

Smoking Bans in Acute Care Psychiatric Settings: A Machiavellian Smoke Screen?

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From Niccolò Machiavelli's (1469-1527) book on power, *The Prince* (1517/2005), one central idea to what has become known as “Machiavellianism,” is that the ends justify the means—an action is acceptable as long as it helps reach a goal. Are smoking bans on acute care psychiatric units Machiavellian? In this commentary, we raise questions about smoking bans for these patients.

Certainly, smoking indoors by inpatients increases the health risks for staff and other patients, because the smoke is contained and concentrated (often despite the most advanced air purification systems). Even when smoking areas are in outside areas near entrances, smoke-filled air often reaches others.

Do smoking bans therefore create healthier patients? Campion, McNeill, and Checinski (2006) believe that they do and hospital administrators reason that their role in promoting health requires them to forbid smoking on hospital property (Bloor, Meeson, & Crome, 2006).

Initially, psychiatric units were exempt from these policies. In recent years, however, many psychiatric units have instituted smoking bans, falling in line with the rest of the hospital. Some claim that this is good for patients with psychiatric illness: Treating patients on psychiatric units similarly as patients on non-psychiatric units supposedly decreases feelings of difference. Campion, McNeill, and Checinski (2006) for example, note that exempting mental health facilities from smoking bans “exacerbates the inequalities that they already experience” (p. 408). But this rationale for smoking bans on acute care psychiatric units is offensive—the suggestion that smoking bans will reduce the enormous stigma faced by persons with mental illness is ludicrous.

Smoking bans also do not produce long-term changes in patients' smoking habits. Patients discharged from psychiatric hospitals regularly resume smoking within hours after discharge (Prochaska, Fletcher, Hall, & Hall, 2006). Prochaska et al. (2006) found that 100% of patients who smoked before admission to a completely smoke-free hospital had returned to smoking within three months of discharge. Given the brief nature of most psychiatric hospitalizations, is it realistic to declare hospital smoking bans an effective health promotion strategy?

Smoking bans have ethical and practical implications. Patients are confined in acute care psychiatric settings. They may or may not have chosen to be there and usually cannot leave on

their own. In Lawn and Condon's (2006) study of the impact of cigarette smoking by psychiatric patients, nurse-participants "perceived smoking as ethically causing less damage than the more immediate problems faced by patients" (p. 114). For instance, what is more important in the care of someone who is acutely psychotic: treatment for the psychosis or long-term wellness plans that may include smoking cessation and better nutrition? Some have argued that the time spent by nurses managing cigarettes (in units where smoking is permitted) is time wasted. How much time do nurses spend managing nicotine replacement therapies and the negative withdrawal symptoms created by smoking bans?

Is the potential health benefit of smoking bans for hospitalized patients worth the discomforts and risks of nicotine withdrawal and the loss of autonomy in regard to personal health practices? Do hospitals have the right to force healthy practices upon unwilling patients? If so, how can they only enforce a smoking ban while ignoring the benefits of fitness regimens and healthy diets? Where is the line between paternalism and encouragement of healthy lifestyle practices?

REFERENCES

1. Bloor, R. N., Meeson, L. and Crome, I. B. (2006) The effects of a non-smoking policy on nursing staff smoking behaviour and attitudes in a psychiatric hospital. *Journal of Psychiatric and Mental Health Nursing* **13**:2 , pp. 188-196.
2. Campion, J., McNeill, A. and Checinski, K. (2006) Exempting mental health units from smoke-free laws. *British Medical Journal*. **333** , pp. 407-408.
3. Lawn, S. and Condon, J. (2006) Psychiatric nurses' ethical stance on cigarette smoking by patients: Determinants and dilemmas in their role in supporting cessation. *International Journal of Mental Health Nursing* **15** , pp. 111-118.
4. Machiavelli, N. Connell, W. J. (ed) (2005) *The Prince: with related documents by Niccolo Machiavelli* Bedford/St. Marten's , Boston — (Original work published 1517)
5. Prochaska, J. J., Fletcher, L., Hall, S. E. and Hall, S. M. (2006) Return to smoking following a smoke-free psychiatric hospitalization. *The American Journal on Addictions* **15** , pp. 15-22.