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jdobson@bmj.com Follow Juliet on X @juliet_hd

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Taking action against industry influence

Juliet Dobson *managing editor*

The continuing medical education (CME) provider Medscape has withdrawn a set of courses on smoking cessation sponsored by the tobacco company Philip Morris International (doi:10.1136/bmj.q948).¹ The decision came after an investigation by *The BMJ* that uncovered PMI's funding and after widespread concern among health professionals about the tobacco industry's influence on medical education (doi:10.1136/bmj.q830).²

One of the accredited CME courses did not suggest stopping smoking when advising a smoker who wanted to reduce his cancer risk. Instead the series focused on non-smoking alternatives, such as e-cigarettes, nicotine pouches, and snus. The push to encourage healthcare professionals to recommend these options corresponds with PMI's commercial interests, because, as the investigation points out, it sells non-cigarette nicotine products.

Corporate interference in healthcare is nothing new, and the tobacco industry's use of its power and funding to deny or manipulate scientific evidence, lobby political leaders, influence health policy, and use scientists and other experts to promote information that minimises the harms of their products is well documented (doi:10.1136/bmj.e8082 doi:10.1136/bmj.p2922).^{3 4}

The Medscape situation calls into question whether the standards used to accredit these courses are robust enough. Ruth Malone, an expert in tobacco control and former editor in chief of the *BMJ* journal *Tobacco Control*, argues that the standards of the Accreditation Council for Continuing Medical Education must be "upgraded, urgently," because "tobacco companies should have no role in providing education for health professionals" (doi:10.1136/bmj.q950).⁵

Kumanan Rasanathan and colleagues consider the structural and policy choices needed to build a healthy society in light of the many crises the world is facing (doi:10.1136/bmj-2023-075485).⁶ They caution that "implementing these policies is resisted by powerful interests that benefit from the status quo." Nowhere is this more evident than with tobacco control. The World Health Organization estimates that 1.3 billion people use tobacco products (<https://www.who.int/health-topics/tobacco>), 80% of whom live in low or middle income countries, and that tobacco kills more than eight million people a year (<https://www.who.int/news-room/fact-sheets/detail/tobacco>).^{7 8} Tobacco use contributes to poverty and widening health inequalities. Tobacco control measures aimed at creating smoke-free generations can help and are being put in place by governments, including the UK's (doi:10.1136/bmj.p229710).⁹ The industry's moves to promote non-cigarette nicotine products are part of its efforts to remain commercially viable and

undermine attempts to end tobacco use (doi:10.1136/bmj.q950).⁵ This was shown recently when New Zealand rolled back its popular plan for smoke-free legislation, with the industry's opposition influencing the decision (doi:10.1136/bmj-2023-078799).¹⁰

Industry influence is also evident in new figures showing that deaths from alcohol related illness in the UK have reached record levels. Children in the UK have the highest rates of alcohol consumption among European countries, while the alcohol industry spends £6bn a year on promotion worldwide (doi:10.1136/bmj.q963).¹¹ Rasanathan and colleagues advise that "these interests can be overcome only by principled political leadership and social mobilisation" (doi:10.1136/bmj-2023-075485).⁶

But speaking out about principles comes at a cost. Sarah Benn, a former GP, was recently suspended from the UK medical register for participation in a climate protest that broke an injunction (doi:10.1136/bmj.q940).¹² Benn's case has raised concern in the medical community. Should doctors who break the law while raising awareness of the climate emergency face the medical regulator, even if their actions have no bearing on their ability to practise medicine? Where does this leave other health professionals who face the moral dilemma of wanting to protest to highlight the climate crisis but fear risking professional sanctions for their actions (doi:10.1136/bmj.q1012)?¹³ John Launer takes a look at the history of medical activists who put their careers at risk and applauds them for their courage in "making social action a priority" (doi:10.1136/bmj.q939).¹⁴

Competing interests: I am a trustee of the UK Health Alliance on Climate Change.

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