BMJ 2015;351:h5654 doi: 10.1136/bmj.h5654 (Published 4 November 2015)

HEAD TO HEAD

MAUDSLEY DEBATE

Should psychiatric hospitals completely ban smoking?

A "smoking culture" leads to disproportionate harm among people with serious mental health problems, argue **Deborah Arnott** and **Simon Wessely**. But **Michael Fitzpatrick** thinks it unethical to deprive patients of autonomy and impose treatment

Deborah Arnott *chief executive, Action on Smoking and Health (ASH), London, UK*, Simon Wessely *president, Royal College of Psychiatrists, London*, Michael Fitzpatrick *former GP and writer, London*

Yes—Deborah Arnott, Simon Wessely

The harm caused by smoking justifies prohibiting smoking throughout psychiatric hospital premises. If you have serious mental health problems you are likely to die up to 17.5 years prematurely, primarily because of diseases caused by smoking.[1] In Britain today about one third of cigarettes are smoked by someone with a mental disorder, and smoking rates among people with serious mental illness are triple that of the general population.[1] Where smoke-free policies do not exist, patients have reported that the smoking culture led to them taking it up or to relapsing back to smoking after quitting because everyone else was, and there was "simply nothing else to do."[2]

Quitting improves health

Smokers with mental health disorders are as motivated to quit smoking as the general population,[1] and quitting has been shown to improve mental as well as physical health. Quitting also enables smokers to take lower doses of neuroleptic drugs and hence experience fewer side effects.[1]

Despite all this, smokers in psychiatric hospitals are less, rather than more, likely than other smokers to be offered help to quit.[1] In the past two decades, during which the prevalence of smoking throughout society has fallen by a quarter, smoking rates among people with serious mental illness have barely changed.[1]

Prohibiting smoking indoors is clearly justified to protect non-smoking patients and staff, but is it a step too far to prevent inpatients from smoking outdoors as well, and in so doing effectively force them to quit smoking?

The legal position was tested in the English courts when Rampton secure hospital went smoke-free. The Court of Appeal concluded that smoking could not be considered a fundamental human right and went on to say that "a person may do as he pleases in his own home, no-one can expect such freedom when detained in a secure hospital."[3] However, is this position morally justified, and does it work?

Smoke-free laws

Psychiatric hospitals in England were not exempted from the smoke-free laws introduced in 2007 (unlike in Scotland and Wales), thanks to the advice given to the government by Louis Appleby, then mental health tsar. He was optimistic that this would lead to a shift in culture, saying, "The 'smoking den' culture that has afflicted mental health wards for decades is over. The benefits will be felt by patients and staff, both smokers and non-smokers."[4] Unfortunately, for too many patients, the benefits have not materialised.[1]

One of the problems is that the partial exemption in the legislation, which allows smoking outside, leads to an unhelpful focus on supporting and sustaining smoking. Since smoking indoors was prohibited, inpatient psychiatric services in the UK have implemented smoking breaks every 1-2 hours.[5] Currently, heavily addicted service users are forced into nicotine withdrawal several times a day, exacerbating rather than reducing potential conflict.

Guidance from the National Institute for Health and Care Excellence recommends implementing smoke-free policies both inside and outside NHS sites, including psychiatric hospitals, and offering treatment for nicotine dependence.[6] The South London and Maudsley Trust adopted this policy in 2014 after a pilot in forensic services showed that the policy led to better engagement with therapy, improved respiratory function and sleep patterns as well as less cannabis use and fewer violent incidents related to smoking.[5] In addition, the policy freed staff time previously spent supervising smoking, estimated at nearly three hours a ward each day[7]; this time can now be used more productively and therapeutically with service users.

Nicotine replacement therapies

Some smokers with psychiatric disorders think that smoking can help them to manage their symptoms and relieve stress and don't want to quit.[1] We respect that view but point out that

Correspondence to: D Arnott Deborah.Arnott@ash.org.uk, M Fitzpatrick fitz@easynet.co.uk

For personal use only: See rights and reprints http://www.bmj.com/permissions Subscribe: http://www.bmj.com/subscribe

smoking has no positive effect, and any perceived benefits primarily relate to relief from cravings.[1]

Maudsley patients are given access to nicotine replacement therapies within 30 minutes after arrival at the ward.[8] They can also use electronic cigarettes, which deliver the nicotine but seem to carry a fraction of the harm.[9] We should no longer condone patients smoking themselves to death while in our care.

No—Michael Fitzpatrick

People should be entitled to make choices about matters affecting their health even though they have mental illness. Blanket smoking bans deprive patients of autonomy, preventing them from taking responsibility for their own actions.

People are admitted to psychiatric hospitals because they express suicidal, psychotic, or other clinical features of serious mental illness. If their behaviour is judged to be a danger to themselves or others restrictions may be imposed on their liberties, subject to the strictures of mental health legislation. But they remain in other respects autonomous adults; indeed, exercise of their independent will is important to recovery.

Moral autonomy

According to UK medical ethical authorities, "the central principle" in this matter is that "smoking is harmful to health."[10] But this is a platitude not an ethical principle. The key ethical principle is that for moral autonomy it is more important to make "wrong" choices than to obey instructions. As Emmanuel Kant, the great philosopher of the Enlightenment, put it, "It is so easy to be immature. If I have a book to serve as my understanding, a pastor to serve as my conscience, a physician to determine my diet for me, and so on, I need not exert myself at all."[11]

Depriving psychiatric patients of their autonomy—their right to make choices relating to their health—means treating them like children and is degrading to their humanity.

Psychiatric patients are as aware as everybody else in the modern world that smoking is not good for health. Yet a relatively high proportion of such patients continue to smoke, and smoke relatively heavily, with deleterious consequences for their health and life expectancy. Many people with mental illness, perhaps to an even greater extent than people in good mental health, think that they derive pleasure from smoking and enjoy smoking with others; if deprived of cigarettes, they may become irritable.

Restrictions may deter seeking help

Academic authorities disparage claims made by smokers with mental illness about the benefits of smoking (relief of depression, anxiety, and "stress" and solidarity with other smokers) and the adverse consequences of abstinence (anxiety, delayed recovery) as "myths" and "false attributions."[12]

Smoking restrictions already imposed in psychiatric services have caused distress to patients and conflict with staff. In response, antismoking campaigners propose even more coercive measures (stricter "enforcement") and more intensive therapeutic programmes (such as nicotine replacement).[10] As several former patients have observed, this approach is heartless and inhumane and likely to deter people with mental illness from seeking access to services.[13-17]

Patients attend psychiatric hospitals for treatment of their mental illness, not for programmes of moral improvement or health promotion. It is illegitimate for medical authorities to treat a patient's admission as an "opportunity" to impose behaviour restrictions in pursuit of wider health goals that the patient may not share.

Boot camp or spa hotel?

Nicola Lees, deputy chief executive of a Bradford mental health trust, justifies a total smoking ban on the grounds that in pursuit of the goal of "long term behavioural change," the trust "aims to provide a healthy environment to receive care and work in, and create outside spaces that promote wellbeing."[18] Providing psychiatric treatment seems to be low priority for Lees, who seems to be uncertain whether she is running a boot camp or a spa hotel.

Smokers in mental hospitals complain of the lack of purposeful activity in overcrowded and understaffed wards, and of the boredom, frustration, and inactivity from which smoke breaks provide some respite. It is ironic that there seems to be no lack of resources for smoking cessation programmes in mental health services at a time when there are regular reports of cuts in services, staff shortages, reductions in beds, and complaints that "morale is at an all-time low."[19 20]

Psychiatric health workers should concentrate their energies on the treatment of mental illness and leave decisions about wider health matters to those entitled and qualified to make them—the patients.

With thanks to James MacCabe, Institute of Psychiatry.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following interests: ASH receives core funding from the British Heart Foundation and Cancer Research UK and has received project funding from the Department of Health for work to support implementation of government tobacco policy. SW is professor at the Institute of Psychiatry, Psychology, and Neuroscience, King's College London.

Some of the authors will take part in the 53rd Maudsley debate: "To ban or not to ban smoking in psychiatric hospitals?" to be held in London on 11 November 2015. See https://www.kcl.ac.uk/ioppn/news/events/2015/nov/53rd-maudsley-debate-smoking-psychiatric-hospital.aspx

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Royal College of Physicians, Royal College of Psychiatrists. Smoking and mental health. RCP, 2013. www.rcplondon.ac.uk/sites/default/files/smoking_and_mental_health_-_key_recommendations.pdf.
2 Lawn SJ, Pols RG, Barber JG. Smoking and quitting: a qualitative study with community-living psychiatric clients. *Soc Sci Med* 2002;54:93-104.
3 Lord Justice Pill, Mr Justice Silber. In the Supreme Court of Judicature Court of Appeal (Civil Division) on appeal from the administrative court of the Queen's Bench Division. CO/2459/2007 and CO/5522/2007.
4 Appleby L. Smoking and mental health. *Guardian* 2007 Feb 14. www.theguardian.com/society/2007/feb/14/guardiansocietysupplement.
5 Yates M. SLaM's smoke free journey. Smoke-free conference, London, 1 October, 2015
6 NICE. Smoking cessation in secondary care: acute, maternity and mental health services. NICE public health guidance 48. NICE, 2013.
7 Robson D, McNeill A. Training and treatment pathways in smoke-free settings. Smoke-free conference, London, 1 October, 2015.
8 South London and Maudsley NHS Foundation Trust. Smoke free policy. 2015. www.slam.nhs.uk/media/347567/Smoke%20Free%20Policy%20v5%20-%20%20March%202015.pdf.
9 McNeill A, Brose L, Calder R, Hitchman SC, Hajek P, McRobbie H. E-cigarettes: an evidence update. UKCTAS, 2015.
10 Royal College of Physicians, Royal College of Psychiatrists. Smoking and mental health. RCP, 2013.
11 Kant E. An answer to the question: what is Enlightenment? 1874. https://web.cn.edu/kwheeler/documents/What_is_Enlightenment.pdf.
12 NICE. Smoking: acute, maternity and mental health services. 2013. www.nice.org.uk/guidance/ph48.
13 Szalavitz M. Should mentally-ill patients be allowed to smoke? *Time* 2013 8 Feb 8. http://healthland.time.com/2013/02/08/should-mentally-ill-patients-be-allowed-to-smoke/.
14 Peterson HJ. Smoking outside the hospital is a break for patients and staff. Why ban it? *Guardian* 2013 Nov 27. www.theguardian.com/commentisfree/2013/nov/27/smoking-hospital-grounds-ban-patients-staff-nhs.
15 Allan C. There are worse things than patients smoking outside hospitals. *Guardian* 2013 Dec 3. www.theguardian.com/society/2013/dec/03/patients-smoking-cigarettes-hospitals-mental-health-units.

For personal use only: See rights and reprints http://www.bmj.com/permissions Subscribe: http://www.bmj.com/subscribe

16 Hawkins K. Is it fair to ban smoking in mental health hospitals? *BBC News* 2015 Jul 31. www.bbc.co.uk/news/blogs-ouch-33440478.
17 Curtis B. Health zealots have taken over the asylum. *Spiked* 2015 Jan 19. www.spiked-online.com/newsite/article/health-zealots-have-taken-over-the-asylum/16472#.VjCYjPntlHw.
18 Lowson R. Health bosses impose smoking ban at Bradford psychiatric hospital. *Telegraph and Argus* 2015 Jul 6. www.thetelegraphandargus.co.uk/news/13371884.Health_bosses_impose_smoking_ban_at_Bradford_psychiatric_hospital/.
19 Hill A. Mental health services in crisis over staff shortages. *Guardian* 2011 Jun 20. www.theguardian.com/society/2011/jun/20/mental-health-services-in-crisis-over-staff-shortages.
20 McNicoll A. "We are fire-fighting": the mental health funding shortage that's hitting frontline care. *Community Care* 2013 Dec 12. www.communitycare.co.uk/2013/12/12/firefighting-mental-health-funding-shortage-thats-hitting-frontline-care/.

Cite this as: *BMJ* 2015;351:h5654

© BMJ Publishing Group Ltd 2015

For personal use only: See rights and reprints http://www.bmj.com/permissions Subscribe: http://www.bmj.com/subscribe