

## Tobacco Cessation Excuses and Physician Responses

Excuse	Physician Responses	Rationale for Response
"I've tried everything and just can't stop smoking."	<p>"What exactly have you tried? I'd like to write these down so we can figure out what to do next."</p> <p>"Every attempt to change behavior teaches us something even if it doesn't work. What have you tried and what problems did you encounter?"</p> <p>"Most of my patients go through several attempts to quit before they find a way to make it stick. Can we develop a plan together to try to make this next attempt last longer?"</p>	This response sends a signal to the patient that you are serious about helping them cease tobacco use and normalizes the repeated and cyclical nature of the process of quitting.
"I really don't want to stop smoking."	<p>"We have talked about how detrimental ongoing smoking is to your cancer care. Can you help me understand how you've arrived at that decision?"</p> <p>"Can we discuss any reasons you might have for quitting smoking that are important to you?"</p>	This response forces the patient to confront the irrational basis for their smoking behavior. Smoking is an addiction not a lifestyle choice. Once the patient understands this, you can work together to find ways to overcome the addiction process.
"I'm already stressed out dealing with my cancer. I need smoking to calm my nerves."	<p>"How does smoking calm your nerves? People who smoke actually have higher levels of stress than people who do not."</p> <p>"What would make you feel less stressed? We have other ways to relieve your anxiety."</p> <p>"What if we could use a treatment that helps you quit smoking and alleviates some stress at the same time?"</p>	<p>This response allows you to educate patients about how nicotine affects how they feel. In many people, the so-called calming effect of smoking is a response to nicotine withdrawal, which can start 20 minutes or fewer after their last cigarette. When the body starts to crave nicotine, a cigarette can help relieve the tension. Physiologically, though, nicotine stimulates the body, speeding up the heart. It is a tough cycle to escape, which is why nicotine medications can help a patient cope with withdrawal.</p> <p>Regarding stress from cancer and treatment, that is understandable. However, continued tobacco use only adds to that stress since it markedly reduces the benefits of treatment.</p> <p>Bupropion (Wellbutrin/Zyban) and behavioral treatments can address depression and anxiety too.</p> <p>Some of the medications recommended for smoking cessation will reduce withdrawal symptoms and help with stress.</p>
"The harm from smoking has already been done."	"No doubt some harm has been done, but that is not an excuse to keep smoking. Every cigarette you smoke continues to do damage to your body and diminishes the effectiveness of your treatment. You need to stop smoking now more than ever."	This response tells the patient it is not too late to get a benefit from giving up tobacco.
"I enjoy smoking."	<p>"Can you tell me exactly what you enjoy about smoking?"</p> <p>"Can we think of alternative ways to experience that enjoyment that would not involve smoking?"</p>	This response tells the patient that it's not smoking that they enjoy, but rather that they do not enjoy the way they feel when they are not doing so—such as the withdrawal symptoms of irritability, crankiness, nervousness, and anxiousness. There is also evidence that smoking can lead to anhedonia. <sup>12</sup>
"I've cut down on my smoking."	<p>"When are you going to stop?"</p> <p>"Where are you getting the cigarettes that you are smoking?"</p> <p>"How can I help you get rid of the cigarettes you're smoking now?"</p> <p>"That's great progress, but we need to remain focused on quitting for good. What do you think is keeping you from quitting entirely?"</p>	<p>This response tells the patient that even a few cigarettes is too many—taking in less poison than before still means they are consuming poison!</p> <p>Although the focus here is on cancer treatment, a single cigarette a day increases cardiovascular risk.</p> <p>It will also be easy for patients to return to their normal pattern of smoking if they don't remain focused on complete cessation.</p>
"Now is not a good time to talk about my smoking."	<p>"You need to quit now to optimize your treatment."</p> <p>"What needs to happen to make you feel ready to make a serious attempt to quit smoking?"</p>	This response tells patients that they need to recognize that delaying a discussion about smoking cessation is not an option. The benefits to be gained by not smoking are best claimed before they start therapy not after it is complete.