

Doctors back denial of treatment for smokers and the obese

Level 2 • Intermediate

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- 1 A majority of UK doctors supports the denial of treatment to smokers and the obese, according to a recent survey. About 54% of the doctors who took part in the survey said the National Health Service (NHS) should have the right to withhold non-emergency treatment from patients who do not lose weight or stop smoking.
- 2 Some doctors believe operations do not work so well in patients with unhealthy lifestyles and that the health service should not waste money on these people. However, senior doctors and patient groups are worried about what they call "blackmailing" of the sick, and denial of their human rights.
- 3 Five hundred and ninety-three (54%) of the 1,096 doctors who took part in the survey answered 'yes' when asked: "Should the NHS be allowed to refuse non-emergency treatments to patients unless they lose weight or stop smoking?" One doctor said the NHS was right to expect an obese patient or alcoholic to change their behaviour before they had liver transplant surgery.
- 4 Dr Tim Ringrose of Doctors.net.uk said the results were a significant shift in doctors' thinking caused by the need for the NHS to save £20 billion by 2015. "This might appear to be only a small majority of doctors in favour of limiting treatment to some patients, but it is a major shift for a profession that has always tried to provide free healthcare from the cradle to the grave," he said.
- 5 Smokers and obese people are already being denied operations such as IVF (in vitro fertilization), breast reconstructions and a new hip or knee in some parts of England. In one area, obese patients cannot get hip and knee surgery until they slim down by 10% or have a body mass index of under 35. In another, they have to lose 5% of their body weight and keep their weight down for at least six months before they can receive treatment.
- 6 But Dr Clare Gerada of the Royal College of General Practitioners said the survey results were "very disturbing". She said: "The NHS should

deliver care according to need. There is no medical justification for these restrictions on smokers, as giving up nicotine would not necessarily make an operation successful." Doctors should not support such bans unless there was strong evidence that stopping smoking reduces the patient's risk of suffering complications or dying, she added.

- 7 But obesity was different, she said. "Operating on a very fat person is more dangerous. The surgery is harder and the rehabilitation takes longer. So it's medically legitimate not to treat some very overweight people. But it should not be done for social reasons," she said.
- 8 A spokesman for the National Obesity Forum, said doctors who support bans "are totally out of order. There's no way that someone who is obese can be denied initial treatment by the NHS – that would be totally unjustified. There are many reasons why people are fat and gluttony is only one of them. The NHS should not discriminate against fat people because of their fatness. That would be a denial of their basic human rights."
- 9 The Royal College of Physicians, which represents hospital doctors, said it was against the idea. "Some lifestyles will have an impact on the success of treatments; for example, if someone weighs 150 kilograms, that may have an impact. Lifestyles contribute to risk and sometimes they may make treatments too risky. But that's quite different from saying, 'I'm not going to give you surgery because you smoke or are overweight'," said a spokesman.
- 10 The Department of Health agreed. "The individual needs of patients must be taken into account," said a spokeswoman. "But there can be clinical reasons to ask someone to take action such as losing weight or stopping smoking before surgery because the risk of surgery can become greater."
- 11 Dr Mark Porter, Chairman of the British Medical Association's consultants committee, said treatment bans were unacceptable. But he added: "There are times when a doctor may advise an obese person to lose weight before surgery can safely take place. This is a clinical decision, not a rationing decision."