Discuss the ethics of treating patients with smoking and alcohol relates diseases

Smoking prevalence in the UK is at a record low with only 14.9% of the population smoking but it remains the leading cause of preventable illnesses and premature death in the UK. Alcohol consumption comes a close second with 33 out of every 100,000 people dying from alcohol related illnesses[1/2]. The rising cost to treat these diseases and the financial strain on the NHS has begun to raise the question 'should we be treating patients when they have chosen to smoke and drink despite knowing the health risk'. This is the central question I aim to address in this essay and will focus on a discussion on the ethical argument for and against.

The Oxford English Living Dictionary defines ethics as "*Moral principles that govern a person's behaviour or the conducting of an activity" [3]* A specific division of ethics known as utilitarianism, linked to consequentialism supports the morally right action is to do the thing that has the best consequences for the most people[5]. This supports treating patients as would allow the best outcome for the individual.[4] However, one might argue that treating a single individual costs time and money that could be spent in a way that would benefit more people. So would the morally right decision be to refuse treatment to the smoker as it would possibly save the lives of more people?

Another potential moral benefit of withholding treatment form smokers and drinkers is that it gives people the incentive to stop the habit and would inadvertently prevent secondary consequences that effect a majority of people. In 2016 it was estimated that almost 9,040 people were killed due to drink driving[6]. Using the utilitarian approach, we could suggest that by not treating there are fewer drinkers so fewer people who drink and drive on the roads and therefore fewer casualties. The same can be said for smokers; there are up to 5 million children exposed to second hand smoking. This increases the likelihood of lung cancer by 24% and heart disease by 25%, so the decrease in smoking and drinking could also benefit up to 5 million children[7]. From this perspective, the morally right decision supports the withholding of treatment, freeing up £5-9billion annually and encouraging a further decline in the dangerous practices.

However, accepting this premise would set a precedent where the same argument could be applied to other activities that carry risk of illness or injury. Should we treat those that choose to take part in dangerous activities such as driving or taking part in extreme sports? In 2017 there was an estimate of 170,933 casualties of all severities due to car accidents. We could therefore ask what the difference is in choosing to smoke and drink and choosing to drive when its known to be dangerous and there are safer and healthier alternatives.

Furthermore, other ethical frameworks would dispute the premise entirely. Duty based ethics' central idea is that you should do what is right irrespective of the consequences[8]. This is usually interpreted by giving equal respect to all human beings and not treating, knowing that refusing treatment may leave them in pain and lead to premature death when able to help to would be considered 'wrong'.

Thus far I have accepted that smoking and drinking is a choice the individual makes and there is often an underlying assumption that humans should make rational decisions. However, it is wrong to view humans as rational, we are driven by emotions and desires which often override rational arguments. The moral principle of hedonism accepts this, stating that people should maximise human pleasure and therefore if smoking and drinking gives such pleasure, it is a morally right decision regardless of consequences. Indeed, the ethical pillar 'autonomy' argues that all patients have the right to make their own decisions[14] supporting this view. This would

suggest that not treating patients with such diseases depletes their right to choose whether they should smoke or not and therefore would be ethically wrong. This view is supported by another pillar which is to do no harm (non-maleficence).[15] By not treating patients you are in turn hurting them if they could benefit from the treatment so that decision would be ethically wrong.

The argument to treat is further supported by the demographic observations of drinking and smoking prevalence within the population. The heaviest of smokers are found to have the lowest of income bands[16] and smoking rates were found to be four times higher among those who have low socioeconomic backgrounds[17]. If the probability of smoking and drinking is not equal across the demographic and we accept that the socio-economic environment you are born into is not a choice, it cannot be morally right to withhold treatment on the pretext of choice. The same could be said for addiction. Both nicotine and alcohol are addictive, but a person's propensity for pathological addiction is likely linked to one's genotype and therefore the choice to stop drinking and/or smoking is not an equally easy for all. Refusal to treat would therefore discriminate against both socio-economic and genetic background.

The morally right decision to treat or not on an individual basis comes down to the ethical system the individual subscribes to. However, the discussion is not about an individual but about a national institution. The NHS was built on 7 core ideologies, 1-4 shown below[13]

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does

According to these points, refusing treatment of the patients who smoke and drink you are clearly going against the ideologies of the NHS. Meeting the needs of everyone includes meeting the needs of those who choose to drink and smoke and their lifestyle choices according to this are irrelevant and patients should always be treated fairly. However, we could argue that these ideologies are outdated, written at a time where we weren't are able to understand the consequences of smoking and drinking and when the NHS was not under as much pressure and scrutiny as it is now.

However, it should also be noted that the NHS is made up of a myriad individuals with doctors making most of the decisions about care, and they must live with these decisions. A doctor is observed to be a figure that is ethical and highly educated, that is able to help those who are in need and so maybe they should be given some autonomy in making ethical decisions on a patient by patient basis.

These views have already been expressed and instigated where doctors refuse to perform coronary artery bypass on smokers[11] and the East Riding of Yorkshire clinical commission group refuses nonemergency surgery to patients for a period of six months who smoke or are morbidly obese.[12] A similar program has been rolled out in Hertfordshire that bans non-emergency surgery to patients that smoke until they have quit for a period of 8 weeks. These health trusts have suffered tremendous backlash with negative comments from the press and notable people such as Ian Eardley, a senior vice president of the Royal College of Surgeons, "Singling out patients in this way goes against the principles of the NHS," he said. "There is simply no justification for these policies, and we urge all clinical commissioning

groups (CCGs) to urgently reverse these discriminatory measures." Just like Ian Eardley many would argue that by refusing treatment you are going against that ideologies that founded the NHS in 1948.

We can see that the debate has valid points for both treating and not treating patients with smoking and alcohol related diseases. It's easier to propose that all patients should be treated equally but, in a time, where the NHS is still under pressure and people are living longer more complicated lives. Is it time to consider some of the arguments raised above? Arguments such as these display the conflict between individual and institutional morals. And as the NHS is made from a myriad of individuals its fundamental that discussions are had often to ensure that the individual and the institution align. Therefore it is also important that the general public are continuously aware of the issues and the effects of theses habits as the patient care is central.

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