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# Smoking habits among physicians in Istanbul and their attitudes regarding anti-smoking legislation

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## ÖZET

### *İstanbul'daki hekimlerin sigara içme alışkanlıkları ve sigara karşıtı yasaya ilişkin tutumları*

*Bu çalışmada, İstanbul'da çalışan hekimlerin sigara ile ilişkili inançları, davranışları ve sigara karşıtı yasa ile ilgili bilgileri hakkında bilgi edinmeyi amaçladık. İstanbul Tabip Odası (İTO) üyesi olan 18.000 hekime gönderilen anketten 374'ü anketi gönüllü olarak doldurmayı kabul etti. Bu hekimlerden 250 (%66.8)'si erkek, 124 (%33.2)'ü kadındı. Üç yüz yetmiş dört hekimden 60 (%16)'ı sigara içmekteydi ve bunların 42 (%70)'si erkek, 18 (%30)'i kadındı. Sigara içmenin ciddi bir sağlık problemi olduğunu, sigara içen hekimlerin %91.5'i, sigara içmeyen hekimlerin ise %98.4'ü düşünüyordu. Hastaların sigara içme alışkanlıklarını sigara içen hekimlerin %70.7'si, sigara içmeyen hekimlerin %91.1'i sorguluyordu. Aralarındaki fark istatistiksel olarak anlamlı bulundu (sırasıyla, p= 0.012 ve p= 0.00). Hastalarını sigara bırakma merkezlerine sigara içen hekimlerin %25'i, sigara içmeyen hekimlerin %34.5'i gönderirken, farmakolojik tedavinin etkili olduğunu sigara içen hekimlerin %21.7'si, sigara içmeyen hekimlerin ise %28.8'si düşünüyordu. Aralarındaki fark istatistiksel olarak anlamlı bulunmadı (sırasıyla, p= 0.167 ve p= 0.262). Çalışmamız, hekimlerin tütün bağımlılığı tedavileri ve tütün kullanımı ile ilgili yasa hakkında bilgilerinin yetersiz olduğunu göstermektedir. Sigara ve sigara bırakma tekniklerinin fakülte ve mezuniyet sonrası eğitimin bir parçası olarak daha ayrıntılı uygulanması gerektiğini düşünmekteyiz.*

**Anahtar Kelimeler:** Sigara, sigara bırakma, hekimler, kanun.

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**SUMMARY****Smoking habits among physicians in Istanbul and their attitudes regarding anti-smoking legislation**Mehmet Atilla UYSAL<sup>1</sup>, Nevit DİLMEN<sup>2</sup>, Levent KARASULU<sup>1</sup>, Tunçalp DEMİR<sup>3</sup><sup>1</sup> Yedikule Chest Diseases and Chest Surgery Education and Training Hospital, İstanbul, Turkey,<sup>2</sup> Department of Radiology, İstanbul Faculty of Medicine, İstanbul University, İstanbul, Turkey,<sup>3</sup> Department of Chest Diseases, Cerrahpaşa Faculty of Medicine, İstanbul University, İstanbul, Turkey.

*The purpose of this study was to analyze smoking related beliefs, attitudes and knowledge on anti-smoking legislation among physicians practicing in Istanbul, Turkey. Questionnaires were sent to 18.000 physicians who were also members of Istanbul Chamber of Medicine. Three hundred-seventy and four physicians responded. Two hundred-fifty of the respondents were males (66.8%) and 124 were females (33.2%). Sixty out of 374 physicians were smokers. Eighteen of them (30%) were females, 42 of them (70%) were males. 91.5% of physicians who smoked tobacco and 98.4% of non-smoker physicians agreed that smoking is a serious health issue. 91.1% of nonsmoker physicians and 70.7% of smokers asked their patients about their smoking habits. The difference between smokers and non-smokers was statistically significant in both comparisons ( $p= 0.012$  and  $p= 0.00$ , respectively). 25% of smoking physicians and 34.5% of non-smokers referred their patients to smoking cessation centers. 21.7% of smoking physicians and 28.8% of non-smokers believed in the success of pharmacological therapy. The difference between smokers and non-smokers was statistically non significant ( $p= 0.167$  and  $p= 0.262$ , respectively). This results suggests that physicians have insufficient knowledge on smoking cessation therapies and the law regarding the use of tobacco and that smoking cessation techniques should be incorporated in the curriculum of the faculties and post graduation training programs.*

**Key Words:** Smoking, smoking cessation, physicians, legislation.

According to the International Disease Coding System-10 (ICD-10), nicotine dependence is a disease; yet, many physicians may not consider smoking cessation as a high priority goal for their patients. Therefore, they might not see smoking-cessation counseling as an integral part of their medical care (1).

In Turkey, a law about prevention of harm induced by tobacco products was adopted in 1996. In the early 2002, practice guidelines for smoking cessation counseling for physicians were developed and in July 2003, guidelines were distributed to primary health care providers as printed material (2).

Physicians have several important responsibilities, such as acting as a role model, information provider, and identifier/modifier of risk behaviors, lobbyist and researcher (3). Medical doctors are often able to influence the behavior of their own patients as well as the society as a whole in prevention of illness and promotion of well-be-

ing. This can be accomplished by both serving as personal role models and actively promoting healthy behavior among their patients. Doctors who smoke may have a problem in achieving these two objectives, especially when trying to convince their own patients to quit smoking (4).

The purpose of this study was to collect information about smoking related beliefs, attitudes and knowledge on the anti-tobacco legislation amongst physicians practicing in Istanbul, Turkey.

**MATERIALS and METHODS****Setting**

The questionnaire consisted of 20 questions related to smoking habits, attitudes and knowledge of the legislation number 4207. Members of the Istanbul Chamber of Medicine (ICM) were sent questionnaires to be filled in on a voluntary basis and requested to send back by mail. The questionnaire was designed to collect informati-

on regarding smoking habits and dependence status of physicians. Membership is required to private practice medicine in Istanbul. ICM member count at the time of questionnaire (2003) was 20000.

### Subjects and Data Collection

The questionnaire was sent to 18.000 members (80%) whose addresses had been updated. Collecting results continued until March 2004.

### Statistical Analysis

Data entry and statistical analysis were performed using the SPSS software (SPSS for Windows, Rel. 11.5. 2002. Chicago: SPSS Inc.). The results were analyzed by descriptive and analytical methods. Descriptive statistics and Chi square tests were used in evaluating the results. A p value of  $< 0.05$  was accepted as statistically significant. Missing cases were not included in the analysis.

## RESULTS

### Background Characteristics

Three hundred-seventy and four of 18.000 forms (2.07%) were returned to ICM. Two hundred-fifty of the physicians were males (66.8%) and 124 of them were females (33.2%). Mean age was  $46 \pm 16$  (22-90). Fourty and six of the physicians (12.3%) were general practitioners, 61 of them (16.3%) were fellows and 259 of them (69.2%) were specialists. Seventy and nine of them (21.1%) were working in a university hospital, 115 of them (30.7%) in a private clinic and 21 of them (5%) in a training hospital.

### Smoking Habits

Among the participants, 60 out of 374 physicians (16%) who smoked at least one cigarette a day, were classified as smoker; 172 of them (46%) who never smoked were classified as never smoker, 110 of them (29%) who quitted smoking classified as quitters and 31 of them (8%) who smoked rarely/occasionally or did not respond to the question on smoking habits classified as non-identified. Eighteen of the smokers (30%) were females, 42 of them (70%) were males. Mean age for starting smoking was 20. Mean pack year was  $14.8 \pm 14.9$ . Out of 110 physi-

cians, 82 (74.5%) quitted smoking on their own; 3 of them (2.7%) attended behavioral therapy, 2 of them (1.8%) had acupuncture, 8 of them (7.3%) quit as a result of an illness, 1 of them (1%) due to pressure from family/friends and 14 of them (12.7%) quit due to other reasons.

### Physicians' Attitudes Toward Smoking

The answers of questions about physicians' attitudes toward smoking and anti-tobacco legislation were shown in Table 1.

## DISCUSSION

This paper reports the results of a descriptive study on smoking habits of physicians in Istanbul and how their smoking habits affect their practices.

Despite that the smoking rate among physicians in our study was similar to the smoking rate in developed countries (16%); former studies conducted in Turkey reported a higher rate of smoking among physicians (43.8%) (5,6). It is possible that those who did not return their questionnaire, or who did not answer the smoking questions, were mostly smokers. Other possibilities are that the smoking habits in Istanbul differ from other regions of Turkey or smoking habits might have changed.

Our study showed a low participation rate (2.07%). One reason could be that: physicians in general are not concerned about smoking as a problem or anti-tobacco legislation against smoking. The fact that most of the participants are non-smokers implies that smokers are less interested in the subject. A great majority of the respondent physicians (88%) asked their patients about their smoking habits. Thanks to an urge for giving a socially desirable response (e.g., physicians should counsel smokers), it is probable that counseling efforts might be overreported. The ratio of suggesting on effective smoking cessation therapies was, however, lower (63%). Smoking cessation counseling by physicians is both efficacious and highly cost-effective in comparison to other physician interventions (7). In US, 70% of tobacco users see a physician at least once a year (8). During these visits, the US Clinical Practice Guideline on To-

**Table 1. Physicians' attitudes to smoking and anti-smoking legislation.**

Questions	All physicians	Smokers	Non-smokers	Significance
Q1. I believe that smoking is a serious health problem.	362/373 (97.1%)	54/59 (91.5%)	303/308 (98.4%)	p= 0.012*
Q2. I question my patients' smoking habits.	325/366 (88.8%)	41/58 (70.7%)	278/307 (90.6%)	p= 0.000***
Q3. I advise my patients to quit smoking.	340/367 (92.6%)	49/60 (81.7%)	285/301 (94.7%)	p= 0.002**
Q4. I inform my patients about available and effective methods of quitting.	227/361 (62.9%)	24/59 (40.7%)	201/296 (67.9%)	p= 0.000***
Q5. I refer my patients to specialized smoking therapy centres.	112/346 (32.4%)	14/56 (25%)	98/284 (34.5%)	p= 0.167 (NS)
Q6. I apply a smoking cessation program to my patients.	50/345 (14.5%)	5/58 (8.6%)	45/281 (16%)	p= 0.149 (NS)
Q7. Do you think that it is right for physicians to be able to smoke in medical practice areas (Answer: yes).	19/371 (5.1%)	7/59 (11.9%)	12/306 (3.9%)	p= 0.021*
Q8. Have you ever seen any physicians smoking in medical practice area?	284/370 (76.8%)	43/59 (72.9%)	237/305 (77.7%)	p= 0.404 (NS)
Q9. Are you disturbed by colleagues smoking in time-out rooms?	305/373 (81.8%)	14/59 (23.7%)	285/308 (92.5%)	p= 0.000***
Q10. Physicians are seen as 'role model' by their patients.	332/371(89.5%)	46/58 (79.3%)	280/307 (91.2%)	p= 0.018*
Q11. I object physicians to smoke.	322/369(87.3%)	33/58 (56.9%)	284/305 (93.1%)	p= 0.000***
Q12. Physicians' smoking affect the patients' quitting negatively.	327/371(88.1%)	38/58 (65.5%)	283/307 (92.2%)	p= 0.000***
Q14. I believe I have adequate knowledge on legislation 4207.	114/355 (32.1%)	25/59 (42.4%)	88/290/ (30.3%)	p= 0.092 (NS)
Q15. I think that effects of legislation 4207 till now are positive.	136/311 (43.7%)	21/52 (40.4%)	111/253 (43.9%)	p= 0.096 (NS)
Q16. I think that existing legislation (4207) is adequate.	56/286 (19.6%)	14/48 (29.2%)	42/232 (18.1%)	p= 0.082 (NS)
Q17. Do you think that pharmacologic therapy is an effective method for smoking cessation?	103/372 (27.7%)	13/60 (21.7%)	88/306 (28.8%)	p= 0.262 (NS)
Q18. Do you think that behavioral therapy is an effective method for smoking cessation?	278/373 (74.5%)	37/60 (61.7%)	235/307 (76.5%)	p= 0.023*
Q19. Do you think that hypnosis is an effective method for smoking cessation?	27/373 (7.2%)	2/60 (3.3%)	24/307 (7.8%)	p= 0.168 (NS)
Q20. Do you think that acupuncture is an effective method for smoking cessation?	61/373 (16.4%)	7/60 (11.7%)	50/307 (16.3%)	p= 0.343 (NS)

P value: The difference between smokers and non-smokers.

\* The asterisk indicates statistical significance ( $p < 0.05$ ).

\*\* Highly significant ( $p < 0.01$ ).

\*\*\* Very highly significant ( $p < 0.001$ ).

NS: Non significant.

bacco Use recommends that physicians identify the tobacco usage of each and every one of their patients, advise those that use tobacco to quit, assess whether the user is ready to make a quit attempt, assist in those quit attempts, and arrange follow up (7). Statistics of Turkish Ministry of Health indicate that patients visit physicians five times a year. With this figure in mind, US guideline is more appreciated (9).

According to the previous studies, physicians identify only about half of current smokers, advice less than half, and assist and arrange follow up with only a small minority. The findings of this study are in concordance with the current literature. In our study, most of the physicians advised their patients to stop smoking (92%).

To our knowledge, there are no studies on the same subject in Turkey to make comparison. However, studies conducted in western countries showed that more physicians had been performing smoking cessation counseling practices. Especially recording history about smoking status was performed by most of the physicians. Routinely questioning adult patients about smoking behavior was reported to be between 97% and 90% (10,11). In Wells' study, advising to quit was reported to be performed by 52% the respondents (12). The survey of 1292 family physicians in Texas found that nearly all of them (99%) asked their patients about their smoking behaviors and most of them always (64%) or usually (33%) advised or counseled their patients to quit (13,14). A small percentage of physicians (32%) referred their patients to centers specialized on smoking cessation therapies. Only 28% of them believed in the success of pharmacologic treatment and even a smaller percentage (15%) applied smoking cessation therapy. Many studies have shown that doctors who smoke are less likely to counsel their patients to stop smoking (15). It has been observed in the US that only 47% of doctors who smoke advise their patients to stop, as opposed to 70% of their nonsmoking counterparts (16). In our study 93% percent of non-smoker physicians advised their patients to quit. The ratio was significantly lower (82%) among than smokers.

There is no doubt that physicians play an important role in quitting smoking and protecting health. Turkish physicians like Estonian physicians, demonstrated less active practices than physicians in developed countries (15). In our study, most of the physicians agreed that physicians themselves were valuable as role models. Only half of them believed smoking is a wrong behavior for a physician. Turkish physicians, like physicians in other countries, attribute little value to their positive role model in health behavior, especially with regards to their own smoking habits (15,16).

Majority of the physicians objected physicians' smoking in practice areas. Nevertheless, smoker and non-smoker physicians reported that they observed and reported physicians smoking in such areas, in similar ratios (77%). This is considerably significant.

Smoking physicians obviously find themselves in a difficult position because they should advise patients against smoking but set a bad role model at the same time.

It is unclear to what extent today's doctor serves as a role model for his or her patients and for society as a whole. Can a doctor who smokes tell his or her patients to 'do as I say and not as I do?'. Dekker et al. have shown that 64% of doctors who smoke feel that their personal behavior is unimportant when giving advice to patients regarding cessation of smoking (17).

Doctors who smoke are much less likely to recognize their own importance as health educators or to encourage smoking cessation for their patients (18). Why do doctors smoke? A survey conducted among medical professionals in Holland found that the main reasons for smoking were peer pressure and pleasure. Medical students were especially influenced by their friends, with a 'sense of belonging to the group' was the reason given as to why they started smoking by 34% of respondents (17).

Physicians carry the responsibility and have the opportunity to influence their smoker patients to quit. Various studies have shown that just an advice of the physician made 3-5% of patients quit smoking (7).

Our study, in a similar way to the study of Gunes and his/her colleagues has shown that physicians did not specifically concentrate on physicians' such negative attitudes resulting in negative effects in medical practices. Physicians considered their knowledge of tobacco regulatory legislation as inadequate and expressed that they had little knowledge about availability of specialized tobacco dependence treatment centers and as a consequence reported low referral rates (17).

Our results suggest that physicians' knowledge of smoking regulations is inadequate. There is much to be done regarding smoking cessation therapy education among physicians. Therefore, smoking issues and cessation techniques should be more intensively taught as part of faculty and post graduate education.

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