

Study of Smoking Habits Among Chest Physicians

Thesis

**Submitted for Partial Fulfillment of Master Degree in
Chest Diseases**

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2011

دراسة عادة التدخين بين أطباء الصدر

بحث

توطئة للحصول علي درجة الماجستير في
الأمراض الصدرية

مقدم من الطبيب
عبد العزيز خيرى النصيرى
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List of Abbreviations

CNS	: Central Nervous System.
CO	: Carbon monoxide
COPD	: Chronic Obstructive Pulmonary Disease.
DNA	: Deoxy Ribo Nucleic Acid.
DSM	: Diagnostic & statistical manual of mental health disorders.
ETS	: Envirmental Tobacco Smoke.
FDA	: Food & Drug Administration.
FTC	: Federal Trade Commission.
FTND	: Fagerstrom Test for Nicotine Dependence.
GST	: Glutathione - S- Transferases.
LDL	: Low Denisty Lipoprotein.
LEAD	: Lower Extremity Arterial Disease.
MOHP	: Ministry of Health & Population.
NACHRs	: Nicotine Acetylcholine Receptors.
Ng	: Nanogram.
NICE	: National Institute for clinical excellence.

NNS	: Nicotine Nasal Spray.
NRT	: Nicotine Replacement therapy.
PAH	: Polycyclic Aromatic Hydrocarbons.
PAHS	: Polynuclear Aromatic Hydrocarbons.
RCP	: Royal college of physicians
SIDS	: Sudden Infant Death Syndrome.
TQD	: Target Quit Day.
US	: United States

Introduction

Cigarette smoking is a complex social and medical issue. The physician has a particularly important role in the debate and needs to participate not only as a citizen, but also as a protector of the public health promotion, including discouraging smoking initiation among younger patients, encouraging and assisting smoking patients to quit, and participating in social efforts designed to curb smoking at various levels (*Cigarette Smoking and Health, 1996*).

A number of policy statements have been prepared regarding the role of the physician. Worldwide, smoking is the main avoidable cause of death among adults. Health professionals comprise the sector with the greatest power of influence in reducing smoking habits. Nevertheless, cooperation is determined by their own personal habits and attitudes to smoking. Tobacco smoking by health care workers has a negative influence on the general population (*Cigarette Smoking and Health, 1996*).

As a result, smoking-induced disease is becoming more common in the developing world, where smoking prevalence is increasing (*Fishman, 1998*).

Nearly 20% of the Egyptian population uses some form of tobacco product. Of this percentage, about 16% smoke cigarettes, 3.3% smoke shisha and 2.6% use smokeless (chewed) tobacco (*G.A.T.S.¹, 2010*).

Introduction

The percentage of smoking among teachers was found to be 45% while among doctors it was found to be 43%. Finally, 7% of Egyptian family income was found to be burned by cigarette smoking (*Madkour, 1986*).

The smoking habits among Egyptian medical staff were first highlighted by Madkour in 1969 (*Madkour, 1969*). However, up till now there still a paucity of research in this field.

History of Tobacco

The history of smoking dates back to as early as 5000 BC in shamanistic rituals (*Gately, 2003*). Many ancient civilizations, such as the Babylonians, Indians and Chinese, burnt incense as a part of religious rituals, as did the Israelites and the later Catholic and Orthodox Christian churches (*Robicsek, 1978*).

Substances such as Cannabis, clarified butter (ghee), fish offal, dried snake skins and various pastes molded around incense sticks dates back at least 2000 years. Fumigation (dhupa) and fire offerings (homa) are prescribed in the Ayurveda for medical purposes and have been practiced for at least 3,000 years while smoking, dhumrapana (literally "drinking smoke"), has been practiced for at least 2,000 years. Before modern times these substances has been consumed through pipes, with stems of various lengths or chillums (*Manohar, 2004*).

Cannabis smoking was common in the Middle East before the arrival of tobacco, and was early on a common social activity that centered around the type of water pipe called a hookah. Smoking, especially after the introduction of tobacco, was an essential component of Muslim society and culture and became integrated with important traditions such as weddings, funerals and was expressed in architecture, clothing, literature and poetry (*Gilman et al., 2004*).

Smoking in culture

Smoking has been accepted into culture, in various art forms, and has developed many distinct, and often conflicting or mutually exclusive, meanings depending on time, place and the practitioners of smoking. Pipe smoking, until recently one of the most common forms of smoking, is today often associated with solemn contemplation, old age and is often considered quaint and archaic. Cigarette smoking, which did not begin to become widespread until the late 19th century, has more associations of modernity and the faster pace of the industrialized world. Cigars have been, and still are, associated with masculinity, power and is an iconic image associated with the stereotypical capitalist. Smoking in public has for a long time been something reserved for men and when done by women has been associated with promiscuity. In Japan during the Edo period, prostitutes and their clients would often approach one another under the guise of offering a smoke and the same was true for 19th century Europe (*Screech, 2004*).

ART

The earliest depictions of smoking can be found on Classical Mayan pottery from around the 9th century. The art was primarily religious in nature and depicted deities or rulers smoking early forms of cigarettes (*Robicsek ,1978*). Soon after smoking was introduced outside of the Americas it began appearing in painting in Europe and Asia. The painters of the Dutch golden age were among the first to paint portraits of people smoking and still lifes of pipes and tobacco. For southern European painters of the 17th century, a pipe was much too modern to include in the