Thursday, November 17, 2005 is the Great American Smokeout -- but many not-so-great American doctors are neglecting to tell their patients to quit smoking.

Last week, the Centers for Disease Control released the latest statistics on smoking rates. The tone was generally self-congratulatory, and indeed, when matched against the marketing might of Big Tobacco, a decline in smoking from 21.6% in 2003 to last year's 20.9% is an accomplishment, even if some 44 million Americans remain smokers.

But amid the celebration, a surprising report issued in October by a division of the Agency for Healthcare Research and Quality (AHRQ) should have received more notice. Their survey of medical care covering the period 2000 to 2003 (in "Statistical Brief #101") contained this incredible piece of information: while almost half of all smokers had a routine medical check-up in 2003, only 63.6% of those were counseled by a physician to stop smoking -- and this is an improvement from 2000's rate of 57%!

What gives? We are not talking about invasive or expensive procedures, after all. To repeat: less than two-thirds of smokers were advised by their doctors to quit. Yet most smokers want to quit and need all the help they can get. Smoking cigarettes is at once both the most unhealthy activity we can indulge in and the most difficult to stop. Both the addictive substance, nicotine, and the many behavioral habits associated with smoking make smoking extremely hard to abandon -- a fact exploited mercilessly by the tobacco marketers, despite all their assurances to the contrary.

But the fact that the merchants who live by selling death and disease are still getting away with it is hardly an excuse for medical professionals to behave so thoughtlessly, unprofessionally -- even negligently -- when it comes to advising their smoking patients to quit.

Approximately three quarters of smokers want to quit. Each year, around half make the effort to try. Unfortunately, given the current state of cessation aids, only a small minority succeed. But the success rate -- the rate of long-term abstinence -- goes up with each and every attempt. And one of the most potent stimuli for a person to quit is being advised to do so by a physician.
Doctors should also describe the many cessation aids now available, including nicotine patches and gum, nicotine inhalers and nasal spray, and medications such as buproprion (some evidence from abroad suggests that smokeless tobacco may also serve as a safer alternative for those who cannot break the nicotine habit). Adequate support and follow-up are helpful as well. Even with all such assistance, the quit rate per attempt remains abysmally low -- multiple attempts are usually required to succeed. The smoker must be educated to expect some relapses and encouraged to keep on keeping on.

It's true that many millions of smokers have quit successfully -- indeed, there are now more ex-smokers than smokers in the U.S. But ask any former smoker about two things: the difficult of quitting and the desire, even years later, to smoke again. (I quit in 1990, and I still reminisce about that cigarette after coffee).

Every bit of aid and encouragement is needed, but it won't be found if doctors don't even broach the subject with smoking patients. Doctors who fail to do so risk sending one of two messages: "I know you smoke, but I don't care," or "I don't think your smoking is a real concern for your health."

On the 29th Great American Smokeout, I have a message for my fellow M.D.s: the simplest way we can help a smoker live longer and healthier is to advise quitting and to do so at every opportunity. Smokers do not necessarily consider such advice to be nagging -- au contraire, even many who can't quit appreciate it. Eventually your words will have an impact, hopefully before cigarettes have finished their deadly work.

*Gilbert L. Ross, M.D., is Executive and Medical Director of the American Council on Science and Health (ACSH.org [1], HealthFactsAndFears.com [2]).*


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