Relation between Smoking Status of Physicians and Their Enthusiasm to Offer Smoking Cessation Advice

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Are nonsmoking physicians more likely to give smoking cessation advice to their patients? To determine this, we sent a questionnaire individually to physicians in Tokyo. The average age of the 323 respondents was 59.8±12.9 (mean±SD); 84.8% of them were male and 21.1% were smokers. Among the respondents, 88.8% asked their patients about their smoking status, 79.9% advised smoking patients to stop, and 93.5% believed smoking cessation interventions to be necessary. Nonsmoking physicians were more likely to advise patients to stop smoking (85.6%) than smoking physicians (70.1%); the smoking physicians who themselves wished to reduce cigarette consumption or stop smoking were more likely to do so (85.0%) than those who did not wish to reduce or stop (43.5%). Moreover, more nonsmoking physicians seriously felt that smoking cessation interventions are necessary (31.2%) than did smoking physicians (6.5%). In conclusion, the smoking status and attitude towards smoking of physicians influences their enthusiasm to give advice to their patients against smoking.

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Key words: questionnaire survey, attitude to patients' smoking, smoking physicians, nonsmoking physicians

Introduction

The smoking prevalence rate is decreasing slightly each year in males but is still high in Japan compared with western countries (1-3). In females, on the other hand, this prevalence rate is not as high as in males but is not decreasing, and it is increasing in younger females (2). Recently, the antismoking movement is growing in this society and nicotine-containing gum, a pharmacological aid for smoking cessation, has become available. It seems a good opportunity for physicians to help promote smoking cessation (3, 4). It is known that the advice of physicians given to smoking patients is effective to help them stop or to attempt to stop smoking (5, 6). It is thought that the smoking status of physicians influences their enthusiasm and the resulting effectiveness in convincing their smoking patients to stop smoking. According to a questionnaire survey, medical students who do not smoke have, as future physicians, more positive attitudes towards helping their smoking patients stop than those who smoke (7). Compared with young medical students, many physicians have a wealth of clinical experience, may have more extended smoking habits, and may make more repeated smoking cessation efforts. Accordingly, in physicians, attitudes towards smoking and the consideration of smoking cessation advice may differ from medical students. Here, we will attempt to clarify whether smoking status and attitudes towards smoking of physicians are reflected in their enthusiasm for smoking cessation advice.

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Subjects and Methods

We sent an anonymous questionnaire individually by mail to all 457 members of a group of physicians working in a ward of downtown Tokyo in November 1994. The questionnaire form we used was similar to that reported by Kawane and Soejima in 1991 (8). It contained 14 questions concerning smoking status, daily cigarette consumption, attitudes towards smoking, etc., and four additional questions concerning smoking cessation intervention activity with their patients. Each question had 2 to 11 choices of possible answers. Out of the 18 questions, 8 items were used for the analyses in this article.

The number of total respondents was 323 (response rate,

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70.7%), of which 274 (84.8%) were male and 46 (14.2%) were female [gender was unknown in 3 (0.9%)]. Their age was 59.8±12.9 (mean±SD) ranging from 31 to 100. Respondents were inquired of their specialty: a) respirology, b) cardiology, c) otorhinolaryngology, and d) others; however 168 of the respondents (52.0%) did not answer this question. The number of physicians working at clinics was 244 (75.5%), while 75 (23.2%) worked at hospitals [it was unknown which the other 4 (1.2%) were categorized into].

The chi-square test was used for statistical analyses and a P value of <0.05 was regarded as indicating significance.

## Results

### Smoking status and attitudes towards smoking

#### Smoking status

About three-fourths of the respondents were current non-smokers, i.e., 46.7% of them were ex-smokers (52.6% of males and 15.2% of females), and 31.0% of them had never been smokers (23.0% of males and 76.1% of females). The rate of current smokers was 21.1% (23.7% of males and 6.5% of females). The other respondents did not answer concerning smoking status (1.2%). The rate of smokers who had stopped and stayed abstinent was 68.9% (ex-smokers/ex-smokers + current smokers).

#### Wish to reduce cigarette consumption or to stop smoking

Sixty-eight currently smoking physicians were given this question. The rate of those who wished to reduce cigarette consumption or to stop completely was 60.3%, as opposed to 33.8% who did not. The other respondents did not answer this question.

#### Reasons current smokers wished to reduce cigarette consumption or to stop smoking; reasons ex-smokers had stopped

Selection of multiple choices was accepted for this question. Among 192 ex- and current smokers who wished to reduce or stop smoking, the most frequently stated reason was harm to health (79.2%). The second most frequent choice selected was their self-awareness of being health professionals (43.2%). Of them, 25.5% thought that smoking was unpleasant to people around them and socially unacceptable.

#### Consideration for persons who do not smoke

Of all the respondents, 50.8% thought that in principle it was unacceptable to smoke beside a person who did not smoke but 27.2% thought that getting the nonsmoker’s permission before smoking was sufficient. Combining both groups, 78% of the respondents believed that smokers had to consider nonsmoking persons near them with regard to smoking. Only a few thought that persons who did not smoke had to be considerate of smoking persons (2.9%). However, many respondents did not answer this question (14.9%). Those who chose two or three choices (4.0%) were considered not answered because this question required the selection of a single choice.

There was no statistically significant trend between current smokers and current nonsmokers (ex-smokers and never smokers) concerning this question (data not shown).

### Interest in patients’ smoking and smoking cessation advice

#### Asking their patients whether they smoke

Of the respondents, 52.6% asked the patients when they thought it necessary regarding their diseases, 22.9% asked all or almost all of them regardless of the disease, and 13.3% asked occasionally. The rate of those who asked seldom or did not ask at all was 9.6%.

#### Smoking cessation advice to their patients

Almost 80% of the respondents advised their patients to stop smoking; 16.7% advised them strongly, and 63.2% advised them but not strongly. The rate of those who advised seldom or did not advise at all was 17.0%.

#### Whether a specific program was used to practice toward smoking interventions

Those who gave smoking cessation advice (258) were the subjects of this question. Only 1.6% used a specific program.

#### Necessity of smoking cessation interventions

Of all the respondents, 68.7% thought smoking cessation intervention necessary depending on the disease while 24.8% thought so irrespective of the disease. Very few respondents thought it unnecessary or were not interested in this problem.

### Relation between smoking status, attitudes, and smoking cessation advice

For the analyses of the relationships, the respondents were grouped in three ways into sets of two groups concerning their smoking status and attitudes towards smoking (Table 1). Chi-square tests revealed that the ratio of physicians advising their patients about smoking cessation to physicians who seldom advised them or not at all was higher in current nonsmokers than in current smokers (p<0.005). Among current smokers, it was also the case in those who had a wish to stop smoking or to reduce cigarette consumption than those who did not (p<0.001). In addition, the ratio of physicians who thought smoking cessation intervention necessary, irrespective of the disease, to those who thought so, depending on the disease, was higher in current nonsmokers than in current smokers (p<0.001).

### Discussion

Currently in Japan, the smoking prevalence rate in males is 67% in the third decade and 50% in those 60 years and over, and in females, it is 19% and 9%, respectively (2). In general, it is known to be lower in health care workers than the general population. It has been reported to be about 24% among physicians in a university hospital (9), 26.0% in male and 6.3% in female physicians of the Japan Society of Chest Diseases (JSCD) (8), and 30.1% and 4.2% respectively in physicians of the Ehime Prefecture Medical Association (10). Rates were similar among our subjects.
As many as 60% of smoking physicians wished to reduce cigarette consumption or stop smoking. The main reason that currently smoking physicians wanted to do so, or previously smoking physicians had stopped it was harm to health, which is similar in the general population (11). The fact that 43% of the subjects were aware of being health professionals may be one of the principal causes of the relatively lower smoking prevalence and this motive is not seen in the general population. Almost the same rate of physicians in this study (78.0%) as among members of the JSCD, a group of physicians probably most conscious of the health hazards of smoking, thought that smokers had to consider nonsmoking persons beside them with regard to smoking (8). Nevertheless, not a few respondents did not answer or selected inconsistent combinations of choices suggesting that they still remained unconvinced concerning its harm to health of nonsmokers beside smoking persons.

The relatively high rate of current nonsmokers and physicians having strong self-awareness as health professionals as a reason for smoking cessation may be related to the interest in smoking cessation intervention in many of our subjects. Internists and family practice physicians are known to actively practice intervention (12). Of our subjects, about 75% were working at clinics, and half did not specify their specialty. These facts suggest that the rate of physicians working as family practice physicians or general practitioners was relatively high in our subjects.

We believe that physicians who asked their patients whether they smoked, regardless of the disease, and thought smoking cessation intervention necessary, irrespective of the disease, have more positive attitudes towards smoking cessation intervention than those who asked them regarding their diseases and thought it necessary depending on the disease. In the present survey, most respondents thought smoking cessation intervention necessary, but only one quarter of them thought so irrespective of disease of the patients. Almost 90% of them asked their patients their smoking status, but only 23% of them did so regardless of the disease. Many of them gave smoking cessation advice whereas the rate of them doing so strongly was not high. It may also be true in Japan that relatively many physicians think smoking cessation advice is ineffective (13).

Only a very few physicians had specific programs for intervention. It is desirable that the number of speciality smoking cessation clinics (3) should be increased. If more smoking cessation specialists were available, more general practitioners might advise against smoking.

Our study reveals that physicians’ smoking status and attitudes towards smoking definitely influence their enthusiasm for smoking cessation advice and the depth of recognition on necessity of smoking cessation intervention (Table 1). Though the rate of smoking physicians is relatively low, efforts towards its further reduction are important in order to obtain a decrease of the high smoking prevalence in the general population. Smoking physicians are known to be more likely to fail to perceive their exemplary role to the general population concerning smoking behavior than not smoking physicians (14). Motivating and training medical students to counsel their future smoking patients seems also necessary (7, 15).

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Smoking Cessation Advice by Physicians

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