Beyond the cloud: smoking Chinese doctors

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J Thorac Dis 2011;3:211-212. DOI: 10.3978/j.issn.2072-1439.2011.06.06

Fig 1. A smoking doctor.

In 2005, China ratified the WHO Framework Convention on Tobacco Control (FCTC). To meet the conditions set out by the FCTC, the Chinese Ministry of Health issued a formal decision in 2009 to completely ban smoking in all health administration offices and medical facilities by the end of 2011. This initiative is a landmark event in the increasing commitment by the Chinese government to tobacco control. Many hospitals are now "smoke-free", but only nominally, since the Ministry of Health does not have the authority to issue/implement laws. The regulation is a policy in nature. Patients, visitors, as well as physicians, continue to puff within the hospital premises, and even within the offices and wards.

Facts

China is the largest producer and consumer of tobacco in the world. Conservative estimate of the smoking population in China is 350 million (1). Based on a large-scale survey, two thirds of adult men in China are smokers. Consistent with this finding, newly diagnosed cases of lung cancer are estimated at >600,000 per year. Chinese physicians are not immune to tobacco despite of their knowledge (or lack of it as described below).

A recent survey covering >390,000 physicians from ≅1,000 Chinese hospitals revealed that 23% of Chinese physicians (38.7% in men; 1% in women) are regular smokers. The smoking rate in Chinese physicians is only 1/3 lower than in the general population (Table 1). This is in sharp contrast to ≅85% lower smoking rate in physicians vs. the general population in the US.

A more disturbing fact revealed by an earlier survey in 2004 is: >1/3 of the smoking physicians admitted that they have smoked in front of their patients (2) (Fig.1). In developed countries, physicians are expected to behave as "role models" for their patients in adopting healthy life styles. Such a role is clearly not in the mind of Chinese physicians.

Contributing factors

A number of factors contribute to the high tobacco use in Chinese physicians: some are common to the general population; the remaining may be unique to the profession. First, smoking is still perceived by many as a male embodiment. It promotes acceptance within the "circle of brothers". Lighting up a cigarette without offering to others is considered impolite. Refusing an offer is insulting in many occasions. Second, smoking is an important mechanism to deal with the daily stress due to heavy workload: it is not rare for a Chinese physician to see >100 patients per

No potential conflict of interest.

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Submitted Jun 25, 2011. Accepted for publication Jun 28, 2011.
Available at www.jthoracdis.com

ISSN: 2072-1439

Table 1. Smoking rate in physicians vs. the general population.

	Physicians	General Population
China	23%	34%
US	3.3%	21%

day. Third, it is a common practice for patients to "bribe" the doctors, particularly in the event of a serious condition. Lack of knowledge is also a significant factor. Nearly all physicians know the cause-effect relationship between smoking and lung cancer, but only 60% know smoking could also cause ischemic heart diseases. Less than 1/4 of Chinese physicians are aware of the association between passive smoking and sudden infant death syndrome (2).

Perspectives

An analysis of historical data hinted light at the end of the tunnel. For example, smoking rate in Chinese physicians was 23% in 2004 (2), and 20.4% in 2009 (3). Also, the physicians in large metropolitan areas (e.g., Shanghai and Beijing, where anti-tobacco laws are now in place) are much less likely to smoke during their shift. Last but not least, physicians could take the lead in the battle against tobacco use, but winning the war requires much more efforts. Here, a particular concern is the dependence of government budget on tobacco tax (now at 8%-9% of the overall government expenditure). The "Big Tobacco" will not fade out voluntarily. Until the government finds an alternative to tobacco tax income, the war will drag on.

Acknowledgements

The author thanks Dr. Kehong Zhang at the Ivy Editing & Consulting (Shanghai, China; E-mail: kz@theivyediting.com) for extensive editing of this letter.

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Cite this article as: Lee S. Beyond the cloud: smoking Chinese doctors. J Thorac Dis 2011;3:211-212. DOI: 10.3978/j.issn.2072-1439.2011.06.06