

Negligence about Unrestricted Smoking among Mentally Ill Patients

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ABSTRACT

Smoking is injurious to health therefore, prohibited almost everywhere and considered illegal. A lot of people are already aware about the side effects of it, but still chooses to get addicted, which is a bad choice. In hospital settings, it has been observed that smokers are not following the hospital policies and continue to smoke even in restricted areas, amid other patients which put the others health at stake. Mentally ill patients should be abstaining from smoking; therefore, Negligence in this regard can lead to serious consequences. Careless behavior of hospital staff in controlling the smoking in the hospital premises must be criticized and should be rein in immediately in order to protect from further harm.

Keywords: Smoking; Hospital policies; Mental illness; Negligence

INTRODUCTION

Almost 32% of population with mental illness smoke cigarettes, compared to just 18% of the general population. The rate is far higher among people with schizophrenia. It is estimated that nearly 40% of all smokers have a mental illness. Like all smokers, they use tobacco because it can be a way of dealing with feelings such as boredom or stress, and they become physically addicted to nicotine. Nicotine and other chemicals in cigarettes may temporarily affect the positive and negative symptoms of schizophrenia. As a result, smokers generally need higher doses of antipsychotic medication, which can lead to increased side-effects.

DEFINITION OF NEGLIGENCE

According to law negligence is defined as failure to use reasonable care, resulting in damage or injury to another [1]. Commonly negligence involves an attitude of mental unresponsiveness, careless conduct, a violation of a duty, which is under the Law or by statute or under a contract of duty. Sometimes it may also arise out of the circumstances of duty, which are too demanding. The important characteristics of negligence are 'occurring of event'. Occurring of event could be either imposed. According to Rogers "Negligence is conduct that falls below the standards of behavior established by law for the

protection of others against unreasonable risk of harm". We mention in this sense like negligence in care of mentally ill Patients [2].

"It means that there has been some act or omission on the claimant's part which has materially contributed to the damage caused and is of such a nature that it may properly be described as negligence" [3].

According to Gullion "Failure to exercise the degree of care considered reasonable under the circumstances, resulting in an unintended injury to another party" [1].

SIGNIFICANCE

Negligence is a violation of a legal duty to take care that result in damage to the petitioner. Under the common law the law of negligence has existed since early last century under the basic principle that those who suffer harm through the fault of another should be compensated for their losses. Negligence cases do not turn simply on whether or not a duty exists, but on whether or not the duty extends to the type of damage that has actually been suffered. The two types of damage that cause the most difficulty are economic loss and psychiatric damage. The ability to recover for psychiatric and economic damages is discussable. So the cigarette smoking is more significant aspect

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of negligence in clinical or mental health settings that can be so dangerous for patient's health and safety.

Today everybody is well aware about how bad smoking is for health. Smoking is restricted and banned in approximately all public places and cigarette companies are no longer allowed to advertise on TV, radio, and in many magazines. Approximately everyone knows that smoking causes cancer, emphysema, and heart disease that it can shorten the life.

There are some effects of nicotine which can aggravate some of the negative effects of mental illness. Tobacco smoking is today by distant the most popular form of smoking and is practiced by over one billion people in the majority of all human societies.

People with mental illness are 70% more likely to smoke than those who are not mentally ill and at least 50% less likely to quit successfully. This not only includes the people with depression and anxiety disorders but also schizophrenia and bipolar disorder. Mentally sick patients should be restricted by staff for smoking. It is important to prevent them from further complications.

SCENARIO

On my clinical rotation in mental hospital I was taking history from my client Zahoor who was diagnosed the mood disorder and psychosis suddenly he excuse me and go to obtain cigarettes. When he came back to me he was smoking. On my asking he said that he always got cigarettes from a ward attendant who was an employee of this organization. After that I observed many other psychiatric patients doing cigarette smoking openly in health care setting in front of all health team members. I observed that nobody was trying to restrict them from smoking. Even I notice that some of the health team members were also smoking openly in this clinical setting area. It was both ethically and legally wrong. And demonstrate the negligence of health team members about unrestricted cigarette smoking in mentally ill patients in health care settings. Even nobody bothers that it should not in hospital circumstances and it can be harmful for patient's health. It was a medical negligence and it argue that the system of care appears to be largely responsible for the initiation, extent and perpetuation of an extensive smoking culture with this setting must be considered when looking at the 'rights' argument.

ANALYSIS OF ISSUE

Smoking habits show a discrepancy by culture, from pariah practice to soothing hobby. Tobacco was considered a self-punishment by many early cultures, while other materials, such as opium and marijuana, were deemed to have medicinal, even magical, properties. According to a World Health Organization report Current smoking trends are declining in many industrialized nations and increasing in countries like China and Russia [4].

In India, Ayurveda medicine prescribes tobacco use "for healthy living". Asia currently has the largest population of smokers in the world, particularly China as discussed above.

Public opinions on smoking changed in the 1990s as health risks became undeniable. As of 2011, smoking is banned in many public places and tobacco use has plummeted [5].

Research shows that nicotine can have antidepressant and antipsychotic effects and advocates for the mentally ill also maintained that it would be cruel to deprive patients of one of the few pleasures they enjoyed while hospitalized.

"In the early 1990s, California issued the first statewide ban on smoking in workplaces, including bars and restaurants. Nearly 3,000 state or local jurisdictions require workplaces and commercial establishments to be smoke-free". In our culture it is strongly prohibited because it's a kind of addiction and addiction is prohibited in Islam.

Consequentialism is the class of normative ethical and moral theory that assesses things, actions, persons, policies, and institutions by the value of their consequences. This theory is applicable in this situation. As an ethical theory consequentialism is attractive as there is always an outcome and the correct moral response is the one which will produce the greatest good. If the staff well aware about the consequences of smoking they will must try to escape mentally ill patients from negative consequences.

There is a strong relationship between negligence and care of mentally ill patients. Because there is need a keen observation of mentally ill patients they are unable to take good care of their selves without any direction. If health team members do not give them any right or wrong direction they can adopt any harmful habit easily.

According to the Australian Occupational Health Safety and Welfare Act 1986, "there exists a 'legal obligation of the employer to provide a safe working environment free of foreseeable and avoidable risks to health and safety for employees and others who may enter it" [6].

According to the Centers for Disease Control and Prevention (CDC) "around 31% of cigarettes in the U.S. are smoked by people with mental illness which can cause further harm to their health" [3].

Dr. Thomas R. Frieden, director of the CDC, said hospitals had historically resisted going smoke-free, fearing it would interfere with treatment. This reviews the legal concerns that may apply to psychiatric inpatient settings given current clinical and administrative practices involving smoking.

"Individuals with mental illness are one of the largest remaining groups of smokers, accounting for 44% to 46% of cigarettes sold in the United States" [3].

The issue of negligence is also multifarious. It involves decisions about an ordinary and reasonable person or ordinary and reasonable professional would regard as acceptable standards of care. Where there is reduced capacity, such as in the care of a psychiatric patient.

Balancing any rights of patients to smoke in their living space with the rights of staff to a smoke-free work environment becomes difficult, especially in locked settings where staff have

designated roles in supervising patients while they are in the smokers' 'cage'.

Other countries have introduced legislation to protect people, including workers, from environmental tobacco smoke, e.g. Australia, Canada, Hong Kong, Norway, with Eire. In a more recent study, Guebaly, Currie, Brown and Gloster also conducted a critical literature review of empirical studies to investigate the impact of total or partial smoking bans on smokers who are in long-term mental health and addiction settings [5].

STRATEGIES

In this section different interventions to minimize the risk of negligence about cigarette smoking especially regarding care of mentally ill patients. This study aimed to determine the prevalence of smoking and substance abuse in mentally ill patients and ways to quit this bad habit in mentally ill patients and strict supervision of health team members who are giving care to mentally sick patients under hospital circumstances.

“The availability of continuing medical education programs on tobacco dependence for psychiatrists and psychiatric nurses, however are profoundly lacking” [1]. We have been delivering a focused Continuing Medical Education (CME) curriculum to mental health practitioners since 2006.

The behavioral health system is well suited to provide tobacco dependence treatment. Clinicians and staff have many opportunities to intervene. “We have developed a comprehensive model for Mental Health Tobacco Recovery in New Jersey that has the overarching goal of improving tobacco administration and policy in mental health 123 cessation for smokers with mental illness” [6]. This approach recognizes the complex biological, psychological, psychosocial and behavioral characteristics as well as the social and environmental factors that may be critical in sufficiently assessing the needs of the population and delivering optimal treatments. Psychiatric hospitals move toward imposing smoking bans as a priority for staff, patients and visitors in line with general hospitals.

DISCUSSION AND CONCLUSION

After all discussion and literature review I conclude that there should be hard and fast rules for on duty staff to check the

mentally sick patients for smoking, negligence in this regard should be punished because this is both ethically and legally wrong. These results show that a complex set of dilemmas exist in psychiatric settings with regard to smoking. These include balancing the right to smoke, the right to adequate standards of care and the right to safe work practices and environments. The issue of neglect and negligence, duty of care also be discussed in relation to these results.

The results of several studies on smoking bans in psychiatric settings have shown favorable results with staff. There should be legal implications for unrestricted smoking among mentally ill patients by health team members in our set up according to our cultural context. Psychiatric hospitals move toward imposing smoking bans as a priority for staff, patients and visitors in line with general hospitals.

Significant improvements in the work environment can be achieved and acceptable effective Policies can be developed, especially if there is consultation and co-operation between the patients and health team members.

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