



Smoking among healthcare professionals

Derek R. Smith and Peter A. Leggat

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Foreword

Smoking can be seen as the unmet challenge confronting all those with responsibilities for personal and public health. The challenge is particularly great as the pleasure of smoking gives instant gratification. Like all deleterious agents whose short-term effects are enjoyed but whose long-term results manifest years after exposure, the long-term debt so accrued seems remote from the moment of the 'here and now'. That debt is always tragic for the individual and places great demands on the society in which smokers live.

Health professionals occupy a pivotal role in the prevention of smoking-induced morbidity and mortality. In the promotion of better health, their position is 'necessary but not sufficient' to reduce individual preventable disease and the epidemic morbidity in societies of both the developed and developing world. However, they cannot do this alone, with support being needed at all levels. In 2011, the Australian federal government approved a milestone legislation mandating the plain packaging of tobacco products. This was one example of collaboration between health professionals and politicians where courage and focused action will undoubtedly help reduce smoking-induced injury and death. It has been shown, for example, that for an investment of less than 200 million dollars, spread over a generation (of 30 years), a return of almost nine billion dollars might be anticipated in healthcare savings.

All competent adults have free choice, a choice that is however, only truly free if its outcomes do not impinge on others. The morbidity and premature mortality that smoking engenders impinges greatly on societal resources – in terms both of monetary demand and the overload of health systems. Thus, the subject addressed in this book is of interest to more than just those who work in the many disciplines of health. It forms an inescapable component of professional life – from that of the paediatrician advising well children and teenagers, to the geriatrician preserving residual intellect in the infirm aged; as well as generalists and specialists of all the health disciplines in between these extremes of life.

The delayed nexus between cause and effect challenges many themes in public health and preventive medicine. The dyads of asbestos-mesothelioma, boxing-dementia and sun exposure-skin cancer affect specific subgroups in the world's population. Smoking, however, transcends the barriers of profession and craft or the latitude of domicile. The already high prevalence of smoking continues to increase in developing nations. Thus, the lessons concerning prevention, already learnt at great individual cost, provide support for those wishing to abstain. Knowledge of smoking-induced cancers, and pulmonary and vascular pathology understood since the 1960s, will continue to have particular relevance to those afflicted by smoking morbidity in future decades.

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Inescapably, those who practise in the caring professions serve as role models for the promotion of healthy lifestyles. Such role models are influential in the one-to-one dyad of a doctor, nurse, dentist or therapist and his or her patients. Role models are also influential at a community level. A nurse, surgeon or physiotherapist who continues to smoke, like doctors, dentists and sportspersons, induce perplexity in those who see the juxtaposition of an unhealthy example on one hand and the profession of fitness and health on the other. The ethical impost on all those who care for others is thus significant. In the pages of this book, one sees a snapshot of this subject – the health professional and his or her attitudes to smoking – and a perspective of what is possible in a future, enlightened and healthier world.

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Derek R. Smith

It has been a pleasure working with Professor Derek Smith and other colleagues in collating this research around the topic of smoking among healthcare professionals. Derek, in particular, has been instrumental in driving the completion of this book. While there is some way to go to achieving the enviable goal of zero smoking among healthcare professionals, the discipline of public health has come a long way since the days of Sir Richard Doll in reducing the rates of smoking more broadly in the community. I would like to take the opportunity of thanking my keenest supporters, my wife Associate Professor Ureporn Kedjarune-Leggat and my parents, Bruce and Frances Leggat. I wish to also acknowledge my many mentors in occupational health over the years, including the late Professor Richard Kelman, the late Dr Ralph Shapiro, the late Associate Professor Deane O. Southgate, AM (widely regarded as the founding father of the Australian College of Occupational Medicine), the late Professor Harry Adrounie, Professor Bill Glass and Dr John Heyden.

Peter A. Leggat

for Sarah and Pan

Chapter 1

Introduction

This chapter provides some historical background on the issue of smoking, its importance as a worldwide health hazard, as well as the development of smoking attitudes and practices in the general population. Most importantly, this chapter highlights the significance of tobacco control in the healthcare profession, how this group can make a positive difference in the lives of their patients, and why healthcare professionals should not smoke. The first step in meeting this goal is to clearly understand how many of them smoke, in what country, and at what stage in their career. The gathering of such data is the focus of this book.

1.1 Background

Tobacco use represents one of the most important public health issues in the world today. The problem is vast, with over one billion smokers worldwide and many millions more using oral tobacco products.¹ Tobacco kills over five million people every year, accounts for 10% of all adult mortality and is a risk factor for six of the top eight causes of death, worldwide. If current trends continue, tobacco will be responsible for around eight million deaths per year, and up to one billion deaths in the 21st century.²

Although humans have a long history of tobacco smoking, the 20th century can be seen as a landmark period during which time considerable changes in tobacco consumption occurred. While humans have used tobacco products in one form or another for thousands of years, it was not until last century that smoking became a common and widespread practice throughout society. National consumption levels subsequently rose, with per capita tobacco consumption in the United States (US) for example, increasing from 6 pounds per person in the 1880s, to approximately 13 pounds per person in the mid 20th century.^{3,4} So well accepted was the practice within the general population that in 1922, at least one commentator had suggested that 'one is more justified in looking with suspicion on the abstainer.'⁵ Healthcare professionals were not immune to these social forces, and as a result, a large proportion of them also smoked, with some even advertising cigarettes.^{6,7} The mid 20th century, however, marked the beginning of a decline in cigarette consumption, as the adverse health effects of smoking became increasingly clear and the weight of scientific evidence mounted.

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Groundbreaking scientific reports published in the mid to late 1950s⁸⁻¹⁰ did much to unsettle public confidence in the safety of tobacco use, and as a result, various advertising campaigns appeared which referred directly to healthcare professionals (usually doctors) in an attempt to assure consumers that tobacco products were safe.^{11, 12} Various medical journals began to carry pro-tobacco advertisements during this period,⁶ with one article from the late 1950s,¹³ for example, suggesting that ‘we might as well continue to smoke and enjoy ourselves.’ A major blow was struck against tobacco in 1964 with the release of the Surgeon General’s Advisory Committee on Smoking and Health landmark report.¹⁴ This document unequivocally concluded that smoking was a health hazard of sufficient importance to warrant remedial action, thereby leading many citizens to question the safety of smoking and to seriously consider quitting. Further evidence was provided by a number of other studies, including a 1965 publication from New York State, where higher death rates were reported in cigarette smokers of the general population when compared to non-smokers.¹⁵ Amidst this growing public concern, tobacco industry strategists determined that healthcare professionals were no longer credible in cigarette advertising, and commercials incorporating them began to slowly disappear.¹² Over time, many healthcare professionals themselves quit smoking and began to take up the fight against tobacco use.

1.2 The critical role of healthcare professionals

It is well known that healthcare professionals occupy a vital position in tobacco control and that they can make a real difference in the reduction of community smoking rates.¹⁶ There are a few reasons for this. Firstly, they have regular and close contact with patients, a situation which affords continuous opportunity to not only detect which patients might be smokers and to whom quitting advice may be directed, but also to provide follow-up counselling and support to those who are trying to quit. Secondly, most healthcare professionals are on the frontlines of primary health care, and are well positioned to intervene with patients at various life stages. Thirdly, they are generally well respected by their patients and represent a trusted source of healthcare advice for the public. Indeed, many smokers will inevitably turn to them for advice. Healthcare professionals also represent important role models in the community and serve as exemplars for healthy behaviour,¹⁷ one which includes the public health image they portray outside of the work environment.¹⁸ On the other hand, healthcare professionals who smoke will invariably attract public skepticism,¹⁹ with people inclined to ask why they should stop smoking when their doctor has not. Furthermore, tobacco use by healthcare professionals undermines the important message to smokers that quitting is important.²⁰ As early as 1976, it had been suggested the healthcare professionals could best persuade patients to quit if they themselves did not smoke.²¹ Public expectations of healthcare professionals also began to change. By the 1980s, for example, research from the US had shown that 80% of citizens expected their doctors to be non-smokers.²²

Despite the weight of scientific evidence and the best efforts of many groups, considerable challenges still remain for tobacco control in health care. The global occupational demographic of healthcare professionals is not an entirely smoke-free one, and as such, it is imperative that measures be taken to address this problem. Given that tobacco control

can be a complex process, it is essential that smoking-related interventions be appropriately formulated and targeted to the groups most in need. Much can be learned from an examination of smoking trends within the healthcare sector; the most important being a comprehensive understanding of how many of them smoke, in what country, and at what stage in their career. The gathering of such data is the focus of this book.

1.3 Outline of the book

This book comprises six interrelated chapters. Chapter 1 provides some historical background on the issue of smoking, its importance as a worldwide health hazard, as well as the development of smoking attitudes and practices in the general population. It also highlights why tobacco control in the healthcare profession is significant, how this group can make a real difference in the lives of their patients, and most importantly, why healthcare professionals themselves should not smoke. Chapter 2 describes the methodology used for conducting a comprehensive review of all international literature on tobacco smoking among doctors, dentists and nurses in clinical practice and in training. The literature search strategy and target databases are identified, a discussion of the inclusion and exclusion criteria is provided, along with an examination of the main limitations and confounding aspects of the data obtained. Overall, the most important limitation of published data on healthcare workers' smoking habits appears to be the use of inconsistent data collection methodologies, combined with suboptimal coverage and limited response rates when questionnaire surveys were used. One major confounding factor identified across many investigations was a general lack of standardisation regarding the definition of a 'current smoker'.

Chapter 3 describes a comprehensive review of all international literature describing the prevalence of tobacco smoking among doctors, dentists and nurses. Two distinct trends were evident across all three professional groups. Firstly, most developed countries have shown a steady decline in smoking rates in the health profession during recent years. Secondly, however, this trend does not appear to be internationally uniform, with some developed countries and newly developing regions reporting high tobacco usage rates in the health care sector. Comparison between the health professions suggests that dentists are generally the least likely to be current tobacco users, followed by doctors and then nurses. Overall, this chapter suggests that while healthcare professionals' smoking habits vary from region to region, they are not uniformly low when viewed from an international perspective. It is important that smoking within this group continues to decline in future years, so that healthcare professionals can remain at the forefront of anti-smoking programs and lead the way as public health exemplars in the 21st century.

Chapter 4 provides a comprehensive review of all international literature describing the prevalence of tobacco smoking among the students of medicine, dentistry and nursing. Research publications tend to suggest that the prevalence of smoking among medical students varies widely between students of different countries, and also between male and female students within the same countries. Consistently low smoking rates were

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documented in regions such as Australia and the US, while generally high rates were seen in countries such as Greece, Italy, Spain and Turkey. While many cross-sectional investigations suggested that the prevalence of smoking seems to increase during the more senior grades, it is difficult to assess whether this trend directly reflects university seniority, increasing age or both.

Chapter 5 describes the decline of smoking among Australian and American doctors in the mid to late 20th century. Published literature suggests that although around one-quarter of Australian doctors were smoking by the 1950s, this rate declined over time to a level below that of the general population. Similarly, in the US, many doctors had begun questioning the safety of tobacco products, a situation which resulted in a continuous decline in use. By the late 20th century, few Australian or American doctors were current smokers, and many of their younger demographic had probably never smoked at all. Overall, this chapter suggests not only that very few Australian and American doctors smoke when compared internationally, but that an active professional community can make a real difference to the lifestyle choices of its own members. Much can be learned from this pivotal era of public health, where the importance of scientific knowledge, professional leadership and social responsibility helped set positive examples in the fight against tobacco use.

Chapter 6 provides a concluding discussion on the topic of smoking among healthcare professionals. Overall, it is clear that much can be learned from an examination of smoking trends within the healthcare workforce, and indeed, this extends to the next generation – the healthcare students of today. While there are no-doubt common issues faced by healthcare workforces around the world, significant cultural and social influences are also prevalent, making it difficult to adopt a ‘one-size-fits-all’ solution. Tobacco control among the healthcare professionals of today, and those of tomorrow, will clearly need to adopt a multifaceted approach in tackling the unacceptably high prevalence of smoking that is still being reported in some countries.