Intervention against smoking and its relationship to general practitioners' smoking habits

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SUMMARY. A postal survey was carried out in June and July 1980 to find out if there was any relationship between smoking habits of general practitioners and their reported intervention against smoking among their patients. Responses from 342 general practitioners in London and Kent indicated that there was a relationship: general practitioners who smoked cigarettes (13 per cent of the sample) were less likely to advise or help their patients to stop smoking than general practitioners who smoked a pipe or cigars or who did not smoke at all. The survey also yielded an estimate of smoking prevalence among general practitioners which indicated that prevalence has continued to decline, and that fewer general practitioners are being recruited to smoking.

Introduction

THE role of the doctor as health exemplar has been widely noted.[1] In particular, doctors may influence the smoking habits of their patients and the general public simply by the example they set. More importantly their own smoking habits may determine their commitment to helping and advising their patients to stop smoking. Many patients can be encouraged to stop smoking by the doctor firmly advising them to do so,[2] and the Royal College of General Practitioners has recommended that such advice should become routine in general practice.[3] A Department of Health and Social Security survey[4] suggested that most health professionals perceive the link between their roles and being taken as health exemplars: 83 per cent of general practitioners sampled felt responsible for discouraging people from smoking, a finding which may also be reflected in the decreasing prevalence of smoking among doctors over the last 20–30 years in several countries.[5-8]

Reported here are the results of a postal survey carried out in June and July 1980 to determine whether there was any relationship between the smoking habits of general practitioners and their reported commitment to advising and helping their patients to stop smoking. A consequence of this survey is an estimate of smoking prevalence among general practitioners.

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Method

A short questionnaire with items about their smoking intervention practices and self-report items about their own smoking habits was mailed to 500 general practitioners who were randomly selected from Family Practitioner lists—300 from inner London and 200 from towns and rural areas of Kent.

Results

Response rate

Altogether 342 questionnaires were returned, a response rate of 68.4 per cent. Location affected response rate: 80.5 per cent of the Kent general practitioners returned their questionnaires compared to 60.3 per cent of the London general practitioners ($\chi^2 = 22.6$, df 1, $P < 0.001$). Location did not affect the self-reported smoking habits of the doctors and their smoking intervention behaviour. The results were therefore pooled for the main analyses.

Excluding those who had retired or died, non-responding general practitioners who could be traced were sent a short-form version of the questionnaire which asked about their smoking habits (which did not differ significantly from the main group of respondents). This yielded 43 responses, bringing the final proportion of general practitioners giving information about their smoking habits to 77 per cent ($n = 385$) (Table 1).

The overall prevalence of smoking was not significantly different in men and women general practitioners ($\chi^2 = 0.11$, df 1, NS), though a higher proportion of the women were cigarette smokers. Of the women, 26.4 per cent were smokers compared to 25.5 per cent of the men.

Smoking intervention

Six items on the questionnaire were used to determine the doctors' commitment to advising and helping their patients to stop smoking (Table 2). On three items significant differences emerged between intervention

Table 1. Percentage of all responding general practitioners in each of four smoking categories.

	Men ($n=216$)	Women ($n=34$)	Sex not known ($n=135$)
Cigarette smokers	11.6	20.6	13.3
Pipe/cigar smokers (ex-cigarette smokers and never-smokers)	13.9	5.8	18.5
Ex-smokers	47.2	47.1	39.2
Never-smokers	27.3	26.5	29.0

Table 2. Percentage breakdown of initial responses to smoking intervention items.

	Cigarette smokers ($n=44$)	Pipe/cigar only smokers ($n=53$)	Ex/never smokers ($n=245$)
1. Do you ask your patients if they smoke cigarettes?			
Yes	100	100	99
No	0	0	1
2. Do you record smoking status in your patients' notes?			
Yes	86	94	93
No	14	6	7
3. Do you think it is justified to ask patients about their smoking if they are not consulting you about a smoking-related complaint?			
Yes	57	72	76
No	43	28	24
4a) Do you advise your patients to stop smoking?			
Yes	91	100	99
No	9	0	1
b) If 'Yes' do you advise all cigarette smokers to stop smoking*	34	57	68
or			
only those patients with smoking-related complaints?	66	43	32
5. Do you routinely give your patients any help or treatment to stop smoking?			
Yes	34	53	61
No	66	47	39

*Expressed as a percentage of those who said 'Yes' to 4a.
χ^2 for questions 1, 2 and 3 NS. χ^2 for 4a, 4b and 5 are significant:
4a $\chi^2=15.94$, df 2, $P<0.001$
4b $\chi^2=17.68$, df 2, $P<0.001$
5 $\chi^2=11.50$, df 2, $P<0.01$

practices reported by the general practitioners who smoked cigarettes and all other general practitioners.

The most frequently used method of intervention was simple advice and encouragement to patients. About 90 per cent of those general practitioners who claimed that they gave help routinely to patients (who wished to stop smoking) used this method. Less than a quarter of these general practitioners gave their patients leaflets or booklets on stopping smoking or referred them to smoking clinics.

Discussion

The relationship between general practitioners' smoking habits and their smoking intervention practices suggests that those doctors who smoke cigarettes are less likely to advise or help their patients to stop smoking than general practitioners who smoke a pipe or cigars or who do not smoke at all.

Though the majority of general practitioners in all smoking categories do appear to advise and help their patients to stop smoking, a cigarette-smoking general practitioner is less likely to do so. As ex-smoker general practitioners seem as likely as never-smoker general practitioners to intervene in their patients' smoking habits the apparent reduction in cigarette smoking, and in smoking overall, noted in this study is a hopeful sign. Thirteen per cent of the general practitioners in this survey smoked cigarettes while in a survey of general practitioners conducted by the Department of Health and Social Security in 1974/5[4] 21 per cent were cigarette smokers. The DHSS also found that 18 per cent of their sample were never-smokers compared to 28 per cent in the present study. This suggests a decrease in recruitment to smoking among general practitioners. Parallel to this is an increased awareness of the damaging effects of smoking on health and of the health exemplar role of the general practitioner in the community. It is also interesting to note that in their own social class (AB) the percentage of current cigarette smokers has fallen to 27 per cent.[9]

While a majority of the general practitioners sampled do intervene in their patients' smoking habits, the intervention does not appear to be routine and extended to all patients who smoke. The Royal College of General Practitioners[3,10] has recommended that an active case-finding approach should be adopted by all general practitioners throughout their practice populations and that routine advice and help to stop patients smoking should be an essential part of any preventive strategy.

The level of intervention reported by general practitioners does not match that reported by the general public. In 1980 surveys by National Opinion Polls Ltd (NOP)[9,11] between 19 and 31 per cent of current cigarette smokers reported having been advised to stop smoking by their general practitioners and between 3

and 9 per cent reported having been told to cut down or smoke less harmful cigarettes. However, Ley[12] reported that up to 50 per cent of patients do not necessarily remember or understand what their doctors tell them, and therefore this discrepancy may not be as great as it appears.

In view of the effectiveness of the general practitioner's advice against smoking,[2] as well as his own example, it is to be hoped that the apparent decline in cigarette smoking among general practitioners will continue and that routine intervention against smoking will become progressively more widespread.

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The family as a patient

The notion that providing medical care to an entire family is inherently better in its efficiency, economy, and outcome has received considerable rhetorical attention, but markedly less examination of a scholarly nature.

Sufficient evidence exists that it is indeed possible, for certain problems, to provide medical care to an entire family unit that leads to a better outcome by a more efficient route. However, the diagnostic tools and therapeutic modalities available are primitive, and considerable work remains. The ethical considerations generated by redefining the object of medical care delivery have received minimal attention. At the very least, a physician must be very sure of the superiority of this new type of medical care before offering it in lieu of his usual services. The impact of family medical care on existing medical care delivery systems has yet to be felt. At present, practitioners are attempting to offer a totally new type of care under the educational, economic and legal constraints of an old system. The changes necessary in this system, such that an entirely new form of medical care can be practised, will occur only with the rigorous examination and professional pain that have characterized all great advances in medical history.

Source: Schwenk TL, Hughes CC. The family as patient in family medicine. *Social Science & Medicine* 1983; **17:** 1-16.

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