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Making the UK’s National Health Service cost effective

The Comment by Niall Dixon and Jennifer Dixon (June 3, p 1302) supports the notion in the UK government’s current white paper that success is dependent on changing the balance of health-care provision from a hospital-centred to a community system. However, health-service provision in the UK is structured along horizontal lines in which primary care competes with secondary care in an attempt to reduce costs, and a third party—the general practitioner—negociates on behalf of the patient.

The drivers for change in modern health care require a vertically integrated system in which patients’ needs throughout the complexity of health and social care are seen as a seamless, singular, trajectory. The government should focus its energy in creating a vertically integrated health-care system, which is responsive to the needs of patients, in which competition between different medical systems drives value into the practitioner-patient interface.

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Tobacco industry research on smoking and cigarette toxicity

Michael Dixon and Stewart Massey (April 22, p 1317) criticise our review of internal research by British American Tobacco (BAT) and Imperial Tobacco Limited (ITL) on smoking behaviour and product design.7 They dispute the notion that BAT and ITL have exploited the international testing standards for cigarette emission.

Our paper describes internal documents which suggest that BAT designed products to maximise the discrepancy between: (a) the tar and nicotine numbers under standardised testing and (b) the levels that could be delivered to consumers. Moreover, the documents we reviewed indicate that this strategy was kept secret from consumers and regulators. Dixon and Massey seem to suggest that this was “fair game” because regulators acknowledged certain limitations of the testing regimen when it was introduced. Their argument would be more compelling had their companies not also marketed these brands as low-tar alternatives for health-concerned smokers and had they not attached misleading descriptors such as “light” and “mild” to brands that generated low machine readings.6 Indeed, BAT product scientists worked closely with the marketing department to develop such synergies.

Dixon and Massey also suggest that the industry has previously disclosed much of the research we describe in our paper. Even if all of the information in our review had been previously disclosed, it still warrants alarm among consumers and regulators. However, to suggest that the industry has been forthright about their product research and strategy is simply not credible. Tobacco manufacturers have a track record of publishing only those research findings that either obscure or undermine scientific questions with public-health implications.4 Additionally, our paper cites a memo from Alan Heard, a senior BAT scientist, to S R Massey. Heard writes: “Instinctively I question the idea of publishing papers in relation to smoking behaviour...I think it is unwise to publish any findings of our studies on smoking behaviour on any smoking products.”

Dixon and Massey also reject the suggestion that BAT and ITL have designed “elastic” cigarettes. The term “elastic” is not our invention; rather, it is drawn from the BAT documents we reviewed. Our paper may or may not include the best examples of product elasticity; however, statements made by senior BAT employees leave no question as to the reality of “elastic” cigarette designs.

I declare that I have no conflict of interest.

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