January 1999

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Abstract

Objective: The objective of this study was to find out the level of knowledge the physicians and lay people have pertaining to the effect of cigarettes, why certain physicians smoke and what measures could be applied to reduce the rate of smoking.
Methods: A questionnaire was administered to the one hundred physicians who smoke, one hundred non-smoking physicians and one hundred lay people who smoke to determine their attitude towards this addition. Subjects were chosen using convenience sampling. The physicians were picked from six hospitals of Karachi.
Results: When the smoking physicians were asked what could motivate them to stop smoking, majority of them said that an occurrence of a smoking-related illness would. Majority of the physicians who do not smoke felt that individual will was the greatest force keeping them from smoking. When asked how smoking can be reduced in Pakistan, majority of the physicians, both smoking and non-smoking, favoured mass health education. Lay smokers expressed marked ignorance about deleterious effects of cigarette smoke. Like smoking physicians, majority of them said that occurrence of an illness related to smoking would effectively motivate them to stop smoking.
Conclusion: Based on this survey we conclude that mass health education and enforcement of the ban on smoking in public places will effectively reduce the number of smokers. There is a need to educate physicians and the general public about the cardiac and carcinogenic effects of smoking (JPMA 49: 2, 1999).

Introduction

The hazards associated with smoking are becoming increasingly obvious. The Pakistan Health Education Survey 1992-93 estimated that about every third adult smoked at the time of survey[1]. The tobacco industry also now acce2pts that the products present in a cigarette are harmful to health . Cigarette smoking or the use of tobacco has been associated strongly with a wide range of diseases[2] including cancer of the mouth, throat, larynx, lungs, bladder, emphysema and comnaiy heart disease[3]. It has also recently been documented that smoking increases the risk of lower urinaiy tract symptoms[4]. A 40-year follow-up study of British Physicians, showed a Strong relationshipbetween smoking and increased mortality from as many as 24 causes[5]. In spite of this a number of physicians continue to smoke. Cigarette smoking is expected to rise in the third world in the coming years. Effective modalities will be required if rate of smoking is to be curtailed. Physicians will be on the forefront in the waragainst smoking. Most patients stop smoking when told by their physicians. Are smoking physicians effective motivators? This study was done to find ways and means in curb the menace of smoking by studying the behaviour and attitudes of smoking physician and to

- compare their views with those of non-smoking physicians and lay smokers.

Materials and Methods

A cross sectional questionnaire study was conducted. The criteria for enrolment for a physician was an

M.B.B.S. degree. Physicians were chosen from six hospitals by walking through corridors and going to various departments and wards. Of the six hospitals, four of them were teaching hospitals and medical colleges. Of the six hospitals two were catering to the upper economic class, two were to the middle and two served underprivileged. Lay smokers were picked at random by walking on the streets of Karachi. Physicians were allowed to fill the questionnaire themselves whereas the lay smokers were administered interviewer based questionnaires. The survey was limited to men as ladies rarely admit to smoking in our society. To be classified as a smoker the respondent should smoke at least one cigarette per day on regular basis. Three groups were made with one hundred participants each. Group I consisted on smoking physicians, group II comprised of lay people who smoked and group Ill included physicians who did not smoke. A trend analysis was done and the data was analysed on Epi Info Ver. 6.0.

Results

One hundred physicians who smoke, one hundred physicians who do not smoke and one hundred lay smokers were interviewed. When asked about whether they believed that smoking was dangerous for the lungs, majority of the people from all three groups replied in the affinnative. However, when asked about the affects of cigarette smoke on the heart and its carcinogenic properties, lay people showed marked ignorance (Table l).

Table I. Do you think smoking is dangerous for:

Occupation	Non smoking physicians	Smoking physicians	Lay smokers
Lungs	92%	95%	81%
Heart	80%	86%	67%
Carcinogenic	87%	88%	65%

On comparing the number of cigarettes smoked by physicians with that of lay people no significant difference was seen. The number of cigarettes smoked per thy by both groups is shown in Figures 1 and 2.

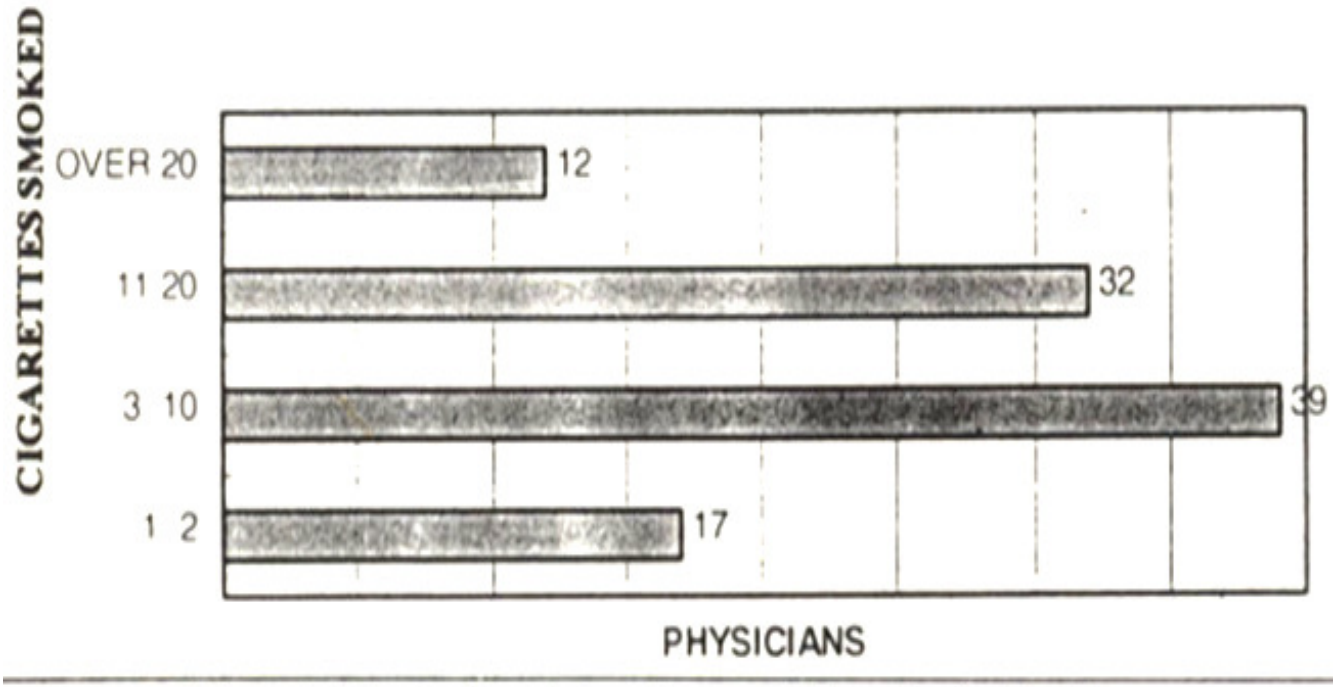

Figure 1. The number of cigarettes smoked per day by physicians.

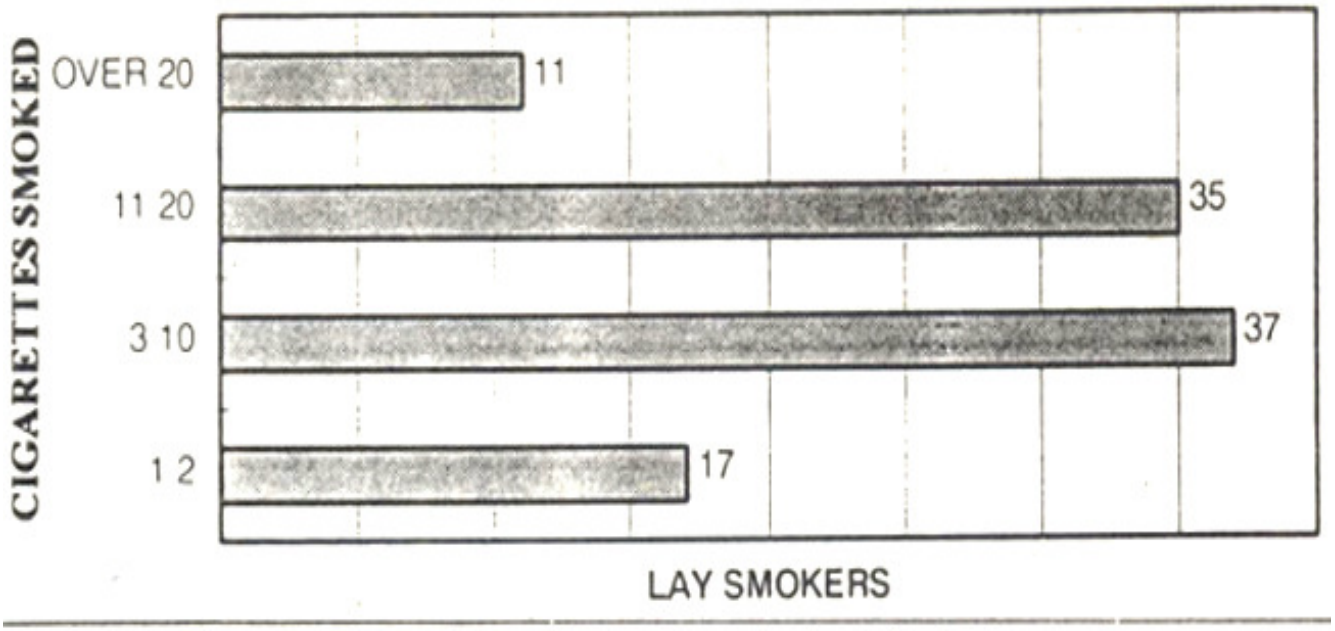

Figure 2. The number of cigarettes smoked per day by lay smokers.

The next question about what will make the individual quit smoking is shown in table II.

Table II. What will motivate you to stop smoking.

	Smoking Physicians	Lay Smokers	Odds ratio	(95% CI)
Religion	10%	26%	0.32	(0.13-0.75)
Individual counselling	16%	23%	0.64	(0.29-1.38)
Higher costs of cigarettes	9%	10%	0.89	(0.31-2.53)
Occurrence of a smoking related illness	59%	38%	2.35	(1.27-4.34)
Others	29%	11%	-	-
Nothing can motivate	22%	14%	1.73	(0.78-3.89)

Various choices were given and the interviewees were allowed to chose morethan one category.
When physicians who do not smoke were asked what has prevented them from picking up the habit, sixty-one% percent of them said it was due to their own individual will, 53% of physicians replied that it was the fear of occurrence of smoking related illness that prevented them from smoking, 30% did not smoke because of religious constraints and only 6% of physicians said that high cost of cigarettes has withheldthem.
The last question asked was that what measures would the three groups use to reduce the number of smokers in Pakistan. The results am shown in table III.

Table III. How would you reduce the rate of smoking in Pakistan?

	Smoking Physicians	Lay smokers	Non smoking physicians
Enforcement of the ban on smoking in public places	58%	34%	75%
Ban on cigarette promotion on TV	52%	25%	70%
More expensive cigarettes	32%	14%	25%
Mass health education	64%	38%	88%
Others	17%	26%	28%

Here the respondents were also allowed to chose more than one option.

Discussion

We foundit quite difficult to get physicians to admit that they smoke. Most of the physicians who smoke apparently do so in privacy. Many of them were caught red handed while smoking. A candid tobacco industry executive once said that each doctor who smokes is worth hundreds of thousands of dollars to the industry but this is definitely an understatement[6]. In developing counthes there has recently been an increase in the number of young men who are smoking[7,8]. Pakistan is no exception. The results of this cross sectional study proved to be quite alarming. It was observed that smoking physicians acknowledge the risk factors of smoking more as compared to non-smoking physicians. In spite of this fact 59% of the smoking physicians said that occurrence of a smoking related illness would make them stop and 22% said that nothing would motivate them. This is concordant with observations from earlier studies that knowledge abou the ill effects alone are inadequate to eliminate this habit[9,10]. The lay people onthe other hand were not quite knowledgeable about the ill effects of smoking in relation to heart (67%) and its carcinogenic effects (65%).

When questioned about the ways to eliminate this menace from the country we observed that all the three groups were thinking along the same lines. The most chosen category was mass health education by all three groups. Restriction on the local production and import. of cigarettes was suggested mainly by lay smokers. Our respondents did not feel that higher cost of cigarettes would discourage smoking. A study in Australia concluded that leaching about tobacco and related disease is necessary forthe future doctors to increase theirown knowledge about smoking and counselling their patients about this addiction[11].

As long as physicians continue to smoke it will be very difficult for them to motivate their patients to give up smoking[6,12]. However, many ex-smoking doctors believe that patients are much more likely to listen to their advise as they can relate to what the patient is going through[13]. In New Zealand, doctors continue to lead the community in non-smoking and their goal of achieving a smoke free medical profession by the year 2000 seems to be achievable[14].

Based on suggestions given by our respondents we recommend:

1. To increase the awareness about the hazards of smoking, a mass health education compaign should be launched. The most vulnerable age is between 10-18 years[15]. Schools should play an active role inthis campaign. Centre for communicable diseases (CDC) analysed data from 1997, Youth Risk Behaviour Survey Finding indicated that among US high school students in 1997, 70.2% had tried smoking. Among students who have ever tried smoking, 35.8% went on to smoke daily[16]. Parents spending time at home with children should not smoke[17].
2. Ban on smoking in public places should be enforced.
3. Promotion of cigarettes on television should be banned. Cigarette companies should notbe allowed to sponsor sporting events.

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