

## Section of Epidemiology and Preventive Medicine

*President Charles M Fletcher CBE MD*

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### Public Persuasion in Health Matters with Particular Reference to Smoking

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#### The Responsibility of the Medical Profession

While I was President of the Royal College of Physicians Dr Charles Fletcher came to me to discuss the advisability of the College drawing up a report on smoking and health, the purpose of which would be to draw attention to the facts more forcibly than had been done hitherto and in a form which could be read both by the medical profession and by the general public. We set up a committee which met many times for about two years and much of the work was done by Dr Fletcher. Most of you are probably familiar with this Report (*Smoking and Health*. London, 1962). We did not set out to do new research but to examine the available evidence, and the recent report of the Surgeon-General of the United States is a report on the same lines which naturally, in view of the overwhelming strength of the evidence, comes to the same conclusions. I acted as Chairman of the committee and have been repeatedly drawn into discussion on this subject both here and in the United States ever since.

It has been said that our report has had disappointingly little effect on the smoking habits of the public and in some ways this is true. Cigarette smoking fell, I think, by 12.5% temporarily, but has gradually climbed again to something approaching its former level. Nevertheless, you have only to look around the room in medical and university meetings and in student societies to see that the amount of cigarette smoking is greatly less than it used to be. This, of course, is not solely due to our report because doctors had already modified their smoking habits before it was written. Some very interesting data recently

collected by Dr Frank Pygott and not yet published show that in most age groups, and especially in young women, the number of non-smokers has significantly increased, but what has happened is that those who continue to smoke are in general smoking more than before. I take this to be the combined effect of addiction and affluence. If you are addicted to cigarette smoking you are less deterred by financial considerations in a prosperous society.

The effect on public opinion has, however, been very notable. Two years ago the great need was to publish the evidence, to explain it and to answer all the objections to it which had been repeatedly put up, especially by the tobacco manufacturers. Today I find both here and in the United States that most people no longer try to dispute the evidence. They try to close their eyes and ears to it, of course, but for the most part they no longer seriously take the view that the evidence is still in doubt.

In this Symposium it is my task to say something about the responsibility of the medical profession. I find this rather difficult, partly because it is rather distasteful to preach to others about what their duty should be, and partly because I have never been engaged in the preventive side of medicine but always in clinical medicine where we tend to think in terms of individual patients, and to talk of health education still smacks a little of vitamins and diets and cold baths and valetudinarianism in general. However, this is an old-fashioned view to take, for science has given us new powers and we are all concerned nowadays in giving advice about preventive inoculations against diphtheria, tetanus, tuberculosis and poliomyelitis, so why should we not give advice about the only common and preventable form of cancer yet known to medical science? If we are to give advice we must give it with knowledge and

conviction and although I do not have time, even if it were necessary, to run through all the evidence that cigarette smoking is the main cause of lung cancer and an extremely important cause of chronic bronchitis, and that cigarette smokers have a greatly increased mortality from coronary artery disease, I shall put before you certain arguments which I personally find useful and convincing.

First of all, the strength of the evidence is, as I have said, now overwhelming. Prospective research has been done on hundreds of thousands of people whose smoking habits have first been recorded and then they have been watched as the years go on and the cause of their death has been noted. Cancer of the lung in heavy cigarette smokers is something like 30 times as common as in non-smokers and a man of 35 has four times the likelihood of dying within the next ten years if he is a heavy cigarette smoker compared with a non-smoker. Secondly, there are some who still find it difficult to believe that these horrifying facts are really true. I sometimes say to them: 'Imagine you came from some foreign country where smoking was unknown and you found that in England about three-quarters of the male population fill their lungs several hundred times a day with cigarette smoke which is known to contain cancer-producing chemicals, what would be the first question you would ask? You would surely say: "But don't thousands of them die from cancer of the lung?"' And the answer would be: "Yes, they do".' And of course this really answers the atmospheric pollution enthusiasts at the same time, because by far the most efficient way of polluting the air that you breathe is to fill your lungs with smoke. Thirdly, the evidence which really ought to end all arguments is that cancer of the lung is now proved to be a preventable disease.

This has been proved in two distinct ways. Firstly, in prospective studies the liability to lung cancer rapidly falls off in the ex-smokers until after ten years or so it gets down to near the level of the non-smokers. Secondly, the finding of Doll & Hill (1964, *Brit. med. J.* i, 1399, 1460) in their study of British doctors: British doctors have greatly altered their smoking habits so that only about 20%, probably less today, of doctors smoke cigarettes, whereas in the general public about 75% of males smoke cigarettes. Comparing two five-year periods, Doll & Hill have found that the incidence of lung cancer is now falling in doctors whereas it is still rising, with tragic regularity, in the general population. Just think what jubilation there would be, what headlines of a 'break-through' on the cancer front, if somebody had discovered that cancer of the breast was preventable.

Of course, we do not know all the facts, but for practising doctors the final question always is – does it work? Does anybody yet know the exact action of penicillin or the tetracyclines on micro-organisms? This is a question of the greatest interest and importance for research, but for the present, doctors are quite satisfied to know that these drugs act and are life-saving without making too nice an enquiry as to how they do it. In the same sense, giving up cigarette smoking is now known to act.

#### *The Extent of the Problem*

The number of deaths from cancer of the lung in this country is now about 25,000 a year. It is still rising. It is about four times as much as the total number of road accidents, and yet we still see tobacco manufacturers allowed, even invited, to appear on television screens saying that they are not shaken by this evidence. What kind of public outcry would there be if a whisky distiller came on the screen and told us that he was not in the least disturbed about drunkenness and road accidents?

The only point in which I differ from the Surgeon-General's report, of which I must confess I have so far seen only the newspaper accounts, is that it does not call cigarette smoking an addiction. It is a habit rather than an addiction, it says, because there are no specific symptoms of withdrawal. Of course it depends on definition, but all cigarette smokers who have been through the agony of giving it up surely know that it is an addiction, that the craving is mighty strong, that a lot of people just cannot give it up, and that a young person who starts inhaling cigarettes will probably smoke 20 a day for the rest of his life.

And so what are we to do? We must do something. We cannot let 25,000 people a year die of a ghastly but preventable disease. The other speakers will consider the role of the Government and methods of public persuasion. What I think doctors should do is first of all to face the facts and not to prevaricate. Secondly, I am bound to say that in a matter as serious as this they ought for the sake of example to give up smoking cigarettes. I do not think there is any such duty with regard to smoking a pipe or cigars because the risk is minimal compared with cigarette smoking. And at this stage you may ask yourselves, as I do, how do I stand with regard to alcohol? I know it causes road accidents; I know it can cause cirrhosis of the liver; I know it causes a lot of misery and poverty. I think doctors share with the general public an obligation not to drive when

they have had more than a very modest amount of alcohol. I think we should push for the introduction of chemical tests of alcohol consumption and severe penalties for those who drive under the influence, but the very great difference between alcohol and cigarette smoking is that most people can drink alcohol in moderation without becoming addicted: indeed, most of us, I suppose, drink no alcohol until the day's work is done. The same is unfortunately not true of cigarette smoking. There are only very few people who can smoke in moderation; the majority of male cigarette smokers smoke 20 a day or more. Similarly there is no evidence that I know of that drinking in moderation causes disease or shortens life, whereas with cigarette smoking even 10 cigarettes a day increases the danger of lung cancer very significantly.

I do not think we should be preaching to our patients all day long but when the subject comes up we should be quite definite about it, and of course we have a strong duty to persuade people with chronic bronchitis, peripheral vascular disease and coronary disease to give up altogether as part of their treatment, but here I would issue one word of warning: just be careful to let the patient know that you know how difficult it is and be sympathetic if he does not succeed, otherwise you may lose him as a patient, and in this I am not thinking of fees, but that you cannot be much use as a doctor to a patient who refuses to come to see you. I once told a surgeon who was suffering from serious peripheral vascular disease and smoking 40 cigarettes a day that the first step in treatment really was to give up smoking. He was a man I knew quite well. Unfortunately he could not give it up and he never came to see me again. I am sure that he bore me no grudge and knew that my advice was right, but just because he respected me he could not face having to tell me that he was still smoking.

Finally, I hope somebody will refer to anti-smoking clinics. Personally I look upon them as being still experimental, but I put this proposition before you, that if anybody could discover an easy way of giving up cigarette smoking it would have more effect on the smoking habits of the public than years of propaganda and the change in smoking habits would in turn, and quite quickly be followed by a material reduction in death rates from cancer of the lung, chronic bronchitis, and coronary thrombosis, especially in middle-aged men. I was glad to read a few days ago of further experiments being pursued on these lines and I hope our Chairman will say something about them.

**Mr Kenneth Robinson MP**  
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### **The Responsibility of Government**

My job is to talk about the role of Government, and I need hardly emphasize that the question of smoking is one of very considerable concern to Government. To put that concern no higher, the revenue from the tobacco duty is currently running at something like £800,000,000 per annum, and by a grim ironical coincidence this more or less pays for the National Health Service. The responsibility of Government in the matter under discussion is a responsibility which falls, and can only fall, on the Minister of Health. It is his duty to carry out that responsibility without even so much, I submit, as a sidelong glance at his colleague, the Chancellor of the Exchequer. In other words, what Government does to discourage cigarette smoking must be done solely from the standpoint of the health of the public, irrespective of considerations of the national revenue, or fiscal concerns of any kind.

With this talk in mind, I asked the Minister of Health last Monday (January 20) a question about what action he had taken, apart from the issue of posters, to discourage cigarette smoking, especially amongst young people, and the answer I got was this: 'Together with my Right Honourable Friends, the Secretary of State for Scotland and the Minister of Education, I am giving constant support and encouragement to the health education campaign conducted by the local health and education authorities.' It was not quite the same as saying that he was doing nothing beyond issuing posters, but it was quite clear that there is not very much going on in the way of positive action. I have no actual figures of the extent of the local authority campaign or of the current annual cost of the campaign; equally I have no evidence that it has made so far any very significant impact. Whether this is an unfair observation it is too early to tell, but Government action is currently limited to health education conducted by local authorities.

I quite agree that much could be done by a really vigorous health education campaign, but I suggest that posters of double crown size – one or two of them are quite effective on design – and the odd school lecture or film just is not enough to constitute a vigorous health campaign. One might look at the posters. You know, there is nothing with anything approaching the impact of the famous 'Black Widow' poster which was introduced to this country by the post-war Labour Government in connexion with the Road Safety