

## ...but perceived pressure from patients affects doctors' behaviour

Doctors' behaviour in primary care consultations is strongly associated with perceived medical needs, but it is affected also by perceived patient pressure. Little and colleagues (p 444) invited 847 patients attending five general practices to fill in a

questionnaire before consultation and asked doctors about their perception of patients' needs and perceived pressure. They provide data showing that a minority of examinations, prescriptions, and referrals, and almost half of investigations, are only slightly needed or not needed at all, and that perceived pressure from patients predicts whether doctors examine, prescribe, refer, or investigate.

### POEM\*

#### Bupropion and telephone support helps smokers quit

**Question** How beneficial is the combination of bupropion and telephone support to help smokers quit?

**Synopsis** We know that physician advice and bupropion can each help people quit smoking. This randomised controlled trial (non-blinded) was conducted in a primary care setting and included 1524 smokers. Both minimal and moderate intensity counselling were assessed along with two dosing regimens of sustained-release bupropion (150 or 300 mg per day). Minimal counselling using the Zyban advantage plan consisted of one 5-10 minute scripted phone call the day after the quit date and four progress questionnaires mailed thereafter. Moderate counselling was a telephone support programme based on strategies recommended by the US Preventive Services Task Force and included five scheduled phone calls with individualised content, mailed materials, and access to a toll-free quit line for one year. Thus, there were four groups: minimal counselling with bupropion 150 mg; moderate counselling with bupropion 150 mg; minimal counselling with bupropion 300 mg; and moderate counselling with bupropion 300 mg. The quit rates at 12 months were 24%, 31%, 26%, and 33% respectively. The majority of participants reported some adverse effect, a larger proportion of those were receiving 300 mg than taking 150 mg (76 v 68%;  $P = 0.002$ ). There was a trend for patients taking the 300 mg dose to be more likely to discontinue medication because of adverse effects (31% v 26%;  $P = 0.07$ ).

**Bottom line** Patients wishing to quit smoking will have a good chance of doing so (1 in 3-4) if they receive bupropion (Zyban) with a programme of minimal to moderate telephone counselling. Bupropion plus counselling leads to clinically important 12 month quit rates in all groups. Higher doses of bupropion (300 mg daily) produce only slightly better quit rates while increasing adverse effects and costs. More counselling results in somewhat higher quit rates, an extra 7% absolute difference, compared with minimal counselling.

**Level of evidence** 1b (see [www.infoPOEMs.com/levels.html](http://www.infoPOEMs.com/levels.html)). Individual randomised controlled trials (with narrow confidence interval)

Swan GE, McAfee T, Curry SJ, et al. Effectiveness of bupropion sustained release for smoking cessation in a health care setting: a randomized trial. *Arch Intern Med* 2003;163:2337-44.

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\* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

## Editor's choice

### Lessons from medicine's shameful past

In a week when we look to the future of human cloning, (pp 415, 421) we also look back at the lessons that medicine should learn from its past.

Almost 30 years ago, in *Limits to Medicine*, Ivan Illich wrote: "Medicine undermines health not only through direct aggression against individuals but also through the impact of its social organisation against the total milieu." He referred to this as social iatrogenesis, and two papers in this week's *BMJ* illustrate this phenomenon uncomfortably well (pp 427, 429).

"I felt totally bewildered that my entire emotional life was being written up in the papers as utter filth and perversity," confesses Male 1, one of 29 people in the United Kingdom who received "treatment" to change their sexual orientation in the 1960s and 1970s. People received treatment between 13 and 40 years of age, mostly in NHS hospitals. The most common treatment was behavioural aversion therapy with electric shocks. Male 4 states, "A psychologist was the man who administered the jolts to me," and Male 5 summarises the pointlessness of such treatment: "She [the psychiatrist] said, 'I don't think we are going to get anywhere. To be quite honest, I never expected we would in the first place. You're going to have to go home and tell your wife that you're gay and start a new life.' Boom!" With statements like this, it is unsurprising that the authors are so grave in their conclusions: "[Our study] serves as a warning against the use of mental health services to change aspects of human behaviour that are disapproved of on social, political, moral, or religious grounds."

Perhaps more chilling is the second paper (p 429), which examines the experiences of the professionals who "administered and evaluated treatments for homosexuality." While one clinical psychologist confesses, "I feel a lot of shame," another says, "I thought they [homosexuals] were people who were disordered and needed treatment and psychiatric help. I still do."

So much for Judd Marmor's victory in declassifying homosexuality as an illness (p 466) and with such bigoted attitudes it is not difficult to see why services like the *BMJ Careers* discrimination matching scheme and the Advice Zone are needed. The former is a peer support system for doctors and medical students who have faced discrimination and the latter is a web based career related question and answer service covering over 80 topics, including discrimination. We have recently launched a dedicated Career Focus website which has a range of different search options (on Career Focus content), services, and links (see [bmjcareers.com/careerfocus](http://bmjcareers.com/careerfocus) for more details).

We hope that these features will help support doctors and medical students in their career decisions and their working lives, whoever, whatever, and wherever they are.

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