

SMOKING AMONG DOCTORS OF MILITARY HOSPITAL RAWALPINDI; FREQUENCY, HABITS AND ATTITUDES

Mansoor Zeeshan, Waqar Ahmed

3 Mtn Fd Amb, Army Medical College Rawalpindi

ABSTRACT

Objectives: To know the frequency of smoking habit among doctors of Military Hospital Rawalpindi and to know their attitudes towards it.

Study Design: Questionnaire based descriptive study.

Place and Duration of Study: The study was conducted at Department of Medicine, Military Hospital, Rawalpindi from December 2004 to May 2005.

Subjects and Methods: 106 doctors from Military Hospital, Rawalpindi were included either by direct interviews or by filling of questionnaires by the participants.

Results: Smokers, all male, were 18 (17% of responders). Mean age of starting smoking was 19.4 years. Average number of cigarettes smoked per day was 12.6. Among smokers 11 (61.1%) were not willing to quit smoking. A majority of non-smoker doctors considered themselves as role models and agreed that smoking at public places should be prohibited.

Conclusion: Smoking among doctors in this study is not high however there is less willingness to combat smoking habits of patients in doctors who smoke. A continuing education program should be instituted to motivate doctors about their role in society.

Keywords: Smoking, Doctors, Frequency, Attitudes.

INTRODUCTION

The 1950's groundbreaking studies by Doll and Hill [1-3] demonstrated the effects of smoking on morbidity and mortality, whereby epidemiological studies are no longer needed to show that smoking is strongly related to adverse health. Rather, efforts in many parts of the world are now being directed towards the fight against tobacco.

Although all health professionals can contribute to tobacco control [4], doctors have always had an important responsibility to convince their patients not to smoke [5, 6]. The community generally views physicians as exemplars, and as such, their office and hospital should be a model of non-smoking behavior [7]. They also serve as providers of support, information and encouragement in helping patients to achieve such a goal [8]. For these reasons and more, it is essential that doctors themselves do not smoke.

Due to increasing awareness about the

hazards of cigarette smoking there has been a significant decline in the number of smoking doctors e.g. cigarette smoking prevalence had declined from 18.8% to 3.3% among United States' physicians from 1974 to 1991 [9].

In Pakistan smoking figures among general population, doctors, medical students and hospital employees are also high. A survey showed that 21.6% of general population (31% males, 9% females) are smokers [10].

Knowledge of the frequency of smoking among doctors is useful for the reason that such information may indicate the likelihood of success of population based anti tobacco campaigns. In countries where a high proportion of doctors smoke, it will be difficult to convince the general population of the serious hazards of smoking.

SUBJECTS AND METHODS

The study has been done at Department of Medicine, Military Hospital Rawalpindi, a tertiary care hospital from December 2004 to May 2005. It was a questionnaire based descriptive study. 106 doctors working at various departments of Military Hospital Rawalpindi who filled the questionnaire were

Correspondence: Maj Mansoor Zeeshan, 3Mtn Fd Amb, bhimber Azad Kashmir
Email: bilalmansoor4@hotmail.com

Received: 20 Oct 2008; Accepted: 19 March 2009

included in the study. After compiling, all the data was analyzed using SPSS version.

This descriptive study used the Global Health Professional Survey, modified from the one developed by the Tobacco Free Initiative, a project of the World Health Organization, in collaboration with the Centers for Disease Control and a number of additional partners [11].

The first section of the questionnaire was made up of basic demographic questions, followed by a section on personal smoking behavior. These included questions on how many cigarettes one smoked, when a smoker started smoking, and their feelings towards smoking in terms of stages of changes (Not ready to quit within the next 6 months; thinking about quitting within 6 months; ready to quit now). The next section consisted of 6 questions that assessed knowledge of and attitudes towards the adverse affects of smoking, the role of health professionals regarding smoking cessation in their patients, and some policy issues of smoking.

RESULTS

Out of 106 responders 98 (92%) were male and 8 (8%) were female. Eighteen doctors (17%) were smokers. Mean age of participants was 34.7 years (SD = 7.6), with ages ranging from 24 to 52 (Table-1).

All smokers were male. Frequency of

Table-1: Frequency distributions of selected demographic variables for study population (n=106)

Variable	Number	Percentage
Age	24-30	45
	31-40	35
	41-52	26
Gender	Male	98
	Female	8
Smoking Behavior	Smokers	18
	Non Smokers	88

smokers among male responders was 18.4%. Mean age of starting smoking was 19.4 years. The average number of cigarettes smoked per day was 12.6. Among the smokers, 11 (61.1%) were not ready to quit smoking within next six months.

Sixty one percent of the smokers and 100% of non-smokers agreed that health professionals serve as role models for their patients and public. 33.3% of smokers and 95.4% of non-smokers supported a ban on smoking in public places and a complete ban on advertisement of cigarettes. Sixty one percent of smokers and 96.6% of non-smokers were of the opinion that doctors should routinely advise their patients to quit smoking. A summary of comparison regarding knowledge and attitude statements between smokers and non-smokers is given as table 2.

DISCUSSION

Healthcare workers have been shown to play an important role in tobacco prevention [12]. Primary care physicians in particular are one of the most powerful groups at lowering the acceptability of smoking in various social contexts [13]. The current study provides information that may be useful in designing smoking prevention and cessation programs that involve doctors in Pakistan.

Although it seems quite satisfying that smoking rates among doctors in Pakistan are quite low as compared to data revealed in international studies but still more efforts should be made to lower this frequency further. High smoking rates among doctors and health professionals were found in various international studies e.g. 45% of doctors were smokers in Bosnia [14], 27.1% male and 6.8% female doctors were smokers in Japan [15] and 28.3% Italian physicians

Table-2: Summary of knowledge and attitude statements of smokers and non-smoker doctors. (n=106)

Questions	Smokers' answer (n=18)		Non smoker's answer (n=88)	
	Yes n (%)	No n (%)	Yes n (%)	No n (%)
Smoking is harmful to health	18 (100)	0	88 (100)	0
Health professionals serve as role models	11 (61.1)	7 (38.9)	88 (100)	0
Health professionals should set example by not smoking	12 (66.7)	6 (33.3)	85 (96.9)	3 (3.4)
Health professions should advise patients not to smoke	11 (61.1)	7 (38.9)	85 (96.6)	3 (3.4)
Smoking at public places should be banned	6 (33.3)	12 (66.7)	84 (95.4)	4 (4.5)
There should be ban on smoking advertisement	4 (22.2)	14 (77.8)	82 (93.1)	6 (6.8)

were smokers [16]. The lowest smoking rates among doctors were found among Swedish doctors [17]. Similar studies done in Pakistan revealed smoking rates of 27.9% among doctors [18], while in medical students the frequency of smoking was found to be 37.6% for males and 12.8% for females [19] and smoking rates among university students were found to be 36% in males and 11.3% in females [20]. Smoking rate among doctors in our study is 17%.

The mean age when smoking was started was 19.4 years. It indicates that efforts should be directed to motivate people for not smoking at high school and college levels.

However it is disturbing that most of the smokers i.e. 11 (61.1%) out of 18 were not ready to quit smoking during next six months. This reflects that even being a doctor and knowing all the adverse health consequences of smoking most of them are not ready to quit it, then how can they convince their patients for quit smoking.

The very interesting fact that all the subjects in our study agreed on one point that smoking was harmful for one's health. This attitude showed very healthy trend that even the persons who were currently smoking could not deny this fact that smoking is injurious to health. This attitude may become a reason in the next few months to quit smoking.

This study has been done at a very small scale and thus may not be a true reflective of the overall frequency of smoking among doctors in Pakistan.

CONCLUSION

Smoking figures among doctors in this study are not alarmingly high as compared to figures quoted in other international studies. The mean age at starting to smoke corresponded to the initial years of college life. The willingness to quit smoking was very low. The majority of doctors considered themselves as role models and supported a ban on public smoking and advertisement. Non-smoker doctors are more likely to advise

their patients not to smoke as compared to doctors who smoke. A continuing education program should be instituted to motivate doctors about their role in society and convincing their patients not to smoke.

REFERENCES

1. Doll R, Hill AB. Smoking and carcinoma of the lung. Preliminary report. *Br Med J* 1950; 2:739-48.
2. Doll R, Hill AB. A study of the etiology of carcinoma of the lung. *Br Med J* 1952; 2:1271-86.
3. Doll R, Hill AB. Lung cancer and other causes of death in relation to smoking: A second report on the mortality of British doctors. *Br Med J* 1956; 2:1071-81.
4. The role of health professionals in tobacco control. Geneva: World Health Organization; 2005.
5. Garfinkel L: Cigarette smoking among physicians and other health professionals, 1959-1972. *CA: a cancer journal for clinicians* 1976, 26(6): 373-375.
6. Physician and other health-care professional counseling of smokers to quit - United States, 1991. *Mmwr* 1993, 42(44): 854-857.
7. Nett LM: The physician's role in smoking cessation. A present and future agenda. *Chest* 1990, 97(2 Suppl): 28S-32S.
8. Garfinkel L, Stellman SD: Cigarette smoking among physicians, dentists, and nurses. *CA: a cancer journal for clinicians* 1986, 36(1): 28.
9. Nelson D, Giovino G, Emont SL, Brackbill R, Cameron L, Peddicord J, et al. Trends in cigarette smoking among US physicians and nurses. *JAMA* 1994; 271: 1273-5.
10. Alam S. Prevalence and pattern of smoking in Pakistan. *J Pak Med Assoc* 1998; 48:64-6.
11. World Health Organization: Noncommunicable diseases and mental health; Progress report 2000. Report # MIP/01/APR.NMH 2001.
12. Lancaster T, Stead L, Silagy C, Sowden A: Effectiveness of interventions to help people stop smoking: findings from the Cochrane Library. *BMJ* 2000, 321:355-8.
13. Gorin SS, Heck JE: Meta-analysis of the efficacy of tobacco counseling by health care providers. *Cancer Epidemiol Biomarkers Prev* 2004, 13:2012-22.
14. Geoffrey H, Teresa B, Marshall G. Smoking behavior, knowledge and attitudes among Family Medicine physicians and nurses in Bosnia and Herzegovina. *BMC Family Practice* 2004,5 :12
15. Ohida T, Sakurai H, Mochizuki Y, Kamal AM, Takemura S, Minowa M, et al. Smoking prevalence and attitudes toward smoking among Japanese physicians. *JAMA* 2001;285:2643-8.
16. Pizzo AM, Chellini E, Grazzini G, Cardone A, Badellino F. Italian general practitioners and smoking cessation strategies. *Tumori* 2003; 89: 250-4.
17. Bolinder G, Himmelmann L, Johansson K. Swedish physicians smoke least in all the world. A new study of smoking habits and attitudes to tobacco. *Lakartidningen*. 2002; 99: 3111-7.
18. Khan MY. Smoking and doctors - A survey of trends and attitudes. *Pak J Chest Med* 2002; 8: 4-8.
19. Khan MY. Smoking trends in Medical Students: Are they influenced by difference in gender and financial status? *Pak J Chest Med* Isnt 2002; 8: 3-8.
20. Khan MY Tobacco smoking and attitude of youth: A survey of university students. *J Postgrad Med Inst* 2003; 17: 249:-53.