

Smoking — the Next-Door Killer

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Smoking is the most certain, most prevalent, and occasionally the most ignored risk factor for coronary heart disease. Yet, while cholesterol subtypes, levels and mutations have become household words that appear at least weekly in lay newspapers, magazines, and TV programs in association with heart disease, smoking is raised as an issue primarily in relation to cancer. True, the relative risk for a smoker to develop a heart attack is on the average 2-3 [1,2], while the risk to develop lung cancer may exceed 10 [3,4]. Yet, in absolute terms, due to the differential magnitude of the incidence of these two diseases, the mortality yield of coronary victims far outweighs that of those who succumb to lung cancer.

A paper by Weiner et al., to appear in the next issue of *IMAJ* [5], despite several methodological flaws inherent in a study of this kind, emphasizes the importance of this factor, showing a rate ratio of over 6 in mortality between smokers and non-smokers under 50 years of age. One problem with the study is that the rates are based on survivors only, but they support the findings of Wilhelmsson et al. [6] who demonstrated that cessation of smoking following myocardial infarction reduces the post-attack mortality.

Yet, the issue is not that simple. At least three studies — one by Weinblatt's team in the late 1960s [7], one by our group in the 1970s [8], and one by Barbash et al. in the 1980s [9] — showed a *lower* mortality rate in smokers following a myocardial infarction. At first glance these results seem puzzling. In fact, when we first looked at the data, we started searching for a methodological error. Then, surveying the literature, we did find some support, but it was craftily concealed and the authors seemed somewhat apologetic, not unlike the few reports [10,11] where smoking was shown to apparently correlate negatively with the incidence of breast cancer.

No apology is needed in this case. The surprising results of an apparently protective effect of smoking against coronary mortality can most probably be explained by the selective nature of the coronary patients studied, especially in the years preceding early ambulatory care and the introduction of mobile coronary units. Thus, it seems plausible that smokers would have had higher rates of sudden (coronary) death, consequently leaving for analysis fewer smokers among the better-course survivors. Another

explanation that has been raised relates to differences in age and risk factors between smokers and non-smokers [12,13].

Now that we are convinced that smoking is indeed a harmful agent, it may be a good opportunity to review the attitude of our public towards this menace. Unfortunately, in contrast to the U.S., where smoking has been generally accepted as an impingement on one's health and security, the Israeli public is still quite lenient with regard to mandatory limitations. Further, the fact that almost 60% of the coronary victims in the group studied by Weiner's team did not stop smoking, and that in 38% of the cases the hospital physicians did not even recommend this preventive approach, is alarming.

By the same token, the low rate of quitting achieved by smoking cessation groups, as reported by Sperber et al. [14] and Ben-Noun et al. [15] in two other articles in this issue of *IMAJ*, especially among women, is also disturbing. This is but one example of the prevalent disregard of this strongly substantiated scientific evidence. On a more personal level, the other day, when asking for a non-smoking table in a prestigious restaurant, I was confronted by the response, "We do not have one." When further pressed, the *maitre d'* exclaimed, "So we shall turn this facility into an 'all smoking' restaurant"! An approach of this kind, however, can be overcome. A few days later, following an official complaint, a representative of the District Health Office conducted an inspection of this particular location. I have enjoyed the restaurant ever since...

The fact is that the majority of our public does not smoke and a strong majority struggles valiantly to stop. The tyranny of the non-smokers, as the current battle is referred to, is not necessarily anti-democratic. The few cannot endanger the many, and the many have the power to distribute preventive knowledge to the few who are either not convinced or too feeble to change their lifestyle.

Finally, tobacco products are the leading cause of avoidable deaths in the United States [16] and virtually the whole western world, but the campaign against smoking is futureless without proper law enforcement, including fines and possibly even prison terms. Strangely enough, authorities in most developed, and needless to say, developing countries, have been reluctant to tackle this issue. The memories of the dry prohibition period in the U.S. are still in

the minds of many legislators; however, the legal way to success today is much better paved by scientific data and public reasoning. Therefore, it must succeed.

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