

# References

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## General practice should only employ staff who are smoke-free

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**NO**

The health community talk about 5000 victims of smoking who die every year in New Zealand. Victims of an industry that has addicted them to a deadly product that leads to a slow and painful demise. We mourn their loss, and remind policy makers that yet more valuable lives have been taken prematurely.

If we really value the lives of these people, then how can we ethically and morally refuse to employ them? Why should it take a smoker to become critically ill, or even die, before health services value the contribution that person might have made to society?

Smokers are valued members of society and it is too easy to label them selfish people with an anti-social habit that they want to blow in the face of others. The reality is a picture of addicted misery. Eighty percent of smokers regret ever having started in the first place, and say they would never smoke if they had their time again.<sup>1</sup> Tobacco use is a serious addiction that many smokers are desperate to overcome. Understand-

ing this addiction should be the starting point from which we deal with smokers.

Smoking must be seen as a treatable addiction, and government targets require general practitioners (GPs) to be at the frontline of asking patients about quitting and referring them to support.<sup>2</sup> What credibility does a GP have when telling a patient their life is too valuable to cut short by smoking, when as an employer they tell prospective staff that they are of no value to the practice because they are a smoker?

People who choose to work in health care save lives, improve patient experiences and keep us healthy. Five out of the top 10 most trusted professions in New Zealand are in health care.<sup>3</sup> Being addicted to tobacco does not make professionals any less skillful or trustworthy; however, not employing them stops them applying these skills altogether.

Smoking is a barrier to performing vital roles because smokers will get sick from tobacco use. Employers should not add another barrier on top of this because of short-sighted policies that do not address employees' health needs. It's a lose-lose situation. Smokers end up unemployed and unsupported, and patients lose out on skilled staff.

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Health services, like any decent employer, should require prospective and current staff to share their values. What is most important is that health care workers share values around improving the health of others. If an employee is a smoker then there should be an open discussion about their motivation to quit. For a health service, their values should include giving the best support to a worker to quit. Health care employers and GPs should understand better than anyone that smoking—not smokers—is the barrier to be removed. There is plenty of evidence that good workplace policies help successful quitting.<sup>4</sup> Few employers are better equipped than GPs to help provide a workplace with motivating, supportive colleagues and access to effective quit support.

Not employing smokers also sets a dangerous precedent in inequalities by blocking vast demographics from important jobs. For example, 2006 census surveys of nursing staff show that nearly a third (31%) of 3000 Maori nurse professionals smoked.<sup>5</sup> If health care decided not to employ smokers, then arguably you put almost a third of Maori nurses out of work overnight! In a nation where smoking is most prevalent for Maori women (of whom 49% are current smokers<sup>1</sup>) this would be yet another dumping of people into a smoking underclass where smokers feel unwanted, unvalued and second class to the do-good non-smoker. We need the opposite. To empower those who smoke to beat addiction, meet their potential by removing a barrier to good health, and feel positively motivated and supported to be smoke-free.

The argument that not employing smokers sets a good smoke-free example is flawed. It assumes smokers will selfishly stand in front of surgeries not caring about what patients see. It assumes they will stink of smoke, and have clothes covered in tobacco residues. If your practice has clear values about the importance of promoting health, employees who smoke can ensure they minimise the impact of this behaviour on patients.

Patients are not stupid; they know smoking is bad and they know workers in health settings who smoke are not role models for tobacco use. Recent threats by an Auckland parent to sue the Health Board because he saw staff smoking outside Starship Hospital show this.<sup>6</sup>

Nearly 20 years ago I stacked supermarket shelves before school. My employer had a policy—staff could not smoke in uniform, nor when walking to or from work. They wanted a healthy image, and their staff not to smell of cigarettes. If staff wanted to smoke at lunch, they had to change clothes and leave the premises. This was not unusual 20 years ago, and certainly is not now. Major employers including Auckland University and AUT no longer allow any smoking on campuses. They recognise that being smokefree is about good policies that help staff to quit, and make it harder for them to smoke. Their staff and students are a valuable part of these organisations, and smoking is a barrier to their potential, not a reason to exclude them.

We need to empower people to quit smoking, and turn those who work in health care and GP surgeries into champions for the support that is available. This is an opportunity for employees who become smoke-free with the support of the practice to become ambassadors for smoking cessation. This sets the right example for patients, other staff and other employers. The New Zealand Police ran an ad campaign called 'get better work stories'. Is it better to have your employees' work stories be about the fantastic support they got for quitting, or about being shut out of work because they are addicted to tobacco?

A quality policy will help smoking staff quit smoking, realise their potential and make them valued for who they are now. Don't put smokers to one side until they are another victim of tobacco and then complain about more valuable lives lost. Treat smokers' lives as valuable now. GPs and health care employers have a chance to save another valuable life—and gain a great employee!

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