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National Survey of Non-Consultant Hospital Doctors' Awareness & Attitudes towards Smoking Cessation Interventions in the Outpatient Setting

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Dear Editor,

"Starting today, every doctor, nurse, health plan, purchaser, and medical school in America should make treating tobacco dependence a top priority" - Dr David Satcher, U.S. Surgeon General.

Cigarette smoking is a leading preventable cause of illness and premature death. In 2018, 23% of Irish adults were smokers[1]. Concerningly, there is a marked lack of awareness of the causative nature and continuing negative impact of smoking on peripheral arterial disease (PAD) amongst patients[2]. Smoking cessation is a non-invasive, inexpensive intervention to reduce PAD progression, however outpatient-based cessation interventions are significantly underutilised[3]. Though time-pressured physicians may be reluctant to discuss cessation in a busy clinic, the VAPOR trial supports brief surgeon-delivered cessation counselling for increasing patients' awareness of smoking's dangers and durable interest in quitting[4].

We audited 404 individual visits to the vascular surgery outpatients at University Hospital Waterford (UHW) over a six-week period between November-December 2020 for evidence of smoking cessation interventions. Concerningly, 80% (n=323/404) of clinic entries did not report smoking status. Of the 81 patients with status documented, 36 (44.4%) were active smokers and six were offered nicotine-replacement therapy (NRT). Our audit identified poor documentation of this critical risk factor and underutilisation of evidence-based pharmacotherapy for smoking cessation. Based on these disappointing results, we surveyed non-consultant hospital doctors (NCHDs) to better understand their attitudes and perceived barriers to engaging patients with smoking cessation interventions in the clinic setting. A 20-question electronic survey was emailed to all NCHDs locally and subsequently circulated nationally via social media.

Responses from 107 NCHDs across nineteen hospitals were received. Over half (54%) were non-vascular surgical NCHDs, 19% were vascular trainees and 18% were medical NCHDs. Two-thirds of NCHDs replied asking every patient about smoking at every clinic. However, only 22% reported engaging smokers in cessation counselling at every clinic visit and 20% reported never discussing

cessation. Notably, 75% of NCHDs had no training in cessation interventions. 47.5% of NCHDs reported they "rarely" gave smokers written information about cessation services and 45% "rarely" referred smokers to these services. Only 19.5% of NCHDs reported their outpatient clinics had smoking cessation literature or posters displayed in waiting areas. The most frequently cited barriers were lack of time (n=71), lack of patient engagement (n=65) and lack of knowledge about available support services (n=61). Regarding pharmacotherapy, 48.5% of NCHDs reported that they never prescribed NRT while 46% reported prescribing it occasionally. Uncertainty of dosage was the largest impediment and 88% (n=94) of NCHDs replied a template prescription would increase their confidence.

Our results indicate that NCHDs recognise the hazards of smoking and are willing to tackle cessation counselling, but are limited by a lack of time, resources and familiarity with cessation techniques. These obstacles can be overcome by highlighting the available cessation services to NCHDs as part of the institutional induction process and ensuring that outpatient clinics utilise posters and leaflets to provide visual cues. The outpatient clinic presents a unique opportunity to maximise risk factor modification and engage all relevant stakeholders in health promotion.

Declarations of Conflicts of Interest:
None declared.

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QUIT.ie literature is available to download, free of charge, at www.healthpromotion.ie

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