The focus of this column is to present topics of interest from a variety of journals to Oncology Nursing Forum *readers. The topic of this issue is the history, politics, and public health implications of tobacco control.*

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The First Surgeon General's Report on Smoking and Health: The 50th Anniversary

The first Surgeon General's report on smoking and health was issued on January 11, 1964, by Luther L. Terry, MD, who was Surgeon General of the United States at that time. In commemoration of the 50th anniversary of this report, Brawley, Glynn, Khuri, Wender, and Seffrin (2014) offered a historical commentary that gave information to healthcare professionals, specifically to those working in the field of oncology. The Surgeon General's report provided the basis for the effects of tobacco use on humans. It concluded that cigarette smoking caused lung and laryngeal cancer, and that additional evidence suggested a possible link to other diseases (e.g., other types of cancer, emphysema, cardiovascular disease). According to Brawley et al. (2014), that report was the most pivotal public health document ever written because it provided a clear example of the power of science to drive public policy.

In the 1960s, the United States was the world's largest producer, manufacturer, and exporter of tobacco; its use was integral to American culture and lifestyle. Lung cancer was a rare diagnosis in the 19th century. However, the 20th century brought a sharp increase in the prevalence of lung cancer and related deaths, which led to the first case control studies linking smoking with lung cancer. In the 1940s, a dramatic rise in lung cancer was associated with improvements in the mass production of cigarettes, and by 1950, lung cancer was the most common cancer diagnosis among American men. Cohort studies in the United Kingdom and the United States during the 1950s provided data that suggested that cigarette smoking caused lung cancer. Those case control and cohort studies led to widespread media reports indicating the harmful effects of smoking. However, the growing public concern only led to a small decrease in cigarette consumption. At that point, the tobacco industry expressed doubt regarding the deleterious effects of tobacco and, in response, filtered and menthol cigarettes were developed along with a marketing focus to engage more female smokers.

Throughout the 1950s, statements were issued around the world about the harmful effects of smoking. In 1962, President John F. Kennedy was approached by leaders of public health groups and the media requesting intervention regarding the tobacco problem. After that, the Surgeon General formed an expert advisory committee to assess the relationship between smoking and health and to formulate recommendations. The work of this group gave strength to the tobacco control movement, aroused public awareness that gradually led to the acceptance of the dangers of tobacco and cigarette smoking, and invoked government authority to protect public health.

Brawley, O.W., Glynn, T.J., Khuri, F.R., Wender, R.C., & Seffrin, J.R. (2014). The first Surgeon General's report on smoking and health: The 50th anniversary. *CA: A Cancer Journal for Clinicians, 64,* 5–8. doi:10.3322/caac.21210

Cigarettes Become a Dangerous Product: Tobacco in the Rearview Mirror

An article by Dorfman et al. (2014) focused on framing health choices and building on the conceptual framework of tobacco control and cigarette smoking. The authors drew attention to the tension between personal responsibilities to heed the warnings and the role of government to enforce a public health danger such as tobacco use. Dorfman et al. (2014) identified tobacco control efforts as the movement that initiated policy interventions, ultimately reducing morbidity and mortality from tobacco use. Dorfman et al.'s (2014) retrospective review posed a provocative question: Why has tobacco remained the leading cause of preventable death globally? The tobacco industry has taken a stance against government involvement, leaving it to individuals to choose whether to smoke. The industry believes that personal responsibility is ample enough for the public to stay healthy without government oversight on the production and distribution of known harmful substances. Rugged individualism was identified as an enduring American framework, but it presents problems for tobacco control because of its basis on the notion of personal choice. A public health perspective includes shared responsibility between individuals and the forces that shape policy and behavior.

Dorfman et al. (2014) conducted a content analysis examining responsibility rhetoric in tobacco-related issues from 1952–1965. The three sources analyzed were the *New York Times,* the *Washington Post,* and the *Congressional Record.* The authors found more than 2,000 articles, and after excluding articles based on their relevance to tobacco, 306 documents were analyzed. News coverage during that time centered on the harmful health effects of cigarettes. Stories covered the dangers of smoking, the findings from the Surgeon General's report, regional smoking trends, policies to address the danger of smoking, and profiles of individuals trying to quit. Less than 10% of the articles focused on the tobacco industry's involvement. The authors' analyzed how speakers framed responsibility in tobacco-related news and selected legislative documents.

Responsibility was conceptualized in three frames: causality, culpability, and accountability. Causality frames charged cigarettes as responsible for lung cancer and other health effects. Sixty-eight percent of the causality debate in the news held cigarettes responsible for