

FDA is committed to increasing access to and use of smoking-cessation treatments, including NRT products with new indications and treatment regimens.

Finally, the FDA and the CDC are conducting tobacco-education media campaigns. Over the past 2 years, the FDA has aired the “Every Try Counts” public-education campaign to encourage adult cigarette smokers to “keep trying” to quit and to “practice the quit.” Since the campaign’s launch, more than 900,000 people have visited its website and more than 8500 have signed up for text-messaging programs designed to help smokers quit. This campaign complements the CDC’s “Tips From Former Smokers” media campaign. The Tips campaign, now in its 9th year, profiles people who are living with serious, long-term health effects from smoking and secondhand-smoke exposure. The 2020 campaign also includes ads featuring people who have cared for a loved one with a smoking-related disease. Between 2012 and 2018,

an estimated 1 million adults successfully quit smoking because of the Tips campaign.⁵

Because the smoking rate among adults has fallen in recent years, and because smoking can be overshadowed by other emerging public health issues, it’s possible to overlook the continuing toll of smoking on people in the United States. But this toll is staggering. About 34 million U.S. adults still smoke,¹ and half of them will die prematurely if they continue smoking.² Smoking kills nearly half a million Americans each year, accounting for nearly one in five U.S. deaths.² Sixteen million Americans are living with a serious disease caused by smoking.²

This epidemic is entirely preventable. Despite the tenacious grip of nicotine addiction, three in five U.S. adults who ever smoked have quit.¹ The initiatives described above are examples of the range of actions required for helping all smokers quit. It’s time we recognize smoking for what it is — our country’s

longest-running and deadliest epidemic — and treat it with a commensurate sense of urgency.

Disclosure forms provided by the authors are available at NEJM.org.

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1. Department of Health and Human Services. Smoking cessation: a report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, 2020.
2. Department of Health and Human Services. The health consequences of smoking — 50 years of progress: a report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, 2014 (http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm).
3. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. *Am J Prev Med* 2015;48:326-33.
4. Croyle RT, Morgan GD, Fiore MC. Addressing a core gap in cancer care — the NCI Moonshot program to help oncology patients stop smoking. *N Engl J Med* 2019; 380:512-5.
5. Murphy-Hoefer R, Davis KC, King BA, Beistle D, Rodes R, Graffunder C. Association between the Tips From Former Smokers campaign and smoking cessation among adults, United States, 2012–2018. *Prev Chronic Dis* 2020;17:E97.

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Taking Back Our Voices — #HumanityIsOurLane

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I couldn’t get out of bed after reading the headline about the murder of George Floyd by a Minneapolis police officer. I lay there in silent horror, staring at the ceiling, utterly numb. I couldn’t unleash the scream of pain inside. It took me 2 days to get past the deadened feeling. Then the tears finally came, and they didn’t stop for days.

It took me that long as a psy-

chiatry resident. It took me that long as someone who deals with and holds others’ emotions on a daily basis.

As a black, gay man in America, I thought I’d be used to these acts by now. Hearing about black Americans being murdered by law enforcement should no longer faze me, right? I shouldn’t be so affected by the violence experienced by LGBTQ+ people, right?

After all, these things happen every week. But I’m still not used to them. They take a piece of me every time.

As the tears ebbed, my mind turned to questions that come up every time another violent act of hatred occurs. How has the ongoing racism in America affected the patients I care for?^{1,2} What sort of trauma do they face every day, without respite? Even if I

stabilize someone psychiatrically on an inpatient unit, am I not sending them back into a world still filled with racist, anti-LGBTQ+, xenophobic, misogynistic sentiments and actions?

This time, one line of questions seemed more pressing than ever before: What is my role, as a physician, in advocating for a better world outside the hospital? And what can I actually do?

Sadly, one of my first thoughts was that engaging in social or political advocacy would get me in trouble. When I was in my first year of residency training,

In medical school, I had been told by a classmate that I'd probably won the race for class president because I was black and gay. Another classmate asked me if I'd gotten into medical school because "they had a certain number of spots for gay people." My professionalism was called into question when I spoke with administrators about the racism, homophobia, and bigotry I encountered in our institution. The list of microaggressions, aggressions, and implicit and explicit biases ran long by the end. Together, they sent the message that

If students and residents who identify as minorities experience heart-rending discrimination in their own institutions, how are they supposed to find their voice? How can they advocate for themselves and for their patients if they are continually told by their own universities to stay in their lane?

My experience is not unique. A Yale study of U.S. medical schools revealed that students from all minority groups experienced higher rates of mistreatment and discrimination than their straight, white, male, cisgender (non-transgender) colleagues.⁴ With the deck stacked against them, it's not surprising that when these students become physicians, they don't end up in leadership positions. My department's leadership team, like many in U.S. ivory towers, doesn't include a single black person. After facing, trying to change, and becoming disillusioned and burned out by daily instances of bigotry throughout training, many minority physicians leave after graduation for workplaces they hope will be safer and more supportive.⁵

But though the current statistics paint a bleak picture, there is hope. The hallowed halls of medicine may be whitewashed, but they're not the only halls that exist. Twitter, for example, offers an open platform, allowing people whose voices have been stifled to get their message out. Newspaper opinion pages are starting to amplify the words of minority doctors who have been ignored for too long.⁵ Marginalized medical trainees have started to band together to fight for their rights, with the prime example being the trainees at the University of Washington, who went on strike to call attention to

How can minority students and residents advocate for themselves and for their patients if they are continually told by their own universities to stay in their lane?

an attending physician told me he had been put on certain "lists" after attending antifascism rallies; I was afraid to ask for more details. And who can forget that in 2018, when physicians spoke out about the need for gun control and reducing deaths from gun violence, the National Rifle Association tweeted, "Someone should tell self-important anti-gun doctors to stay in their lane"? Directives to "stay in your lane" have in fact echoed throughout history whenever physicians have attempted to speak out on issues deemed too "political."³ As a budding physician without a platform, I certainly had such concerns on my mind.

But there was also something more insidious at play: I realized that medicine itself, with its inherent bigotry, had conditioned me to silence. I had lost my voice.

I didn't have anything of real value to contribute. I was just a diversity statistic. Even more damaging, I started to believe that everything people thought about me was true.

But somewhere inside me, I held on to hope that it wasn't. I desperately hoped that when I left medical school for residency, things would get better, that I'd regain my confidence and, with it, my voice.

Things only got worse. I was told I was unprofessional because I didn't wear a tie (which conflicts with my gender expression and identity). An attending told my program director I had rolled my eyes at her (I hadn't, and this is a classic racist trope). If my voice was damaged before, during residency it shattered. I was now terrified every time I tried to speak up.

inadequate salaries and problems with their work environment.

In the face of systemic and individual racism and rampant other “isms,” we can no longer remain silent. I believe we have a duty to heal not only our patients, but also the world at large. I am finally getting my voice back. Ultimately, I would love nothing more than for the voices we hear in medicine to reflect the diversity of the rest of our world.

Disclosure forms provided by the author are available at NEJM.org.

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1. Thames A. Study: racism shortens lives and hurts health of blacks by promoting genes that lead to inflammation and illness. *The Conversation*. October 17, 2019 (<https://theconversation.com/study-racism-shortens-lives-and-hurts-health-of-blacks-by-promoting-genes-that-lead-to-inflammation-and-illness-122027>).
2. Fowers A, Wan W. Depression and anxiety spiked among black Americans after George Floyd's death. *Washington Post*. June 12, 2020 (www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true).

3. Patel N, Rao A. Doctors have been whistleblowers throughout history. They've also been silenced. *The Guardian*. April 8, 2020 (www.theguardian.com/education/2020/apr/08/coronavirus-doctors-whistleblowers-history-silenced#maincontent).

4. Belli B. Medical school mistreatment tied to race, gender, and sexual orientation. *Yale News*. February 24, 2020 (<https://news.yale.edu/2020/02/24/medical-school-mistreatment-tied-race-gender-and-sexual-orientation>).

5. Blackstock U. Why Black doctors like me are leaving faculty positions in academic medical centers. *STAT*. January 16, 2020 (www.statnews.com/2020/01/16/black-doctors-leaving-faculty-positions-academic-medical-centers/).

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