Exploring Smoking Cessation in Palliative Care

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Background

In Ireland, almost one million people smoke and one in every two smokers are predicted to die from a tobacco-related illness.

The Healthy Ireland survey identified 23% of the population were current smokers but...
- 3 out of every 5 smokers are thinking about quitting
- 11% are currently trying to quit
- 20% are actively planning

Healthcare professionals do not routinely discuss smoking in healthcare interactions.

The national framework for smoking cessation suggests that patients should be approached with regard to smoking using the 5 A’s of Brief Intervention for Smoking Cessation – namely Ask, Advise, Assess, Assist and Arrange.

There is no published evidence of established practice in Palliative Care in Ireland.

Aim

To establish whether members of the Palliative Care community actively challenge smoking cessation as a means of achieving symptom improvement in patients with palliative care needs.

Methods

A ten-question survey was created using the ‘5A’s of smoking cessation’.

This survey was then distributed amongst 355 members of the Irish Association of Palliative Care.

Results

- **10.4%** response rate (37/355)

- 54% were medical staff; 32.43% nursing and 13.5% were a combination of physio, OT, dietitian and chaplaincy.

- **61%** routinely take a smoking history as part of the initial assessment.

- 73% of respondents agree (24% strongly agreeing) that pts should be asked about their smoking history.

- **BUT 52.7%** never or rarely urge patients to quit, despite willingness to quit being assessed by over 50% of respondents.

- For practitioners who do urge their patients to quit (range up to 47%) – 66.67% never schedule follow-up.

- **61.11%** felt smoking is a source of comfort to the patient.

- 47.2% felt that addressing smoking cessation would cause distress for the patient.

- 5.56% felt that it was not within their remit

- 39% felt there was not enough time for the person to benefit from stopping

- 42.86% expect benefits for symptom control and/or quality of life in 3 months or less.

- Other barriers included adding to guilt and regret of patient with advanced life-limiting illness.

Discussion

This study produced a low response rate (10%).

The majority of respondents were medical members of the IAPC.

The study highlights the fact that Palliative Care professionals acknowledge the role of smoking cessation in symptom control.

61% routinely take a smoking history as part of the initial assessment and 73% agree that patients ought to be asked yet only 48% encourage their patients to quit smoking.

The barriers to this process are variable.

Conclusion

The 5A's is a useful clinical tool to guide and support patients through smoking cessation.

Palliative care professionals recognise the importance of taking a smoking history.

Smoking is inconsistently targeted as a means of reducing symptoms in patients with palliative care needs in Ireland.

This represents a missed opportunity for healthcare practitioners to impact on patients symptom control and quality of life.

References

Brief Intervention for Smoking Cessation; National Training Programme; HSE, 2014
http://www.hse.ie/eng/about/Who/TobaccoControl/intervention/