The Issue

In community settings and long-term care, smoking policies can be challenging. Can the rights of smokers to make autonomous decisions regarding their smoking behaviours in their own homes be respected in ways that also respect the rights of nonsmokers, within a space that is safe for staff and patients? What are the implications for care when a resident or client is no longer capable of smoking safely? How can we best provide care for people with nicotine addiction who also have cognitive impairments that compromise their ability to understand the rules and consequences of smoking in a communal setting?

Ethical Considerations

Values

Public health: Balancing the benefit/harm to one against the benefits/harms to the wider community

Choice: To smoke, to avoid exposure to smoke

Safety: Risk of fire/unsafe smoking behaviours; health risks of smoking; health risks of exposure to environmental smoke

Respect: Recognition that the environment is the resident’s home

Dignity: Avoidance of need for covert smoking; support for withdrawal symptoms

Care: Ability to provide necessary care to residents; maintaining therapeutic relationship/emotional connection

Fidelity: Trust relationships, truthfulness, conflicts of interest, personal agendas
Ethics Issue Quick Reference: Smoking in Care

Ethical Considerations, continued

Ethical Principles

**Autonomy:** Respect for the smoker’s right to smoke, for the nonsmoker’s right to live and work in a smoke-free space

**Beneficence:** Supporting healthy behaviours; client and staff well-being

**Non-maleficence:** Avoiding the negative effects of unwanted withdrawal; avoiding the negative health effects of exposure to environmental smoke; minimizing the negative health consequences for smokers by limiting or eliminating smoking

**Fairness:** Equitable treatment of all residents and staff

Ethical Theories

As you are working through the situation, consider

**Consequences (e.g. utilitarianism):** What are the implications of forcing people to stop smoking, of exposing staff and other residents to environmental smoke, of limiting individual freedoms, of denying certain populations the benefits of smoking? What will serve the greatest good?

**Rules and obligations (deontology):** What is the value in adherence to bylaws and policies? What guidelines are in place that affect smoking behaviour?

**Relational Ethics:** This is about preserving relationships, trust, and emotional connections. If someone with an addiction will have to stop smoking, what plans are in place to minimize the negative outcomes?

For more information, see the reference list on page 3.
Ethics Issue Quick Reference: Smoking in Care

Questions for discussion and consideration

1. What values are in conflict?
2. How can the conflicting values be weighed or balanced?
3. What principles need to be considered?
4. What obligations exist?
   - To the smoker
   - To nonsmoking co-residents
   - To staff
5. What will best demonstrate caring and respect?
6. What will minimize harm to all involved?
7. What are the available options?
8. What supports are in place for facilitating either option?
9. What are the ramifications of each option?
10. Is it compliant with an organization’s mission, vision, values, policies, etc.?

References

The following is a brief list of resources that may be helpful in considering this issue. It is not an exhaustive list, but identifies some helpful sources discussing the major components of the issue.


Lester, P. & Kohen, I. (2007). Smoking in the nursing home: a case report and literature review. Clinical Practice in Long Term Care (9), pp. 201-203. Describes the considerations involved in balancing the personal autonomy of smokers against safety and the risks and harms to staff and residents.
For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.