

## **Discuss the ethics of treating patients with smoking- and alcohol-related disease**

### **Introduction**

The purpose of the NHS is to meet the needs of everyone, free at the point of delivery based on clinical needs and not the ability to pay (1). Substance use is a massive problem globally, affecting both developing and developed nations alike. Globally, smoking and alcohol causes more than 7 and 3 million premature deaths annually (2-3). A 2017 UK statistic estimated 29 million adults used alcohol and 7 million smoked tobacco (4-5). Yet, the consumption of these substances has been part of our culture and society for centuries (6-7). Their usage varies across socioeconomic status, nationality, minorities, cultural norm and surroundings (8-10). With their heavy integration into our culture, we would not expect their disappearance any time soon.

With the ever-growing pressures placed on our healthcare systems, we must address the effects of tobacco and alcohol, both as individuals and as a society. Given the consequences, it is pertinent to also explore the ethics behind these arguably self-inflicted conditions. This can be approached by utilising the four pillars of medicine as well as philosophies of consequentialism and contractarianism. Our goal is not to just examine the practicality of possible solutions but to do so under strict moral considerations.

### **Financial and Health Repercussions**

The consequence of these substances can be classified into individual and societal level. Individual, being the pathological effects of tobacco and alcohol use that affect physical, mental and financial wellbeing. Societal level includes the financial and health repercussions imposed on society and its healthcare system as a whole, whereby burden is placed on the general public.

These choices, especially alcohol, causes diseases and disabilities accounting for a substantial amount of disability adjusted life years (DALY), with each DALY equivalent to losing a year of healthy life. Alcohol and tobacco is estimated to be responsible for 5.1% and 4.1% of global DALY through various disabilities such as alcohol dependence and abuse, CVDs, diabetes, COPD and various cancers (11-19). While effects of each substance is evident, this only affects the users.

These lifestyle choices place an immense burden on the NHS, most of which is due to prescriptions and treatments. In 2015, 1.1 million hospital admissions and nearly 7000 deaths were attributable to alcohol (20). Prescription charges for alcohol dependence reached £4.8 million in 2016 and the costs of alcohol-related diseases amounted to £3.3 billion in 2006 with the bulk made up of diseases such as epilepsy, liver cirrhosis, cancers and depression (20-21). Smoking presents an even heavier burden, causing 474,000 hospital admissions and 79,000 attributable deaths in 2016 (22). Spending on alcohol is overshadowed by the massive £33.3 million in prescription charges for tobacco (22). In UK, total expenditures on tobacco and alcohol costs up to £70 billion (23-25). This immense

figure dwarfs the total taxes of £20 billion the government receives from these products (26-27).

With our limited resources, appropriate care can not be delivered without carefully managed expenditure. Boundaries must be set diligently to avoid a dystopian future when only the rich can afford healthcare. Having outlined the issue of resource, we must now explore the rights to healthcare and how resolutions may come about.

## **Ethics**

There are many aspects to consider when evaluating ethics behind treatment of arguably self-inflicted conditions such as those related to alcohol and tobacco use. Beneficence and nonmaleficence compel doctors to provide patients with the best care while inflicting minimal harm (28). By both duty and law, we are obligated to treat and care for those suffering from such diseases. This is all based on the moral philosophy of contractualism, where societies are based on social contracts that we, as a group, agree on to best benefit the most people (29). People naturally act in their own interests but this is grossly outweighed by the benefits in synergising with other members of society. Contractualism morality is based on maintaining and following these contracts by contributing your part so that everyone can prosper (29). Living in a society inherently enters us into social contracts and acting within the rule of law protects everyone from the otherwise lawless community. Comparably, Bevan created NHS to benefit the commonwealth while being funded by taxation of the financially abled (1,30). However, alcohol and tobacco use creates an increasingly disproportionate burden that depletes healthcare systems and inadvertently takes resources away from those who may arguably need it more creating an inequality exemplified by another pillar: justice. Can it be justified to allocate more resources to self-inflicted diseases than to spend it on those with no control over theirs? Our continued tolerance of these self-inflicted diseases has far fetching consequences, more than the individual's health alone: an individual's autonomy over their lifestyle choices now arguably violates another who did not partake in these decisions.

Autonomy describes our right to make informed decisions on our lives, including healthcare (28). As modern medicine moves away from paternalism, increasing patient involvement is now being promoted. Placing restrictions upon treatment of tobacco and alcohol related diseases will affect patient autonomy. Yet, if we continue to treat conditions caused by these objectively maleficent life-choices, we may be placing additional disadvantages on those who suffer from non-self-inflicted diseases. This effectively reduces actual and potential resources that can be allocated to those who are not responsible for their illnesses. From this point of view, injustice is created when the load is not distributed evenly on our society but, rather, on those who truly need healthcare.

## **Solutions**

An obvious solution is to not treat self-inflicted diseases, however, the lack of consensus on definition presents a slippery slope. While we recognise those who smoke and drink likely caused their diseases, boundaries are blurred when applied elsewhere. Without a consensus, the implications are endless; would obesity, sedentary lifestyles, high-risk occupations count? Lung cancers are more common among construction workers who are often exposed to carcinogenic asbestos, while athletes such as rock climbers are prone to similar injuries as those received while intoxicated (31-32). The possible health complications accompanying our actions on a daily basis may be perceived by some as self-inflicted but are still nonetheless treated. Without a well-defined set of principles, refusing to treat alcohol or tobacco related conditions is not just impractical, but unjust.

Utilitarian morality considers society's overall wellbeing, such that an action that gives the greatest wellbeing to greatest numbers is moral (33). Under utilitarianism, a NHS that treats or prioritises substance-related conditions is considered ethical as collectively they constitute almost half the population. Subsequently, while we may be diminishing the needs of the few, the greater good may be achieved by tailoring resources to treat the majority. Similarly, consequentialism assigns morality to an action through its positive effects and is quite synonymous with beneficence and nonmaleficence (34). While utilitarianism considers the collective good, consequentialism would consider this approach immoral by considering the disadvantage and harm brought onto the rest of society. Either way, preventative medicine should always be the first step; we can begin achieving positive outcomes by tackling those already suffering from substance-related conditions. However, this alone is not enough as preventative measures must also be employed to stop this burden worsening. An impasse is now reached where we need to explore a solution that maintains morality without trespassing the ethical pillars.

It is unrealistic to aim for complete cessation of substance use and all other plausible solutions violate ethical rules. Thus, the only solution to address this dilemma is to allow everyone to partake in important decisions such as this. A healthcare system funded by everyone, for everyone, should receive just as much input from these people. Thus, in the coming decades, we should endeavour to reach a consensus on self-inflicted diseases and whether the self-inflicted component of such diseases should be taken into consideration during treatment. This will allow us to assign priorities of these diseases amongst other diseases accordingly, reducing the proportion of resources spent on this single problem.

While an ethical, permanent solution is needed, we must not forget this problem already exists and equal efforts must be placed into preventative measures, both to prevent worsening and reduce incidence. Alcohol and tobacco consumption can be reduced through increased taxation alongside an increase in rehabilitation programs. With more resources and less burden, NHS can hopefully provide better service to those with non-self-inflicted diseases.

## **Conclusion**

Ultimately, the purpose of NHS is to uphold their fundamental principles of 'meeting the needs of everyone, free at the point of delivery based on clinical needs and not the ability to

pay' (1). Despite poor lifestyle choices, NHS sets out to treat everyone equally. While these choices will remain prevalent, much can be done to minimise the disproportionate burden created. The more we minimise the impact these substances have upon individuals and the society, through both taxation or law, the more resource can be re-distributed. Reducing the social and economic impact of these substances would go a long way in improving our collective health.

Word Count: 1491

## References

1. NHS. Principles and values that guide the NHS [Internet]. nhs.uk. 2018 [cited 6 February 2019]. Available from: <https://www.nhs.uk/using-the-nhs/about-the-nhs/principles-and-values/>
2. Tobacco [Internet]. Who.int. 2019 [cited 5 February 2019]. Available from: <https://www.who.int/news-room/fact-sheets/detail/tobacco>
3. May Sudhinaraset D. Social and Cultural Contexts of Alcohol Use: Influences in a Social–Ecological Framework [Internet]. PubMed Central (PMC). 2016 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872611/>
4. John E. Adult drinking habits in Great Britain - Office for National Statistics [Internet]. Ons.gov.uk. 2018 [cited 5 February 2019]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandnsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017>
5. Windsor-Shellard B, Pullin L, Horton M. Adult smoking habits in the UK - Office for National Statistics [Internet]. Ons.gov.uk. 2018 [cited 5 February 2019]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2017>
6. A brief history of smoking - Cancer Council NSW [Internet]. Cancer Council NSW. 2015 [cited 5 February 2019]. Available from: <https://www.cancercouncil.com.au/31899/uncategorized/a-brief-history-of-smoking/>
7. Alcohol: A Short Story [Internet]. Drugfreeworld.org. 2019 [cited 5 February 2019]. Available from: <https://www.drugfreeworld.org/drugfacts/alcohol/a-short-history.html>
8. Huckle T e. Socio-economic status predicts drinking patterns but not alcohol-related consequences independently. - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 2010 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/20456295/>
9. C A. Pro-drinking messages and message environments for young adults: the case of alcohol industry advertising in African American, Latino, and Native A... - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 1998 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/9922620/>
10. Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth [Internet]. Ncbi.nlm.nih.gov. 2012 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK99236/>
11. Alcohol [Internet]. Who.int. 2018 [cited 5 February 2019]. Available from: <https://www.who.int/news-room/fact-sheets/detail/alcohol>
12. WHO | Tobacco [Internet]. Who.int. 2002 [cited 5 February 2019]. Available from: [https://www.who.int/substance\\_abuse/facts/tobacco/en/](https://www.who.int/substance_abuse/facts/tobacco/en/)
13. Srivastava S, S. Bhatia M. Quality of life as an outcome measure in the treatment of alcohol dependence [Internet]. Ncbi.nlm.nih.gov. 2013 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3895312/>
14. V. Samokhvalov A, Et. Al. DISABILITY ASSOCIATED WITH ALCOHOL ABUSE AND DEPENDENCE [Internet]. ncbi.nlm.nih.gov. 2011 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965304/>
15. Taylor B, Et. Al. Alcohol and hypertension: gender differences in dose-response relationships determined through systematic review and meta-analysis. - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 2009 [cited 5 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/19804464/>
16. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 2014 [cited 6 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24455788>

17. Office of the Surgeon General (US); Office on Smoking and Health (US). The Health Consequences of Smoking: A Report of the Surgeon General - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 2004 [cited 6 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/20669512>
18. American Cancer Society. Cancer Facts & Figures - 2007 [Internet]. Cancer.org. 2007 [cited 6 February 2019]. Available from: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2007/cancer-facts-and-figures-2007.pdf>
19. WHO. Alcohol and drug use disorders: Global Health Estimates [Internet]. Who.int. 2017 [cited 6 February 2019]. Available from: [https://www.who.int/substance\\_abuse/activities/fadab/msb\\_adab\\_2017\\_GHE\\_23June2017.pdf?ua=1](https://www.who.int/substance_abuse/activities/fadab/msb_adab_2017_GHE_23June2017.pdf?ua=1)
20. NHS Digital. Statistics on Alcohol, England, 2017 - NHS Digital [Internet]. NHS Digital. 2017 [cited 6 February 2019]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/statistics-on-alcohol-england-2017>
21. Scarborough P, Et.Al. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs [Internet]. Oxford University Press. 2011 [cited 6 February 2019]. Available from: <https://academic.oup.com/jpubhealth/article/33/4/527/1568587>
22. NHS Digital. Statistics on Smoking, England - 2017 [PAS] - NHS Digital [Internet]. NHS Digital. 2017 [cited 6 February 2019]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2017-pas>
23. Institute of Alcohol Studies. The Economic Impacts of Alcohol [Internet]. Ias.org.uk. 2009 [cited 6 February 2019]. Available from: <http://www.ias.org.uk/uploads/pdf/factsheets/fs%20economic%20impacts%20042016%20webres.pdf>
24. Rezaei S, Et.Al. Economic burden of smoking: a systematic review of direct and indirect costs [Internet]. PubMed Central (PMC). 2016 [cited 6 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004566/>
25. Office for National Statistics. UK Health Accounts - Office for National Statistics [Internet]. Ons.gov.uk. 2018 [cited 6 February 2019]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2016>
26. Tobacco Manufacturers' Association. The Tobacco Manufacturers' Association (TMA) | Tax Revenue from Tobacco [Internet]. The-tma.org.uk. 2017 [cited 6 February 2019]. Available from: <http://the-tma.org.uk/tma-publications-research/facts-figures/tax-revenue-from-tobacco/>
27. Institute of Alcohol Studies. How important is the revenue from alcohol duty to the government? [Internet]. Institute of Alcohol Studies. 2017 [cited 6 February 2019]. Available from: <http://www.ias.org.uk/Alcohol-knowledge-centre/Price/Factsheets/How-important-is-the-revenue-from-alcohol-duty-to-the-government.aspx>
28. NICE. SOCIAL VALUE JUDGEMENTS - Principles for the development of NICE guidance, Second edition [Internet]. Nice.org.uk. 2008 [cited 6 February 2019]. Available from: <https://www.nice.org.uk/media/default/about/what-we-do/research-and-development/social-value-judgements-principles-for-the-development-of-nice-guidance.pdf>
29. Stanford Encyclopedia of Philosophy. Contractualism (Stanford Encyclopedia of Philosophy) [Internet]. Plato.stanford.edu. 2018 [cited 6 February 2019]. Available from: <https://plato.stanford.edu/entries/contractualism/>

30. NHS. About the NHS [Internet]. nhs.uk. 2016 [cited 6 February 2019]. Available from: <https://www.nhs.uk/using-the-nhs/about-the-nhs/the-nhs/>
31. Karjalainen A, Et. Al. Asbestos exposure and the risk of lung cancer in a general urban population. - PubMed - NCBI [Internet]. Ncbi.nlm.nih.gov. 1994 [cited 6 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/7801069>
32. Laver L, Et.Al. Injuries in extreme sports [Internet]. Ncbi.nlm.nih.gov. 2017 [cited 6 February 2019]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5395874/>
33. Nathanson S. Utilitarianism, Act and Rule | Internet Encyclopedia of Philosophy [Internet]. iep.utm.edu. 2008 [cited 6 February 2019]. Available from: <https://www.iep.utm.edu/util-a-r/>
34. Haines W. Consequentialism | Internet Encyclopedia of Philosophy [Internet]. iep.utm.edu. 2004 [cited 6 February 2019]. Available from: <https://www.iep.utm.edu/conseque/#SH1f>