General practice should only employ staff who are smoke-free

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YES

Introduction

"Do you smoke? The best thing you can do is stop... and we can help you." As part of the assessment of all patients who present at general practice, all members of the general practice team need to ask these simple questions. General practice staff have an important role in motivating people to 'give quitting a go' and advising that the best outcomes are achieved when using a combination of stop-smoking support and pharmacotherapy.

There is little debate over the role health professionals play here. Studies suggest that non-smoking general practitioners (GPs) have a positive effect on the efficacy of smoking cessation treatment among patients counselled to quit.[1] However, not all health professionals provide this help.

There is evidence that a health professional who smokes is more likely to underestimate the health consequences of smoking and therefore is less likely to provide clear smoking cessation advice.[2,3] Studies suggest that nurses who smoke are less motivated to provide cessation support for patients, have less positive attitudes to the value of smoking cessation, are less likely to have received smoking cessation training and are less likely to want further training.[4]

If primary health care visits are a cost-effective way to reach smokers—it makes sense to hire non-smokers knowing they are likely to provide better care.

Ex-smoker, or prepared to quit, please apply

Cigarettes are deliberately designed to create and maintain dependence. Smoking is not a lifestyle choice, it is an addiction. Health professionals are no different, and struggle to quit despite knowledge of the consequences of smoking. On top of this, health professionals have to reconcile declining social acceptability of smoking with the public expectation of health professionals being positive role models.

So how do patients feel about their GP or practice nurse being a smoker? Do health professionals present a positive image if they are not smoke-free themselves?

Studies suggest that non-smoking patients feel strongly that health professionals should set a good example and avoid unhealthy behaviours, while smokers indicated they had no opinion.[5] In response to a proposed policy of hiring non-smokers in the Auckland District Health Board earlier this year, a number of staff also held strong views.

"If anyone smokes, we would like to help them quit. If they are a colleague, we want them to quit so

BACK TO BACK this issue:


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While evidence can help inform best practice, it needs to be placed in context. There may be no evidence available or applicable for a specific patient with his or her own set of conditions, capabilities, beliefs, expectations and social circumstances. There are areas of uncertainty, ethics and aspects of care for which there is no one right answer. General practice is an art as well as a science. Quality of care also lies with the nature of the clinical relationship, with communication and with truly informed decision-making. The **BACK TO BACK** section stimulates debate, with two professionals presenting their opposing views regarding a clinical, ethical or political issue.

> they can more effectively help others. In the spirit of converting challenges to opportunities, there can be few better times to engage with a person and their smoking, than when they apply for a job. I suggest we welcome all smokers who want to quit. If a smoker is not yet at the point of wanting to quit, it's probably not the right time for us to hire them. Their personal attitude will be in conflict with one of our strongest health values." (Personal communication, Dr George Laking, July 2011).

Fundamental to being an effective health professional is the ability to persuade or influence. Credibility plays a significant part in the doctor/nurse–patient relationship. So who could be more credible to a patient who smokes than their GP or practice nurse also trying to quit? Evidence suggests that participation in a smoking-cessation programme by health professionals who smoke, positively influences the smoking cessation advice given to patients.[6]

Data on the uptake of smoking cessation programmes by general practice staff are unclear (although the prevalence of ex-smokers by profession provides an indication). It is likely that health professionals would benefit from programmes sensitive to the potential personal–professional struggle related to personal smoking which is at odds with professional responsibilities to promote health and wellness.[7]

Won't we be short-staffed?

I don't see us losing talented health professionals wanting to work in general practice. The prevalence of smoking in professions such as nursing has decreased from 18% in 1996 to 14% in 2006—so at a rate lower than the general population of about 21% in 2006.[8] Medical practitioner rates were 3.4% in 2006 which reflects the knowledge that doctors have of the risks of smoking. Clearly health professionals see the benefit of leading a smoke-free lifestyle.

International trends identify a decline in smoking prevalence among health care professionals due to an increase in the number of never-smokers entering the workforce, as well as the number of health professional smokers who are quitting.[9] Similar trends are evident nationally and suggest tobacco control policies are working and that there is a growing supply of smoke-free workers available to deliver primary health care services.

Is it legal?

The Human Rights Act (1993) prohibits employers from discrimination in employment based on a number of factors—however, smoking is not one of them. The Human Rights Commission upheld this position when it confirmed that counsellors for a programme aimed at helping people to quit smoking could include being a non-smoker as a condition of employment.

Given that general practice staff must offer brief advice to all smokers on every clinical encounter, it could be argued that being a non-smoker as a condition of employment could equally apply.

If New Zealand workplaces follow international trends towards a non-smoking workforce, it is likely that policies to advertise and hire non-smoking applicants for a job will be found to be legal and not discriminatory. However, the legality of offering employment on the basis that an applicant is a non-smoker is a question yet to be determined in New Zealand under the Employment Relations Authority or Employment Court.[10] So while there are no specific rights for smokers under the Human Rights Act, the selection of candidates based on their smoking behaviour has not yet been tested.

Conclusion

Smoking by health care professionals poses a barrier to the delivery of evidenced-based interventions with patients who need to quit. Like the general public, many health professionals who smoke also want to quit—this should be actively supported and reinforced as a condition of employment. Is this radical? Data suggest that most of our workforce is smoke-free now.

It wasn't that long ago that we thought that banning smoking in bars, clubs and restaurants was outrageous. Now I don't think anyone would change it. Prisons are now smoke-free, plain packing of tobacco products and removal of 'tobacco walls' in dairies are coming, along with higher taxes. A smoke-free health workforce is just part of the vision of having a Smokefree Aotearoa.

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General practice should only employ staff who are smoke-free

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NO

The health community talk about 5000 victims of smoking who die every year in New Zealand. Victims of an industry that has addicted them to a deadly product that leads to a slow and painful demise. We mourn their loss, and remind policy makers that yet more valuable lives have been taken prematurely.

If we really value the lives of these people, then how can we ethically and morally refuse to employ them? Why should it take a smoker to become critically ill, or even die, before health services value the contribution that person might have made to society?

Smokers are valued members of society and it is too easy to label them selfish people with an anti-social habit that they want to blow in the face of others. The reality is a picture of addicted misery. Eighty percent of smokers regret ever having started in the first place, and say they would never smoke if they had their time again.[1] Tobacco use is a serious addiction that many smokers are desperate to overcome. Understanding this addiction should be the starting point from which we deal with smokers.

Smoking must be seen as a treatable addiction, and government targets require general practitioners (GPs) to be at the frontline of asking patients about quitting and referring them to support.[2] What credibility does a GP have when telling a patient their life is too valuable to cut short by smoking, when as an employer they tell prospective staff that they are of no value to the practice because they are a smoker?

People who choose to work in health care save lives, improve patient experiences and keep us healthy. Five out of the top 10 most trusted professions in New Zealand are in health care.[3] Being addicted to tobacco does not make professionals any less skillful or trustworthy; however, not employing them stops them applying these skills altogether.

Smoking is a barrier to performing vital roles because smokers will get sick from tobacco use. Employers should not add another barrier on top of this because of short-sighted polices that do not address employees' health needs. It's a lose–lose situation. Smokers end up unemployed and unsupported, and patients lose out on skilled staff.

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