

MEDICAL COMMUNITY NEEDS TO RISE AGAINST ALCOHOL TO TACKLE THE BURDEN OF NONCOMMUNICABLE DISEASES

For the first time ever, the United Nations General Assembly will hold a special summit to address the damaging social as well as economical impact of the noncommunicable diseases involving Heads of State in September 2011. It is proven beyond doubt that NCDs are negatively impacting individuals, communities, and countries are undermining the achievement of the millennium development goals. In May 2010, UN member states passed UN resolution, announcing that it will focus on common risk factors for vast majority of these NCDs—tobacco, alcohol, unhealthy diet, physical inactivity, and environmental agents. In my editorial, I have chosen to highlight the ubiquitous role of physicians in tobacco and alcohol control by becoming positive role models. For centuries, doctors stand tall as fine role models for their students, patients, colleagues, and in their community. At every point of contact with other human beings, doctors are ambassadors of healthy lifestyle and a positive icon. A doctor must always remember that they entered this profession only to serve the humanity.

In the early part of the 20th century, smoking was very high among physicians. It was common for physicians to smoke while examining the patients, inside the hospital and in public. There were special Marlboro booths in the annual meetings of American Medical Association and interestingly it was the busiest booth. Dr Evert Graham, who pioneered pneumonectomy for lung cancer, was completely dismissive about the linkage between smoking and lung cancer probably because he himself was a smoker. Starting in 1933, Journal of American Medical Association published cigarette advertisements for almost two decades. This was a reflection of high degree of acceptance for smoking among physicians and society at large. A famous brainstorming session of highly reputed health specialists once attributed increasing incidence of lung cancer to tar road, urban pollution, influenza, and lack of sun exposure! Such perceptions were exploited by the industry and Camel ran an ad campaign (1946-1954) mainly in medical journals and print media, with a slogan “More doctors smoke Camels than any other cigarette.” The ad went on to say “.... you see, doctors too smoke for pleasure. That full Camel flavor is just as appealing to a doctor’s taste as to yours...” This was around same time when several studies had already established a link between lung cancer and smoking. Tobacco industry continued to mislead the smokers and the public by their panel of highly paid researchers or physicians of great repute. Many senior professors from leading institutions lend their names to offer credibility to appalling claims of cigarette companies. Many of them received huge grants to prove that smoking was not responsible for any human cancer though none were successful in doing so. It was only after the 1964, Surgeon general’s landmark report on the danger of cigarettes; the American Medical Association finally changed its protobacco stance. This proved once again that medical community is the slowest to accept newer ideas or to give up their false beliefs. After smoking was proven beyond doubt to be the “weapon of mass destruction,” its usage was increasingly looked down upon especially by doctors. Tobacco companies find it extremely difficult to find physicians who are willing to testify in court claiming tobacco to be safe. It will be outrageous for any medical community to allow physician’s participation in any tobacco advertising. It is increasingly difficult to spot a doctor smoking in public though it is still seen in certain parts of China, Russia, and East Europe.

Alcohol is closely following the footsteps of big tobacco and demonstrates too many similarities as shown by recent publications. There are about two billion people worldwide who consume alcohol and 76.3 million suffer from nearly 60 types of alcohol related diseases that lead to 1.8 million deaths (3.2% of total). Similar to the status of tobacco till 60s, alcohol till date has great social acceptability because of several decades of shrewd marketing. Both continue as profit-making industry despite plethora of evidence against them. Alcohol is one of the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries. Alcohol is responsible for the loss of 58.3 million (4% of total) of disability-adjusted life years mainly on account of the neuropsychiatric conditions. Alcohol is causally related to cancers of the mouth, oropharynx, liver, esophagus, and breast. It causes dependence syndrome, cirrhosis, pancreatitis (acute and chronic), gastritis, polyneuropathy, hemorrhagic stroke, psychoses, epileptic seizures, and other mental conditions. Similar to tobacco, consumption during pregnancy is related to various risks to the fetus. Alcohol drinkers, just like smokers, have higher rates of sickness absence leading to lower productivity. Though alcohol is claimed to exert some beneficial effects (cardiovascular, cholelithiasis, and diabetes), the recent WHO report concluded that “there are more life years lost due to alcohol consumption than deaths prevented.” The WHO report offers an evidence-based summary of the health and social consequences of alcohol use and patterns worldwide. Just like tobacco, these negative economic consequences are more pronounced in impoverished nations. It is high time to apply the lessons that we learnt from tobacco control and evolve a comprehensive policy for alcohol especially in low- and middle-income countries.

Alcohol use, like passive smoking, not only harms the user but also seriously affects the family and the community. Its consumption leads to actions that result in unintentional injury and deaths, such as traffic accidents, fall, and occupational injury.

This alone accounts for about one-third of the 1.8 million deaths. It is causally associated with violent crime, including homicide. While there is a strict law to curb drinking and driving, we need to see more punitive actions for those doctors found “harming and not healing” under the influence of alcohol. Chronic alcohol addiction is bound to affect the psychomotor abilities that are crucial to all physicians regardless of their specialty.

Though the definition of moderation is mired in great controversy, many doctors are comfortable to tell their patients that moderate drinking is safe. This encourages patients to define their own “moderate” levels and ultimate consequences are well known to most clinicians. Moderate drinking per day for men is two drinks in US, three drinks in Netherlands, four drinks in France. Women folk are supposed to drink one peg lesser than men in their country to be classified as moderate drinkers. The physician’s proalcohol attitude has also created a societal impression that encourages the vulnerable people to pick up the habit as a ‘tonic’ and allows fearless continuation among those that are already habituated. Cochrane review clearly reported that a brief advice by physicians to reduce tobacco/alcohol is very effective. Conversely, a brief advice proclaiming safety of moderate drinking may have disastrous influence. It is interesting that a downbeat industry has gained so much of acceptance by suppressing mountain of evidence and succeeded in creating a positive impression among physicians.

There are few questions that are invariably asked by the patients in response to our advice to quit alcoholWhy do doctors drink? This is quite similar to what patients used to quip 3 to 4 decades back and why doctors smoke? In this hour of public health crisis, it is only expected that medical community leads from the front. First, they should not serve as proponents of drinking and second they should shun drinking at least in public. Doctors serve as role models to society and their counseling on any such issue will be completely ineffective, if the patient does not see the same advise being followed by the medical community. Medical community’s social acceptance of alcohol may provoke future generation to suspect our commitment as a role model to society.

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