

A Cigarette, Doctor? ... No Thanks!

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According to the World Health Organisation, one third of the total adult population of the world – that is, around 1.1 billion people – are smokers. At world level, smoking causes 3.5 million deaths annually, a number that translates into 10,000 deaths per day from smoking-related diseases. By the end of the 2020s, if the smoking habit continues to spread at the same rate, the deaths will have increased to about 10 million per year. A large portion of these deaths are due to diseases of the cardiovascular system: cardiologists are thus perhaps the most suitable people, by virtue of their position – but also their nature, being familiar with the concept of prevention – to get involved with the process of smoking cessation.

We are passing through an era of severe economic crisis for Greece, with health care being one of the main areas affected. At the same time, however, that statins for secondary prevention cost €6000 and angiotensin-converting enzyme inhibitors after a myocardial infarction cost €3000 for every life saved per year, an intervention such as smoking cessation is not given the attention it deserves, despite the fact that it costs no more than €110-280! The benefit we would reap, in terms of both the health of the general population and the financial aspect, is magnified by the noteworthy incidence of smoking in Greece: Greece has the highest proportion of smokers of any country in western Europe, at 37.6%, while at the same

time it has the highest consumption of cigarettes per person. Since 2000, the mean annual number of cigarettes smoked per capita in Greece has been double that in countries such as Germany, France, and Great Britain, and five times that in Norway.

We may often feel that the smoker who is standing in front of us does not want to listen to us going on and on about the damaging consequences of smoking. We may consider that this is a habit where the possibility of giving up is not even worth discussing. However, this is not so: deep down, the majority of smokers crave to give up. Four out of five of all smokers state that if they could turn the clock back and change their lives, they would never have started to smoke! Three out of five smokers have tried to quit smoking during the last three years. Unfortunately, however, they have not succeeded, because nicotine addiction is a real addiction to a narcotic substance and requires long-term clinical intervention, while to the physical dependence must be added the more powerful psychological dependence from the multitude of environmental stimuli that have become associated with smoking. The result of all this is that the long-term success rate among those who try to give up smoking without assistance is just 3-5%. Thus, any help that can be offered to a smoker is more than welcome, and the cardiologist should be among the first in line to make such an offer.

Recently, the Working Group of Prevention and Epidemiology submitted to the Board of the Hellenic Cardiological Society for approval some proposals for promoting the role of Greek cardiologists in smoking cessation. We were delighted to learn that all our proposals were accepted.

The first proposal is that the Working Group on Prevention and Epidemiology be authorised to organise classes in the HCS amphitheatre, for both cardiology fellows and any specialised cardiologists who are interested, focusing on smoking cessation and the creation and operation of a smoking cessation clinic.

The second proposal is that the HCS should encourage the organisers of all cardiology congresses, and should require from all those conducted under its auspices, to include in their programme some sessions or lectures concerning smoking. Most cardiologists have no idea how to deal with or to counsel a smoker; nor are they aware of the pharmaceutical interventions for smoking cessation. They often have the false impression that the interventions at their disposal are not effective. But this is not true. If we devote little more than five minutes of our time to counselling the smoker we have in front of us, we increase their chances of giving up smoking by five to seven times. If, in addition, we combine the counselling and psychological support with some of the pharmaceutical interventions that are available, then the rate of successful smoking cessation reaches or even exceeds 70%! In addition, we should not forget that times are difficult for all young doctors and that any source of income is invaluable. For young cardiologists, being able to take part in or to organise a smoking cessation clinic as part of their private practice can help them expand the scope of their work and boost their income.

The third proposal is for the HCS Board to issue a directive that will motivate cardiologists to refrain from smoking in public places. In my view, the most serious impediment to cardiologists' successful participation in the process of getting their patients to give up smoking is the sad fact that an unbelievable percentage of cardiologists, and Greek doctors in general, are themselves smokers. At the same time that, in the USA and Australia, around 2-3% of doctors smoke, in Greece that percentage exceeds 40%! Furthermore, it is widely known that healthcare professionals who smoke feel awkward and guilty when they are counselling smokers who are their patients. Their knowledge and their attitude to smoking differ from

those of non-smokers, because they judge that both the risks of smoking and the benefit from quitting are smaller than they actually are. Ultimately, their chances of entering into the counselling process for smoking cessation are very small. Physicians, however, even in an era of conspicuous decline in most ethical values, are still role models in society and should do whatever they can to live up to this role. No physicians should feel comfortable about smoking in public places; rather, they should make a point of shaming those who do not respect the freedom and health of non-smokers.

The fourth proposal is that the HCS website should include some pages with information about restaurants, bars, and cafes where smoking is not allowed. All non-smokers have the right to be protected from the proven damage of passive smoking and to live in an environment protected from exposure to smoking and its consequences. And of course, any reasonable and non substance-dependent person must agree that the right of non-smokers not to be exposed to smoking outweighs the right of smokers to smoke. In Greece, there is supposed to be a legal framework prohibiting smoking in public places; however, the nonexistence of any mechanism for regulating and applying this legislation has rendered it ineffective. Of course, no one should underestimate the influential role of the tobacco industry, which offers ample funding to any initiative – and indeed any anti-initiative – that aims to limit the effectiveness of the measures against smoking in public places. The reasoning behind our proposal is that we should have an association that would provide information about restaurants, cafeterias, bars, and cafes where the smoking ban is enforced 100%, without such trickery as separate tables for smokers and non-smokers. In this way we will reward and motivate professionals who abide by the relevant legal measures, while at the same time making it easier for non-smokers who want to find a place where they can go with their friends or their family without being subjected to the effects of passive smoking. In addition, this initiative, if promoted correctly, may stir up some interest and bring the discussion about observing the public smoking ban back to centre stage.

In an era of both economic and moral crisis, we must all shoulder our responsibilities, both professional and personal, to help improve the lives of our fellow citizens so that Greece can progress. The time for delays and deferrals is past!