EDITORIALS

The Nursing Profession and Management of Cigarette Smoking Problems

Dr. Alton Ochsner once noted that the only valid reason for someone smoking was if he were on fire! The vast majority of individuals who smoke cigarettes agree that it is a dangerous habit, yet almost 50 million Americans continue to smoke. Has the physician accepted his crucial role in advising patients against the use of tobacco (especially in the form of cigarette smoking)? What role should the nurse play in the management of smoking problems? These are current issues of enormous proportions; a distinguished committee stated: “Elimination of cigarette smoking is, in fact, the single most important health measure available today for the prevention of disease and premature death in the United States” (Dis Chest, 54 1:172, 1968).

The public expects the physicians to take an active role in convincing patients that they should stop smoking and in helping them to do so. Certainly, most clinicians believe cigarettes to be harmful, since 100,000 physicians have given up smoking. This phenomenon is an example of preventive medicine, because most of the physicians who quit did not have smoking-related diseases. Unfortunately, in dealing with the asymptomatic patient, the clinician does not practice what he has effectuated in his own life, preventive medicine. While most physicians give advice about smoking to subjects with lung or blood vessel disease, a recent survey showed that only 35 percent discuss smoking with patients who have not yet developed smoking-related diseases. One reason for this may be pessimism about the ability to change smoking habits. Such pessimism is not warranted; simply talking to a doctor about the subject can have dramatic effects. One study was concerned with patients who were advised by their physicians to quit smoking or cut down sharply. Approximately 35 percent of these individuals gave up smoking! One reason for this success is that the physician has a highly-charged idealized role vis-a-vis the patient.

It is likely that the nurse, in her capacity as a professional associate, could also affect the motivational patterns of the smoker. An increased role of importance of the nurse in a “health team” approach to the patient should assist in combatting the public health hazards of cigarettes. Success in cessation of smoking is often a long, arduous road for the patient. Even though convinced of the dangers of this habit, there may often be episodes of “backsliding” and discouragement. The nurse can perform a vital function in assisting the physician at these times. The health professional who expresses genuine empathy, understanding, optimism and constant encouragement can make the difference between success and failure.

The office nurse is in an admirable position to be the continuing liaison between smoker and physician. School nurses and occupational health nurses have unique opportunities to communicate with special populations. The hospital-based nurse must also participate, particularly since the hospital (as well as the practitioner’s office) is an area where we can make people more conscious of the hazards of cigarette smoking. Nurses or physicians’ assistants who smoke in the presence of patients are not meeting their responsibilities in health care.

Interest and understanding are important aspects of the management of smoking problems. In addition, it may be wise to schedule one- or two-day courses for nurses on the topic of “management of smokers.” It would be very helpful if the nurse knew the answers to such questions as: “Should I stop suddenly or gradually?” “I get so nervous when I try to stop. What can I do about this?” “How much weight will I gain, and how can I prevent this?” “Will hypnosis help me?” “I have been smoking a long time. Isn’t it too late to stop?”

We can utilize the nursing profession in the management of smoking problems by including the nurse as a member of a health team to combat this national hazard. Physicians and nurses must assume the responsibility of doing at least three things: 1) they should inquire about the smoking habits of all their patients; 2) they should inform each patient about the risks involved in continued smoking and the benefits to be derived from stopping; 3) they should advise strongly against smoking.

Alfred Soffer, M.D., F.C.C.P.
Chicago