

Engaging Doctors in Tobacco Control

Saurabh Varshney

Professor & Head (E.N.T.), All India Institute of Medical Sciences, Rishikesh- 249201 India.
E-mail: drsaurabh68@gmail.com

Introduction

For nearly a half century we have been struggling with the 20th century's brown plague: tobacco use. As we began this new century, we faced both a grim forecast, and a new hope. The grim forecast - This voracious devourer of health and life threatens hundreds of millions of new victims, especially in the developing world. The source of hope - We have now learned through our failures as much as our successes how to fight against tobacco. These lessons were hard won. At first, we believed that the verdict of science, and public awareness of that verdict, would compel tobacco users to quit, and governments to take appropriate action to control tobacco use. But we were wrong. We did not, could not, imagine the depths to which the international tobacco industry would descend to deny, deceive, bully, undermine, and confuse public understanding and government action.

Tobacco is the leading preventable cause of death and more than five million people die globally from the effects of tobacco every year-more than that of HIV/AIDS, malaria and tuberculosis. Tobacco is a serious threat to health and a proven killer and ranks second as a cause of death in the world. Tobacco use is an emerging pandemic marching forward relentlessly. Evidences accumulating since early 1950s indicate that more than 25 diseases are now known or strongly suspected to be causally related to smoking. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 million deaths per year, by the decade 2020-2030, with 70% of them occurring in developing countries. In India tobacco kills 8-10 lakhs people each year and many of these deaths will occur in people who are very young. Deaths attributable to tobacco are expected to rise from 1.4% of all deaths in 1990 to 13.3% in 2020. Currently about one- fifth

of all worldwide deaths attributed to tobacco occur in India, more than 8,00,000 people die and 12 million people become ill as a result of tobacco use each year in India, as per WHO projection and will have the highest rate of rise in tobacco-related deaths during this period compared to all other countries/regions. Youth in general and adolescents in particular fall prey to this deadly habit with severe physical, psychological, and economic implications. Among the youth, students are particularly involved due to increasing academic pressures and uncertain career. Encouragement from peer group, the lure of popularity, and easy availability of tobacco in different forms make a teenager an easy prey. In India, approximately 5500 children and adolescents start using tobacco products daily, some as young as 10 years. The majority of users have first used tobacco prior to the age of 18 years. It has been reported that there is an increased trend of tobacco habits among the healthcare students pursuing healthcare education like any other youths. Little attention has been given to the context of when and how healthcare students undergo attitudinal and behavioral changes with respect to their own smoking habits. Teaching about the effects of use of tobacco is essential for medical college students, because these would be physicians, future teachers, and responsible citizens and will hold, key positions to lead tobacco cessation programs in our community. So they should not be sanctimonious. Health professionals serve as role models for healthy behavior to the public. During routine visits, health professionals can counsel patients on dangers of smoking and the importance of quitting; and such counseling is one of the most cost-effective methods of reducing smoking. The medical students who are future health professionals ignore epidemiological evidence and continue to use a substance that is harmful to health. Moreover, health professionals, who happens to be health promoters/educators and health role models

for society in future can have negative impact on society if they themselves are involved in tobacco consumption practice. In developing nations where reductions in tobacco use have not been realized, it is critical that health professionals be encouraged to abstain from tobacco use. Data on tobacco use among health professionals in India are limited.

Health Professionals Against Tobacco

The detrimental effects of smoking constitute one of the most urgent health problems. Individual doctors have a clear duty and responsibility toward their patients in this respect. Campaigns to inform the public of the damage to health caused by smoking will not be convincing if doctors as individuals and as a profession are seen as smokers. Doctors are in a unique position to help their patients stop smoking because their advice on health matters is trusted more than anyone else. Many smokers want to stop smoking, and others may be receptive to encouragement to stop. A brief intervention by a doctor has been shown to increase the chances that a smoker will successfully stop smoking. In smoking cessation, the decisive value is assigned to the physician's approach and his/her assistance, mere advice from the physician not to smoke increases the likelihood of successful quit rate in the patient by about 10%. Doctors need to understand that their interventions can have a powerful impact, not only in cessation counseling and treatment, but also in policy advocacy.

- Evidence shows that doctors remain among the most respected and trusted community voices on matters related to health.
- An oncologist may save more lives by counseling for tobacco control for few hours than by treating lung cancer patients for a lifetime.

What should be our goal?

Our goal should be to motivate more doctors to become active in the full range of tobacco control activities.

According to *Doctors and Tobacco: Medicine's Big Challenge*, by David Simpson, medical professionals probably have the greatest potential of any group in society to promote a reduction in tobacco use, and thus, in due course, a reduction in tobacco induced mortality and morbidity. Unfortunately, too many doctors in too many countries do not consider tobacco control to be part of their professional responsibilities. Instead they simply treat the illnesses tobacco use causes. They have a unique potential to contribute to tobacco control in several complementary ways:

- As role models in not smoking, or quitting smoking.
- In counseling patients not to smoke.
- In providing smoking cessation treatment.
- In organizing and speaking out publicly and lobbying for comprehensive public policies to control tobacco use.

In countries with the highest smoking rates, doctors smoke even more than the general public and, as a result, serve as negative role models. Getting doctors to quit smoking can have profound effects on tobacco control. They become positive role models for patients and are far more likely to advocate for tobacco control than those who still smoke. In those nations in which the tobacco epidemic appears to have peaked and begun to ease, a retrospective view reveals that it was, in nearly all cases, physicians who led the way by changing their behavior from being one of the groups with the highest smoking prevalence to being one of, if not the, lowest. Therefore, in any nation where the tobacco epidemic has not peaked, or has not yet taken hold, focusing on reducing smoking among physicians and involving them in tobacco control activities by appealing to and educating them personally and through their medical societies may be the most important action a national tobacco control movement can take.

Who do we need to persuade in order to motivate doctors to become more engaged in tobacco control?

Among doctors, two key target audiences are medical students, who are among the most open to a new understanding of doctors' responsibilities. Doctors who quit are more likely to become engaged in both cessation counseling and advocacy. Our target audience should include those who have the most professional influence with doctors, including deans of medical schools, faculty, and other respected, award-winning doctors and medical scientists. Even in countries without active tobacco control efforts, many doctors are informed of smoking's health risks but often fail to take responsibility for tobacco control. They do not recognize that their professional responsibility extends beyond the treatment and cure of tobacco-caused disease to include prevention and cessation. Emphasis should be to encourage medical professionals to give up smoking and to embrace the key role they play in helping others curtail their tobacco use.

According to the World Health Organization (WHO)

" Health professionals are encouraged to

personally exhibit and promote a tobacco-free lifestyle. The advice and treatment given by health professionals can be a major factor in whether or not a person tries and succeeds in quitting smoking.”

According to the WHO's Tobacco Free Initiative (T.F.I.)

“Health workers function as exemplars and educators for their patients, and consequently should set an example by abstaining from tobacco. When this point is emphasized in professional organizations and through the education system that trains professionals, their tobacco use rates decline. If health professionals and researchers focus as much on efforts to prompt attempts at tobacco cessation as on creating new approaches to treatment, many additional tobacco users will be motivated to quit.”

- Doctors should avoid smoking and the use of tobacco products in their personal lives.
- Assess and document smoking and tobacco use status as part of the medical history for every patient.
- Provide cessation counseling and other proven therapy to all patients who use tobacco.

Doctors need to hear messages from other doctors who are already active in tobacco control.- “Doctors believe doctors.”-

Doctors will be receptive to messages that come from other medical professionals, medical societies, and other leaders of the medical community.

- Doctors who have already become tobacco control advocates are perhaps the most powerful messengers.
- Medical school professors have a prime opportunity to educate young doctors about the hazards of tobacco use. Their curricula can introduce prospective doctors to tobacco control activities and can make them aware of their obligation to participate as members of the medical profession.
- Leading physicians have access to the mass media as guest experts on news programs and talk shows or with their own health guidance programs. They can use these media opportunities to encourage their colleagues to get involved in tobacco control.
- Medical societies / Associations are in a unique position to influence the behavior of their members. They can:
 - Conduct surveys of their members, which would include questions about their smoking patterns, the extent to which they provide tobacco use

counseling and cessation treatment, and their willingness to become engaged in tobacco control advocacy.

- Organize plenary speakers and panel discussions on Tobacco control at conferences and workshops.
- Place regular articles in the association's journal on the risks of smoking.

Medical Schools

Medical schools have a critical opportunity to educate and motivate emerging doctors. Medical school deans and professors can take several complementary approaches:

- Courses in tobacco control treatment can be offered and even mandated within the curriculum.
- Tobacco control responsibility can be incorporated into orientation lectures and brochures for incoming students.
- Medical school students can be recruited for diverse tobacco control projects, from working in cessation clinics to conducting surveys of tobacco use by doctors in medical facilities.
- Professors can use their status to speak out about the importance of tobacco control.

Others

Voluntary organizations, NGOs dedicated solely to tobacco control, and other national NGO coalitions have played, and can continue to play, a strong role in recruiting doctors to support tobacco control. They can:

- Develop and maintain a list of doctors who are active in tobacco control and who will recruit other doctors, lecture at medical forums, and speak with the media about the need for doctors to be engaged.
- Hold workshops for doctors.
- Help organize talk show debates about doctors' responsibilities in Tobacco control.
- Encourage medical leaders to write letters and editorial articles to newspapers.
- Promote newspaper editorials about the connection between medical ethics and doctors' tobacco control responsibilities.

Appeal

By taking advantage of this unique opportunity, we want to ensure that more doctors and prospective doctors will join in the fight to eradicate tobacco use as an international public health pandemic.