

## Improving cancer care: Counseling patients on quitting smoking

Given the damaging effects of continued smoking on cancer management and post-treatment survival, all oncology practitioners should provide brief counseling to patients who smoke, encouraging them to quit smoking and referring them to specialized care (i.e. tobacco dependence treatment (TDT)).

At King Hussein Cancer Center (KHCC), a TDT clinic has been in operation since 2008. However, the clinic still does not receive the majority of KHCC cancer patients who continue to smoke. This raises concerns, and possible reasons may be that patients are not counseled properly to quit smoking and are not offered the guidance needed to quit.

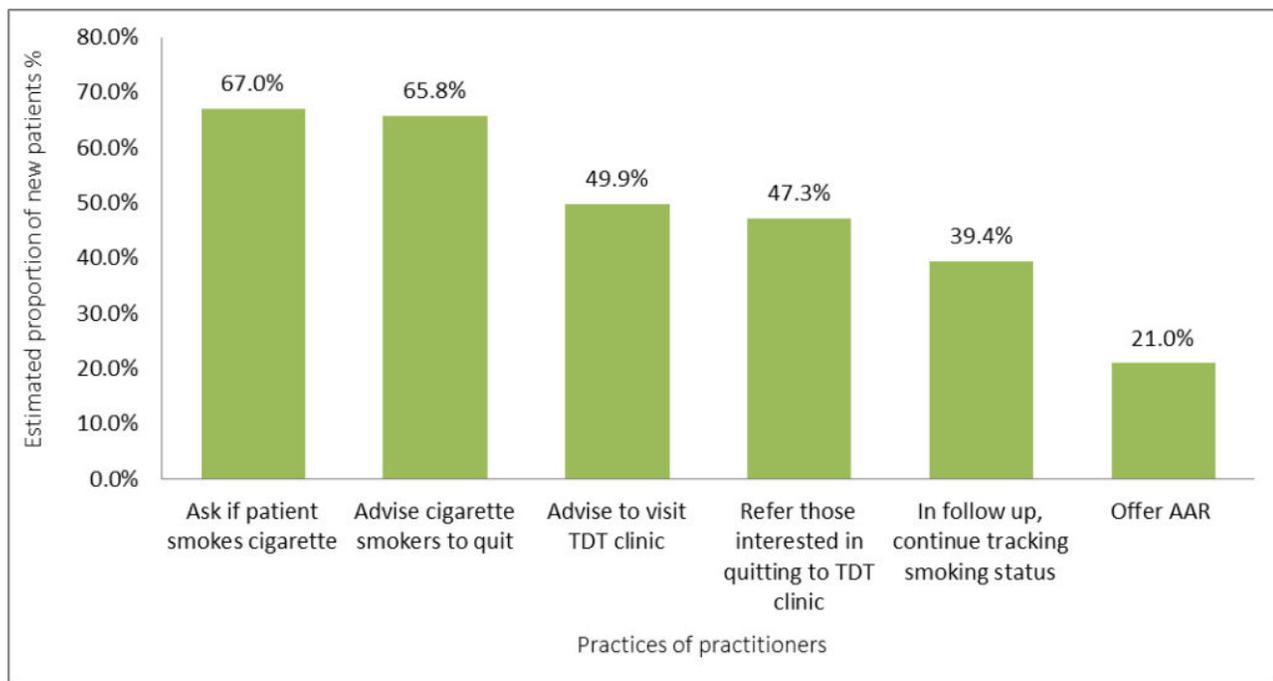


Fig. 1. Patient-treatment practices of practitioners at KHCC

The study aimed to evaluate oncology practitioners at KHCC in order to determine their stance and practices related to helping cancer patients who smoke. What makes the study important is that it demonstrates whether or not practitioners are influencing cancer patients' access to KHCC's TDT clinic. By focusing on the barriers to providing support to cancer patients who smoke (described by practitioners in the study), the results will in turn be used to recommend interventions to improve how practitioners at KHCC manage cancer patients who smoke.

A survey was distributed to oncology physicians and nursing staff to measure their perceptions towards offering support in quitting smoking. The survey included questions related to the characteristics of oncology practitioners such as age, gender, smoking status, and specialty; in addition to questions related to their patient-treatment practices such as whether or not they performed basic actions (i.e. Asking about smoking status, Advising against smoking, Referring to the TDT clinic, otherwise known together as AAR when these three actions are performed together), whether or not they performed more advanced actions (i.e. assessing patient's desire to quit, describing TDT medications, following up with patients, Fig. 1), how confident they were in offering AAR, and their opinions regarding offering cancer patients support in quitting smoking.

Findings of the study revealed that practitioners may provide some basic services in relation to helping patients who smoke, but only 21% of oncology practitioners offered AAR when seeing new cancer patients who smoke, although 81.7% believed that providing patients support with quitting smoking was in fact essential for their care. The data also showed that only 34% reported confidence in offering AAR, yet this could be easily overcome through educational efforts targeting staff (especially younger staff, smokers and non-physician staff) so as to improve the implementation of patient support in quitting smoking. Furthermore, because 70% of practitioners identified patient-related factors as barriers to providing patients with support in quitting smoking, a customized training would enhance communication between oncology practitioners and their patients in the center so that practitioners are able to counsel on the importance of quitting smoking in a more patient-centered manner. While practitioners feel that carrying out patient counseling on quitting smoking is time consuming, this will no longer be the case as this training will help inform them of the best approach to counsel their patients which will also reduce the amount of time needed for such an activity.

In conclusion, the data shows that there is a lack of patient counseling on quitting smoking and the above-mentioned recommendations are currently being planned to further improve patient care at KHCC and within the region.

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## **Publication**

[Smoking Cessation Support Among Oncology Practitioners in a Regional Cancer Center in the Middle East-Improving a Critical Service for Cancer Care.](#)

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