

Taking a stand in Timmins: quit smoking, or forgo surgery

Dr. Alberto de la Rocha is a stubborn man. For 12 years the Ontario surgeon has continued his one-physician attack on smoking by refusing to operate on patients who refuse to quit. And de la Rocha, a cardiovascular and thoracic surgeon in Timmins, has taken his stand in the area with the province's highest smoking rate.

"When you see the carnage day in and day out, the putrid lungs and the gangrenous legs, you realize that you're working against an ebb tide that you cannot contain," the 59-year-old doctor told *CMAJ*. "The only way to contain it is by making people responsible for their actions."

As the sole lung cancer surgeon in Timmins, de la Rocha performs between 400 and 500 operations a year. More than a decade ago, he began demanding that smokers facing surgery for a host of illnesses, including lung and mouth cancer, agree to stop smoking before he operates. If the patient refuses, he suggests they look elsewhere for treatment. He estimates he's turned away 20% of potential patients over the

issue. "I've gotten the occasional finger from patients, and [had the odd] door slammed," he adds.

De la Rocha, who started practising in the northern Ontario city 16 years ago, was shocked by the high volume of smokers he saw. Recent data indicate that Timmins, with a population of 50 000, has the country's highest proportion of smokers, and de la Rocha estimates that 75% to 80% of his patients are heavy smokers.

"I said that this was enough," he noted. "This was the only way I was going to be able to make a difference."

Although de la Rocha made his anti-smoking stand nearly 12 years ago, it only gained widespread attention in April when he mentioned the policy to a visiting reporter. He supports his stand with medical evidence. "We know that people who smoke have a hard time recovering. This way, they get better sooner."

Margaret Somerville, director of the Montreal-based McGill Centre for Medicine, Ethics and Law, says he is walking a fine ethical line. "I think the big problem is that he's said, 'This is my policy,'" she explained. "You're looking at a spectrum. You can't just have a rule that's your policy, and then apply it to everyone no matter what."

She said physicians are legally and ethically required to operate under a "primary obligation of personal care" to each patient, which means each new case has to be assessed using a precise, multi-step ethical analysis. Such an equation is further complicated by the fact de la Rocha is the city's sole lung surgeon.

De la Rocha accepts the criticism, but he won't change his contentious approach. "When push comes to shove, let the ethicists come to my world and look after my patients who are in respiratory failure because they refused to stop smoking," he said. "Come and spend a week with me looking after these patients."

"More people come to me and thank me because of butting out [than complain] to me," he said. "I see them in the street or in the hospital or I see a relative and they all say, 'Thank you very much. You made me see the light.'" — *Brad Mackay*, Toronto

CMA issues marijuana warning

As the federal government prepared legislation to decriminalize possession of small amounts of marijuana this spring, the CMA "strongly advised" Canadians against using the drug.

The legislation, expected to be tabled by the end of May, will probably make possession of less than 15 g of marijuana a minor offence that results in a ticket, not a court appearance. Possession of more than 30 g will likely remain a criminal offence, while police would have the discretion to lay a charge or issue a ticket for people possessing 15–30 g. The CMA says "it is critical that any change to the legal status of marijuana neither encourage nor promote the normalization of its use."

Richard Garlick, director of communications at the Canadian Centre on Substance Abuse, says international experience indicates that no spike in usage is likely following decriminalization. This has been true for Holland and 11 US states that have made the move.

Marijuana use has been banned in Canada since 1923. In 2000, more than 30 000 Canadians were charged with possession. Convictions rarely result in a jail sentence, but anyone convicted earns a criminal record.

The CMA says that even though a criminal conviction for possessing a small amount of marijuana is disproportionate to the offence, marijuana remains "an addictive substance known to have adverse health effects."

President Dana Hanson says a comprehensive national drug strategy is the key. "Addiction is a disease and individuals suffering from it should be diverted, whenever possible, from the criminal justice system to treatment and rehabilitation."

Garlick says the centre, an arm's-length federal agency, supports this approach. "People make the mistake of equating decriminalization with legalization. We have to make clear that it is still illegal and at the same time deal with issues such as treatment." — *Patrick Sullivan*, CMAJ



Barbara Sibbald

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