Tobacco and Health

The Role for Physicians

As physicians, scientists, and concerned health professionals we can play an important role in further preventing, or at least diminishing, the onset and continuity of tobacco use and thus, of tobacco-related diseases. We need to actively participate in producing the “science of application.” Obviously, we should lead by example by neither smoking nor condoning smoking at our office or hospital. “No smoking” signs should testify to our conviction, as should the absence of tobacco products from our hospital gift shops. We should admonish patients about their smoking, whatever the diagnosis. In addition to being medically sound, such advice suggests to our patients that we are genuinely concerned about their present and future health. It also serves as a motivation for adopting other healthful habits. Pediatricians especially should advise young patients about the harmful effects of tobacco, and should advise parents that they are likely to set a bad example for children by smoking.

Russell1 has indicated that even minimal messages and reminders advising smoking cessation are actually more cost-effective than other methodologies. How much more effective would such messages be if we were to increase their dose and duration? Physicians in general, and especially those specializing in chest diseases, are in a key position to persuade patients to stop smoking. In fact, Cullen4 has stressed that physicians’ offices should actually become “smoking cessation clinics.”

Antismoking advice and concerns about health risk factors generally can be brought to the patient’s attention while a history is being taken or during the physical examination, when we have the patient’s undivided attention. Physicians should document the patient’s smoking history and ascertain whether the patient wants to quit. We should monitor smoking habits over time so as to evaluate our effectiveness. Since most smokers do want to quit, we have the opportunity to deliver a firm antismoking message and to praise past efforts toward quitting. We can help the smoker to become a nonsmoker by giving practical suggestions, by enlisting family support, which can be very important, and by monitoring the patients by a follow-up letter or visit to encourage progress. Cullen4 has summarized some specific things physicians can do to be successful in their smoking cessation efforts.

Our concerns should also be directed toward other health risks such as alcohol and drug abuse, physical inactivity, and excessive nutrition. Various health promotion messages can be synergistically supportive. We might also provide each patient with a record system, such as the American Health Foundation’s Health Passport, which allows for entry of personal data and risk factors for cardiovascular diseases and cancers, and also provides useful health information. Periodic updating in the context of regular health examinations encourages good health behavior and allows the patients to monitor their risk factors.

Health promotion should increasingly be an integral component of our medical practice. Having health programs to alleviate tobacco-related illness is just one example of the mandate each of us has that makes a difference in the health benefits of our patients and community. Together with other community leaders, we should also address the social conditions that lead to poor health behavior as a consequence of poverty, inadequate housing, broken families, social decay and unemployment. To the extent that we commit our expertise, energy, and creativity to effective health promotion, of which tobacco use is a major example, the long-term health of our society will be improved and extended, a goal that represents the finest aspect of medical practice.

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REFERENCES

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3 Cullen JW. The physician's role: Four easy things you can do. Primary Care & Cancer 1987;7:43-6