

REFLECTIONS IN FAMILY MEDICINE**Bovine Smoking Cessation Therapy—No Bull!***Victor J. Vorhees, MD*

Inspiring patients to stop smoking is something I have worked at for more than 30 years. I have practiced about equal time in a city and in a rural area. I have found no surefire methods for persuading patients to stop smoking, and I see no consistent differences between rural and urban patients in willingness to discontinue smoking. I have learned that timing and patient selection are key ingredients in success.

With the health risks plainly known by smokers who continue, some motive other than their own health and welfare is needed to inspire their cessation. Most often, in my experience, they are inspired to stop smoking by feelings (love) for someone or something outside themselves. Some women quit when they become pregnant. Some parents stop for the sake of an allergic or asthmatic child. Finding that motivating factor at a point when the patient is willing to try is not easy, but when it happens, it is a rewarding experience. Recently, a patient in my practice was inspired to give up cigarettes in a truly unusual and very rural fashion—in response to realizing the potential effect of his smoking on his beloved cows.

I practice medicine in a small Kansas town, and I live on and operate, with my son and grandson, a small cattle ranch near an even smaller town. Billy, a neighbor and patient, lives in the smaller town mentioned above. Unmarried, his companions are his cats, dogs, and a small herd of cows.

In his job, Billy works alone all day. If met on the road, Billy nearly always stops to chat a while. His favorite topic is his cows. He loves them dearly and calls them “my girls.” He knows I also love cows, and on the road or in the office, Bill always has a story about his cows.

At a recent office visit, he told me that when he comes in from his job he is often tense, angry, and

cross. “I feel so mean I don’t know what to do with myself. But, I can go out, spend 20 or 30 minutes with my girls, lookin’ at ‘em, talkin’ to ‘em, feedin’ ‘em, and I am ok again.” (I relate, readily and strongly, to that!)

I seized on this comment to talk to Billy about his chain smoking. I suggested that if he didn’t quit soon, his cows would be someone else’s girls—he was not going to be around much longer to look after them. Bupropion HCl was discussed as a possible aid, but the emphasis was on quitting to be able to continue to care for his cows. I dictated, after he left, “I think Billy is seriously thinking of quitting smoking. I hope so, for he is a friend and neighbor, and I want him around for a long time.”

When Billy came for his next office visit, he had obviously been thinking about my comments concerning being around to care for his cows. He immediately asked me “Doc, how much are them pills?” I replied by reading to him what I had written in his chart about believing he was seriously thinking of quitting and hoping he might quit. He seemed touched. I suggested we talk later about the pills.

Pulmonary function studies were done (peak expiratory flow about 50% of expected) as reinforcement of the need to quit. He was offered a free pulmonary function study when he could tell me he had been smoke free for 6 months straight. Bupropion HCl was prescribed.

In addition, at that visit, he told me he had a heifer (a young cow that has not previously had a calf) that had just born a very large calf weighing about 90 lbs. (from a mother of only about 700 to 750 lbs.). He and a neighbor had “pulled” the calf (roughly equivalent in a human to forceps delivery with the obstetrician’s feet up against the table leaning back, pushing with his legs, while pulling with his arms, with a couple of nurses pulling on the obstetrician). Normally a cow will arise immediately on delivery, go directly to the calf, and claim it as hers (she has already smelled and tasted the amniotic fluid for identity establishment). As she

Submitted, revised, 21 December 2004.

From Family Health Care, Fredonia, Kansas. Address correspondence to Victor J. Vorhees, MD, Family Health Care, P.A., P. O. Box 516, Fredonia, KS 66736 (e-mail: familyhealthcarepa@twinmounds.com).

begins to lick the calf dry, she will always start at the nose, clearing any membranes which might obstruct the calf's airway. This heifer was exhausted, and did not get up for 45 minutes. Billy and the neighbor stimulated the calf to breathe by sticking a straw up its nose, and it was doing all right.

When she regained her feet, the heifer did not go to the calf, did not "claim" it. Billy shut her in his barn with the calf. He bottle-fed the calf some "Jersey milk" from his milk cow. Next morning, he brought the calf to the cow, and stood by, admonishing the cow quietly as the calf tried to nurse. He explained to her repeatedly how she was to behave, pushing his hand into her side each time she kicked (he IS a gentle fellow). She reluctantly allowed the calf to suck, but only "the two front quarters." She continued to be nervous, not motherly, and was not "letting her milk down." As Billy told me this, he was obviously, genuinely, worried about the cow and calf.

Two days after the office visit and the story of the recalcitrant heifer and her calf, I met Billy on the road. He braked, obviously wanting to talk, so I stopped. He said, "Doc, I ain't taken but two of them pills and already cigarettes are startin' to taste bad. I think I can quit! But there is another reason, too! Last night, I promised that heifer if she would take her calf I would quit smoking, so I could be around for a long time to take care of her. This morning when I went out, she saw me comin'. She bawled at the calf, called it to her, mothered it and let it suck. I reckon I'm really going to HAVE to quit smokin' now." (That he was emotionally touched was obvious.)

I said, "Billy, that sounds to me a whole lot like answered prayer." We went on our separate ways.

The next day, I told my son about Billy's experience and his conversation with his heifer, but not what I had replied to Billy. My son, spontaneously, said, "That's a lot like prayer, only I understand it better than most prayer."

Billy was back in the office a few days later, having discovered a hernia. He had been without cigarettes for nearly a week, still determined to quit, but was "about to tear my shirt pocket off reachin' for one."

True to form, Billy announced we would have to delay hernia repair because "no one else knows how to take care of my girls, and my Jersey won't let

no-one else milk her. When my calves are all on the ground (born), and my girls are on grass (summer pasture), when I have something planted to make winter feed, and have about half my hay up, I will be in to get the hernia fixed." He loves his cows enough to quit smoking, but also to delay his own health care for their sake, as he sees it to be necessary. Selfless love for others (human or animal) is virtually always a more powerful stimulus for change than admonishment by any physician!

I wondered about using his story to inspire other smokers. Billy gave me permission to tell it to others. I have told it, disguising identity, to three patients whom I had good reason to believe did not know him. One was a man who had previously told me, "I will smoke until I die." He was apparently completely unmoved.

A woman with a 50 pack-year history seemed mildly impressed but said nothing about quitting. However, at this writing, she has also quit. She never acknowledged that the story influenced her, however.

A third patient, a man with a 40-plus pack-year history and significant emphysema, listened intently, and was twice moved to open weeping (I got each of us a tissue). I suspected, although he did not say, that he had an unrevealed love outside himself pushing him toward cessation. He has now quit.

I have continued to tell the story to selected patients who I suspect have someone or something they love enough to motivate them to quit smoking. I conclude the story by asking, "who or what do you love enough to stop smoking?" At this writing, I have told the story to about 15 or 20 selected patients who have resisted stopping smoking for the sake of their own health. About two thirds of them have quit smoking. This is a success rate not previously common for my efforts. Furthermore, several (smoking) patients have told me that Billy has told them his story. I do not know how many of them have quit but each was impressed.

It is my hope that there will be a ripple effect of folks hearing the story of Billy quitting because of love for his cows, quitting because of their love for someone or something, and telling others their own stories. Love seems to be a more powerful motive to action than warnings about health hazards. And that's no bull!