



Xiaodong Kuang, Ph D<sup>1</sup>; Marion Ceraso, MHS<sup>2</sup>; Jane McElroy, Ph D<sup>3</sup>; Peter M. Vila, MS<sup>4</sup>; Xueping Du, MD<sup>5</sup>; Long Lu, MD<sup>6</sup>; Hongkun Ren, MD<sup>7</sup>; Ning Qian, MD<sup>5</sup>; Douglas E. Jorenby, Ph D<sup>8</sup>; Michael C. Fiore, MD MPH<sup>8</sup>

1. Central Washington University Communication Department 2. University of Wisconsin School of Medicine and Public Health 5. Department of Family Medicine, Fuxing Hospital of the Capital University of Medical Sciences, Beijing, China 6. Department of Orthopedic Surgery, Inner Mongolia Hospital, Hohhot, China 8. University of Wisconsin Center for Tobacco Research and Intervention

"In any nation where the tobacco epidemic has not yet taken hold, focusing on reducing smoking among physicians and involving them in tobacco control activities-by appealing to educating them personally and through their medical societies-may be the most important action a national tobacco control movement can take." -Dr. Thomas Glynn Director of Cancer Science and Trends, American Cancer Society

# Introduction

Physicians play a critical role in tobacco control as role models, educators, cessation counselors, and advocates for policy change.

In some Western countries, a decrease in smoking prevalence among physicians preceded a reduction in tobacco use among the g public. However, this trend has not been initiated yet in China, where smoking prevalence among male physicians remains high.

The aim of this study was to assess smoking status and smoking-related knowledge, attitudes and patient practices, as well a social context of smoking and cessation experiences among Chinese physicians.

Utilizing data from these analyses, we plan to design and evaluation interventions to reduce tobacco use in this population.

## Methodology

In Beijing Fuxing Hospital and Inner Mongolia Hospital, China, both self-reported survey data collected from health professionals in 2006 following moderated focus group discussions comprised of physician 2007 were used in this study.

### Survey

 A convenience sample of 416 healthcare providers in the selec departments (85% response rate), including 103 male physicians.

Incentive: RMB 8 Yuan (around \$1) for completing a 60-item questionnaire.

## Focus groups

 Two groups in each hospital, a smoker and a nonsmoker group six participants in each group; sessions lasted approximately 1.5 hou

Questions covered the topics of initiation of smoking, cessation attempts, relapse triggers, smoke-free policies both at hospital and a home, and relevance of social support in quitting.

Incentive: RMB 100 yuan (around \$15) for completing the 90-minute discussion. Chronic Disease.

• Discussion was held in Chinese. Taped transcripts were translated into English for analysis.

# Can Smoke-Free Physicians Lead the Way to a Tobacco-Free China?

#### Results Table 1. Knowledge of smoking risks, attitudes and practice related to treatment of patients in male physicians in China by Smoking status and knowledge, attitude and practice smoking status • The smoking rate was 50% among male physicians. • Smoking status was an important predictor of more limited knowledge of smoking-related health risks and also related to their attitudes and practices about patient counseling (see Table 1). 0.373 • 57% of smoking physicians reported having stopped smoking for at least a week. 0.023 Acceptance of cigarette offers 0.015 • 59% of smokers and 45% of nonsmokers agreed that smoking was socially acceptable among medical professionals. Among non-smoking male physicians, 29% always or sometimes accepted cigarettes when offered to them, and < 0.001 they were less likely, than those who didn't, to ask their patients about smoking status (71% v. 94%, p<.05). Among smoking physicians, 84% accepted cigarettes as gifts. < 0.001 **Focus groups** 0.007 • Smoking was initiated by high prevalence among colleagues and frequent offers of cigarettes. • Quit attempts were motivated by personal experiences with smoking-related diseases. Previous quit attempts were unassisted and depended on willpower. Smoke-free hospital policy enforcement would help with quit attempts. Smokers reported that quitting with colleagues might improve chances of success. 0.012 • Most didn't have experiences with any formal treatment, and were skeptical about the efficacy of nicotine replacement therapy. 0.156 Conclusion • Future tobacco control programs should include strategies focusing on physicians aimed at changing cigarette gifting practice, providing cessation training, enforcing smoke-free hospital policies and encouraging social support for 0.738 quitting from colleagues and family members. • Successful interventions to reduce the high rates of smoking among male physicians in China might contribute to < 0.001 reduction in tobacco use in the country overall. Acknowledgment Note: Table 1 excerpted from Ceraso, M., McElroy, J., Kuang, X., Vila, P. M., Du, X., Lu, L., et al. (in press). Smoking, barriers to quitting, and smoking-related knowledge, attitudes This research was conducted at the University of Wisconsin-Madison and was supported by grant #P50 DA019706 from and patient practice in male physicians in China: A hospital-based survey. Preventing NIH/NIDA.

	Knowledge of Health Risks -		Smoker (n = 51)		Non-Smoker (n = 52)	
			Ν	%	Ν	%
general e the	Associated with Active Smokin Lung Cancer	ng				
	Agree		41	80%	48	92%
	Heart Attack					
as the	Agree		32	63%	42	81%
	Stroke Agree		32	63%	41	79%
uate	Associated with Secondhand SIDS	Smoke				
	Agree		16	31%	35	67%
	Ear Infections in Chile	dren				
	Agree		10	20%	23	44%
6 and	Respiratory in fectior	ns Child				
ns in	Agree		41	80%	47	90%
	Attitudes					
	Healthcare Providers Should Advise Patients to Quit					
cted	Agree		33	65%	46	89%
	Preparedness to Help Patients Quit					
	Highly Pre	pared	9	18%	15	29%
	Practices					
	Ask Patients about Smoking Status					
up with	Yes		44	86%	46	89%
urs.	Recommend Patients Quit					
on at	Yes		30	59%	47	90%
NI	ata: Tabla 1 avaaratad from Car					



