

New Concept for Preventive Medicine in Electronic Nicotine Delivery Systems or E-cigarettes

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Abstract

Electronic cigarettes, or electronic nicotine delivery systems (ENDS), are rapidly gaining popularity in the United States. There is controversy over the safety and effectiveness of ENDS. The Preventive Practices Committee of the American College of Preventive Medicine conducted a consensus-based evidence review process to develop a practice statement for the American College of Preventive Medicine.

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Introduction

Electronic cigarettes, or electronic nicotine delivery systems (ENDS), are rapidly gaining popularity in the United States. There is controversy over the safety and effectiveness of ENDS. The Preventive Practices Committee of the American College of Preventive Medicine conducted a consensus-based evidence review process to develop a practice statement for the American College of Preventive Medicine [1]. Does Preventive Medicine Practice Medicine? The state medical association basically asked this question itself when deciding whether to grant or extend a license to practice medical care as a preventive care worker. Some chambers of commerce seem to conclude that preventive medicine practitioners do not practice doctors unless they participate in direct clinical patient care and refuse to approve them. The author believes this conclusion is false and short-sighted. Specifically, the authors say that such decisions can be traced back to misunderstandings in the field of preventive medicine, misunderstandings of hospitalization requirements, non-considering modern medical practices, and the lack of preventive medicine in the medical license committee [2]. I'm assuming it can be done. The purpose of this paper is to provide a framework that allows the preventive medicine department to counter policies that require "direct patient care" for approval. If a physician is fulfilling a direct patient care obligation for approval, do I need to consider the quantity or quality of care provided? In the author's review of the authorization requirements, the state medical association does not seem to directly specify the quantity or quality of patient care, which is about the quality of care. Medical hospitalization may work on the assumption of outdated medical practices in which doctors take care of individual patients [3]. Modern medical practice in 2018 goes far beyond the basic concept of individual care and is much broader

than this narrow definition because government licensing requirements have not caught up. Modern doctors cannot simply "see the patient." The American College of Preventive Medicine is a practical recommendation that encourages screening for ENDS use, strategies to prevent the start of ENDS use in non-smokers, especially adolescents, and the introduction of harm reduction models for smokers who wish to quit smoking. Developed the matter [4]. Those who did not refuse or discontinue the use of evidence-based smoking cessation methods, policy and regulatory strategy recommendations for reducing public use of ENDS and regulating its components, and future research needs. At the individual level, limited evidence suggests that ENDS may be effective in reducing cigarette consumption by adult smokers who wish to quit smoking. Evidence of potential long-term harm from ENDS is inadequate, and evidence of the effects of short-term harm and passive exposure from ENDS is limited. ENDS look safer than flammable cigarettes, but it's not without risk. There are no known benefits in adolescence and no serious concerns about harm. At the population level, ENDS can cause significant damage, especially among young non-smokers. The long-term balance between potential benefits and harm from an individual and group perspective is unclear [5].

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