

Tobacco companies exploit women, says WHO

Lynn Eaton *London*

Tobacco companies are exploiting women's struggle for equal rights by creating the impression that tobacco makes women more confident, more sexually attractive, and more in control of their own destiny, a World Health Organization (WHO) report has claimed.

The industry is also making inaccurate health claims that certain cigarettes are "light" or "mild," according to the WHO's report. In some countries the tobacco companies are sponsoring beauty pageants, sports and arts events, and even women's organisations to influence young women to use tobacco.

A WHO spokesperson said that Liggett-Ducat, one of Russia's largest cigarette manufacturers and which is now owned by Gallagher, has recently sponsored a "La Femme Woman of the Year" competition to promote its "La Femme" brand. The competition was to find the woman who had made the greatest lifetime achievement to

Russian society, and it was won by 65 year old actress Lyudima Gurchenko. And in the United States, cigarette manufacturers Philip Morris and R J Reynolds have provided sponsorship for various women's organisations, including the National Women's Political Caucus and the Center for Women Policy Studies.

Tobacco related diseases, already rising among women, will increase even further unless countries implement measures to reduce exposure to second-hand smoke and limit aggressive tobacco advertising campaigns, the WHO said.

"Secondhand smoke is an important women's issue," said Dr Gro Harlem Brundtland, the WHO's director general. "Women everywhere are exposed to secondhand smoke and suffer serious health consequences because of it. In the Asian region, where on average more than 60% of men are smokers, this means millions of women and children suffer from secondhand smoke. We must do everything we can to protect women and children's rights to a safe and health environment."

Pregnant women have a higher risk of miscarriages and give birth to low weight babies who are prone to infection. Smokers are also more likely to experience primary and secondary infertility, delays in con-



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ceiving, an increased risk of earlier menopause, and lower bone density.

It is estimated that, globally, 12% of women smoke, compared with 48% of men. In some countries the proportion of women smokers is as high as

24% and women are dying of smoking related diseases just as men are. □

Women and the Tobacco Epidemic—Challenges for the 21st Century is accessible at <http://tobacco.who.int/documents/WoMonograph01.pdf>

Limiting operations to high volume teams has wide implications

Roger Dobson *Abergavenny*

Four out of 10 consultant firms would no longer be able to carry out at least one of 12 common elective procedures if the NHS moved to a system where only firms that carried out a high volume of specific operations were allowed to perform that particular operation.

Because it is widely believed that a higher volume of work results in better quality, organisations representing clinical specialists have begun to set minimum volume thresholds for their members, and quality assurance organisations often stipulate that providers reach certain volume requirements.

But now researchers from Birmingham University, who set

out to calculate what proportion of consultant firms would be affected if the NHS did insist on a high volume purchasing policy, have said that such a strategy would have wide ranging effects.

They have shown that if a volume threshold of at least 50 procedures a year were set for a range of 12 common elective procedures, then about 40% of firms would no longer be eligible to provide one of these procedures (*Journal of Public Health Medicine* 2001;23(1):65-8).

"Even if a lower 'one a month' threshold were set, about 20% of firms would still not be eligible to provide that procedure," the report said.

The team from the universi-

ty's department of public health and epidemiology, pointed out that, although governments, insurers, quality assurance agencies, and others have used the relation between higher volume and better quality as a basis for health policy, the validity of the relation was supported by only a modest amount of evidence. But the researchers added that the relation was "probably real enough to justify these policies."

The researchers, who based the study on data for the West Midlands health region, found that all firms performed some procedures at least 50 times a year. In contrast, no firm repaired more than 50 recurrent inguinal hernias a year.

"Introduction of a high-volume policy would affect a considerable number of firms, as many NHS consultant firms perform some common elective procedures infrequently," they

reported. "Some consultants would see the introduction of a high-volume policy as an opportunity to further specialize and super-specialize. Others would see it as a policy that restricts them to providing a narrower range of procedures, makes their professional practice less interesting, and reduces their professional autonomy.

"Postgraduate training institutions need to consider the possibility and implications of high-volume policies, as many junior doctors would probably need to learn to provide a narrower range of skills than at present."

One of the authors, epidemiologist Dr Richard Wilson, said, "The implications are quite profound, and that is one of the alarming things about it." He added that even a threshold of 50 procedures a year "would require a vast change in the way services are delivered." □