the 1990s

Supreme Court

Austin v. Tennessee 179 U.S. 343 (1900)
U.S. v. American Tobacco Co., 221 U.S. 106 (1911)
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Youth and Tobacco: Preventing Tobacco Use among Young People (1995)
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Reducing Tobacco Use (2000)
Women and Smoking (2001)
Health Consequences of Smoking (2004)

NATIONAL NEWS MEDIA (PRINT)

I reviewed 1,500 articles in the popular press, from Time, Reader's Digest, Life, Newsweek, Jet, Ebony, Good Housekeeping, The New York Times, and many more. (1950-present).

HOSPITAL AND MEDICAL PRESS (PRINT): Several hundred smoking-related articles.

MASS MEDIA (ELECTRONIC)

Vanderbilt News Archive, all news abstracts and selected clips dealing with smoking (1968-) Special Reports, News Programs, Public Service Announcements
UCLA Television and Film Archive www.cinema.ucla.edu (1800s-present)
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MANUSCRIPT COLLECTIONS

National Research

National Library of Medicine (Bethesda, Maryland): Papers and Speeches of

1. Luther Terry (Surgeon General, 1961-1965)
2. Julius Richmond (Surgeon General, 1977-1981)
3. C. Everett Koop (Surgeon General, 1982-1989)
4. Surgeon General's materials (miscellaneous)
5. Joseph Califano (HEW Secretary, 1977-1979)

National Archives (College Park, Maryland):

The National Archives (www.nara.gov) is the repository for documents of the federal government, including agency records, Congressional papers, presidential records, etc.

6. Surgeon-General's Office (RG 90)
7. National Clearinghouse on Smoking and Health (RG 90)
8. National Institute of Health (RG 443)
9. National Cancer Institute (RG 443)
10. Department of Agriculture (RG 16)
11. Agricultural Research Service (RG 310)
12. Nixon Presidential Papers

National Agricultural Library (Beltsville, Maryland)

13. Agricultural Research Service
(Tobacco Working Group): Per my instructions, research assistant visited on my behalf.

Yale University (New Haven, Connecticut)

14. Richard Kluger collection: Per my instructions, research assistant visited and ordered several dozen transcripts of Kluger's interviews with key players in smoking and health. These oral histories were the basis for Kluger's Ashes to Ashes.
15. **American Hospital Association**, Center For Hospital & Healthcare Administration History (Chicago, Illinois): The Center contains the largest collection of U.S. hospital histories and the manuscript collections of prominent individuals in hospital administration. Reviewed 75 oral histories, the papers of AHA presidents, and nine histories of Missouri hospitals.
16. **American Council of Health Care Executives** (Chicago): Researched holdings of the ACHE's Stull Center (library and archive).
17. **Legacy Tobacco Documents Archive** <http://legacy.library.ucsf.edu/>

Missouri Research

University of Missouri - Columbia (Ellis Library)

18. Laws of Missouri: State laws, codes and regulations related to smoking and health (1879-2003)
19. Reports of the Public Schools, Courses of Study, Curriculum Guides, Syllabi, Manuals and Reports, Textbook Adoptions (health education) [1900-1996]. Publications issued by the State Board of Education and other state agencies. Some gathered here but textbooks ordered through Interlibrary Loan.
20. Missouri Health and Educational Facilities Authority, Annual Report, 1983-

University of Missouri - Columbia (Health Sciences Library)

21. Hospital and Medical Journals (Missouri-based):

Missouri Hospitals, journal of Missouri Hospital Association, 1980- (began 1976)
Missouri Medicine (MO affiliate of AMA), 1949-present
Cape County Medical Journal, 1954-2000
St. Louis County Medical Society Bulletin, 1934-1978.
St. Louis Medicine, 1950-1978. Merged with County Medical Society Bulletin to form
St. Louis Metropolitan Medicine, 1979-present.
Greater Kansas City Medical Bulletin (1959-1969)
Missouri Medical Review, 1982-1998
Missouri Nursing, 1955-2002
Missouri LPN, 1953-1980

22. Medical School Curricula

AAMC Guides

University of Missouri, School of Medicine, Bulletin, 1954, 1964, 1974

“ ” “ ” Alumni Directory (2001), representative selections

23. Medical Directories (also ordered through Interlibrary loan from other libraries):

State Directory: Missouri Board of Healing Arts

Counties: Boone County, Cape County, Jackson County (Kansas City), St. Louis

University of Missouri - Columbia (University Archives)

24. Ellis Fischel Cancer Hospital Records

25. **State Historical Society of Missouri** (Columbia): Issues of St. Louis Medicine and St. Louis County Medical Society Bulletin that were not available at the University of Missouri. Also: American Cancer Society (Missouri), Missouri Cancer Crusader (various titles), 1949-1973; and St. Louis Heart Association, Heart to Heart, 1971-1991

Missouri State Library and Archives (Jefferson City)

26. Department of Health Reports, 1950-1989 (ARCHIVE), *Reports*, 1990-present (LIBRARY).
27. Missouri Interagency Council on Smoking and Health
28. Missouri Public Health News
29. Missouri Public Health Manual
30. Governor Warren Hearnes papers, 1964-1972

Washington University (St. Louis)

31. Evarts Graham Papers
32. Thomas Burford Papers

Western Historical Manuscript Collection (University Of Missouri, St Louis)

33. St. Louis Metropolitan Medical Society (1836-1990s): Official publications.

St. Louis University (Health Sciences Library)

34. News and Views, St. Louis Academy of General Practice, 1956-1974

St. Louis Public Library:

35. County Health Department reports, 1950-present.
36. City Department of Health and Hospitals, 1950-1990

University of Missouri – Kansas City (Health Science Library)

37. Hospital and Medical Journals:

Weekly Bulletin, Jackson County Medical Society (KC, MO), 1937-1959. Continued as Greater Kansas City Medical Bulletin, 1959-2003
Kansas City Medical Journal, Kansas City Southwest Clinical Society, 1948-1958
Transactions of the Kansas City Academy of Medicine, 1933-1956

AFTERWORD:

Why did hospitals resist change for so long, given the criticism and scorn heaped upon them by people in allied professions? Why did it take public pressure to finally ban smoking inside hospitals? In the following afterword, Alan Blum, M.D., founder of “Doctors Ought to Care” (DOC), explains how the allied medical professions—resolutions notwithstanding—were equally indifferent to the effects of smoking. They often “talked the talk” but did not “walk the walk” (take action). Blum’s DOC had chapters in 150 locations around the country, including St. Louis. He was a vociferous critic of the tobacco industry but equally critical of the medical profession (including hospitals) for dragging their feet over 40 years.

I first encountered Dr. Blum when conducting research for the *City of St. Louis* case. Knowing his reputation as a critic of the tobacco industry, but also of the medical profession, I told him upfront that I was working for the defense but wanted to leave no stone unturned in finding out what the hospitals (and medical professionals) knew and why they resisted the efforts of groups like DOC. My background research on Blum revealed a man driven to fight smoking ever since he was trained in an Atlanta, Georgia hospital. Rather than lecture and chide smokers, he spoofed tobacco advertising and held events such as “Emphysema Slims” athletic tournament to draw a contrast between the sports supported by certain tobacco companies and the damage he saw as a doctor.¹ While we don’t agree on all things, we both agree that hospitals were in no position to cast stones.

A brief biographical sketch doesn’t do Blum justice: One major newspaper stated that “Blum’s style mixes Ralph Nader’s reformist zeal with George Carlin’s wicked humor—and a dash of Abbie Hoffman’s impish pranksterism.”² Beginning as a medical resident at University of Miami, Blum started a grassroots group called “Doctors Ought to Care” (DOC). Their flamboyant ridiculing of tobacco advertising, films and sports tournaments sponsored by tobacco companies gave the group momentum. By the 1990s, there were 150 DOC chapters around the country offering materials for schools, doctors’ offices and hospitals. Blum gave 1500 invited lectures, many of them hosted at a hospital where medical professionals of all types could gather. One of the keystones of his “crusade”: paid advertising. Rather than rely on public service announcements that ran at 3 a.m., DOC paid to have its Mad magazine-style satirical advertisements next to tobacco company advertisements. The notion

was “truth may be good, but juxtaposition is better.”³

But the first-hand story of hospitals and smoking is best told by Dr. Blum himself.

1 Linda Langsford, Eric Solberg, Alan Blum, William DeJong, “Challenging the Tobacco Industry through Medical Activism: A Profile of Doctors Ought to Care (DOC), n.p. The 1992 “Emphysema Slims Sports Festival” attracted 3,000 athletes from around the world to Albuquerque, New Mexico. Philip Morris ended its sponsorship a few years later.

2 Linda Barth, “Kicking Butts,” *Houston Metropolitan* (July 1990): 66.

3 Langsford, et al., n.p.