LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Public health priorities

EDITOR,—The 15 July 1998 issue of the *Journal of the American Medical Association* (JAMA) was dedicated to reports on the process of research publication. It included an article lead authored by the then editor of JAMA, entitled “A comparison of the opinions of experts and readers as to what topics a general medical journal (JAMA) should address.” The study concluded that tobacco issues were of lesser importance than issues such as managed care (the polled experts’ top-ranked priority) and aging (the polled readers’ top-ranked priority). This prompted the letter to the editor of JAMA that follows. It was not accepted for publication. We feel it is important to discuss this here, not only for the issues we raise in our unpublished letter, but also for the implications that their decision to not publish this letter raises.

“Dear Editor,

“The recent poll of expert and JAMA reader opinions regarding importance of topics to cover in the journal raises serious concern. In particular, the fact that tobacco was rated rather low in comparison to its public health importance (it is, remember, the number one cause of disease and death in the United States) by both the experts and the polled readers is alarming. Furthermore, the readers ranked it a substantially lower priority than the editors (55th v 17th of 73 total topics, respectively). The authors were so impressed by this divergence of opinion that they have ‘altered [the] manuscript acceptance process to become even more reader-friendly’ (page 290).

“While it is certainly important to create a publication that appeals to the readers’ interests, it is also critical to retain the importance of the expertise of the editorial board in defining the goals and scope of the publication. While tobacco-related research may seem a dead-horse to readers, as long as the tobacco industry is alive and viable it may be the number one threat to the health of the world’s peoples.

“While the role of journals is certainly to keep clinicians informed about practical tools for their respective practices, it also is to inform them about new scientific discoveries not likely to be immediately useful. It also is to provide leadership in setting the agenda and responsibility for the types of problems to be given serious attention by practicing physicians. The latter two goals are not likely to be among the more popular con-

tents, but popularity and enjoyability should not dictate scientific agendas. Nor should they result in a decision to eliminate the requirements for or availability of the information.

“We urge the editors and AMA Board members to recall their decision to alter publication rules in light of audience preferences, especially with respect to tobacco related disease, and to explicitly affirm the policy represented by the AMA: ‘the AMA maintains an unequivocal stance against tobacco’ and ‘further efforts should be made to educate physicians, the public, and policymakers about the consequences of tobacco use, the predatory nature of the tobacco industry, and ways individuals can break their addiction to tobacco’ (page 257).”

1. Lundberg GD, Paul MC, Fritz H. A comparison of the opinions of experts and readers as to what topics a general medical journal (JAMA) should address. *JAMA* 1998; 280:288–90.  

After a seven month delay we received a rejection letter from Margaret Winker, MD, senior editor of JAMA. The relevant portion was as follows: “In response to your concern, we continue to believe that tobacco and other extremely important public health issues are a high priority for JAMA regardless of the scores on the survey. Thus, many of our editorial priorities will not change. The reader survey emphasized that physician readers wish to know information useful for their daily practices; that is the message to which we are responding.”

We feel our letter, in combination with this reply, would have provided a valuable exchange of ideas for the readership of JAMA. Unfortunately, we can now hope only to preach to the choir. We wonder whether the JAMA editors will live up to this implicit commitment to continue publishing tobacco-related research, despite not making the commitment publicly. However, even if tobacco-related publication rates do not decline, we will never know how many tobacco-related submissions are rejected for publication and whether this rejection rate increases over time relative to issues rated as higher priorities by the editors and readers. We wonder who is the *JAMA* readership, and if their readership is even representative of all practicing physicians. Their priorities certainly don’t match the best interests of public health.

DENNIS R WAHLGREN  
MELBOURNE F HOVELL  
Center for Behavioral Epidemiology and Community Health,  
Graduate School of Public Health, San Diego State University,  
San Diego, California, USA; wahlgren@email.sdsu.edu

Smoking cessation rate among outpatients at a cancer hospital

EDITOR,—We examined the smoking cessation rate among outpatients two months after their first visit to Aichi Cancer Center Hospital, where no programmed cessation support for smokers was provided. Subjects were first-visit outpatients who participated in a lifestyle questionnaire survey, HERPACC (Hospital-based Education Research Program at Aichi Cancer Center)1
during September 1997 and 11 September 1998. HERPACC identified 1504 smokers, of whom 1131 (86.7%) agreed to participate in the follow-up study. A brief questionnaire including questions on disease diagnosed (“cancer”, “non-cancerous disease”, “no disease”, or “under examination”) and smoking behaviour, was sent to the participants two months after the completion of the first questionnaire. Two participants had died and the addresses for five participants were incorrect, resulting in 1124 eligible participants (755 males and 369 females). Those aged under 40 years were 16.2% (males) and 40.7% (females).

The response rates at follow-up were 62.1% (males) and 47.4% (females). Among respondents, 201 males and 31 females had been diagnosed as having cancer. Those answering that they had quit smoking were 77.1% (95% confidence interval (CI) = 71.3 to 82.9) in the male patients with cancer and 58.1% (95%CI = 40.7 to 75.5) in the female patients with cancer. The difference in the abstinence rate between male and female respondents was statistically significant (p<0.05). Odds ratios of smoking cessation for sex, age, and diagnosis were calculated by a multivariate unconditional logistic model (table). In the analysis of 644 respondents, sex and diagnosis was found to be significant factors predicting smoking cessation. The estimated odds ratio for females was about half that of males. In comparison with participants without dis-

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<table>
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<td>5.74</td>
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 Frequency and duration of tobacco-related scenes in television dramas for Japanese young audiences

| Drama                  | Television station | a (min:s) | b (min:s) | c (min:s) | d (min:s) | e (min:s) | f (min:s) | g (min:s) | h (min:s) | Total (%)
|------------------------|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total number of episodes |                    | 12 | 13 | 11 | 11 | 11 | 12 | 13 | 11 | 94
| Number of tobacco-related scenes†‡  | 11 | 15 | 19 | 58 | 71 | 46 | 22 | 66 | 308 |
| Smoking scenes†‡  | 8 | 11 | 16 | 46 | 62 | 37 | 21 | 54 | 255 |
| Having a link with the storyline§  | 3 | 2 | 3 | 6 | 6 | 9 | 0 | 12 | 41 |
| By the main actor/actress  | 1 | 0 | 3 | 32 | 27 | 34 | 0 | 39 | 136 |
| Number of tobacco-related scenes per hour  | 1.16 | 1.62 | 2.24 | 6.24 | 8.05 | 5.00 | 2.21 | 7.80 | 4.22 |
| Having a link with the storyline§  | 1.23 | 0:18 | 1:31 | 2:47 | 2:10 | 5:42 | 0 | 12:22 | 26:13 |
| Duration per tobacco-related scene(s)††  | 29 | 11 | 18 | 32 | 16 | 30 | 38 | 31 | 26 |

*Sum of video recording hours
††Proportion to the total hours of broadcasting (%).
‡‡Proportion to the number of tobacco-related scenes (%).
Average.
§Dialogue regarding smoking/tobacco or explanatory scenes with tobacco use, such as implying passing of time.
¶Average.

Tobacco-related scenes in television dramas for young Japanese audiences

Entron—the frequency and duration of tobacco-related actions, including cigarette smoking and handling of cigarettes or packs, and purchasing, were measured in 94 episodes of eight series of one-hour television dramas broadcast in Japan by three nationwide commercial stations in 1995 and 1996. These dramas mainly targeted a young audience. The role and sex of smokers and whether their tobacco-related actions had a link with the storyline were also recorded. Tobacco-related scenes that included explicit dialogue regarding smoking or tobacco, or that explained any situation, were classified as having a link with the storyline. For example, an ashtray with many cigarette ends was considered as a cinematic device depicting the passing of time. Inconclusive scenes were classified into this category to avoid recording them as false negatives.

None of these drama series were sponsored by tobacco companies although all three stations broadcast cigarette advertising from 10:54 pm to 5 am on weekdays at that time. The average number of tobacco-related scenes per hour was 4.22, which was much higher than that recorded in previous studies (0.35–1.20) in the United States in the 1980s and 1990s (table). The most frequent tobacco-related action was cigarette smoking. The frequency and total duration of tobacco-related actions varied greatly among the series of dramas. Not surprisingly, the frequency and total duration of tobacco-related scenes increased when the main actor or actress was a smoker. Although tobacco-related scenes by actresses were much less frequent than those by actors, some dramas featured many female smokers. Approximately 13% of all tobacco-related scenes were classified as having a link with the storyline. Only one tobacco-related scene out of 308 gave an explicitly negative portrayal of smoking.

The relatively high frequency of smoking figures in television dramas would appear to be related to the Japanese social norm which is highly tolerant of smoking. The use of tobacco in television dramas, like that in movies, would reinforce misleading ideas that smoking is socially acceptable and desirable. It should be possible to decrease tobacco-related scenes in television dramas that target a young audience. Many depictions of smoking are gratuitous and have no link with the storyline. The elimination of smoking in such situations would not affect the storyline. A recent survey found that the daily smoking rate in 18-year-old high-school students was 25% (males) and 7% (females). Reducing tobacco-related scenes in television dramas would help change the social norm about smoking, especially among young people.

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**Notes**


Correspondence to: NOBUYUKI HAMAJIMA, Division of Epidemiology, Aichi Cancer Center Research Institute, Nagoya, Japan; nhamajima@achi.cc.pref.aichi.jp

Public health priorities

DENNIS R WAHLGREN and MELBOURNE F HOVELL

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