Correspondence

A civic role for physicians in the promotion of global tobacco control

The medical profession has an inspiring heritage of courageous generalist physicians who charged beyond the walls of the clinic with Herculean effort to improve the health conditions of the less fortunate by improving living conditions and proffering tangible resources. Nobel Peace Prize Laureate Albert Schweitzer left his homeland of Alsace to provide free care to the natives of the Congo. American physician Tom Dooley risked life and limb to provide care to civilian victims of war throughout Southeast Asia. Nobel Peace Prize winners Doctors Without Borders/Médecins Sans Frontières (MSF) provide medical aid to victims of war, natural disasters and social marginalization in war-torn countries such as East Timor, Kosovo, Burundi and the Democratic Republic of Congo, and victims of earthquake devastation in Turkey. There are many other examples.

Given the distinguished heritage of influential generalist physicians, who have fought for social justice and humanitarian causes, it is troubling that our profession has not taken a more visible stand in support of global tobacco control. Western trans-national tobacco companies have invested billions of dollars in marketing to youth, women and the poor in less developed countries. As a result, smoking prevalence in less developed countries throughout Asia, Africa, Eastern Europe and Latin America is on the rise. It is predicted that 100 million of the 300 million Chinese smokers under the age of 29 years and 10 million people per year will die because of smoking by the 2020s.¹

Physicians are in a unique position as influential opinion leaders to reduce the emerging burden of tobacco-related death and disability through advocacy. The World Health Organization (WHO) is developing a Framework Convention on Tobacco Control,² which would aim to reduce the demand for tobacco through advertising bans, raising taxes on cigarettes, media campaigns, eradication of tobacco smuggling and promotion of comprehensive tobacco control programmes in all nations. A recent World Bank report confirms the efficacy of these policy interventions in reducing smoking prevalence, with minimal if no negative impacts on the economies of tobacco-exporting nations.³ However, without strong domestic public support for tobacco control, the USA and the UK (the world’s leading exporters of cigarettes) are unlikely to ratify the Framework Convention on Tobacco Control.⁴ Medical societies such as WONCA, the AMA and the RCGP are powerful lobbying forces. Generalist physicians should write letters to these organizations voicing their support for the Framework Convention on Tobacco Control and our medical societies should use their media resources to raise public awareness of the plight of smokers in less developed nations, and lobby London, Washington and other capitals to support WHO in its efforts. Tobacco control advocates face a powerful adversary in the tobacco industry. However, lest we fear defeat, recall the words of Sir William Osler exhorting physicians to fight for social justice.⁵

“... if the fight is for principle and justice, even when failed before, cling to your ideal, and, like Childe Roland before the dark tower, set the slug-horn to your lips, blow the challenge, and calmly await the conflict ... Gentleman of the Faculty—Noblesse oblige.”

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² WHO Tobacco Free Initiative Home Page. The Framework Convention on Tobacco Control: The FCTC is no ordinary convention—it is potentially a public health movement. (Internet communication, 18 February 2000 at http://www.who.int/tob/fctc/fctcintro.htm).