



Editorial

Healthcare Professionals and Tobacco Industry: Making the Space*

Los profesionales sanitarios y la industria tabaquera: marcando las distancias



At their General Assembly on November 14, 2020, members of the Society of Pulmonology and Thoracic Surgery (SEPAR) approved the partial amendment of Article 22 of the SEPAR statutes proposed by the Society's executive¹, consisting of the inclusion of a new paragraph, number 3, regulating members' relationships with the tobacco industry². This modification of our statutes complements the codes of good governance of both SEPAR and the Fundación Respira^{3,4}. Article 5(4) of both documents states that no member of any governing body of the Society or any trustee of the Foundation may enter into a commercial relationship with the tobacco industry, and that the activities of these individuals must always comply with the provisions of the WHO Framework Convention on Tobacco Control⁵. This statutory modification brings the relationship between SEPAR members and the tobacco industry in line with the most important international respiratory scientific societies: the European Respiratory Society, the American Thoracic Society, the Latin American Thoracic Society, the British Thoracic Society, and the Respiratory Disease Forum^{6–10}.

The tobacco industry sells a product that kills 50% of people who use it, a fact of which it is well aware, yet it continues to pursue its objectives of mass production and promotion of its products. It is clearly out of the question for healthcare professionals, and in our particular case, respiratory health experts, to conceive of any kind of collaboration with that sector. The main objectives of SEPAR members are to promote pulmonary health and prevent respiratory and thoracic diseases, objectives that are totally incompatible with those of the tobacco industry. It is right and proper that the SEPAR statutes clearly state our members' obligation to reject any cooperation, consultancy activities, or acquisition of profits, assets, or remuneration from the tobacco industry.

It is important to note that Article 5(3) of the WHO Framework Convention for Tobacco Control states that the parties to the convention must act in such a way that public health policies on tobacco control are protected from the commercial interests of the tobacco industry⁵. Furthermore, the guidelines for the correct application of this article are set down in another document, which states that public administrations or other institutions and public officials working for these bodies are duty-bound not to cooperate with tobacco companies¹¹.

Health professionals have traditionally performed 3 functions in the prevention and treatment of smoking: setting an example, educating, and treating. The last 2 are skills that professionals must deploy among the general population to prevent young people from taking up smoking, to teach people about the benefits of smoking cessation and the risks of smoking, and to help smokers quit¹².

Setting an example, on the other hand, refers to the attitudes of health professionals towards smoking. As well as not smoking, we must also emphasize our rejection of everything associated with the promotion or distribution of all tobacco-related products. In fact, our duty to set an example includes rejecting any form of relationship with the tobacco industry, and this attitude has been clearly articulated in the statutes of our society.

SEPAR was the first Spanish scientific society to implement noteworthy activities in support of tobacco control. It created the "Committee for the Fight against Smoking" in 1967, when smoking was barely recognized as a bad habit among Spanish society in general. In 1992, it organized the first smoke-free medical congress in Spain in the city of Granada. In 1994 it founded the journal *Prevención del tabaquismo [Smoking Prevention]*, the first scientific monographic publication on smoking in Spanish, and in 1995 it published the first edition of the *Manual de tabaquismo [Manual of Smoking]* that has helped train a considerable number of Spanish health professionals in this discipline. SEPAR has also pioneered the publication of technical documents, guidelines, and recommendations on the treatment of smoking both in smokers without associated conditions and in smokers with respiratory diseases¹³. This amendment to our statutes affirms that our society continues to make not only scientific advances but also institutional headway towards raising awareness of this disease that kills more than 1,000 Spaniards every week¹⁴.

References

1. Estatutos SEPAR [Accessed 27 March 2021]. Available from: <https://separ.es/node/356>.
2. Asamblea General Socios 2020 [Accessed 27 March 2021]. Available from: <https://separ.es/node/849>.
3. Código de buen gobierno de la Sociedad Española de Neumología y Cirugía Torácica (SEPAR) [Accessed 27 March 2021]. Available from: <https://drive.google.com/file/d/1KQr2d-ou6ccD5vx1xffjoPDRK0cOOjGL/view>.
4. Código de buen gobierno de la Fundación Española del Pulmón. Fundación Respira [Accessed 27 March 2021]. Available from: <https://drive.google.com/file/d/1DsRAZRXTGnRM8w6UwJ-qILGd6Eu1CgIB/view>.
5. Convenio Marco de la OMS para el Control del Tabaquismo [Accessed 27 March 2021]. Available from: <https://www.who.int/fctc/text.download/es/>.

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6. ERS Membership [Accessed 27 March 2021]. Available from: <https://www.ersnet.org/the-society/membership/>.
7. Policy on involvement of ATS members and others participating in ATS activities with the tobacco industry [Accessed 27 March 2021]. Available from: <https://www.thoracic.org/about/governance/ethics-and-coi/resources/ats-tobacco-policy.pdf>.
8. Estatutos ALAT [Accessed 27 March 2021]. Available from: <https://alatorax.org/es/institucional/estatutos-y-reglamentos/alat>.
9. Membership of British Thoracic Society [Accessed 27 March 2021]. Available from: <https://www.brit-thoracic.org.uk/about-us/>.
10. Forum of International Respiratory Societies. FIRS [Accessed 27 March 2021]. Available from: <https://www.brit-thoracic.org.uk/about-us/>.
11. Directrices para la aplicación del párrafo 3 del artículo 5 del Convenio Marco de la OMS para el Control del Tabaco sobre la protección de las políticas de salud pública relativas al control del tabaco contra los intereses comerciales y otros intereses creados de la industria tabacalera [Accessed 27 March 2021]. Available from: https://www.who.int/fctc/guidelines/article_5_3.es.pdf.
12. Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz N, Curry SJ, et al. Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. Traducción al español: Guía de tratamiento del tabaquismo. Jiménez Ruiz CA, Jaén CR (Coordinadores de la traducción). Sociedad Española de Neumología y Cirugía Torácica. SEPAR. Mayo 2010.
13. 20 años de Congresos SEPAR sin humo [Accessed 27 March 2021]. Available from: https://issuu.com/separ/docs/libro_20_a.os.de.congresos.sin.humos.
14. Pérez-Ríos M, Schiaffino A, Montes A, Fernández E, López MJ, Martínez-Sánchez JM, et al. Smoking-attributable mortality in Spain in 2016. Arch Bronconeumol. 2020;56:559–63.

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