If it bleeds, it leads: the pathos derby

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Is obesity supplanting smoking as public health enemy number 1?

In a major recent review of the causes of death in the USA, Mokdad and colleagues found, unsurprisingly, that "smoking remains the leading cause of mortality". The authors also concluded, notably, that "poor diet and physical inactivity may soon overtake tobacco as the leading cause of death." The reaction to this news was swift, broad, curious, and instructive.

From around the globe, headlines screamed out variations on the theme: "Fat gains on tobacco as top death factor" (CNN); "Combating Killers: Fat, Tobacco" (CBS News); "Fat of the land is killing more Americans than cigarettes" (The Times, London); "Americans Eating Themselves to Death" (The Scotsman); "US government moves to reduce rampant obesity" (Taipei Times); "Obésité : le mal du siècle" (Le Figaro, Paris).

Clearly, Mokdad’s study in JAMA sounded an alarm, but why, and what precisely was the message? Most newspaper reports, derived from Associated Press (AP) and other wire stories, merely reflected the tone set by a JAMA news release.9 News articles routinely explained that “poor diet and physical inactivity caused 400,000 deaths in 2000, a 33-percent jump over 1990” while tobacco related deaths “climbed by less than 9 percent”, meaning that “obesity will surpass tobacco if current trends continue”.

DISTORTION

Those numbers are correct, but their front page news spin creates a certain distortion. In fact, that 33% rise means that “gluttony and sloth” accounted for 16.6% of all US deaths in 2000 (400 000 out of 2.4 million) versus 14% in 1990 (300 000 out of 2.1 million), while smoking attributable mortality dropped just slightly from 19% (400 000 out of 2.1 million) to 18.1% (435 000 out of 2.4 million) over the course of the decade. Out of those fairly subtle, predictable changes (numbers also modulated in the 2000 results by use of a different methodology for calculating obesity related deaths), comes a relative sense of urgency about obesity and complacency about smoking.

One editorial cartoonist summed it up perfectly with a Marlboro style pack of ‘smokes’ featuring Big Tobacco’s new labels: “Warning: Sure smoking causes cancer but millions of Americans will die from being inactive tubs of goo anyway so what have you got to lose?” (See next page for related cartoons.)

The Campaign for Tobacco-Free Kids (CTFK) felt compelled to issue a press release,4 cutting through distorting layers of media flab to pointedly note a key conclusion from Mokdad and colleagues: “The most disappointing finding may be the slow progress in reducing tobacco-related mortality.”

The JAMA authors ultimately state that their findings “argue persuasively that the need to establish a more preventive orientation in the US health care and public health systems has become more urgent”. Not smoking prevention or obesity prevention, but simply an overall “more preventive orientation”.

It is a sad commentary when tobacco control advocates have to cry “don’t forget about us” and jostle to retain a firm grip on the crown of misery. However, given chronic and criminal underfunding for all preventive health measures, CTFK may have rightly been troubled by messages from CDC (Centers for Disease Control & Prevention) director Dr Julie Gerberding and HHS (Health and Human Services) Secretary Tommy G. Thompson.

Gerberding, one of the JAMA study authors, said: “At CDC, we’re going to do everything we can to prevent [obesity] overtaking smoking”. Obesity has got to be job No. 1 for us in terms of chronic diseases.” The widely repeated press conference sound bite from Thompson was “We’re just too darn fat, ladies and gentlemen, and we’re going to do something about it”. He wasn’t heard saying anything about how “darn much” Americans smoke.

OVERLAPPING ISSUES

The overlapping issues of relative risk, public risk perception, and funding of prevention versus treatment are hardly new, nor are they limited to the USA. A recent UK King’s Fund paper12 surveyed news coverage of various health risks and found it “infinitely more difficult [for public health specialists] to cultivate media interest in serious, proven health risks, such as smoking, alcohol and obesity, than in, for example, ‘crises’ in the NHS [National Health Service]” or “unusual hazards” like SARS (sudden acute respiratory syndrome).

The authors actually found that it took the death of 0.33 people from variant Creutzfeldt-Jakob disease (vCJD) to merit a news report on the BBC (this is, three stories for every fatality) against 8571 smoking deaths to warrant a single story,11 an astonishing ratio of almost 26000-to-one. The newspapers under review fared somewhat better, but the ratio was still nearly 3000-to-one in favour of vCJD.

Roger Harrabin, who wrote the King’s Fund paper while on sabbatical from the BBC, cautions: “we shouldn’t forget that policy makers are often influenced by what they see in the media. The public may also alter their behaviour in ways that affect their health because of information and advice they get from the media.” Harrabin also allows that health professionals “are pretty hopeless” at using the media to get across the message.12 A special BMJ issue that explored many of the difficulties and failures inherent in physicians’ communication of risk reached equally sobering conclusions.13

The shouting for attention from tobacco control advocates and the failings of health professionals are not hard to understand. Just two days after the release of the JAMA report, multiple terrorist attacks at Madrid train stations14 left over 200 dead and close to 1500 injured. It would be unconscionable to argue that since smoking kills
some 46 000 Spaniards a year,17 or 126 a
day, the bombings were “no worse”
than a couple of days’ toll from tobacco.
The same logic, applied to the World
Trade Center bombings, would have
made September 11 no worse than a
few days’ dying from tobacco related
disease, and the message would have
been equally abhorrent.18

If it bleeds, it leads, according to
the hoary news maxim. Given that, the
seemingly bloodless battles against the
ravages of tobacco and obesity are being
fought on much the same ground. While
anti-obesity advocates don’t have the
central villain of Big Tobacco to fight,
nor a singular, central product that
“kills when used exactly as directed by
the manufacturer”, fat has been the
“next tobacco”19 20 for some time now.

John Banzhaf, who founded ASH
(Action on Smoking and Health) in the
USA and was instrumental in applying
the Fairness Doctrine to get tobacco ads
removed from the airwaves more than
30 years ago,21 has adapted arguments
he used in fighting Big Tobacco to now
combat the fast food industry.

COMBATTING “BIG FAST FOOD”
The “Big Fast Food” lobby is clearly
feeling pressure from many quarters. In
perhaps coincidental timing, the US
House of Representatives passed the
Personal Responsibility in Food Con-
sumption Act,22 the ‘Cheesburger Bill’,
just a day after release of the Mokdad
JAMA study. The Bill, which must also
be passed by the Senate to become law,
shields fast food firms from obesity
related lawsuits23 and has already been
denounced as a cave-in to the fast food
industry.24

In a related development, McDonald’s
eliminated its notorious, mega-caloric
“Super Size” promotions,25 a move
many felt was spurred by a fear of
lawsuits and, more particularly, the
release of the film “Super Size Me”. In
this documentary, director and star
Morgan Spurlock becomes seriously ill
after forcing himself to eat only
McDonald’s fast food for a month.26

Clearly, public health advocates can-
not help but use overlapping tactics to
vie for attention, funding, and policy
change in a world where the greater
psychic torment inherent in threats of
terror and acute illness will continue to
dominate public discourse.

The same day the JAMA review was
published, Canadian and US researchers
presented promising findings on rimo-
nabant,27 a selective cannabinoid type 1
receptor blocker that may double cessa-
tion rates and also speed up weight loss,
helping kick both “flabby and smoky
butts”.28

No one drug is even remotely likely to
be the answer that will radically reduce
the millions of deaths from smoking
and obesity every year. Still, with
increasing competition for limited
resources, rimonabant may yet be called
upon to stand with higher tobacco
taxes, smoke-free public places, and
cessation services, and alongside more
exercise and less dietary fat in the
ongoing battle against public health’s
twin perils.

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The lighter side

No, I don't smoke. I'm out here because the building just went maul-free.
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