

Editor's Notes

Beyond Anesthesia — Don't Let It Go Up in Smoke

By Stephen Jackson, M.D., Editor



As head of our tertiary hospital's Medical Staff's Quality Improvement Committee, I have become aware of core measures that JCAHO has mandated for the appropriate management of three disease entities: community-acquired pneumonia, acute myocardial infarction, and congestive heart failure. In order to be credited for having managed these disease entities satisfactorily, the attending physician must have determined the patients' smoking status *and* advised each to quit smoking. Of course, I *wouldn't dare* suggest that anesthesia and surgery performed on smokers become a fourth entity to be added to JCAHO's smoking cessation list! An additional "quality" mandate, no matter how simple or brief to execute, seems unpalatable at this stage of burdensome oversight, even when one takes into account our ethical responsibility to place our patients' best interests foremost.

Anesthesiologists derive professional satisfaction from a well-managed perioperative course, one in which we believe that we have had a meaningful part in shepherding our patients through their surgical experiences successfully. The traditional medical paradigm is that of *returning* each patient to his or her *pre-surgical-illness* quality of health. Yet, by setting in motion an attempt at smoking cessation by cigarette smokers, we have an opportunity actually to *improve* their quality of health beyond that accrued through surgery. This voluntary "value added" practice can be achieved with minimal effort on our part.

Steven Schroeder, M.D., former president of the Robert Wood Johnson Medical Foundation and current head of the Smoking Cessation Leadership Center at UCSF, and David Warner, M.D., our esteemed colleague from the Mayo Clinic and chair of the ASA Smoking Cessation Task Force, stimulated me to write this editorial. Allow me to articulate why I believe that their collective efforts at smoking cessation are to be admired and emulated.

Let's look at the facts. Cigarette smoking, the predominant form of tobacco abuse, is the single most preventable cause of death in the United States, accounting for 440,000 deaths per year, a bit under one-tenth of the worldwide total. Smokers die a decade earlier than nonsmokers. What is most frightening, however, is that smoking is responsible for more deaths than the sum total of that caused by AIDS, alcohol abuse, motor vehicle accidents, drug abuse, and suicide! One-third of these deaths results from cardiovascular

Editor's Notes (cont'd)

disease, and one-quarter each from lung cancer and pathophysiologic lung function, and one-tenth from secondhand smoke (largely cardiovascular deaths). To underscore the relevance of this editorial, I would note that a significant fraction of smokers suffer from mental health or substance abuse problems, and admittedly, they have proven resistant to smoking cessation efforts. Furthermore, this population has a disproportionate number of smoking-related deaths. But, mortality aside, let's examine morbidity (often pre-morbidity). Nine million Americans are disabled from smoking-related diseases, such as COPD and lung cancer, and there are numerous other disorders in which smoking is a risk factor: female infertility and suboptimal pregnancy outcomes, breast cancer, cataracts, and macular degeneration.

Despite all the fuss and muss to try to quash these depressing figures, smoking prevalence among adults has been only grudgingly decreasing over the past half century. From 1955 to 2005, the prevalence fell from 57 percent in men (1955) and from 34 percent in women (1965) to 22.1 percent overall, and the gap between the sexes now is only 4 percent. However, here's the "killer" fact: of the current 46 million smokers, 70 percent declare that they would quit "if an easy way" were available to them, but only 2.5 percent actually quit annually. There now are as many ex-smokers as current ones, but most of the ex-smokers were successful in shedding this habit only after an average of eight prior unsuccessful attempts!

Excerpts from Schroeder's *JAMA* review article on smoking cessation (pages 39-46) will provide you with a solid knowledge base and a better understanding of Warner's *ASA Newsletter* article (pages 47-49) that urges us, as perioperative physicians, to accept this opportunity for deploying our ethical responsibility—and our ability—to try to help our smoking patients quit their habit. This beneficence to our patients is almost effortless and minimally time-consuming, and holds the potential for having given a kick-start to enhancing dramatically our patients' future health and longevity. Will brief counsel at the time of our pre- or postoperative visits succeed in serving as "teachable moments" to promote prolonged abstinence? Only well-intentioned, well-organized and well-subscribed efforts over time by our specialty will provide the data needed to determine any such efficacy.

Consistent with this same theme, this issue offers the first of a series of articles on helping our patients have a less stressful and smoother perioperative course through the modality of hypnosis (pages 50-54). This well-proven technique for enhancing many medical therapies may seem beyond our expertise. However, there are resources that are accessible within our communities and that can be deployed to identify and assist patients who would benefit from this nontraditional vehicle to get them through the physical and psychological

Editor's Notes (cont'd)

challenges of the surgical experience. Indeed, a number of our own colleagues are facile with hypnosis and routinely employ it because of how it enhances their anesthetic practice.

Finally, hot on the heels of our most popular series of educational modules that fulfilled California's requirement for 12 hours of pain management and end-of-life care CME, this issue commences our CME program for this year: obstetric anesthesia. We hope that you will, again, find this program another value added to your CSA membership.

Register Online for CSA Educational Programs!

Sign up now for the following at
www.csa-hq.org

Two Seminars in Hawaii each year:

- one in January
- one in October

The CSA/UCSD Annual Meeting
and Clinical Anesthesia Update
in May-June 2007

CSA Bulletin Cover for Volume 56, No. 1 El Capitan

© Copyright 2005. This photograph was taken by Gordon Haddow, M.D., and is reprinted on the *Bulletin* cover with his permission. The image of El Capitan was taken in the early morning in the spring of 2005 when he was lucky enough to get a small ray of sunshine on an otherwise rainy day. It was taken with a Nikon F100 on Agfa Scala film.