

# Guest Editorial

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## The Time Has Come for a Smoke Free VA

In the past decade, the VHA has transformed itself into a premier health care organization and provides some of the highest quality medical care in the United States. Recent studies have ranked the VHA higher than Medicare and private health care plans across a wide spectrum of services, and the agency has been touted as a model for other health care systems across the nation to follow.<sup>1-3</sup>

Information technology has been the driving force behind many of the VA's health care improvement measures. In 1999, the Institute of Medicine (IOM) estimated that 98,000 people die in the United States as a result of medical errors.<sup>4</sup> An additional 126,000 patients die due to health care providers' failure to observe evidence-based protocols for four common conditions: hypertension, myocardial infarction, pneumonia, and colorectal cancer.<sup>4</sup> The establishment of the electronic medical record system in the VA helps to reduce medical errors and to ensure that all veterans receive evidence-based care for many illnesses, including the four identified by the IOM. The electronic medical record system also ensures that veterans receive vaccinations, follow-up health care, and cancer screenings. The electronic pharmacy allows for identification of potential drug interactions

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and allergic reactions. If a new adverse effect of a medication is documented, patients can be notified easily and an alternative drug can be prescribed.

There is one area, however, in which the VA lags behind: All VA health care facilities, including acute care facilities, still have designated indoor and outdoor smoking areas.<sup>5</sup> Each year, about 440,000 Americans die of smoking-related illnesses,<sup>6</sup> including chronic obstructive pulmonary disease (COPD), lung cancer, stroke, and heart disease. COPD alone

on any part of its health care facilities demonstrates a tacit support of tobacco smoking and makes it appear that the VA is reluctant to fully engage one of the single, largest preventable health risks. Considering that 16 states, the District of Columbia, and Puerto Rico each have passed comprehensive smoke free air laws, the VA surely can accomplish the feat of abolishing all cigarette smoking at its health care facilities.

The lifetime relationship that the VHA shares with its patients should

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is predicted to become the third leading cause of death in the United States in the near future,<sup>7</sup> and cigarette smoking is responsible for 90% of all COPD cases.<sup>8</sup>

Since the number of smokers in the VA patient population is significantly higher than in the general U.S. population (33% versus 23%, respectively), veterans are disproportionately affected by smoking-related illnesses.<sup>9</sup> As no therapy is as important as smoking cessation in reducing smoking-related disease onset, disease progression, and patient mortality, VA health care providers are urged to make full use of the structured, multidisciplinary smoking cessation programs that are offered at most, if not all, of its hospitals and clinics. Yet, the VA's allowance of smoking

dictate the adoption of a completely smoke free air policy—an action that would benefit both patients and staff. Until the VHA takes this stance, it cannot claim to be the overall leader of health care in the United States. ●

### *Author disclosures*

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*Please review complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.*

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