Do specialist registrars fail smokers?

ROSLYN PURSELL, ROBERT B GALLAND

Department of Surgery, Royal Berkshire Hospital, Reading, UK

ABSTRACT

INTRODUCTION Medical and surgical SpRs were interviewed to determine what efforts they make to stop patients smoking.

METHODS Telephone interview of 53 SpRs in the Oxford region.

RESULTS The majority regularly asked whether patients smoked, few did anything about it. Surgical SpRs were less likely than medical SpRs to advise patients to stop, discuss smoking-related health problems, discuss the benefits of quitting or advise nicotine replacement therapy. Few SpRs had been trained to counsel smokers and less than half felt that their input helped patients to stop.

CONCLUSION Medical education is lacking in teaching students and junior doctors how to help patients stop smoking.

KEYWORDS

Specialist registrars – Smoking – Cessation – Education

CORRESPONDENCE TO

RB Galland, Department of Surgery, Royal Berkshire Hospital, London Road, Reading, Berkshire RG1 5AN, UK
E: Robert.Galland@rbbh-tr.nhs.uk

Doctors' advice on hazards of smoking and the benefits of stopping has been shown to be effective in helping people to stop smoking.¹ Follow-up consultations, personalising the message and nicotine replacement therapy produce better results.^{1,2} As long ago as 1979, Russell and colleagues³ showed that there was a 5.1% increase, compared with controls, in the number of patients who stopped smoking when they were given advice and warned that they would be followed up.

In a survey of vascular surgeons, we found that the majority of respondents advised patients to stop smoking, counselled on hazards of smoking and checked to find whether patients had stopped smoking.⁴ However, other studies have suggested that some doctors are ill-equipped in advising patients to stop smoking and have little confidence in their ability so to do.^{5,6}

Junior doctors often meet patients with smoking-related diseases who would benefit from advice on smoking cessation. In addition, they are in a position to provide opportunistic counselling to smokers. The aim of this paper is to assess the confidence and competence of junior doctors in advising patients to stop smoking and in prescribing nicotine replacement therapy. In this setting, we have compared junior physicians with junior surgeons.

Methods

Details of medical and surgical specialist registrars (SpRs) working in the Oxford Region were obtained from the

Health Authority. SpRs were interviewed by telephone to determine their attitude towards anti-smoking advice. The survey was carried out during one week. Questions asked are shown in Table 1. Questions were based upon the National Cancer Institute's recommendation that health professionals follow the 'four As' regarding smoking cessation advice: ask about smoking; advise smokers to stop; assist patients willing to stop; and arrange follow-up.⁷ Statistical analysis was carried out using a χ^2 -test.

Results

Of 34 surgical and 37 medical SpRs identified, 53 were contacted: none refused to complete the interview. Overall, 77.4% of those interviewed were men (23/27 surgical, 18/26 medical). Some 4% were current smokers, 11% former smokers and 85% had never smoked. Physicians and surgeons were, on average, in their third year.

Most junior doctors ask whether patients smoke, but they do little about it (Table 1). Surgical SpRs were less likely than physicians to advise patients to stop smoking ($P < 0.05$), to discuss smoking-related health problems ($P < 0.02$) and to discuss the benefits of stopping ($P < 0.001$). Only 11% of surgeons felt that their input helped patients stop smoking compared with 47% of physicians ($P < 0.01$). Approximately one-half of physicians gave nicotine replacement and one-quarter bupropion. Surgeons were significantly less likely to advise either ($P < 0.02$). Few juniors had been trained to counsel smokers.

Table 1 Questions asked and responses obtained

	Physicians <i>n</i> = 26 (%)	Surgeons <i>n</i> = 27 (%)	χ^2 -value	P-value
Do you ask patients if they smoke?				
Always	18 (69)	16 (59)	0.18	NS
Often	6 (23)	8 (30)		
Sometimes	2(8)	3 (11)		
Never	0 (0)	0 (0)		
Do you advise them to stop smoking?				
Always	13 (50)	9 (33)	4.2	< 0.05
Often	9 (35)	7 (26)		
Sometimes	4 (15)	9 (33)		
Never	0 (0)	2 (8)		
Do you discuss health problems related to smoking?				
Always	4 (15)	4 (15)	5.6	< 0.02
Often	15 (58)	7 (26)		
Sometimes	7 (27)	13 (48)		
Never	0 (0)	3 (11)		
Do you discuss the benefits of quitting?				
Always	7 (27)	6 (22)	10.4	< 0.001
Often	14 (54)	4 (15)		
Sometimes	5 (19)	15 (56)		
Never	0 (0)	2 (7)		
Do you advise patients on ways to stop smoking?				
Always	2 (8)	1 (4)	3.2	NS
Often	12 (46)	2 (7)		
Sometimes	12 (46)	17 (63)		
Never	0 (0)	7 (26)		
Do you feel that your input helps them to stop smoking?				
Always	3(12)	1(4)	8.0	< 0.01
Often	9(35)	2(7)		
Sometimes	10(38)	17(63)		
Never	4(15)	7(26)		
Do you arrange a follow up appointment for smoking?				
Always	0(0)	1 (4)	2.0	NS
Often	0(0)	1 (4)		
Sometimes	2(8)	1 (4)		
Never	24(92)	24 (88)		
Do you refer smokers to their GP for counselling and treatment?	21 (80.7)	16 (59.3)	2.9	NS
Do you advise nicotine replacement?	14 (53.8)	6 (22.2)	92	< 0.02
Do you advise buprionon (Zyban)?	7 (27.0)	1 (3.7)	50	< 0.02
Do you offer no treatment or advice?	0 (0)	9 (33.3)	10.4	< 0.01
What stops you discussing smoking with your patients?				
Time	8 (44)	12 (31)	1.1	NS
Lack of knowledge on counselling techniques	1 (11)	3 (4)	1.0	NS
Patient compliance	4 (26)	7 (15)	0.89	NS
Nothing	15 (33)	9 (7)	3.6	NS
Other	0	2	–	–
Have you ever been trained to counsel smokers?				
Yes	1 (4)	1(4)	0	NS
No	25 (96)	26(96)		

NS, not significant. Statistical analysis compared the combination 'always' and 'often' with 'sometimes' and 'never'.

Discussion

In the UK, there are an estimated 120,000 smoking-related deaths per year.⁸ About one-quarter of the adult population in the UK smoke and the prevalence may be increasing.⁹ Banning smoking in public is a recent government initiative, which it is thought will reduce the prevalence of smoking among adults from 27% to 23%.⁸ Other means of reducing smoking include nicotine replacement, buprionon (an antidepressant), advice sheets, clinics, increasing the price of cigarettes and banning their advertising.^{10,11}

We have to educate the public as to the hazards of smoking and the possible means of stopping. Education of medical students and junior doctors is also important. The contrast between the responses of surgical SpRs and consultant vascular surgeons is interesting.⁴ The majority of both groups enquired about smoking. However, whereas most vascular surgeons advised patients to stop smoking, only about half of surgical SpRs offered such advice. Similarly, 39% of vascular surgeons provided smoking cessation information but few surgical SpRs did so. Generally, medical SpRs provided more help than junior surgeons. However, neither group of SpRs arranged a follow-up for smoking. Approximately three-quarters of vascular surgeons on the other hand checked to see whether patients were still smoking. Vascular surgeons see smoking cessation advice as being an important aspect of their management of patients with peripheral vascular disease. It seems that the realisation of this comes from direct patient contact when higher surgical trainees and consultants rather than formal teaching as students.

Various studies have looked at the timing and nature of smoking-cessation training in medical students but, as yet, no specific format has been shown to help retention of this information.¹² In our survey, few junior doctors had been trained to counsel patients to stop smoking. Similar results were obtained from a questionnaire sent to North American emergency physicians. Only 14% of 196 respondents had attended a lecture or seminar on anti-smoking techniques.⁵ A study of general surgeons from the US mirrored the results presented here, with surgeons being ill-trained and having little confidence in their ability to encourage abstinence from smoking.⁶

This study shows that physicians are generally better than surgeons at providing help with regard to stopping smoking. This despite the fact that junior surgeons frequently encounter smoking-related disease, e.g. peripheral vascular disease and gastrointestinal malignancy.

Guidelines to help both doctors and patients are found easily online. A Google search of UK websites leads to the NHS 'Giving Up Smoking' site which is targeted at patients and to a collection of Cochrane review articles discussing the different treatments available for smoking cessation. A search of North American websites leads to a richer collection of sites such as 'The Surgeon General Guide for Smoking Cessation' useful for both doctors and patients. In addition, the US policy on smoking is published online.

Conclusions

Specialist registrars are failing their patients with regard to smoking cessation. It is likely that they are part of a failing system. Although we only questioned medical and surgical specialist registrars, it is probable that similar results would be obtained in other specialities. Education is needed to make both the public and health professionals aware of the routes to smoking cessation.

References

1. Hannay DR. The role of doctors in promoting smoking cessation. *BMJ* 1993; **307**: 518–9.
2. Stapleton J. Commentary: Progress on nicotine replacement therapy for smokers. *BMJ* 1999; **318**: 289.
3. Russell MA, Wilson C, Taylor C, Baker CD. Effect on general practitioners' advice against smoking. *BMJ* 1979; **ii**: 231–5.
4. Basnyat PS, Moseley LG, Al-Rawi M, Galland RB, Lewis MH. Smoking – do vascular surgeons practise what they preach? *Ann R Coll Surg Engl* 2000; **82**: 424–7.
5. Prochazka AV, Koziol-McLain J, Tomlinson D, Lowenstein SR. Smoking cessation counselling by emergency physicians: opinions, knowledge, and training needs. *Accid Emerg Med* 1995; **2**: 211–6.
6. Krupski WC, Nguyen HT, Jones DB, Wallace HW, Whitehill TA, Nehler MR. Smoking cessation counselling: a missed opportunity for general surgery trainees. *J Vasc Surg* 2002; **36**: 257–62.
7. Glynn TJ, Manley MW, Pechacek TF. Physician-initiated smoking cessation program: the National Cancer Institute trials. *Prog Clin Biol Res* 1990; **339**: 11–25.
8. Smith R. No spitting, no smoking. *BMJ* 2003; **327**: Issue No 7406 Editor's Choice.
9. Thomas M, Walker A, Wilmot A, Bennett N. *Office of National Statistics. Living in Britain: Results from the 1996 General Household Survey*. London: HMSO, 1998.
10. Jain A. Treating nicotine addiction. *BMJ* 2003; **327**: 1394–5.
11. Kmietowicz Z. Information for patients: getting professional help. *BMJ* 2003; **327**: 1495–6.
12. Spangler JG, George G, Foley KL, Crandall SJ. Tobacco intervention training: current efforts and gaps in US medical schools. *JAMA* 2002; **288**: 1102–9.