examination will evaluate both cognitive and behavioural, as well as relational, skills.

In Portugal, there is an environmental health optional module, available for the medical students of the second and third years. Tobacco consumption is one of the most relevant topics included in the course, in which some field work is usually developed. Among the optional curricula, there is another course for the fourth-year students aiming to build capacity in helping future patients to quit. Moreover, for students of the fourth and fifth years, a specific optional training activity is available, consisting of research community projects.

In Turkey, tobacco control classes have been developed since 2002, using a small-group discussion method. The students are distributed into up to 20 small groups, within which 10 hours of discussion is scheduled (5 at the first class and 5 at the third class). The aim of the first year’s programme is to increase the level of awareness of the medical students. During the third year, more detailed discussions are carried out regarding health hazards of tobacco use and ways of protecting people from tobacco use.

In Finland, an Internet-based tobacco cessation model course has been developed. This course includes short multi-professional video clips as well as theoretical knowledge on smoking cessation counselling in different settings, offering a comprehensive and multi-professional national standard for smoking cessation training. The course can be adjusted to be completely Internet-based or including a half-day multi-professional seminar with group discussions, role-play exercises, case studies and lectures.

Conclusions

Is there an emergency of tobacco smoking among health professionals in Europe? The results of this review showed that among health professionals, there is a paradoxically high prevalence of smokers in most European countries. There are only some remarkable exceptions, represented by UK and Sweden, where, as reported by Lewis et al., there is a low prevalence of smoking among health-care professionals (6–7%), if compared with other industrialized and developing countries, and this low prevalence is often associated to high support for smoking ban.

Interventions aiming towards the development of an adequate culture of health promotion among health professionals are strongly needed. The design and implementation of programmes on smoking cessation counselling techniques must become an important public health issue in the Schools of Medicine of Europe, especially considering the high prevalence of tobacco smoking among medical students. At the same time, we have to recognize, as underlined by Kralikova et al., that postgraduate training programmes in smoking cessation offered in Europe demonstrated to be an insufficient tool. Participation by physicians in these courses is reported to be low (ranging in total participation estimates from 15 to 1100 per country), whereas smoking cessation and prevention undergraduate courses seem to be more promising and effective.

References


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Doctors and medical students as non-smoking role models? Using the right arguments

Walking towards the impressive entrance of the University Medical Center in Groningen, a smell of tobacco drifts towards the visitor. Despite referral to designated smoking areas, the attraction of the proximity of the revolving door remains irresistible. Lacking from the crowds of smokers at the entrance are white coats. One message at least has come across: no welcoming committee of smoking doctors and nurses at the front door. The hospital staff are allowed to nurse their addictions but only out of sight. The entrance of the medical school at the other side of the terrain shows some scattered smokers. This picture mirrors the results of an online survey that suggests that 94% of medical students in the Netherlands are non-smokers. It seems that (future) Dutch health professionals are role models.

Many people support the idea that health professionals ought to be positive health role models. Smith and Leggat concluded that: ‘It is important that smoking in the medical profession declines in future years, so that physicians can remain at the forefront of anti-smoking programs and lead the way as public health exemplars in the 21st century’. Why do we expect health professionals to be better at health behaviour than other people? Smit and Leggat argue: ‘Doctors incur a certain responsibility as exemplars for patients with regard to healthy behaviour, as well as the public image they inadvertently portray outside of the work environment. Having any physicians who smoke may increase public scepticism, with people inclined to ask why should they stop smoking when their doctor continues to do so? Continued tobacco usage by health care workers undermines the message to smokers that quitting is important, and as early as 1976 it was suggested that physicians could best persuade patients to quit if they themselves did not smoke’.2
The main argument for the special responsibility of the health professional is that 'doctors need to be health role models because they are health role models'. This is circular reasoning. The question, however, is not whether doctors are role models but whether the ‘role model – argument’ is sufficient to claim that health professionals have special obligations with regard to health behaviour, for example smoking.

At least two questions need to be addressed: the first question is 'what are the standards of a good professional?' or what we can call the ‘can a vegetarian be a good butcher?’ – question. Is it possible to be a good professional without behaving according to what you profess? Is it, for example, possible to give professional advice about matters you personally do differently?

The second question is about whether the territory comes with differential duties and consequent differential appraisal and obligations. This is the ‘speeding policeman’ – question: is a policeman who occasionally drives too hard when he is not at work still a good policeman? What is at stake here is whether belonging to a specific profession entails that you ought to be treated differently.

**Can a vegetarian be a good butcher?**

The argumentation runs as follows:

A vegetarian is somebody who does not eat meat.

A butcher is someone whose profession it is to cut and sell meat. The butcher has the skills to expertly divide a dead animal in such a way that the fibres are cut to make the best of it and sell it to the customers.

Being a vegetarian does not exclude being a good meat-cleaver. One does not need to eat meat to be able to cut some prime beef.

Some people will object that surely someone who does not eat meat cannot be taken seriously as a butcher. This, however, is a question of trust, not a question about skill.

Similarly, a smoker can be a good health professional in having the necessary expertise to explain the hazards of smoking, give advice and help people to quit smoking. Smith and Leggat report a wide variety of results when it comes to smoking-cessation advice. Some studies suggest a direct link between the physicians’ smoking habits and their reluctance to interfere in the patient’s ‘private sphere’ of tobacco use, whereas others find no connection whatsoever. Cultural circumstances are the decisive factor, and thus, culture is more important than the doctor’s behaviour.

One reservation: the vegetarian will run into trouble if he is a zealous vegetarian. His customers will find it difficult to buy meat from someone who constantly tells them they should not eat meat. Similarly, a doctor inviting his patient to smoke a cigarette will not be successful in bringing the non-smoking message across.

Thus, the question ‘can a smoker be a good health professional?’ must be answered positively under the condition that the professional does not bring his personal preference for smoking in the professional relationship.

**The speeding policeman**

The question is whether professionals are allowed to show behaviour that deviates from non-professionals, and secondly, whether their transgressions are more reprehensible than those of ordinary people. The example of the speeding policeman John might be helpful:

Policemen are supposed to act as ‘extraordinary’ model citizens when they are in function. Citizens expect policemen to act accordingly because they have given the police force special rights, like speeding when chasing a villain or having to attend an emergency situation. Whenever a policeman acts as a policeman, infringements on the law in general and on the special rights ascribed to them are assiduously scrutinized, reprimanded or punished when there is a transgression. ‘Policeman John’ as policeman cannot allow himself to deviate from the law. Speeding, for example, is not allowed unless there are circumstances that are well described to be necessary to guarantee a good performance of his duty. Similarly, we could argue that health professionals can only deviate from what is normal if necessary to be a good doctor. Doctors are allowed to touch people, ask them intimate questions and even cut them. Similar to the policeman whom we expect to act as a model citizen when he is in function, the health professional as health professional is measured along the yardstick of what is commonly known as healthy behaviour. The ‘policeman John’ is a model road user; the ‘health professional Mary’ is a model non-smoker.

What happens if the ‘policeman John’ is off duty, becoming now ‘driver John’ and is speeding? Does ‘driver John’ deserve a higher speeding ticket because he is ‘policeman John’ during working hours? Should ‘driver John’, on his day off, be the model citizen ‘policeman John’ is?

‘Driver John’ violates the law and is accordingly reprimanded: he receives the same speeding ticket any other driver would get. ‘Smoker Mary’ does not live healthy and violates the health rules her profession strongly recommends. Should she, because she herself is a doctor, be treated different from ordinary citizens? Is it possible to defend the claim that ‘health professionals who smoke ought to pay more for their health insurance?’ The argument we have developed here is that professionals, be it the policeman or the doctor, ought not to be treated differently from the average citizen when not on duty. ‘Driver John’ gets the usual speeding ticket; smoker Mary pays the same health insurance.

**Aristotelian wisdom**

(Future) health professionals should not smoke when acting as health professionals.

We can defend that they ought to quit smoking. The main reason is that smoking is unhealthy for themselves, not because smokers are bad health professionals. However, doctors, nurses, physiotherapists and their colleagues do not differ from ‘ordinary’ citizens in this appeal. They will need help and a supporting environment to change their behaviour. When that environment discourages smoking and a culture of non-smoking is normative, health professionals who address their patients’ cigarette addiction will be seen as self-evident, even though they might struggle themselves. Aristotle gives good guidance: ‘But to get right guidance from youth up on the road to virtue is hard, unless we are brought up under suitable laws; for to live temperately and regularly is not pleasant to the generality of men, especially to the young. Our nurture, then, should be prescribed by law, and our whole way of life; for it will cease to be painful as we get accustomed to it. And I venture to think that it is not enough to get proper nurture and training when we are young, but that as we ought to carry on the same way of life after we are grown up, and to conform these habits, we need the intervention of the law in these matters also, and indeed, to put it roundly, in our whole life.”

Health authorities, health institutions, hospitals and medical schools should set out clear regulations about smoking behaviour when acting as a health professional and provide an architecture that discourages smoking (designated areas some distance away). This is why this viewpoint could start with the picture of a University Medical Centre with no smoking white coats in sight.

**References**


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