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Tobacco smoking among Italian physicians and the role of Occupational Medicine[1]

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RIASSUNTO

«Abitudine al fumo nei medici italiani e il ruolo della Medicina del Lavoro». *Da una rassegna della letteratura internazionale emerge che tra i medici italiani vi è una elevata percentuale di fumatori. A partire dal 1985 il tasso di medici fumatori è andato gradualmente riducendosi, in parallelo con quanto osservato nella popolazione generale. Tuttavia, il dato è differente se si confrontano le regioni settentrionali e quelle meridionali. In queste ultime si registrano infatti percentuali più alte di medici fumatori. Inoltre, dagli studi che hanno analizzato le differenze dell'abitudine al fumo nei due sessi emerge che, mentre nei medici uomini c'è stato una discreta riduzione nel tempo, nelle donne i valori sono rimasti pressoché stabili. Da un confronto internazionale emerge che la riduzione della percentuale di fumatori nei medici italiani non ha tenuto il passo con quella osservata in molti altri paesi, dal momento che attualmente nel nostro paese almeno un quarto dei medici fuma. Inoltre, la maggior parte di essi fuma mentre è in servizio. Ciò procura diversi inconvenienti per la salute pubblica. In primo luogo, tale abitudine contrasta con il modello di stile di vita salutare che il medico dovrebbe proporre; il paziente sarebbe infatti portato a dubitare della nocività del fumo se il suo stesso medico fuma. In secondo luogo, l'essere fumatori influisce fortemente sull'attività di contrasto al fumo. Infatti, è stato dimostrato che l'abitudine al fumo nei medici italiani influenza negativamente l'attività di couseling e, inoltre, i pazienti potrebbero interrogarsi sul perché essi dovrebbero smettere di fumare dal momento che il loro stesso medico non lo ha ancora fatto. Al di là degli effetti sulla salute, l'abitudine dei medici di fumare sul luogo di lavoro rappresenta un problema di salute occupazionale che andrebbe affrontato in più sedi di intervento. Nell'andare incontro a tale direttiva, la Medicina del Lavoro può rivestire un importante ruolo, contribuendo a ridurre la percentuale di fumatori tra i lavoratori della sanità. Prima di tutto, è evidente che tutti i lavoratori della sanità, compreso i medici, andrebbero incoraggiati a non fumare e, allo stesso modo, quelli che già lo fanno*

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andrebbero aiutati a smettere. Sebbene tale aiuto possa essere fornito dai medici di base che operano nella comunità, i medici del lavoro hanno un ruolo importante nella lotta al fumo. Infatti, dal momento che visitano periodicamente i lavoratori, i medici del lavoro si trovano nella condizione ideale per (a) individuare i fumatori in un determinato contesto lavorativo, (b) esortarli ed aiutarli a smettere di fumare, (c) fornire un supporto medico e motivazionale durante il periodo di cessazione e (d) seguire nel tempo gli ex-fumatori per accertarsi che non riprendano a fumare. Le potenzialità di questa categoria medica nel contrastare l'abitudine al fumo non andrebbero quindi sottovalutate.

Tobacco use is the leading cause of preventable disease and premature death in almost all developed countries (7). Physicians have a major role to play in meeting this threat, by providing primary care treatment, anti smoking therapy, tobacco-related education and so on (16). Health professionals are important formal and informal opinion leaders (1), and they also have a significant responsibility to act as "healthy lifestyle" role models by not smoking tobacco. In the past 50 years, the smoking rates of health care professionals in many countries has been steadily declining, with few contemporary physicians in the United States, Australia or New Zealand now using tobacco products at all. Despite this fact however, a recent international literature review (17) has clearly shown that physicians in some countries are still smoking tobacco, at rates similar to or exceeding that of the general population. Italy is one such region, and at least 10 internationally-published studies between 1985 and 2001 have revealed high smoking rates in this regard, as shown in table 1. Furthermore, physician smoking rates by gender, while varying slightly over time, have not shown the same consistent downward trend seen in other areas around the world.

Italian health care reforms in the late 1970s caused a profound reevaluation of the physician's role in preventive health care (15), and community smoking rates also declined somewhat (2). Between 1980 and 1999 for example, tobacco use among the general Italian population declined from 34% to 25%, mainly due to a reduction in tobacco use among males (12). From table 1, it can be seen that smoking rates among physicians have fluctuated however, from around 31% in 1985 (3), to approximately 23-24% by 2000 (5, 12). The most recent investigation by Pretti et al (13) (published in Italian), suggests that their smoking rate currently sits at 22%. Physician smoking rates are also known vary between the northern and southern regions, with Pizzo et al (12) for example, documenting a clear difference in this regard (23% in the north and 33% in the south). In a large study of

Table 1 - Tobacco Smoking Rates among Italian Physicians: 1985-2000

Publication details		Study details		Smoking status[§]		
Author	Year *	Region	Sample[†]	Current	Former	Never
Franceschi et al (3)	1985	Northeast	709 (86%)	31%	25%	44%
Segnan et al (15)	1992	Northern	209 (93%)	37%	-	-
Nardini et al (8,10)	1995	National	605 (62%)[‡]	25%	34%	41%
Nardini et al (11)	1995	Northern	98 (65%)	39%	30%	31%
Zanetti et al (20)	1996	Northern	2453 (68%)[¶]	31%	23%	46%
Nardini et al (9)	1998	Northern	959 (57%)	39%	19%	42%
La Vecchia et al (6)	1999	National	501 (n/s)	24%	27%	46%
Invernizzi et al (5)	1999-2000	Northern	428 (67%)**	24%	46%	29%
Pizzo et al (12)	2000	Northern	265 (65%)	23%	-	-
Pizzo et al (12)	2000	Southern	261 (82%)	33%	-	-

* Year of study (where the year of study was not know, the publication year is listed), † Including response rates rounded to the nearest whole number (n/s = not stated), § Smoking prevalence rates rounded to the nearest whole number, ‡ Chest physicians only, ¶ Number indicates all health care workers (including 393 physicians), ** General practitioners

health personnel, including physicians, Arciti et al (1) found that the physician's smoking prevalence rate was 50% in Bari, 35% in Cagliari and 39% in Palermo. In the Northern regions however, smoking was reported by 31% of physicians in Empoli, 28% in Trent and 25% in Mantua (1).

Some studies of Italian physicians have also examined smoking rates by gender, the results of which are summarized in figure 1 and figure 2. A brief analysis of this data suggests that while smoking trends among males have declined somewhat, they have remained relatively stable among female physicians over the same time period. This is similar to societal trends also documented among the entire Italian population, where male smoking rates were known to have declined, but female smoking rates remained stable or even increased over the same time period (2).

From an international perspective, declines in the absolute smoking rates of Italian physicians have not kept pace with those of many other countries (17), with Nardini et al (7) estimating at least one-quarter of Italian physicians still smoke. This is not necessarily due to a lack of legislation however. In 1994 for example, Italian regulations were introduced to protect staff from toxic substances in their workplace, and in 1995, a regulation was issued that forbade smoking in any place where "the public is allowed to enter" (7). The most recent anti smoking legislation was implemented in January 2005, which bans smoking in all indoor public places (4). It is difficult to predict how successful such laws may be in the health care setting however. Although smoking has been forbidden within Italian hospitals since 1975, the absolute control of tobacco in health care environments remains elusive. In a national survey of smoking control among Italian hospitals for example, only 37% had a complete ban on smoking, while 72% had no area specifically designated for smokers (7). Many Italian health staff working in hospitals may continue to smoke while on duty. In a survey of smoking among Italian hospital staff for example, Zanetti et al (20) found that between 80% and 95% of light, medium or heavy smokers smoked regularly at work, regardless of gender and professional status. Furthermore, the same authors concluded that restrictive smoking policies, as required by Italian law, were not being adequately applied. In another study by Nardini et al (11), 11% of physician smokers even admitted to using tobacco in front of patients within a hospital setting.

Regardless of where they may do it, smoking by the physician in any country incurs numerous disadvantages for public health. Firstly, as we have mentioned earlier, such behavior strongly conflicts with their undoubted status as health lifestyle role models. Patients might be inclined to ask: "How

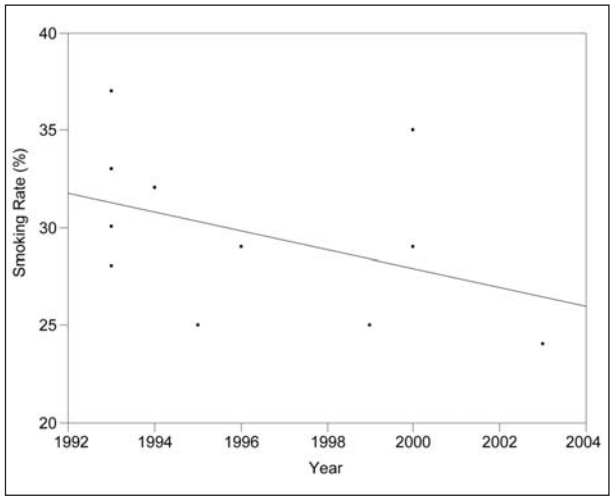

Figure 1 - Tobacco smoking trends among italian physicians (male)

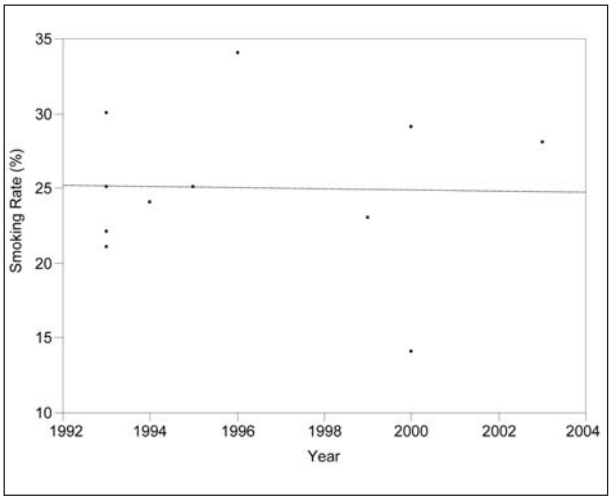

Figure 2 - Tobacco smoking trends among italian physicians (female)

bad can tobacco be if my doctor smokes?" Secondly, it also has a profound negative affect on quit smoking practices and behavior. The smoking behavior of Italian physicians has already been shown to influence their antismoking counseling practices (14), and furthermore, patients might be inclined to wonder why *they* should give up smoking when their physician has not. Aside from its clear impact on human health, smoking by physicians while they are at work also represents an occupational health problem that needs to be addressed by all levels of management.

In meeting this challenge, occupational medicine has an important role to play in helping reduce the prevalence of smoking among health care workers. There are a few reasons for this. Firstly, it is well-known that all health care workers (including physicians) should be encouraged not to smoke in a general sense. Similarly, those who already use tobacco need considerable support to help them quit the habit. Although much of this support can be provided by general practitioners in the community, *occupational health physicians have a particularly important role to play in smoking cessation*. As they periodically examine workers, occupational physicians are in an ideal position to (a) recognize current smokers in the workplace, (b) advise and assist them to quit, (c) arrange medical and motivational support during the cessation period, and (d) follow up previous smokers to ensure they have not relapsed. The potential ability of this medical workforce to genuinely reduce tobacco consumption cannot be underestimated. Preventive education in tobacco control is another key area for combating the tobacco epidemic, and one that needs to be directed towards students in the health sciences, as it is they who will be the primary care leaders (and occupational physicians) of tomorrow. The situation may be urgent, as two recent reviews (18, 19) have demonstrated that smoking rates among Italian medical and nursing students remains unacceptably high.

As our correspondence has shown, tobacco smoking rates remain unacceptably high among Italian physicians, and a greater focus on smoking cessation and general tobacco control clearly needs to be made in future years. In order to intensify primary prevention in Italian workplaces, it is important to further reduce the number of physicians who continue to use tobacco in their daily lives (12). As we have emphasized, occupational physicians are in a key position for tobacco control, and should now be encouraged to occupy an even greater role in this regard.

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