

Residents Fail to Address Parental Smoking

BY JANE ANDERSON
Contributing Writer

Too few pediatricians in training are following best-practice guidelines for addressing parental smoking and the risks that secondhand smoke poses for their patients, said Bradley N. Collins, Ph.D., a public health expert at Temple University, Philadelphia, and his associates.

"This is not a criticism of the efforts of pediatricians with respect to trying to protect their patients from the effects of secondhand smoke," Dr. Collins said in an interview. "But the vast majority of pediatricians surveyed said they were not confident in their ability to change parental smoking habits or their patients' exposure to smoke."

Dr. Collins and his associates asked 66 pediatric residents and 27 preceptors in a teaching hospital how they intervened when treating different environmental tobacco smoke (ETS)-related illnesses. Almost all of them (93%) said they received less than 2 hours' training about

smoking cessation during residency. Survey results showed these pediatricians inconsistently intervened across treatment settings and when treating different ETS-related illnesses.

For example, 60% "always" assessed ETS during asthma visits and just 13% "always" assessed ETS during otitis visits. Fewer than 50% "always" explained ETS risks to smoking parents, and fewer than 33% "always" offered advice on creating a smoke-free home, the investigators reported (*J. Pediatr.* 2007;150:547-52).

Three-quarters of those surveyed agreed that ETS is one of the most important health hazards for children. But when these pediatricians identified a parent smoker, they rarely intervened beyond brief advice to eliminate children's ETS exposure or to quit smoking. Most cited lack of time and low confidence in their effectiveness when reporting why they failed to intervene on parental smoking.

Dr. Collins said it's understandable for pediatricians to believe they alone could not inspire a smoking parent to quit. But he said pediatricians and primary care

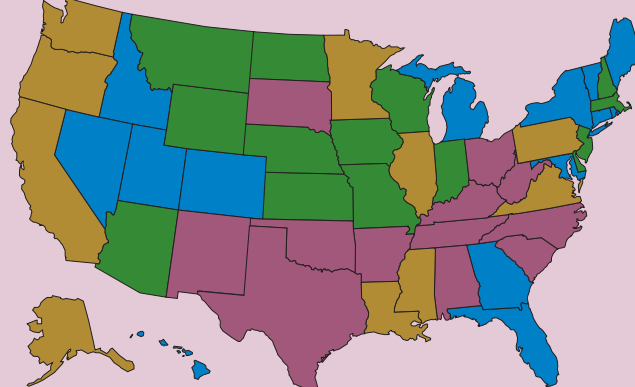
physicians can provide some counseling and incentives for parents to stop smoking, and that understanding the barriers to ETS intervention could promote trans-

disciplinary training and intervention approaches that effectively promote pediatrician advice while minimizing the time commitment. ■

DATA WATCH

Percentage of High School Students Who Smoke

7.4%-19.0% 19.1%-23.0% 23.1%-28.6% Data unavailable



Note: Based on 2005 data from the Youth Risk Behavior Surveillance System for high school students who smoked cigarettes on 1 or more of the 30 days preceding the survey. Source: American Cancer Society

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