

## Medical Science and Public Policy: Smoking Starbucks, Mary Jane, and Stem Cells

A few days I awoke from a dream chuckling. In the dream, I was walking in San Diego early one morning. I peered into a Starbucks's window and saw a group of elderly folks enjoying a cigarette and cup of coffee while reading the morning paper. How could this occur in one of the most stringent anti-tobacco states in the nation? Why would I have such a preposterous dream?

Actually, the genesis of the dream was quite simple, spurred by several recent articles I had read. The first appeared in the *Miami Herald* and elsewhere. It cited a University of Miami School of Medicine study that "People who smoke cigarettes and drink coffee are less likely to have Parkinson's disease." This was not surprising because for years many patients with Parkinson's disease have told physicians that coffee and cigarettes help their disease. California has a coffee house on nearly every corner, where many from the bustling hordes stop by several times a day for a coffee product fortified with an extra shot or two of caffeine. Many other communities are not far behind. On the same day, I read a blurb from a health newsletter where various groups were blasting beer maker Anheuser-Busch as irresponsible for introducing a caffeine fortified flavored drink, *SPYKES*, which they demanded be withdrawn from the market. Finally, I read a newspaper account of how Governor Bill Richardson was to sign a bill whereby New Mexico would join California in permitting medical marijuana use.

From a scientific standpoint, I believe most of the above noted habits and substances are deleterious to one's health and one should avoid them. If any substance has medical evidence of

efficacy, we should have it available through controlled medical channels. That is not what has happened. In certain communities within California, a wide selection of various popular marijuana varieties is available to anyone with a "medical need" note. Such notes allegedly are as easy to obtain as those used by teenage girls to get out of gym class when I went to school: "Please excuse Mary Jane (pun intended) from gym class. She has her period." The bottom line is that certain communities have decriminalized smoking marijuana because of social, political, and economic – not scientific – factors. The real motivations differ little from those that spurred the repeal of prohibition or influence contemporary public policy, e.g., stem cell research.

I am not a big fan of enticing young folks to drink flavored alcoholic beverages or coffee fortified with caffeine. Most do not need the extra calories, alcohol, or caffeine. However, these substances are legal and I believe it is "splitting hairs" to ban one and not the other. Education is probably our best weapon.

I am not advocating for designated "smoking permitted" Starbucks. However, I believe the scientific, social, and economic justification for their establishment certainly is more convincing than that which allows widespread access to marijuana in some communities. Some folks with Parkinson's disease do not smoke or cannot afford to purchase cigarettes. Allowing then access to a facility where they could derive some benefit from secondhand smoke, while also enjoying a double shot coffee and some companionship, theoretically therapeutically could be beneficial. Such facilities could seek out employees with Parkinson's disease to work there. With the aging of the population, it certainly is not far-fetched to envision a politically active group justifying

legislation to allow the operation of medical “smoking permitted” Starbucks.

I hate the bile that permeates many contemporary public policy debates. I especially dislike the vituperative and sanctimonious manner in which various factions use alleged scientific evidence to justify their positions. The health care sector has recently embraced “evidence based medicine” as a buzzword and mantra. Such an approach is great to guide the care of individual patients but has a propensity to foster discord and acrimony if pushed too hard within the public policy arena. Successful health care policy has always reflected a blending of social, political, economic, and medical sciences. Openly acknowledging and accepting this fact, rather than pontificating from a platform of claimed scientific superiority, would help quell the rancor and polarization.

The list of “scientific” issues that permeate contemporary public policy debate is long. It includes such items as evolution, creationism, abortion, stem cell research, global warming, physician assisted suicide or prisoner execution, tobacco use, alcohol and drug abuse, caffeine products, carbonated beverages, trans-fats, gambling addiction, and fast food. Moreover, traditional political labels, e.g., Democratic or Republican, conservative or liberal, traditionalist or progressive, are of limited value in delineating the position of an individual on many such issues. For example, one may be socially liberal but economically and politically conservative. A few years back during an interview with television host Larry King, Bill Maher, while railing about the scientific idiocy of the Bush administration’s position on evolution, stem cell research and other items, suggested that the Democratic Party should become the party of science. I wondered how that would work in the case of advocating for “survival of the

fittest”, rather than compassion and assistance for the disabled and less fortunate within our society.

Few of our views on health related public policy issues represent only a weighing of the “best science.” Economic, social, cultural, and related factors influence all of us. Advancing consensus, accord, and accommodation requires refraining from insulting or deprecating others, ostensibly based upon science. It makes little difference whether the debate centers on stem cell research, medical marijuana, abortion, caffeine, or smoking. The need for civility, propriety, and compromise has never been greater.

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