

## Business Ethics, Culture and Times

Ecler Jaqua, MD, DipABLM, DipABOM, FAAFP<sup>1\*</sup> and Terry Jaqua PhD, MBA<sup>2</sup>

<sup>1</sup>Trident University International, Master of Business Administration Department

<sup>2</sup>Trident University International, Health Sciences Department

\*Corresponding author details: Ecler Jaqua; [eclerjaqua@gmail.com](mailto:eclerjaqua@gmail.com)

### ABSTRACT

Publicly the tobacco industry has denied for far too long with the fact that smoking causes lung cancer, among other dangerous diseases. However, doctors and health researchers have established that cigarettes' carcinogenic nature is responsible for causing infections and the addictive quality that makes them sell. It is now evident that lawyers and public relations disquiet determine the industry's smoking and health position. The industry maintains that publicity is used only to acquire brand share but not increase general intake, yet academic and health research has shown otherwise.

**Keywords:** ethics; business; culture; tobacco industry; finance

### BACKGROUND

Companies must come up with ways to sell what they have manufactured. When smoking is at its highest, the smoking companies had found a niche new smoking product to introduce to the population as they did back in the 1940s when marketing ads proliferated with words like "Even doctors smoke." Today, that product is commonly known as e-cigarettes intended or implied to reduce the concentration of toxic compounds in mainstream and help smokers quit smoking. As noted by Brozek et al. (2018), e-cigarettes are advertised in the mass media as a safer alternative to traditional tobacco smoking, and several research projects stated that current smokers frequently perceive e-cigarettes as safe for their health. According to Flouris & Oikonomou (2010), to date, animal and human studies on the health effects of actively or passively smoking e-cigarettes are lacking. However, three toxicological analyses have been released evaluating various brands of e-cigarettes for their nicotine content and other impurities.

Nevertheless, the only way will be to enhance sales to areas where they have not been barred or cautioned (Byars and Stanberr, 2018). Thus, with smoking rates going down or increasing in the West's developed markets, the interim cigarette enterprises have fought to improve their global operations, particularly in Eastern Europe and Asia. The companies have exploited the contemporary development of countries that were once not available for trade due to political reasons (Novotny & Carlin, 2005). With assistance from their governments, Western companies have manipulated economic muscles coupled with threats of economic sanctions to access countries such as Japan, Asia, Africa, and Taiwan, among others.

### DISCUSSION

Faced with reducing smoking levels in the West and an insatiable need for money, most of these companies have aggressively entered Eastern Europe and developing countries. Byars and Stanberr (2018) argue that arrogance and devotion have promoted tobacco sales. Cigarette smoking is the leading, sole, not inevitable cause of death in human society and the most vital public health concern of this current world.

Often time than not, regarding the choice between smokers' somatic health and the financial status of the business, suppression is preferred rather than disclosure, safety, and money instead of morality. Ethics regarding the manufacturing and selling of tobacco has been put aside (Novotny & Carlin, 2005). In the case of the physicians promoting cigarettes back in the 1940s, I asked the following question. Why promote a product that can cause harm? Where are the ethical principles and oath they took? The physician is to do no harm, respect patients' autonomy and rights, faithfully treat patients to heal their hands, and be honest (Cellucci, Wiggins, & Farnsworth, 2014). Western companies knowingly and secretly decide to expose the consumer of these products of health risk mainly to make a profit. The manufacturers are aware that the illness and death of those who use these products seem costs of their success. As the concern rises and facts are now disclosed, irrespective of increasing opponents, the tobacco industry could be the leader of concealment and disinformation. Being a physician myself, it pains me to see old ads from the '50s and '60s where physicians were supposed to be trained medical professionals endorsing tobacco products without any ounce of decency and professional ethics.

There has been a recommendation that smoking tobacco is the most addictive drug. A positively significant number of people carry on with smoking since they are unable to stop (Sanders et al., 2019). In case they could, of course, they would stop. Thus, these smokers can no longer be assumed to have made adult and conscious decisions. Besides, nicotine has traits of a drug of misuse; it has characteristics of drug addiction (Sanders et al., 2019). However, the industry's position has it that nicotine is present to add flavor and test to the cigarette. Nonetheless, medically tested and proven, nicotine is responsible for lung and throat diseases.

### CONCLUSION

In a nutshell, this paper argues that people and organizations are characterized not exclusively by substance but how their values and ethics resonate with the general public. In this context in case the tobacco regulation is carried out wholeheartedly by organizations and people genuinely,

it would not have been the result of being unethical, but instead from a lack of ability to frame ourselves in a manner that our objectives, as well as strategies, resonate with the public. All the same, the tobacco control community is supposed to be more practical with regards to its actions as well as the framing of ethical principles to regulate the consumption of tobacco.

#### REFERENCES

- [1] Brożek, G., Jankowski, M., Shpakou, A., Poznanski, M., Klimackaya, L., Loginovic, J., ...Zejda, J. (2018). The prevalence of cigarette and E-cigarette smoking among students in central and eastern Europe—Results of the YUPESS study. *International Journal of Environmental Research and Public Health*, 16(13)  
doi:<http://dx.doi.org.ezproxy.trident.edu:2048/10.3390/ijerph16132297>
- [2] Byars and Stanberr (2018). Impact of culture and time on business ethics. Rice University, OpenStax.
- [3] Cellucci, Leigh W. & Wiggins, Carla & Farnsworth, Tracy J. (2014). *Healthcare marketing: a case study approach*. [Books24x7 version] Available from <http://library.books24x7.com.ezproxy.trident.edu:2048/toc.aspx?bookid=74366>.
- [4] Flouris, A. D., & Oikonomou, D. N. (2010). Electronic cigarettes: Miracle or menace? *BMJ*, 340(7739), 215-215. doi:10.1136/BMJ.c311
- [5] Novotny, T. E., & Carlin, D. (2005). Ethical and legal aspects of global tobacco control. *Tobacco Control*, 14(suppl 2), ii26-ii30. doi:10.1136/tc.2004.008284
- Sanders, E., Antin, T., Hunt, G., & Young, M. (2019). Is Smoking Queer? Implications of California Tobacco Denormalization Strategies for Queer Current and Former Smokers. *Deviant Behavior*, 1-15.