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From the Editor's Desk

PERSONAL RESPONSIBILITY FOR HEALTH

Taking personal responsibility for health involves a commitment to adopting a healthy lifestyle — frequent exercise, not smoking, and weight control. The ramifications of this responsibility recently received wide media coverage when surgeons at Adelaide's Queen Elizabeth Hospital declined to perform certain elective surgery on patients who are obese or who smoke.

Exclusion of this kind is becoming increasingly common. The World Health Organization will no longer hire people who smoke, chew or snuff any tobacco product. In the United States, health insurance costs less for non-smokers and people who complete weight-loss programs, and there are added financial incentives promoting participation in health screening or "Quit" programs.

Indeed, a US survey in July 2006 found that more than 50% of Americans think it is fair to ask people with unhealthy lifestyles to pay higher insurance premiums and higher deductibles or co-payments for their medical care. US insurance agreements now include statements such as: "I will do my best to stay healthy", "I will go to health improvement programs as directed" and "I will go [to my doctor] for check-ups". Moreover, the *BMJ* recently featured a debate on whether smokers or obese patients should be denied elective surgery.

Understandably, both the *BMJ* initiative and the Queen Elizabeth Hospital edict provoked a deluge of dissenting opinions, protesting that these draconian decisions by doctors overrode individual freedom and patients' autonomy.

There is an abiding principle in medicine: "*Primum non nocere*" — first, do no harm. Should there not be an equivalent for patients, namely: "first, do no harm to oneself"?

Admittedly, the issues are complex and divisive. However, we are yet to have a community debate on precisely what the personal responsibilities and consequences for making lifestyle choices should entail. Perhaps the time has come to have this debate.



Martin B Van Der Weyden

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