Smoking: The Abominable Health Decision

Do you smoke? Do you know any smokers? Or rather, the question is, why do people smoke? The World Health Organization (WHO) estimates that "smoking will kill up to one billion people in the twenty-first century." Corporations prey on consumers' unconscious desires for social acceptance, facilitating this death toll (Singer 120). Are we still questioning the smoking problem? Crude statistics point out facts that society refuses to accept. Reliant on the concept of freedom and self-judgment in autonomy, the public veers clear of facts too realistic and daunting. The fear of paternalism stems from the stereotype that it restricts freedom and responsibility, ruling tyrannical policies by obliterating individualism. Jacob Sullum insists that coercive measures only affect the social perception of smoking, inducing mere smokers to appear in exaggerated states of addiction. However, as Sarah Conly explains, paternalism is a flexible concept focused on facilitating a better path for the individual's best interest. It concerns authority figures, including parents, teachers, corporations, and governmental power. Given the spectrum of authority that paternalism can stem from, we can reconsider whether health decisions should be left solely up to individuals. Although individual values of freedom are important, health decisions to smoke should not be a personal burden because paternalism promotes just health outcomes by offering solutions to problems of self-control.

By aptly intervening, paternalism can be used to our advantage in enforcing healthier prospects for the majority over the minority and enabling a just end to detrimental harms. Sarah Conly refutes a huge misconception of paternalistic values, claiming that it is about "doing what is necessary, even if it is sometimes unwelcome, to allow people to live the lives they truly want to live" (Conly 349). While paternalism has its restrictions, its unlimited influence on society proves useful in overturning social trends. Smoking is a social trend unknowingly facilitated by the society that rewards special smoking zones, created from public taxes, also taking up available space with potential facilities for the disabled or elderly. Smoking zones also emit air pollution, possibly creating second-hand smoking. Peter Singer asks "who decides the proper balance between public health and freedom of expression" (1). This false dichotomy reduces the complex issue of smoking to mere health and expression when smoking is a social phenomenon facilitated by loose regulations and wrong perception. Medical research is too advanced to merely dismiss smoking as a form of expression. However, Singer does reasonably ask who makes the decision, indicating paternalism or autonomy. Without paternalism, smokers may be living the lives they truly want to live. Still, the impulsive decisions of the minority threaten the majority, a reality that paternalism could effectively stop with appropriate intervention. In this case, we need an intervention that pertains to restricting cigarettes' purchase and increased visceral advertisements of health risks warning constant vigilance.

Indeed, advertisements can promote beneficial vigilance because smoking is a social consequence of weak vigilance. To provoke visual vigilance of being alert to the detrimental truth of pain inducing cigarettes, the media permits visceral graphics of smoking induced illnesses on cigarette packaging. John Mill may have accepted these graphic photos over banning cigarettes (Singer 120). Undoubtedly, his alternative solution to paternalism has been tested ineffective and obsolete because warnings do not create judgment. While the public was aware of the health precautions on cigarette labeling, it was their choice to ignore the implications because they chose to lightly compare it to "walking across the street" (Sullum 2). Alan Landers indignantly claimed cigarettes as "merchants of death" in an angry retort dismissing health warnings that "[didn't] say the truth" (Sullum 3). However, his claim in 1995 was based on a generalization of his past ignorance of health hazards warned by government officials and

scientists, deeming every other warning as ineffective and detrimentally hidden from the public. Health warnings on cigarettes grant autonomy but pave the way for misjudgment and advice previously disregarded as insignificant and false. Graphic warnings do not efficiently guide the public away from danger but integrates itself as inevitably granted truths, reinforcing confirmation bias. Leniency does not solve problems stemming from a lack of self-control. Granting autonomy facilitates weak vigilance because it gives people the room for an excuse to choose to smoke. Ultimately, it leaves individuals with health consequences that could have been prevented in the first place through moderated paternalism of effective intervention instead of loosened vigilance granting autonomy.

Although the value of freedom is higher than longevity, individual values can't be considered a logical basis to determine and fulfill good health. Smoking builds a social trend by manipulating personal habits as a generally forgivable mistake that it is easy to forget society's susceptibility to social norms expedited by individual behavior. If it is in the individual's best interest to enjoy life's impulse rather than its longevity, it is inappropriate for outside forces to intervene in their decision to smoke. *National Review* columnist Florence King makes a reasonable claim when she points out that smokers prioritize individual values when smoking, deciding to savor life overextending it (Sullum 6). However, King's claim is flawed by disregarding the typical outcome of damaging health consequences. Alluding to Jonathan Pugh, Parfit-Radcliffe Richards Senior Research Fellow of the Oxford Uehiro Centre for Practical Ethics, specifically his critique of paternalism as back-door perfectionism, there is no objective truth to smoking, merely a subjective belief of pursuing what the individual thinks is best (Conly 350). What King disregards is the contradictory values between ambitious smokers and retired smokers who seek treatment later. These individuals who choose to smoke burden the healthcare

Cho 3

system. While choosing to pick up a cigarette is a personal choice, everyone pays for health complications through public health care costs (Singer 119). Essentially, assets that could be allocated to treat inevitable health concerns of the poor and the elderly are wasted by impulse decisions to smoke. The second-hand consequences inflicted on the public are too detrimental to disregard. In this case, it is selfish to prioritize the individual needs triggered by a fictitious declaration to savor life over society's well-being. It is crucial to consider the realistic outcome of smoking by prioritizing the logically medical aspect over self-centered aspirations.

Picking up on the flexible concept of paternalism, we could venture into the future of advertising and labeling of cigarettes that effectively change behavior instead of scraping the surface of visual perception. Health prospects and notions of self-control are a priority thus paternalism should be warranted in health decisions. Some degree of paternalism should be balanced with autonomy. However, society should refrain from cherry-picking favorable aspects because individuals are not solely the best judge of their best interests. It is always essential to consider whether individualistic values are worth risking the benefit of society. So, why do people smoke? We should not give them the benefit of the doubt by trusting their decision but begin questioning the absurdity of their fatal habit amidst the setbacks in society and health they impose.

Works Cited

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