This issue of JAOA features two recently released Centers for Disease Control and Prevention (CDC) MMWR Morbidity and Mortality Weekly Reports on cigarette smoking, one among adults\(^1\) and the other among high school students.\(^2\) Each report indicates a decline in tobacco use in recent years, but at a rate insufficient to achieve the 2010 national health objectives of less than 16% of high school smokers and less than 12% of adult smokers.

This is the seventh editorial on the topic of tobacco that I have written since 1987. In the December 1987 issue of JAOA, I wrote of my dream of a smokeless society and wrote, “the health care profession must take the lead in the effort. Smokers can be encouraged in the effort to give up their habit through a program that includes a time frame for compliance, employee reimbursement for smoking cessation classes and seminars, and recognition awards for personal health promotion and disease prevention.”\(^3\) We knew then, as now, that physician intervention is critically important in a patient’s success in smoking cessation.

In 1996, the then Agency for Healthcare Policy and Research (now the Agency for Health Care Quality) and the CDC reported that more than 70% of Americans who smoke visit a clinician each year,\(^4\) yet half of these persons reported never having been urged to quit by their clinicians (although more that 70% indicated that they wanted to quit). More recent surveys tell us that physicians are doing no better in spite of abundant continuing education opportunities and encouragement from their professional associations.\(^5\) The American Osteopathic Association has a long-standing policy of supporting physicians counseling patients on the health risks of smoking.

Why is it that physicians, who know all too well of the devastating impact of tobacco use, fail to become involved in smoking cessation efforts? Perhaps the answer is to be found in the results of the survey of our osteopathic medical schools reported in this issue of the JAOA, beginning on page 317. In their article titled “Tobacco Dependence Curricula in Undergraduate Osteopathic Medical Education,” Montalto, Ferry, and Stanhiser contend that physicians are not adequately educated to treat nicotine dependence and that osteopathic medical education is deficient in clinical nicotine dependence treatment, specifically during the third and fourth years. They recommend that “a seamless coordinated effort in tobacco dependence education at all levels (undergraduate, graduate, continuing medical education) be designed and implemented to produce clinicians who will possess the skills needed to effectively treat tobacco dependence.”

The authors, it seems to me, have put their fingers on the problem. Let’s introduce evidence-based tobacco dependence intervention to our students early in their education. Let’s emphasize early on that physicians not only have the ability, but also the responsibility to effect behavioral changes in their patients. Perhaps this next generation of physicians will automatically involve themselves in helping their patients to end tobacco use and help us reach the smokeless society we have dreamed of for so long.

Thomas Wesley Allen, DO, FACOI, FCCP
AOA Editor in Chief, 1987–1998
Professor of Medicine Emeritus
Oklahoma State University
College of Osteopathic Medicine

References