



FOCUS ON RESEARCH

Cancer diagnosis as an opportunity for increasing uptake of smoking cessation services among families: an exploratory study of patients, family members and health professionals

Researchers

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Aims

To increase understanding of 1) the factors that prevent or help people with cancer and their relatives to use NHS smoking cessation services and 2) what could be done, feasibly and effectively, to support patients and relatives to quit smoking and increase their use of cessation services.

Project Outline/Methodology

In-depth interviews with 29 patients with cancer (lung, head and neck, colorectal and gynaecological) who were current or recent ex-smokers; 14 family members who were current smokers or recent ex-smokers; 24 health professionals from cancer care, primary care and smoking cessation services. Participants were recruited mainly from a cancer centre in a large teaching hospital. Key findings were discussed at two public engagement events attended by some patients and family members and professional staff from NHS and cancer charities.

Key Results

Most patients and family members who had quit smoking did so without using cessation services because they saw them as time-consuming and irrelevant to them. Some used e-cigarettes to help them quit. People continued to smoke because of the emotional stress of cancer diagnosis and treatment, they did not want to be pressurised to quit, they felt their addiction was too strong or they did not associate smoking with their diagnosis or treatment outcomes. Staff often avoided talking to patients and relatives about quitting in case this affected their relationship with them. They did not want people to feel guilty about smoking or to appear

judgemental. Many staff were not up to date about cessation methods and services. Patients and family members expected the issue of smoking to be raised by healthcare staff and said they would be more likely to use cessation support if it was available within the hospital setting, alongside cancer services.

Conclusions

Existing support for smoking cessation could be improved. Additional efforts are needed to involve family members. Information and advice must be more specific, methods of approaching patients and relatives should be non-judgemental and should focus on the benefits of quitting for future health. Health professionals need greater knowledge and confidence in talking about smoking. It is also essential that support for smoking cessation is co-ordinated all the way through a patient's treatment pathway.

What does this study add to the field?

The time after a diagnosis of cancer provides an opportunity to talk about quitting, especially if conversations focus on people's future health. Future actions in Scotland and the UK must address the way care is organised as well as the factors that prevent patients, staff and family members from discussing smoking.

Implications for Practice or Policy

Currently smoking cessation is not included enough within cancer care. National guidance on smoking cessation exists, but staff training, support and tailored materials are required so that the guidance can be implemented within cancer care.

Where to next?

Discussions with cancer charities and health service decision makers. Development of patient information materials and training for health professionals which could be evaluated in a clinical trial.

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