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Original Article

Alcohol use among allopathic doctors and their perceptions in relation to alcohol use in India: A cross-sectional study

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Abstract

Background: Alcohol use among doctors in India is less studied, alcohol using habits can affect their health and which in turn health of their society.

Methods: We have done a cross-sectional online survey among allopathic doctors in Tamilnadu, India. Questioned about their age, sex, geographical area, alcohol using frequency, professional satisfaction, and willingness to treat alcohol using patients, etc. As per respondents' alcohol using frequency, we subclassified them into three groups as "Never user", "Occasional user", and "Current user".

Results: Among the 235 respondents, 58% were Occasional users, 24% were Current users, and 18% were Never users. Alcohol using habit was positively associated with male sex, sexual life, willingness in treating alcohol using patients, and whether they allow their child to drink when mature ($p < 0.05$).

Conclusions: Alcohol using habit was more prevalent among male doctors. Even though it affects their professional or personal life many of them were not willing to quit their habit.

Keywords: alcoholism; physicians; satisfaction

1. Introduction

Doctors are the primary people in giving care to the patients and stakeholders in the primary prevention of most of the diseases. So, the health of the doctors and their habits may indirectly influence the healthcare of their community. Alcohol use among Indian doctors is high compared to the general population [1]. An unhealthy diet, sedentary lifestyle, alcohol use, and smoking can increase the risk of cardiovascular disease among doctors [2]. Generally, the doctor's usual place of drinking is home or parties and the time of their preference

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is evening or night [3]. Like any human being, doctors have the habit of alcohol use. In addition to affecting their health, which could adversely affect his family and the health of society. Literature search shows there is lesser information on alcohol using habits among doctors in India. In this study, we have conducted a cross-sectional online survey among doctors about their alcohol use and their perception concerning alcohol use, sexual life, professional satisfaction, etc.

2. Methods

A cross-sectional online survey was done by using a semi-structured questionnaire in Google Form™ through Facebook™ and Whatsup™ doctors' groups, by circulating the link of the Google Form. The study was conducted from 29th September to 29th December in 2017. Responders were divided into three categories like "Never user", "Occasional user", and "Current user" according to their alcohol using frequency for the ease of statistical purpose. Ethical committee clearance was obtained from the institutional ethical committee, and this study was conducted in accordance with the Declaration of Helsinki.

2.1. Definitions

Never users were "who never tasted alcohol", Occasional users were "who use alcohol less than once a week or occasionally used or tasted once or Past users" and the Current users were "who use alcohol weekly minimum once to daily basis".

2.2. Data entry and analysis

Data was entered in MS office Excel and analyzed using the statistical software, SPSS version 24.0. Description of categorical variables like age category, gender, frequency of alcohol consumption, etc., were done in terms of frequency and percentage. The association of categorical dependent and independent variables was carried out using the Chi-square test. The statistical tests were two-tailed and results were considered statistically significant when the p-value was less than 0.05.

3. Results

Total respondents were 235; among them, males were 214 (91.1%) and females 21 (8.9%). Age group-wise distribution was < 35 years 143 (60.9%), 35 to 50 years were 75 (31.9%) and > 50 years were 17 (7.2%), maximum responders being in the age group of < 35 years. Respondents from TamilNadu(TN) were 196 (83.4%), Other states 37 (15.7%), and Other countries 2 (0.9%). Among the TN resident majority of them were from Madurai 76 (38.8%), and then Chennai 51 (26.0%), Salem 22 (11.2%), Coimbatore 20 (10.2%), Tanjavore 8 (4.1%), and the remaining were from Tirunelveli, Trichy, Nagercoil, and others. Specialty wise majority of participants belong to various surgical fields 131 (55.7%) where obstetrics and gynecology were not included, second-most participants were medical specialty including all types and then imaging 71 (30.2%), MBBS and general practice 19 (8.1%), nonclinical 7 (3%), anesthesia 4 (1.7%), obstetrics and gynecology 2 (0.9%), and one medical undergraduate student (0.4%).

Subgrouping the respondents based on alcohol usage, by our operational definition, "Current users" were 56 (23.9%), "Never users" were 43 (18.3%), and "Occasional users" of alcohol was 136 (57.9%). Among the "Occasional users" who used alcohol less frequently was 109 (46.4%), and tasted and abstainers were 27 (11.4%).

Table 1. Association between gender and alcohol consumption among the responders (N=235)

Sl. No.	Alcohol status	Gender		p value [#]
		Male	Female	
1	Never user	32 (74.4)	11 (25.6)	<0.001*
2	Occasional user	128 (94.1)	8 (5.9)	
3	Current user	54 (96.4)	2 (3.6)	

[#]p value based on Chi-square test, *statistically significant.

Age was not associated with alcohol use. Male doctors used alcohol predominantly than females and the association was statistically significant ($p < 0.001$) [Table 1]. Doctors from Tamil Nadu appeared to be consuming more alcohol than other state doctors although it was not statistically significant ($p = 0.52$) and the sample was not chosen properly to find this association as well.

Responding to question on tiredness on post alcohol day, 92 (39.1%) felt tired but manageable, 25 (10.6%) felt tired and irritable, 63 (26.8%) were comfortable and did not feel tired, and 55 (23.4%) did not answer this question or said not applicable. About 145 (61.7%) of the participants said that drinking habit affects their personal or professional life. Despite the earlier finding 205 (87.2%) of the

participants were satisfied in their professional life, not satisfied were 9 (3.8%), 19 (8.1%) didn't want to answer this question and 2 (0.9%) said that they were yet to experience the professional life. No association was found between alcohol use and satisfaction in professional life ($p=0.31$). Most of the participants were satisfied with their professional life irrespective of alcohol use.

Table 2. Association between alcohol consumption and sexual life (N=116)

Sl. No.	Alcohol status	Alcohol use		p value [#]
		Occasional user	Current user	
1	With drinking	25 (32.9)	24 (60)	0.02*
2	Without drinking	46 (60.5)	14 (35)	
3	Both	5 (6.6)	2 (5)	

[#]p value based on Chi-square test, *statistically significant.

Participant's sexual satisfaction with alcohol use was as follows, Happy with drink 49 (20.9%), Happy without drink 76 (32.3%), Happy with both ways 7 (2.9%), and Not willing to answer this question 46 (19.6%). Sexual life with drinking was felt better by most of the current users whereas most of the occasional users felt it was better without drinking and the association was statistically significant ($p=0.02$) [Table 2].

Table 3. Association between alcohol consumption and allowing their child to drink (N=235)

Sl. No.	Response	Alcohol status, n (%)			p value [#]
		Never user	Past user	Current user	
1	I don't know	7 (16.3)	52 (38.2)	16 (28.6)	<0.001*
2	No	36 (83.7)	48 (35.3)	17 (30.4)	
3	Yes	0	33 (24.3)	23 (41.1)	
4	It's his/her wish	0	3 (2.2)	0	

[#]p value based on Chi-square test, *statistically significant.

When the participants were asked about whether they allow their child to drink or not when their child matured, 101 (43%) said "No", 56 (23.8%) said "Yes", 75 (31.9%) said "I don't know" and 3 (1.3%) said, "It's his or her wish". Association between alcohol consumption and allowing their child to drink was as follows, the response "No" was given by most of the never users and "Yes" by the occasional and current users. This was significant as well ($p<0.001$) [Table 3].

Table 4. Association between alcohol status of the doctors and their attitude towards the patients who are alcohol users (N=229)

Sl. No.	Attitude	Alcohol status, n (%)			p value [#]
		Never user	Occasional user	Current user	
1	I don't like to treat them	4 (9.5)	7 (5.3)	1 (1.9)	0.002*
2	Treat as others (Non-alcoholic patients)	1 (2.4)	30 (22.6)	21 (38.9)	
3	Treat them with the caution of drug interaction	5 (11.9)	17 (12.8)	8 (14.8)	
4	Treat with specific instruction about their unhealthy habit and drug interactions	32 (76.2)	79 (59.4)	24 (44.4)	

[#]p value based on Chi-square test, *statistically significant.

Participants willingness to treat alcohol using patients were as follows, 135 (57.4%) said "Treat with specific instruction about their unhealthy habit and drug interactions", 52 (22.1%) said "Treat as others like non-alcoholic patients", 30 (12.8%) said "Treat them with the caution of drug interaction", 12 (5.1%) said "I don't like to treat them" and the remaining 6 (2.6%) did not want to answer this question. Attitude towards treating alcohol-using patients among the Never user, Occasional user, and Current users are presented in Table 4. The association was statistically significant. The majority of the current users expressed that either they would treat them in a way similar to other (non-users of alcohol) or treat them with the caution of a drug interaction.

Among the respondents, those who were willing to quit alcohol was 44 (18.7%), not willing to quit alcohol was 123 (52.3%), those already quit was 6 (2.6%) and 62 (26.4%) did not answer this question or said not applicable.

4. Discussion

Our study showed that among the participants who were doctors, about 82% had the habit of drinking alcohol and around 70% are currently or less frequently using alcohol. With Current alcohol use in India having a prevalence varying between 7 to 75% [4] across the country, the higher proportion of the doctors reporting the habit of drinking alcohol is a great concern.

The demography of the respondents spoke about the Indian scenario on social media among the responders of this online study respondents age more than 50 years, were lesser (7.2%) and no female respondents were in this age group. It may be due to relatively lesser females use online social media or these age group females were not willing or less interested to participate in the study. Among the total respondents, only 8.9% was the total respondents from the female side. The proportion of the younger age group (<35 years of age) doctors who completed the survey were 61%, which is similar to the findings of the surveys on social online resources [5].

Male doctors use alcohol predominantly compared to females according to our observation and the same is also observed in various studies done in India, which may be due to cultural habits and social acceptance for male drinking [6-8]. Among the responded female doctors around 48% had the habit of alcohol use, which is comparatively very high [4].

Even though an anonymous and online survey among the doctors, one-fifth of the participants were not willing to answer regarding sexual life-related questions. This is also observed in a sexual wellbeing-related multinational study done by Laumann et al., but in our study responder's percentage was a little higher compared to them [9].

The majority (83.4%) of the respondents were from Tamilnadu and the surgical field (55.7%). Although the study was done using online means, the above observation might be due to the study link which would have been circulated and shared mainly among the doctors belonging to geographical areas of the investigators, and as all the investigators were general surgeons, the link would have been circulated more within their social media groups.

Sexual satisfaction among alcohol use was "felt better" with alcohol by the majority of current users and without alcohol by the majority of occasional users, which is statistically significant ($p=0.02$), which raises the question of whether sexual satisfaction is being influenced by alcohol using frequency.

The authors feel that although Never users and Occasional users look like not willing to treat alcohol using patients while treating, and they seem to counsel more about the patient's unhealthy habit compared to the current users.

Post alcohol day tiredness or irritability in mood was felt by 65% of the alcohol users, which could likely affect their performance in the job [10]. Importantly, around 74% were not willing to quit alcohol use, which is of great concern.

Limitations of the study were that we cannot generalize the findings to the whole doctor's community in Tamilnadu or India, because this study was done online, and also the majority of the respondents were inclined from the study investigators geographical and specialization area. However statistically significant results of the study findings are felt to be important to conclude the associating factors.

4.1. Conclusion

Alcohol use among doctors seems to be high and is more among male doctors. Non-alcoholic doctors counsel more towards unhealthy habits while treating patients who use alcohol. Although doctors know the ill effects of alcohol use many do not want to quit. Hence urgent measures to disseminate awareness on alcohol use among doctors are required.

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Conflict of interest

The authors report any conflicts of interest.

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References

1. Ramachandran A, Snehalatha C, Yamuna A, Murugesan N. High prevalence of cardiometabolic risk factors among young physicians in India. *J Assoc Physicians India* 2008;56:17-20.

2. Hegde SK, Vijayakrishnan G, Sasankh AK, Venkateswaran S, Parasuraman G. Lifestyle-associated risk for cardiovascular diseases among doctors and nurses working in a medical college hospital in Tamil Nadu, India. *J Family Med Prim Care* 2016;5:281-5.
3. Kumar S, Pokharel B, Nagesh S, Yadav BK. Alcohol use among physicians in a medical school in Nepal. *Kathmandu Univ Med J (KUMJ)* 2006;4:460-4.
4. Benegal V. India: alcohol and public health. *Addiction* 2005;100:1051-6.
5. Subramani R, Nithyanandan DV. Reach and academic use of various applications of social media: a survey among the university students of Tamil Nadu. *American International Journal of Research in Humanities, Arts and Social Sciences* 2013;3:82-6.
6. Ponnudurai R, Somasundaran O, Indira TP, Gunasekar P. Alcohol and drug abuse among internees. *Indian J Psychiatry* 1996;26:128-32.
7. Ali RV, Vankar GK. Psychoactive substance use among medical students. *Indian J Psychiatry* 1994;36:138-40.
8. "Prevalence, Nature, Context and Impact of Alcohol Use in India: Recomm" by S. Prabhu, David A. Patterson Silver Wolf (Adelv unegn Waya) PhD et al. [Internet]. [cited 2020 Aug 13]. Available from: https://openscholarship.wustl.edu/brown_facpubs/25/.
9. Laumann EO, Paik A, Glasser DB, Kang J-H, Wang T, Levinson B, et al. A cross-national study of subjective sexual well-being among older women and men: findings from the global study of sexual attitudes and behaviors. *Arch Sex Behav* 2006;35:143-59.
10. Verster JC, Stephens R, Penning R, Rohsenow D, McGeary J, Levy D, et al. The alcohol hangover research group consensus statement on best practice in alcohol hangover research. *Curr Drug Abuse Rev* 2010;3:116-26.