Physicians’ Attitudes Toward Their Involvement in Smoking Problems of Patients

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A recently completed survey conducted by the National Opinion Research Center attempted to answer a number of questions regarding physicians’ opinions about smoking and health. A questionnaire was sent to a random sample of 5,000 practicing physicians drawn from a universe of 242,569. In all, three mailings were made, with a total of 1,876 responding to one of the three mailings. A sample of nonrespondents was followed by telephone interviews; 283 cases were derived from these calls. The results of the telephone calls were appropriately weighted, assuming the telephone respondents were like the nonrespondents rather than like the mail respondents. Of particular interest to us are those questions concerned with the physician’s perception of his responsibility to his patients and of his behavior with them in relationship to smoking and health.

Before reporting these results, I would like to mention some findings obtained two years ago from a sample of the general public. They very definitely look to the physician for help in smoking problems. About two of three in a national sample interviewed about two years ago agreed that it is the doctor’s job to convince his patients to stop smoking (63 per cent), that doctors should set a good example by not smoking (69 per cent), and that they should be active in making speeches to the general public about the harmfulness of cigarette smoking (69 per cent). Also, 75 per cent felt that if a patient wants to quit, it is the doctor’s job to help, and 84 per cent believe that most patients will not quit unless the doctor tells them to do so.

How do these opinions agree with those of doctors? The results of the recent physician survey indicate that an overwhelming majority of the doctors polled (77 per cent) agreed with the statement “It is the physician’s responsibility to attempt to convince his patients to stop smoking.” An even larger proportion (86 per cent) agreed that if a patient wants to stop smoking, it is the physician’s responsibility to help him accomplish this. Seventy-two per cent agreed with the statement “It is the physician’s responsibility to set a good example by not smoking cigarettes.” Two of three think physicians should be more active in speaking before lay groups about cigarette smoking.

Physicians unquestionably recognize cigarette smoking as a serious health hazard. More than 90 per cent associate smoking with chronic bronchitis, lung cancer and emphysema, and almost as many associate it with peripheral vascular disease and coronary artery disease. About three of four physicians associate cigarette smoking with laryngeal cancer, leukoplakia of the mouth and lips, and oral cancer. Only about half of them indicate that smoking is associated with any soft tissue lesion of the lip and mouth, and only one-fourth associate it with bladder cancer, indicating a much lower acceptance of the significance of any relationship between cigarette smoking and these conditions.

Most physicians, then, do see cigarette smoking as a health hazard and feel responsible for changing their patients’ smoking behavior. What do they do? The doctors were asked the following question: “Among your cigarette-smoking patients who do not have any condition related to smoking, how many do you advise to give up cigarettes (or cut down sharply) as a general health precaution?” and were asked to reply by saying all, almost all (95–99 per cent), most (65–95 per cent), etc., down to none. This question was followed by a similar question asking about the proportion of patients with each of a number of specific conditions who were given this advice. Looking only at the proportion of doctors giving this advice to “all” or “almost all” (95–100 per cent) of their patients, we find that 38 per cent of the physicians say that they advise all or almost all of their patients who do not have any condition related to smoking to quit or to cut down. This is in sharp contrast to the proportion—88 per cent—who give this advice to their patients with lung and pulmonary conditions. Other conditions, and proportions of doctors giving advice to all or almost all patients, to quit or to cut down, are (in descending order): peripheral vascular disease, 81 per cent; heart condition, 74 per cent; upper respiratory condition, 73 per cent; peptic ulcers, 71 per cent; mouth or lip lesion, 71 per cent. On the other

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hand, for pregnancy, the proportion was 37 per cent; and for nervousness, loss of appetite, insomnia, it was 36 per cent; both proportions were about the same as for asymptomatic patients. (All physicians did not answer the question for all conditions because, understandably, all physicians do not treat all conditions. Percentages are based on the number answering in each case.) This is reflected in the action of various subgroups of physicians. Obstetricians, for example, are more likely to warn pregnant women than are physicians in general practice (49 per cent vs. 38 per cent). However, of these physicians specializing in obstetrics and gynecology, only 26 per cent advise their patients who have no condition related to smoking to change their smoking habits, while 56 per cent of those in internal medicine and 37 per cent of those in general practice advise all or almost all of their patients to do so.

Although 84 per cent of the general public think people will not quit smoking until the doctor tells them to, 77 per cent of the physicians think that “most patients will not give up smoking even if their physician tells them to.” This large proportion indicates that at least some physicians are giving advice while being doubtful about the results; others may express this attitude as an excuse for not giving advice.

When asked what methods they have tried in order to assist patients to stop smoking, a majority of physicians said one or more of the following: inform them of future health risks, urge use of will power, and relate smoking to their current condition. Only about one in ten indicates that they recommend drugs to help patients change their smoking behavior. Two of three say that there is no method available today to really help a cigarette smoker who wants to quit, but who cannot do it on his own. The pessimism about their effectiveness and lack of confidence in adequacy of methods available may be the reason why more physicians do not advise more patients to give up smoking.

What have physicians themselves done about their own smoking behavior? Of all physicians who have smoked some time or another, more than half have quit. When asked why they stopped smoking, more (60 per cent) checked “Protect my future health” than any other category. The next most frequent responses were in the categories “occurrence of certain symptoms” (47 per cent) and “scientific reports convinced me” (43 per cent). About one in four checked “self-discipline” and about one in five checked “set a good example for children and teenagers.” Very few indicated that they stopped to save money, for religious reasons, or because of pressure from professional colleagues. Of those who quit, 37 per cent had smoked cigarettes for 20 years or more.

Many of the physicians who are still smoking cigarettes are not satisfied with their smoking behavior. More than half say they have made a serious attempt to stop smoking cigarettes entirely. When asked what they would like to be doing next year at this time, 52 per cent say they would like no longer to be smoking cigarettes, another 14 per cent say they would like to be smoking fewer cigarettes than now. These physicians constitute a group of long-time smokers, 63 per cent having smoked for 20 years or more, and only 3 per cent less than five years.

In summary then:

1) the general public expects the physician to take an active role in convincing them that they should stop smoking and in helping them to do so; 2) the physicians’ attitudes show that they accept this role as appropriate; 3) in actual practice, however, physicians apparently fall far short of completely fulfilling this goal.

For patients with conditions which demand immediate action, physicians see themselves as having responsibility to change smoking behavior and attempt to fulfill this responsibility. About 90 per cent give advice about smoking to their patients who have already contracted a disease or have a condition related to smoking.

In contrast, however, when dealing with the asymptomatic patient and in taking on a primarily preventive role, physicians do not preach what they, as in the case of their own cigarette-smoking behavior, actually do practice. While prevention was the main reason for the striking curtailment of cigarette smoking among their own profession, only 38 per cent take on this preventive medicine responsibility with regard to their own cigarette-smoking patients.

4. One of the reasons for this may be found in the pessimism expressed by physicians as to their capability to change the smoking habits of their patients and this in turn may be a function of their expressed dissatisfaction with the efficacy of methods currently available.

This suggests that: (a) more research is needed to develop effective cessation methods, particularly as related to use by physicians working with their patients, but (b) it also suggests that regardless of their belief about the efficacy of current methods, physicians must gain more confidence in their ability to achieve their goals in this kind of effort.