

# Rethinking tobacco control

See *Life*, p293 and p294

**Joaquin Barnoya** explains that reducing smoking is about more than targeting smokers. Particularly in the developing world, we should pay attention to smokeless tobacco and secondhand smoke

This month's *studentBMJ* includes two articles that highlight two different aspects of the global tobacco pandemic. Chibuzo Odigwe (p 294) describes the glamour attached to smoking among Nigerian youths, and Susmita Barman (p 293) describes the use of smokeless tobacco in India. Both articles highlight a common issue: the social acceptability of tobacco use.

## Second hand smoke is important

Odigwe notes the lack of smoke-free environments in Nigeria. Rather than being the exception, Nigeria is the rule with regard to the availability of smoke-free environments in most of the world. The benefits of smoke-free environments include not only protecting non-smokers from the toxins of second hand smoke but also a decrease in the prevalence of smoking, the number of cigarettes smoked, and mortality due to heart disease.<sup>1-3</sup> The tobacco industry has delayed the creation of smoke-free environments in most of the world. For example, in Latin America the industry's "Latin Project" played a major part in obstructing the implementation of smoke-free environments.<sup>4</sup> There, the tobacco industry secretly hired well placed doctors as consultants to divert the attention from secondhand smoke towards other indoor air contaminants, thus avoiding smoking restrictions. This same strategy has also been documented in Asia and Europe, where smoking restrictions are still rare.<sup>5</sup>

In addition, Barman expresses her fears that implementing a strict ban on selling gutkha (chewable tobacco) around schools might not be effective in reducing access to tobacco products. Her fears are well founded because it has been documented that designed programmes to limit access to tobacco do not affect smoking among teenagers.<sup>6</sup>

## The Trojan horse of the tobacco industry

Nigeria and India share with the rest of the world an increase in the prevalence of smoking among young people.<sup>7</sup> Both Barman and Odigwe attribute this increase to the fact that using tobacco is made to seem glamorous or Westernised—that is, desirable. Films are an important vehicle for the spread of the tobacco epidemic as they are being exported freely—a sort of "Trojan horse" of the tobacco industry. Late last year in Nigeria, British American Tobacco launched a huge

campaign for its Rothmans brand. The "Experience It" campaign included airing blockbuster Hollywood hits in air conditioned cinemas. Smokers were given a free pack of Rothmans, and non-smokers were given a lighted Rothmans cigarette to "Experience It" (see [www.essentialaction.org/tobacco/letter/ng0303](http://www.essentialaction.org/tobacco/letter/ng0303) for more details). This is a clear example of how the industry uses Hollywood as an advertising medium.

In India, Bollywood has played a major part in encouraging the consumption of cigarettes and smokeless tobacco. By portraying a typical smoker as an attractive movie star with a modern lifestyle the tobacco industry is conquering every possible market. Smoking in the movies is an effective marketing strategy that has stronger effects than traditional advertising, such as billboards.<sup>8</sup> A recent prospective study of adolescents aged 10-14 has shown that viewing smoking in the movies nearly triples the risk that an adolescent will start smoking.<sup>8</sup> The May 2003 World Health Organization's "No Tobacco Day" focused on making movies tobacco-free, and an appeal was made to Hollywood and Bollywood to stop their alliance with the tobacco industry.

## Thinking beyond health effects on smokers

Even though Odigwe focuses on the health effects of smoking, medical students should be aware of the effects of secondhand smoke. Secondhand smoke increases the risk of heart disease and cancer, and the non-smoking majority is routinely forced to breathe it, yet healthcare professionals around the world continue to underestimate its effects.<sup>9, 10</sup> Avoiding exposure to secondhand smoke through the creation of smoke-free environments has been proved a cost effective healthcare measure. In addition, believing that secondhand smoke harms non-smokers is a significant predictor of young people either quitting or planning to quit smoking.<sup>11</sup>

In the case of smokeless tobacco, healthcare professionals should be aware of and communicate the health risks associated with its use, mainly oral cancer. Of particular relevance is the use of smokeless tobacco in India, where it has been used in the betel quid since the 17th century.<sup>12</sup> The concomitant use of smokeless tobacco and cigarettes is a common practice in India that needs to be addressed comprehensively.



The homepage of the website (<http://www.essentialaction.org/tobacco/letter/ng0303/>) mentioned in this article

## Industry tactics

In rethinking tobacco control we should also look at the tobacco industry's strategies. The industry strategies to avoid smoke-free environments have been described for Latin America, Asia, and Europe by using internal documents from the tobacco industry. More than 40 million pages of previously secret internal documents are now available on the internet. They provide a great resource to understand industry strategies in Nigeria, India, and elsewhere. For example, the Legacy Tobacco Documents Library (<http://legacy.library.ucsf.edu>) had 679 documents under the search term Nigeria and 2401 documents under the term India on 9 July 2003.

## Medical students can be advocates

When I began working on tobacco control in Guatemala six years ago we were focusing mostly on telling smokers how bad smoking was. Now I understand that we should have also targeted non-smokers to decrease the

social acceptability of smoking. Barman and Odigwe give two examples of the social acceptability of tobacco use in India and Nigeria, respectively. As medical students we also need to rethink medical education and realise that we have a "brewing epidemic" that can be stemmed through public health activism. Two practical issues that medical students can take on are advocating for smoke-free environments and smoke-free movies ([www.smokefreemovies.ucsf.edu](http://www.smokefreemovies.ucsf.edu)).

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# What they don't teach you in medical school

Why should medical students learn about management? **Timothy Rittman** explains the importance of thinking and learning beyond clinical skills

**M**edical school is a place for learning but should not be the only place medical students pick up the training they need to be doctors. We take in clinical skills and information at an often alarming rate, but the job of a junior doctor is made up of more than clinical work. Articles in the *BMJ* have highlighted consultants' lack of skills outside the realm of the clinic; it has even been said that seeing patients is "the easy bit."<sup>1 2</sup> The same is likely to be true of doctors at all levels.

## Important for medical students and doctors

For most people, training in management skills means sitting in a seminar room being talked at from a flipchart. Although this is the start, training also includes applying what is learnt to everyday life. The range of skills is almost endless—for example, time management, communication, presenting, teaching, effective learning, working in a team, and leadership—to name just a few topics.

Imagine a junior doctor looking after 20 patients, following up the results of blood tests, x rays, meeting relatives, liaising with nursing staff; time management is key to surviving an average day. Further on in a medical career, long term plans for finance, waiting lists, and multidisciplinary teamwork, all require a professional strategic planning approach.

Even during their medical school careers, many students take on extra-

curricular activities and projects that are not covered at medical school. This has made many medical student groups around the world look hard at what the needs of their members are and how best to meet them with a training programme.

You can, of course, be involved in the many non-medical student groups—for example, sports teams, theatre groups, music groups, and community action initiatives. The need for these groups to provide training for their members is clear both for their own survival and that of the future doctors who take part in their activities.

## More than flipcharts

Consider, as an example, a session on strategic planning at the first executive board meeting of the year for the officials of the International Federation of Medical Students' Associations. Already halfway through the session, the group of medical students, each with different roles from different countries has already learnt something new. By the end of the session they will have learnt something more. By the end of the week they will have thought about how to use strategic planning in their work. By the end of the year they will have put a strategic planning process into practice to increase the efficiency and effectiveness of their own and the association's work. More than this, they have already started to take on board the ideas and approaches they will need in the future. As already highlighted, strategic planning is

## Training from organisations for medical students

	International Federation of Medical Students' Associations (IFMSA)	European Medical Students' Association (EMSA)	European Student Conference (ESC)
Type of organisation	Health promotion	Scientific	Scientific
When training happens	Main meetings twice a year and subregional events	Main meeting in October	Run over two weekends
Trainers	Experienced members and from outside IFMSA	Executive board, experienced members and from outside EMSA	One experienced trainer from outside ESC
Trainees	All meeting participants	All meeting participants	Conference organisers
Aim of training	To provide skills for the members and their projects	To train members to train their local committees and project participants	To give the skills of teamwork, fundraising, and management to organise meetings

an important part of long term planning in medicine. But the opportunity to learn and apply such skills is not available in medical schools.

Strategic planning is one example of training in the association and the same is true of medical student groups around the world (table). For both scientifically based organisations and health promotion organisations, training forms an integral part of their meetings.

### The value of training

So why do organisations value training to such a degree? Training helps members to

achieve their full potential. Students are enthusiastic and often motivated. Students bring different backgrounds, experiences, skills, and knowledge to their work. But, on their own, these characteristics may not be enough. Providing extra training in, for example, team building, helps a group to become more proficient and more professional in the way it works. On both an individual and an organisational level, building skills helps people to succeed.

The wider medical community benefits from the training these medical students receive. If the job of a doctor is made up of more than just clinical work, current students

will find themselves overwhelmed because of today's focus on examination skills and knowledge consumption in most courses at medical school. Not that these are a bad thing—the value of clinical skills should not be underestimated—but additional life skills of self organisation, time management, and effective communication can only help to manage life as a doctor.

### Going beyond the curriculum

Not only this, but having skills above and beyond the medical curriculum offers opportunities that would otherwise be unavailable. Robert Zielony (known to many as Dr Bob) has trained many medical students and others in peer education skills, particularly in the area of HIV and AIDS and sexually transmitted diseases. He describes seeing the people who go through his programmes increase in motivation and sense of purpose. He sees that, after having applied their skills in school and sex education sessions at youth club, future doctors are better at dealing with people, have a greater understanding of vulnerable people, and are more ready to accept the limits of their own knowledge. This was made possible by the training these students received.

Skills such as using and evaluating a variety of teaching techniques or managing your own time and that of others are best learnt outside the walls of the hospital. These two examples are taken from the UK General Medical Council's second edition of *Tomorrow's Doctors*, which sets out the skills and knowledge students should leave medical school with.<sup>3</sup> The document places a huge learning task in front of the prospective doctor, including clinical skills and knowledge, basic science, teaching skills, and organisational capability. Ever more creative initiatives from medical schools aim to meet the targets set by this document, but is it really possible to be taught all this in a hospital?

Training beyond the curriculum should be a priority for every medical student and every group of medical students. *Tomorrow's Doctors* states that "students must accept responsibility for their own learning." Receiving and using training outside the hospital will no doubt make for a better medical profession—not only doctors who know how to treat patients, but also how to deal with the non-clinical workload that comes as part of the job.

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