

Smoking among Doctors in a Medical School Hospital

Hiroshi KAWANE and Rinzo SOEJIMA*

*Division of Respiratory Diseases, Department of Medicine,
Kawasaki Medical School*

**Kawasaki University of Medical Welfare,
Kurashiki 701-01, Japan*

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ABSTRACT. The purpose of this study was to investigate smoking prevalence and attitudes toward smoking among the doctors of our medical school hospital. A survey questionnaire with 15 questions was given to 272 male doctors (ladder faculty: 34 professors, 20 assistant professors and 81 lecturers; research and clinical faculty: 63 assistants and 74 residents) in January, 1994. The response rate for the ladder faculty was 70.4%, while that for the research and clinical faculty was 49.6%. The overall response rate was 59.9%. In the sample surveyed, 29.4% of the doctors were smokers, 20.9% ex-smokers and 49.7% nonsmokers. The percentage of smokers among the ladder faculty stood at 23.2% and that among the research and clinical faculty at 38.2%. Smoking was more prevalent among the younger doctors (40.6% for <35 years of age, 24.2% for 35-49 and 18.2% for ≥50), while the rate of ex-smokers was higher in the older age groups. The long-term health risks to themselves was the most important factor in giving up smoking. As for the opposition to passive smoking, 85.3% of ex-smokers, 74.1% of nonsmokers and 33.3% of smokers answered that it made them feel unpleasant or that they had some symptoms. Of the doctors who do not smoke, 44.4% of nonsmokers and 41.2% of ex-smokers stated that they seriously advised patients to quit smoking, but only 8.3% of doctors who smoke answered that they did so. Even worse, about one-third of smoking doctors seldom advised patients to stop smoking. If doctors smoke cigarettes themselves, it is difficult for them to advise their patients to quit smoking. We hope that smoking among doctors in the research and clinical faculty will decline to a similar percentage as that in the ladder faculty in the near future.

Key words: smoking — doctor — smoking cessation — counseling

Smoking is a major health problem in many developed countries. According to a survey conducted by the Japan Tobacco Corporation in 1995, the prevalence of smoking was 58.8% among men and 15.2% among women; in other words, about 27.3 million men and 7.5 million women smoke in Japan.¹⁾ Although the smoking prevalence among women is not as high as among men, the increase in the number of underage smokers and young women smoking is one of Japan's most important problems.²⁾

In view of the present condition in Japan, Japanese doctors are responsible for not only smoking cessation treatment but also antismoking campaigns. It is supposed that the smoking status of doctors influences their approach to the smoking problems of their patients. There have been some reports on the

smoking habits of physicians in Japan, but the literature on smoking among doctors of university hospital is scant to the best of our knowledge. We therefore investigated the prevalence of smoking and attitudes toward smoking among the doctors in our medical school hospital.

SUBJECTS AND METHODS

We gave an anonymous survey questionnaire individually to all 272 male doctors working in Kawasaki Medical School Hospital in January, 1994. The questionnaire form we used was partly the same as that we have reported before.³⁾ It contained 15 questions concerning professional characteristics, smoking status, attitudes toward smoking and smoking cessation counseling activity. The subjects included in the study were 135 doctors from the ladder faculty (34 professors, 20 assistant professors and 81 lecturers) and 137 doctors from the research and clinical faculty (63 assistants and 74 residents).

In analyzing smoking status, "ex-smokers" were defined as those who formerly smoked but no longer did so (who claimed that they had not smoked during the last 12 months). "Nonsmokers" is self-explanatory. "Smokers" were those who smoked daily or occasionally.

RESULTS

The response rate for the ladder faculty was 70.4%, while that for the research and clinical faculty was 49.6%. The overall response rate was 59.9%. Fig 1 shows the prevalence of smoking among the doctors according to their faculty status. In the sample surveyed, 29.4% of the doctors were smokers, 20.9%, ex-smokers and 49.7%, nonsmokers. The percentage of smokers among the ladder faculty and the research and clinical faculty stood at 23.2% and

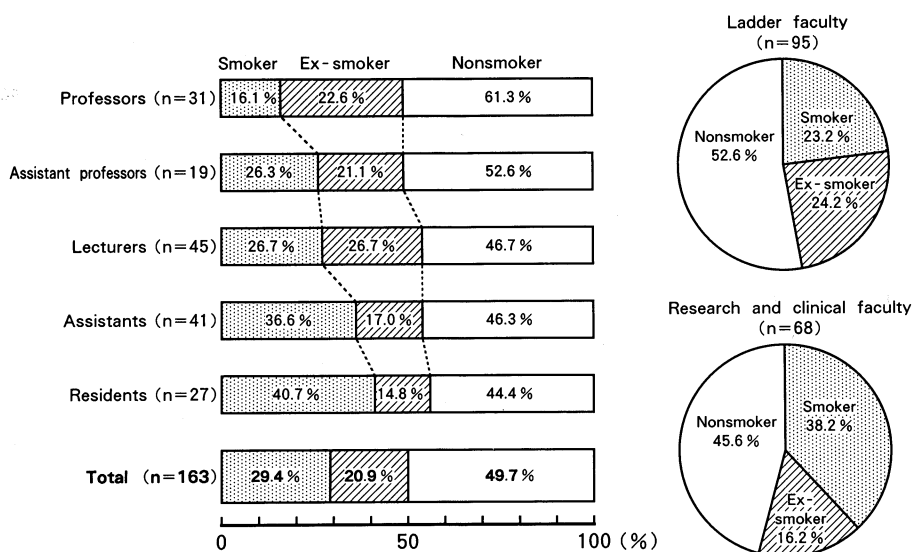


Fig 1. Smoking prevalence by faculty characteristics

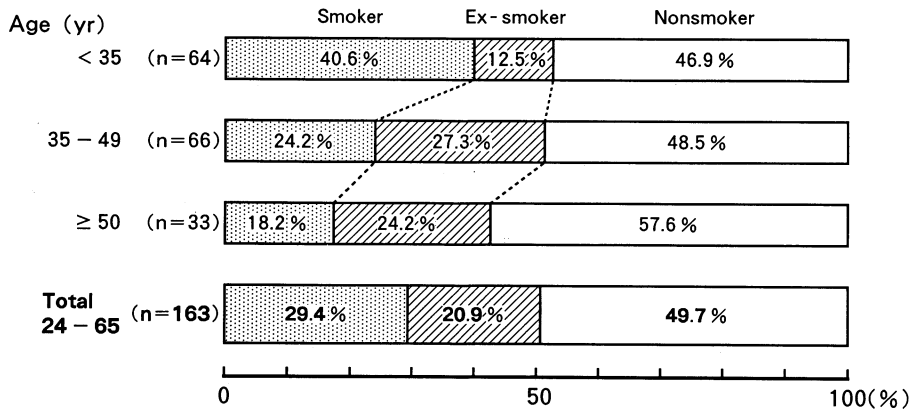


Fig 2. Smoking prevalence by age

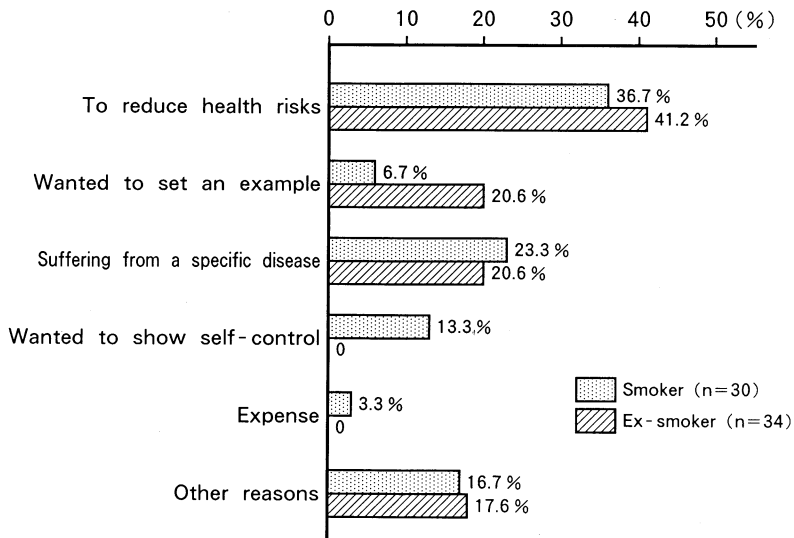


Fig 3. Reasons for giving up smoking

38.2%, respectively. In an attempt to distinguish younger and older smokers, the respondents were divided into three age groups (below 35, from 35 to 49 and 50 and over) as shown in Fig 2. Smoking was more prevalent among the younger doctors, while the rate of ex-smokers was higher in the older groups.

Fig 3 shows the reasons for giving up smoking among ex-smokers and smokers who had tried to quit. Thirty out of 48 smokers (62.5%) had tried to quit smoking. The respondents were asked to tick off or write down only one answer. For both groups, the long-term health risks to themselves was the most important factor. Among ex-smokers, 20.6% said that a desire to set an example as a doctor was their reason to quit smoking. Among smokers, only 6.7% wanted to set a good example and 13.3% wanted to show self-control.

When asked about opposition to passive smoking, over 60% of the

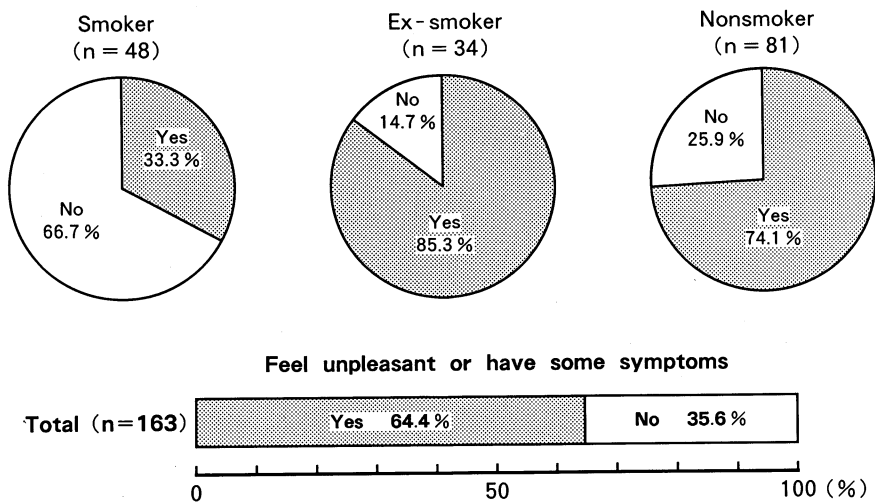


Fig 4. Opposition to passive smoking

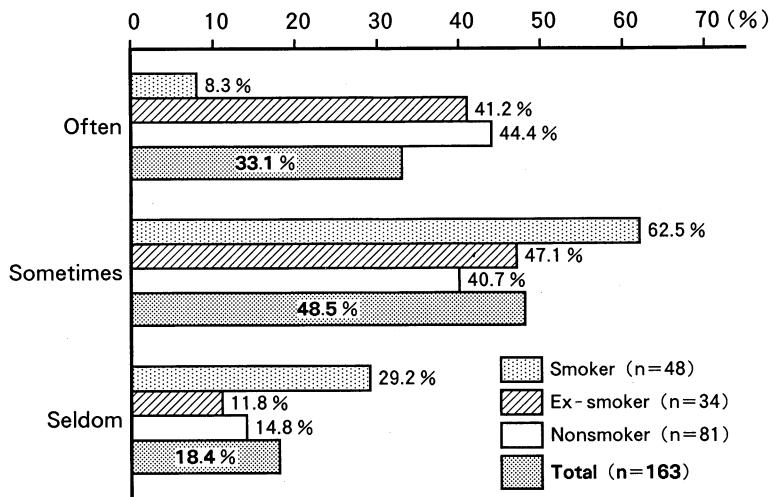


Fig 5. Smoking cessation counseling by smoking status

respondents answered that passive smoking made them feel unpleasant or that they had some symptoms (Fig 4). Ex-smokers tended to have opposition to passive smoking more than nonsmokers. One-third of smokers felt unpleasant or had some symptoms when they were exposed to passive smoking.

Fig 5 shows the seriousness or eagerness about giving smoking cessation counseling to their patients in relation to the doctors' smoking status. The majority (81.6%) of all respondents answered that they often or sometimes gave smoking cessation advice. Of the nonsmoking doctors, 44.4% stated that they seriously advised patients to quit smoking, but only 8.3% of the doctors who smoke answered that they did so. About one-third of smoking doctors seldom advised patients to stop smoking.

DISCUSSION

The main purpose of this study was to investigate the smoking status and attitudes among doctors in our medical school hospital. In 1987, we carried out a similar survey in our hospital and found that 24.2% of physicians were smokers.³⁾ We also found at that time that the rate of smoking was higher for the younger age groups. Although the prevalence of smoking in the present investigation was slightly higher than in the previous survey, it was lower than for physicians in general in Japan (which is estimated to be 39%⁴⁾, and much lower than for the general male population. In general, the rate of smoking is known to be lower among health professionals than among the general population. The smoking prevalence among assistant professors and lecturers was similar to the percentage of smokers among the male members of the Japan Society of Chest Diseases (26.0%⁵⁾). The percentage of smokers among professors stood at 16.1% and it is still higher than estimates of male doctors' smoking of 13% for the UK and 10% for the USA.⁶⁾ The smoking rate of assistants and residents in our hospital were comparable to those of male interns and residents at the University of Ankara Medical School in Turkey (38% and 34%, respectively⁷⁾). The problem in our hospital is that we not only continue to have a high prevalence rate of smoking among young doctors but have also had a slight increase in overall smoking prevalence.

About 63% of the doctors who smoke had unsuccessfully tried to quit smoking. The main reason that currently smoking doctors had wanted to give up smoking, or formerly smoking doctors had stopped it was health risks (including present risks and future risks), which is also true of the general population.⁸⁾ It is reported that successful smoking cessation was associated with having personal concerns regarding the health effects of smoking and with wanting to set a good example for children.⁸⁾ The fact that 20.6% of ex-smokers ticked off the choice, "I wanted to set an example as medical personnel" may be one of the principal reasons for successful cessation. Among the members of the Japan Society of Chest Diseases, 49.3% of ex-smokers selected this choice as one of multiple answers.⁵⁾

Noteworthy is the fact that the rate of sufferers from passive smoking was higher for ex-smokers than for nonsmokers. It is also interesting that other smokers' secondhand smoke made one-third of the smokers feel unpleasant. We hope that many more doctors opposed to passive smoking will become involved in antismoking campaigns in our hospital. Although a total ban on smoking (becoming a smoke-free hospital) may be difficult, smoking should be restricted to a few isolated areas with an effective ventilation system.

The majority of responding doctors answered that they provide quit-smoking advice to their patients who smoke. Our study revealed that the doctors' smoking status was related to the delivery of quit smoking intervention. The doctors who smoke were less likely to counsel about smoking. If doctors smoke cigarettes themselves, it is difficult for them to advise their patients to quit smoking. Kawakami et al. also reported that the smoking status and attitudes toward smoking of physicians influence their enthusiasm in giving advice to their patients against smoking.⁹⁾ Smoking physicians are known to be more likely to fail to perceive their exemplary role to the general population concerning smoking behavior than nonsmoking

physicians.¹⁰⁾ Internists and family practice physicians were more likely to counsel about smoking cessation than surgeons.¹¹⁾ We could not find any differences among physician specialities in their intervention efforts with smokers because of the small sample size. In our hospital, young doctors are a particular priority target for smoking cessation programs.

We have been giving a short lecture concerning the hazards of smoking to first-year students in our medical school for more than 10 years. But the percentage of smokers among fifth-year male students stood at around 50 to 60% (e.g., 58% in 1990¹²⁾). Therefore, in our medical school, it is not only necessary to continue antismoking education more intensively but also to advise our students to quit smoking before becoming doctors. Motivating and training medical students to counsel their future smoking patients may also be necessary.^{13,14)} We hope that smoking among doctors in the research and clinical faculty will decline to a similar percentage as that in the ladder faculty.

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