

Should Employers Place a No-Hire Ban on Smokers?

Priya Larson argues that companies have the right not to hire smokers and that doing so will create a better working environment. Virginia Saurman counters, suggesting that this move could set a dangerous precedent.

YES In late 2010, Anna Jaques Hospital in Newburyport, Massachusetts stopped hiring smokers. While many companies encourage their employees to participate in smoking cessation programs, Anna Jaques has taken this concept one step further. Citing a desire to create a healthier working environment, by implementing this policy the hospital has joined a growing trend based on improving the workplace environment and decreasing health insurance costs.

Police and fire departments in MA have implemented this policy of hiring no smokers as part of their pension rules since 1997, rightly claiming that smokers might be incompetent for such physically demanding

jobs (Don't Puff, Don't Tell). A spokeswoman for Anna Jaques specified that the hospital has a right to eliminate smoke from its campus and employees, especially if it promotes healthy people and a healthy environment. Current Anna Jaques employees can also volunteer to pass annual health screenings including a nicotine test in exchange for a \$500 deposit to their health saver account.¹

The Massachusetts Hospital Association (MHA) also stopped hiring smokers this year. The CEO, Lynn Nicholas, backs her policy with a desire to decrease tobacco use as well as to lessen health care costs and to act as a role model for other companies.

While the new policy could decrease costs and workplace hazards, critics bemoan the loss of behavioral freedom. If this

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NO In late 2010, the Massachusetts Hospital Association adopted a policy of refusing to hire smokers. It is one of several hospital associations in the nation that have decided to stop hiring smokers. The policy does not affect current employees, only future hires. Unsurprisingly,

it has caused some controversy. Under the well-intentioned guise of making the hospital a safer place for patients and workers, the reality is that this is a cost saving measure with significant drawbacks that outweigh any possible financial gains. The potential negative affects of this policy are numerous.

One of the public reasons behind this no hire policy is the issue of third-hand smoke. Essentially, the possessions and homes of smokers are coated with the toxins such as hydrogen cyanide, butane (a lighter fluid), toluene (found in paint thinners), arsenic, lead, and carbon monoxide. These substances linger on possessions long after the smoke has cleared the room. These chemicals are pervasive enough to last for days. The study conducted by researchers at Massachusetts General Hospital claims that the greatest danger is for those who are in constant contact with these chemicals especially children and infants. However, with regards to the hospital environment, health care workers would not be in such close proximity to patients, and for not nearly as long a time as children of smokers would be at home. Hospitals are already smoke-free environments, so refusing to hire smokers (thus drastically reducing the presence of third hand smoke) could only be a minor benefit.

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trend continues, we must consider if it is truly fair for a business to trade employee freedom for lower costs. Smoking causes chronic disease and high health care costs. In a struggling economy, perhaps the policy is a fair way for a business to lower costs, attract clients, and be more competitive overall.

If a business's policy can encourage people to not smoke, both the business and society benefit. Lung cancer, mostly attributed to smoking, is the leading type of death-causing cancer.² Treatments for smoking-related health problems cost almost \$100 billion per year, and almost the same sum is forgone in lost productivity due to smoking-related premature death.³ The MHA's Lynn Nicholas believes limiting places where people can be smokers will lead to a future decrease in smoking.⁴ If this policy is widely implemented, it will be less convenient to be a smoker when looking for jobs.

Insurance companies charge higher premiums to smokers for a reason: smoking causes chronic disease. Premiums can double if a person smokes a pack of cigarettes daily, compared to not smoking. Avoiding paying for smokers' extra health care costs is a fair business objective, especially if employees are hired for the long run. Smokers take more sick days than non-smokers, leading to higher costs for their employers.⁵

A greater problem arises when one looks at the effects of this policy on the potential hiring pool: it shrinks the hiring pool. Around 18% of nurses say they smoke, the highest percentage in the health care field.¹ One could assume that the percentage in aspiring nurses is the same if not higher. There is already a nursing shortage in America, and by disqualifying an entire 18% of the potential nursing population, the nursing deficit will only continue. Additionally, this policy has the potential to discourage people from becoming nurses who wish to work where this policy is active.

In addition to limiting possible nurses, an essential part of any hospital system, this policy would shrink the hiring pool in other important ways. A higher portion of young women and people of color smoke cigarettes. This policy has the potential to unfairly affect these populations. The policy will harm the hospital, as talented and skilled employees may be missed simply because they choose to smoke.

Most smokers are addicted to the nicotine inside cigarettes. Nurses and other healthcare workers come from all socioeconomic backgrounds, some of which don't emphasize the danger of smoking. Either because they come from lower socioeconomic backgrounds or due to cultural influence, not every aspiring healthcare

Implementing this policy could be a form of financial aid for businesses searching to cut costs and increase productivity.

Hiring a smoker can harm a business in more than just financial ways. A hospital does not want to surround its patients with health care providers that smell like smoke. Even if an employee does not smoke on hospital grounds, he can still bring in carcinogens on his hair and clothes. A study led by Dr. Jonathan P. Winickoff of Harvard Medical School calls this hazard "third-hand smoke," referring to toxins from cigarette smoke that are emitted from a person or a room long after the cigarette has been extinguished. The research stressed that these toxins, which include cyanide, arsenic, and the radioactive polonium-210 are especially dangerous to infants and young children, who have faster respiration rates than adults.⁶ The carcinogens can, of course, harm adults, so it is understandable for any company to avoid exposing employees to smoke residue.

The policy of not hiring smokers might seem like an unwarranted form of behavior control. Some people ask if companies will try to reduce insurance payments by imposing a hiring ban on obese people or those who like to tan. Limiting smoking, however, is different from limiting other lifestyle choices.

worker has the same opportunities to be educated on the dangers of smoking. A ban on hiring smokers potentially deprives hospitals of highly skilled workers solely because they smoke.

So what would be the alternative to an issue such as this? Instead of refusing to hire smokers, money should be spent trying to encourage them to stop smoking. As stated before, the nicotine addiction makes quitting even more difficult, so quitting assistance services should be made available to health care workers who do smoke but want to quit. The potential for lost time and resources due to smoker illness will be outweighed by the higher patient volumes the hospital is able to treat with more hospital workers.

What's even more concerning is the precedent this sets. On the surface, refusing to hire smokers to work in a hospital seems logical. After all, smoking is a stigmatized activity in America. It is the perfect lifestyle choice to weed out in the world of healthcare. Being overweight and/or obese is also a widespread health issue in America. These conditions have all sorts of deleterious effects on a person's health, including increased risk for heart failure, diabetes, etc. The costs of insuring such people are high. Pregnancy also increases risk of death for the mother, and thus the insurance cost. If it is so easy to refuse to hire smokers

OPPOSING VIEWPOINTS

YES

Smoking can affect the comfort and well being of smoke-sensitive coworkers, patients or clients directly and immediately. While obese or artificially tanned people might develop chronic disease and therefore high health care costs, refusing to hire them is less justifiable. A well-tanned receptionist is fairly innocuous. A receptionist wafting smoke at you is unprofessional, bothersome, and even harmful. The no-smokers policy will probably not escalate to a ban on hiring just anyone likely to have an expensive health condition, unless the condition in question presents a more pressing concern.

The American Civil Liberties Union disapproves of the policy, calling it “lifestyle discrimination”.¹ In fact, thirty states have anti-discrimination laws that protect employees’ rights to legal activities such as smoking, drinking, and overeating while not at work. Massachusetts joins the remaining states in not “protecting”

smokers. Civil rights laws protect employees from religious, racial, ethnic, age, gender and disability discrimination, but not from smoking bans.

Companies instituting this policy should be careful to ensure they aren’t doing themselves a disservice. Plenty of qualified workers are smokers. President Obama smokes. Even some doctors smoke. A high proportion of young women and people of color smoke. The policy might shut out certain socioeconomic groups from gaining jobs, and it could certainly shut out well qualified candidates. A company must decide how to keep its best interests in mind. What is more valuable—hiring an expert who happens to smoke, or sticking to a policy that creates a healthier and cost-saving environment?

While America’s forefathers did not want to restrict freedom, our society could stand to make a few exceptions in order to save money on health care and insurance costs. It’s time to accept drastic changes, and it’s well past time to add an incentive.

NO

(and thus not having to insure them), then it is only a short step to refuse to hire people who are clinically overweight and/or obese, pregnant, or other common, “risky” health conditions.

These are the paramount issues with the policy of refusing to hire smokers. If the goal of this policy is to save money, then there are other ways to cut costs (which will not be discussed here as multiple volumes of books could be written on that subject). If the goal is changing people’s behavior, then the use of programs

encouraging/facilitating quitting would be more effective and less damning. The current economic climate and nursing shortage does not permit such a potentially damaging policy like refusing to hire smokers from being enacted. Hopefully, other hospital groups realize this and continue to hire smokers while simultaneously trying other methods to convince them to quit.

References for Opposing Viewpoints can be found online at TuftScopeJournal.org

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