To the Editor:

The psychiatrist will not fail to be struck by the editorial, "Medical Profession—a Call to Action," by Roald N. Grant, M.D. [Ca 17: 310, 1967.] Neither in this, nor in another article in the same issue, nor in the entire 1967 "Progress Against Cancer" report is there any reference to the psychological determinants of the problem.

Most authorities concerned with smoking, while disagreeing over a wide range of aspects of the topic, seem to agree that smoking is a phenomenon of great complexity. No physical, psychological or social approach, by itself, has succeeded in "explaining" why some persons smoke, much less in promoting the way to treatment. One might say that no combined approach has been successful either; however, the probability of achieving gains through a consideration of all possible contributing facets of this problem seems greater than pursuing any one by itself.

The reason for the absence of an all-out effort, by the medical profession, against smoking, must be viewed as having important determinants. One powerful factor is the sense of extreme frustration evoked in the clinician when he attempts to "treat" the smoker. This factor is operative in other conditions as well—notably alcoholism and drug addiction. In fact, there are some physicians who regard smoking, as lying outside of the medical sphere—unless specific complications arise, in which case the complications are dealt with, not the smoking problem.

Certain psychological contributions to the problem ought to be common knowledge among physicians by now. For instance, the fact that smoking has an important—for some probably essential—place in the total economy of the smoker will help to predict results of any attempt to alter the situation. In an article in Pennsylvania Medicine, Dr. Van Buren O. Hammett reviews some of the extensive literature on the psychology of smoking, and the interested reader is referred to the article and its bibliography. However, one psychological aspect of smoking is not mentioned; namely, the presence of unconscious self-destructive attitudes, which, if recognized by the physician, readily explains the ineffectiveness of the approach emphasizing smoking's threat to health.

Perhaps it is the awareness on the part of physicians of the naiveté and the futility of the "antismoking" approach advocated by so many of the concerned groups, which inhibits the united effort called for by Dr. Grant.

It would appear that the evolution of such an effort would be greatly enhanced by considering not just the physical problems associated with smoking, but the social and psychological problems as well.

In sum, I too feel that the medical profession could and should be more active in attending to the problems of smoking. But the activity should be in the direction of integrating information from the several sources already available. It is certainly our medical education that is in part responsible for the lack of total assessment seen in the haphazard approach to smoking, as well as in many other problems in which medicine has a stake. Although this is being corrected, perhaps the pace could be accelerated and perhaps those in leadership positions could demonstrate its effectiveness by mounting campaigns incorporating the principles of collaboration.

It is interesting to note that not a single psychological, sociological or psychiatric association is included in the National Interagency Council on Smoking and Health.

It appears there is work to be done before we can undertake construction of a rational, meaningful program for the study and treatment of smoking.

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