Urgent action is needed to tackle smoking in armed forces

Roger Dobson *Abergavenny*

The high percentage of UK military personnel who smoke warrants urgent action, concludes a new study, which shows that the smoking rates increased even further while troops were deployed in Iraq.

The study, which was based on a survey of some 600 army staff working in a field hospital in Iraq and is reported in the *Journal of the Royal Society of Medicine* (2004;97:20-2), found that some 34% of "regulars" smoked. This percentage considerably exceeds the government's target to reduce the percentage of the whole population that smokes to 26% by 2005.

The study shows that the percentage of smokers increased to 42% after the unit was deployed to Iraq and that only around one in three staff could remember having been given any health education about smoking during their military service.

"The present study suggests that even a medical workforce in the British armed forces has failed to act on scientific knowl-

edge about the adverse effects of smoking. The pre-deployment smoking rate of 34% and the deployment rate of 42% in regular army personnel is high enough to require urgent action," said one of the authors, Major Christopher Boos.

A questionnaire was sent to 623 employees and attached staff in a field hospital on their sixth week of deployment to Iraq during the military action in the Gulf last year. They were asked about smoking habits before and during the deployment and their reasons for smoking.

"In the British Armed Forces, cigarette smoking has not shown the decline seen in the civilian population and is reflected by excess rates of coronary heart disease. For the same reason we can expect military personnel to be at excess risk of other tobacco-related conditions including stroke, peripheral vascular disease and lung cancer," the authors wrote.

The reasons given for starting to smoke or for smoking more were boredom (54%), perceived social benefits (24%), stress (13%), smoking culture in the army (6%), and the low price of cigarettes locally (3%).

"This study indicates that British military personnel smoke heavily during peacetime, and that smoking rates increase with

Cigarette break: a British soldier in Kuwait

overseas deployment. The high baseline rate of smoking of this population is of particular concern because it was a medical workforce, which one would expect to show a low or very low rate," say the authors.

The fact that so few staff (29%) could recall ever having been told about the adverse effects of smoking while on mili-

tary service "is even more surprising," say the authors.

A spokesman for anti-smoking pressure group ASH said, "There is obviously a problem. There is a need to stamp out the sources of cheap cigarettes and ensure they get all necessary health education that is available to the rest of the population." □

London hospital to face High Court for allegedly refusing to resuscitate disabled girl

Clare Dyer *legal correspondent, BMJ*

A hospital's alleged "unlawful refusal" to resuscitate a disabled 10 year old girl with severe breathing difficulties is to be challenged in the High Court in London. The case, which has far reaching implications for the NHS, could become a test case for the rights of disabled people to have the same life preserving treatment as those who are able bodied.

Mr Justice Newman gave the girl's mother permission to seek a judicial review last June, saying that the case raised fundamental questions of human rights.

The health secretary, John

Reid, and the Disability Rights Commission will make submissions as interested parties—reflecting the importance of the case.

The commission has already begun discussions with the BMA, the General Medical Council, and the Royal College of Nursing about greater safeguards for disabled people, in the wake of concerns about the use of "do not attempt resuscitation" orders.

The mother of the girl, known only by her initial N, claims that doctors at the Royal London Hospital, Whitechapel, refused to resuscitate her daughter, now aged 11, in October

2002 after a chest infection developed into pneumonia and she experienced severe breathing difficulties. The girl has epilepsy, asthma, and developmental delay.

In a statement before the court, the mother said that doctors told her there would be "no point" in putting her daughter on a ventilator because the same thing would only happen again.

Meanwhile nurses had resuscitated the child and put her on an adult ventilator. It was eventually agreed that she should be allowed to remain on the adult ventilator and the specialist would do her best to find somewhere that would treat her.

"However, she [the specialist] said that she would make it clear that this should only be done for 48 hours and then the ventilator would be turned off. If N was unable to breathe without assistance at this point then no fur-

ther assistance would be given and I would have to say goodbye to N," said the statement.

Eventually a place was found for N at Guy's Hospital, London, where she was ventilated for two weeks, and she remained in hospital for about three months.

Lawyers for Barts and the London NHS Trust said the facts of the case were in dispute and argued that even if there had been a "do not attempt resuscitation" decision, the child had experienced no harm and the case should not proceed to a full hearing because it was now "academic."

But in the new era of human rights, the judge said, "part of the integrity of society" depended on the right to have a declaration by the court if one's rights were infringed. "Wherever there is an infringement found to a right, harm has been done," he added. □