



## Letter

# Smoke free hospitals: Withdrawal from cigarettes should not be confused with withdrawal from nicotine

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EDITOR—As we showed in our editorial, there are many sound clinical reasons for stopping smoking, not least that it improves the chances of recovery (which is surely the aim of being in hospital). However, some responses to our editorial seem to confuse withdrawal from cigarettes with withdrawal from nicotine.<sup>1</sup>

For those unable to do without nicotine, replacement therapy will satisfy their craving while they are in hospital (as your correspondents note) while reducing the risk of fire or pollution of the environment. Most importantly, it will allow it to be administered in a controlled manner that takes account of its physiological effects on those whose body systems may already be compromised. In response to Head, it is unethical to enable patients who are seriously ill to self administer a potent drug, with no idea of how much they are taking or how it might interact with the other drugs they are receiving.<sup>1</sup>

The correspondents from the Royal Victoria Hospital also raise ethical issues.<sup>2</sup> Contrary to their assertion, smoking bans are achievable. The fact that many of their patients experience social disadvantage should be a reason to increase efforts to reduce smoking, not to despair that it is too difficult.

## Footnotes

- Competing interests MM, AG, and TN were the authors of the editorial to which the letter in the references responded.

## References

1. Head S Smoke free hospitals. *BMJ* 2003;**327**: 104. (12 July.)
2. McKee W, McBride M, O'Brien D, Stevens A, Burns C Smoke free hospitals. *BMJ* 2003;**327**: 104. (12 July.)