

# DC Exhibit Features Antismoking Cartoons, Tobacco Paraphernalia

BY JOHN R. BELL  
Associate Editor

Where can you find a) a Mayo Clinic cigarette case, b) a "Dear Doctor" letter from a tobacco company, and c) scores of original smoking-related political cartoons?

The answer: At the National Museum of Health and Medicine, on the historic campus of soon-to-be-closed Walter Reed Army Hospital.

The exhibit consists of the best of more than 300 original cartoons acquired over a 35-year period by Dr. Alan Blum, professor of family medicine at the University of Alabama, Tuscaloosa.

He has campaigned against the tobacco industry since his days as a high school newspaper editor. "By the 1990s, I was plumb tuckered out. ... I had lost my sense of humor.



A Mayo Clinic cigarette box.

"I started looking over all these cartoons that I had saved from the newspapers. And they made me laugh. And so I started writing one by one to each of the cartoonists, asking if I could acquire the originals."

The display, which features the work of more than 50 nationally known cartoonists, is not without its share of controversy, Dr. Blum said. Several artifacts in the exhibit typify the medical profession's well-documented collusion with the tobacco industry. The American Medical Association for years held stock in R.J. Reynolds Corp. and Philip Morris USA, he noted.

"Not only did the tobacco companies sponsor exhibits and give away cartons of cigarettes at medical meetings until the 1980s, but for decades, beginning in the 1940s, the leadership of organized medicine was in cahoots with the tobacco industry," he added.

Although "the story ... is not full of a great many heroes," he cit-

ed the former surgeon general Dr. C. Everett Koop as an exception, along with Nixon's surgeon general, Dr. Jesse L. Steinfeld, who issued the Nonsmokers' Bill of Rights against the advice of Elliot L. Richardson, former secretary of Health, Education, and Welfare.

The earliest reports of smoking's deleterious effects came from German researchers around the time of World War I. By 1928, the first epidemiologic report linking smoking and cancer was published in the New England Journal of Medicine by Dr. Herbert L. Lombard and Dr. Carl B. Doering. A decade later, Dr. Alton Ochsner and Dr. Michael DeBakey published a review of 400 articles on the subject, Dr. Blum said.

Yet despite the mounting evidence on smoking's health risks, physicians were complacent about acting on the science. "Doctors were laughing" at the notion that smoking could be harmful, Dr. Blum noted. "Two-thirds of physicians—like my father—smoked cigarettes."

Dr. Blum's exhibit, which is scheduled to run through March 31, 2007, is intended to give the public the last laugh. For more information, call 202-782-2200 or go online to [www.nlm.nih.gov/washingtondc](http://www.nlm.nih.gov/washingtondc). museum. ■



A John Deering cartoon expresses modern cynicism.

# E-Prescribing Reduced Errors in Office Setting

BY TIMOTHY F. KIRN  
Sacramento Bureau

SEATTLE — Electronic prescribing may be a way to significantly reduce medication errors, according to a study that reviewed records involving 749 private-practice patients and more than 1,000 prescriptions.

The study found an error rate of 3.9% when physicians used electronic prescribing, Martha Simpson, D.O., reported at a conference on rural health sponsored by the WONCA, the World Organization of Family Doctors. That compares with medication error rates from hospital studies that range from 3% to 6%, and error rates from studies in the community that have reached as high as 10%.

"This is significantly lower than other reported rates have been," said Dr. Simpson of Ohio University College of Osteopathic Medicine, Athens.

The study, sponsored by a grant from the Ohio Medical Quality Foundation, involved four group practices in Ohio, which were given equipment (Rcopia, DrFirst Inc., Rockville, Md.) and training for electronic prescribing to five local pharmacies. The prescriptions were written over a 14-month period. Medical records were reviewed by a pharmacist, and the patients

were telephoned 3 months after their final prescription for an interview to find out if they if they had any adverse events or problems.

The study's results are not particularly surprising, because one of the most common reasons for prescription error is physician handwriting, Dr. Simpson said.

However, once electronic prescribing becomes more common, it will bring with it errors and challenges that are unique to the process, she said. For example, physicians can easily point their cursors to the wrong box and click, thereby inadvertently canceling a prescription or ordering the wrong one. And, of course, computers sometimes go down temporarily.

Some states do not allow electronic prescribing, and most do not allow prescribing of scheduled drugs. Moreover, electronic prescribing technologies are not automatically entered into electronic medical records.

"Until all these systems are integrated, we are not going to have widespread adoption of this," Dr. Simpson said.

Of the nine physicians and one nurse practitioner in the practices, four adopted it immediately, three used it about half of the time, and three did not use it at all. If doctors did not take to the technology right away, they never did, she said. ■

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