

Smoking Trends Amongst Young Doctors of a Tertiary Care Hospital – Mayo Hospital, Lahore – Pakistan

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Abstract

Introduction: The World Health Organization cites tobacco use as one of the biggest public health threats the world has ever faced. Tobacco is the number one preventable cause of disability and death. Tobacco has many negative health effects which many of the smokers know them well. In Pakistan tobacco use is common in general public and the health professionals don't lack behind this habit.

Study Objective: To study the smoking trends amongst young doctors of Mayo Hospital.

Study Design: Questionnaire based descriptive study.

Study Setting: This study was conducted at the Institute of Chest Medicine, Mayo Hospital – A tertiary care hospital affiliated with King Edward Medical University, Lahore.

Results: Out of 250 doctors, 180 (72%) were males and 70 (28%) were female. Amongst 180 male doctors 97 (53.88%) were smokers and 83 (46.21%) were non smokers. Amongst 70 female doctors 8 (11.43%) were smokers and 62 (88.57%) were non smokers.

Conclusion: Smoking is common among male young doctors but it is less common in female doctors.

Key Words: Smoking, Trends, Tertiary Care, Descriptive, Questionnaire.

Introduction

In countries with the highest smoking rates like Pakistan, doctors smoke even more than the general public and, as a result, they serve as negative role models. Getting doctors to quit smoking can have profound effects on tobacco control. They become positive role models for patients and are far more likely to advocate for tobacco control than those who still smoke.

Native Americans introduced the use of tobacco leaf to create and satisfy nicotine addiction. The use of tobacco as cigarette is predominantly a twentieth century phenomenon. Nicotine is the principal constituent of tobacco responsible for its addictive character. Tobacco contains about 4,000 chemicals including nicotine, a number of known carcinogens e.g. nitrosamine, toluidine, nickel, benzopyrene, cadmium, carbon monoxide, hydrogen cyanide, various nitrogen oxides and tar etc.¹ Smoking usually begins for psychosocial reasons, such as parental smoking, curiosity, peer pressure and assertion of independence. Once it becomes regular the pharmacological properties of nicotine are a major influence on the persistence of habit.²

The World Health Organization has estimated that there are 1.25 billion smokers worldwide. Low and middle – income countries, account for 82% of the world's smokers.³ Tobacco use is common in Pakistan, with 54% men and 20% women using tobacco in one form or the other.⁴

According to one study in Pakistan, 84% of smokers start smoking between 16 – 25 years of age.⁵ On average prevalence of smoking in various cities of

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Pakistan is 56.3%.⁶ There are estimated 25 million smokers in Pakistan with the male to female ratio being 4 : 1. The water – pipe commonly known as ‘Sheesha’ or ‘huqqa’ is becoming increasingly popular among younger’s in urban areas.⁷

Medical professionals can play an important role in reducing the consumption of tobacco and in motivating and initiating quit attempts among smokers. World Health Organization asks all health professionals to act as role models for their patients.⁸ Some countries have experienced steep declines in smoking prevalence among health professionals. However, there is evidence that a substantial proportion of doctors continue to smoke in Pakistan. In a 2003 study carried out in Karachi, 32% of doctors at a teaching hospital were smokers.⁹ The most recent surveys have found a smoking prevalence of 19% to 26% among male and 1% to 5% among female medical students in Pakistan.¹⁰ Doctors have always had an important responsibility to convince their patients not to smoke, for this reason it is essential that doctors themselves do not smoke.

Study Objective

To study the smoking trends amongst young doctors of Mayo Hospital.

Materials and Methods

Study Design

Questionnaire based descriptive study.

Study Setting

This study was conducted at the Institute of Chest Medicine, Mayo Hospital – A tertiary care hospital affiliated with King Edward Medical University, Lahore.

Study Subjects

A sample of 250 doctors (180 Males and 70 Females) working in Mayo Hospital was selected randomly.

Data Collection

Data was collected through a self administered questionnaire. Informed consent was taken from all the participants. All the participants were asked about their demographic profile. Smokers were asked about the

age of starting smoking, type of smoking (cigarettes, Huqa, Cigar, Shisha, Berri, Naswar, pan), reason of the starting smoking, number of cigarettes per day, and brand of cigarette. All the information’s were collected on a predesigned proforma.

Results

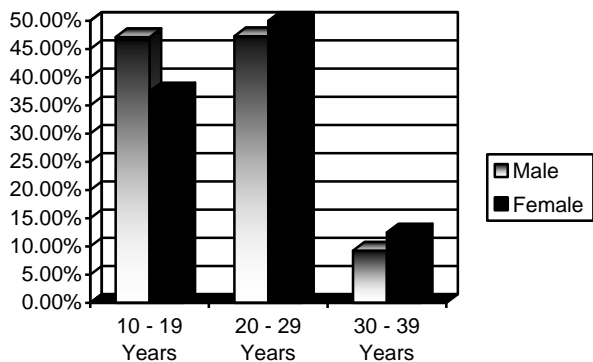
Out of 250 doctors, 180 (72%) were males and 70 (28%) were female. Amongst 180 male doctors 97 (53.88%) were smokers and 83 (46.21%) were non smokers. Amongst 70 female doctors 8 (11.43%) were smokers and 62 (88.57%) were non smokers. Amongst the male smokers 46 (47.42%) started smoking between the age of 10 – 19 years, 42 (43.29%) started smoking between the age of 20 – 29 years and 9 (9.27%) started smoking between the age of 30 – 39 years. Amongst the female smokers 3 (37.5%) started smoking between the age of 10 – 19 years, 4 (50%) started smoking between the age of 20 – 29 years and 1 (12.5%) started smoking between the age of 30 – 39 years. In the male smokers 90 (92.78%) were cigarette smokers, 4 (4.12%) were shisha smokers, 2 (2.06%) were cigar smokers and 1 (1.03%) was taking tobacco in the form of pan. Out of 8 female smokers, 4 (50%) were cigarette smokers, 1 (12.5%) was shisha smoker, 1 (12.5%) was berry smoker, 1 (12.5%) was taking tobacco in the form of naswar and 1 (12.5%) was taking tobacco in the form of pan. Most common brand of cigarette was gold leaf. Most common reason of starting smoking was peer pressure in males and depression in females.

Table 1: Gender Distribution.

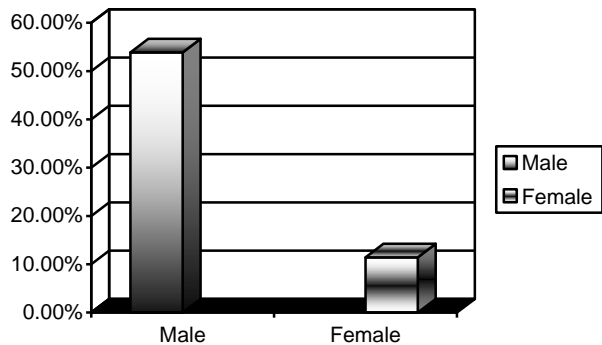
	Male	Female
Smokers	97 (53.88%)	8 (11.43%)
Non-smokers	83 (46.21%)	62 (88.57%)
Total	180 (72%)	70 (28%)

Table 2: Age of starting Smoking.

Age	10 – 19 Years	20 – 29 Years	30 – 39 Years
Male	46 (47.42%)	42 (43.29%)	9 (9.27%)
Female	3 (37.5%)	4 (50%)	1 (12.5%)



Graph 1: Age of Starting Smoking.



Graph 2: Frequency of smoking.

Discussion

Tobacco is the single most preventable cause of death worldwide. According to WHO report, there are about five million deaths every year related with smoking and it is on tremendous increase especially in under-developed countries like Pakistan. If this trend continued then it is estimated that the deaths per year will increase to eight millions by the year 2030.¹¹ Derek S, Peter L et al published a comprehensive international review of tobacco smoking in the medical profession from 1974 – 2004. The study showed that in countries like United States, UK, Canada, Australia and New Zealand, smoking rates have dropped dramatically among doctors, from 15 – 20% in the 1970’s to around 5% at the end of the 20th century. However, such low smoking rates are not uniform among doctors across the world. In China, 32% of male doctors smoke but no female doctor smokes, in Italy 28% of doctors smoke (32% among men), and in Turkey, Bosnia and Herzegovina around 40% of doctors smoke.¹²

In this study frequency of smoking in male doctors is 53.88% and in female doctors it is 11.43%. In a recent local study by Asad M¹³ the prevalence of smoking in male doctors was 50.31% and 7.04% in female doctors which are comparable to our results. In another local study by Ashraf M et al the prevalence of smoking in male doctors was 38.6% and in female it was 3.3%.¹⁴ In a study by Khan et al, prevalence of smoking among hospital employees was found 41%.¹⁵

In our study 47.42% male doctors started smoking between the age of 10 – 19 years and 43.29% started smoking in the age of 20 – 29 while in female doctors 37.5% started smoking between the age of 10 – 19 years and 50% started smoking in the age of 20 – 29 years. In the study by Asad M,¹³ 44.83% started smoking in between the ages of 10 – 20 years which is comparable to our results.

A medical doctor is one of the most highly respected professional and patients place a large amount of faith in their doctor’s advice. However, concerns have been expressed about the willingness of doctors who smoke themselves to advise their patients to quit, and about the likelihood of patients taking such advice seriously if they are aware that the doctor is a smoker him / herself. As doctors are the role model for the general public, so it is very alarming situation that such a high percentage of doctors especially male doctors are smokers, so it is a main hindrance in the advice of smoking cessation to the patients and general public. So, all the efforts should be done to motivate the doctors for smoking cessation and especially young doctors and medical students should be encouraged for smoking cessation.

Conclusion

Smoking is common among male young doctors but it is less common in female doctors.

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