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Commentary

Noncommunicable disease control: Clinicians and health policy makers

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Breda and colleagues used estimations made by the World Health Organization (WHO) to calculate preventable deaths in Turkey, through WHO Preventable Risk Integrated ModEl (PRIME) [1]. For this, they combined (i) the risk factors in which the national surveillance and cohort studies are used as a reference, (ii) meta-analyses conducted on this topic, and (iii) demographic and mortality statistics from the Turkey Statistical Institute. They claimed that, with the use 2017 data, 20,281 deaths could be averted if Turkey reduced the risk factors of tobacco and salt use by 30% and reduced physical inactivity by 10%, with two-thirds of preventable deaths occurring in males and one-third occurring in those under the age of 75 years [1].

Because these risk factors are mainly lifestyle choices, with treatment most likely requiring a change in a patient's lifestyle, the relationship between physician and patient would take on a different aspect, turning the classical role of physician or clinician to health counsellor.

The success of the clinician as a health counsellor in changing a patient's lifestyle depends on the fulfilment of five stages. The first stage involves the preparation of an appropriate environment for a successful interview as well as the creation of a physician model with healthy habits. The second stage is about becoming familiar with a patient's personal characteristics and investigating whether there are any risk factors and inappropriate habits that can be changed. The third stage is to explain to the patient, both clearly and scientifically, the relationship between the disease and risk factors the fourth stage calls for providing the patient with necessary recommendations about changing their unhealthy behavioural patterns. The patient should be included in decision making on lifestyles to be changed. The fifth stage of health counselling is "taking control of the situation." This is the period in which the unwillingness and/or failure of the patient may need to be discussed. Physicians can patiently, but without overstretching, offer options about various lifestyles to those struggling to change their lifestyles [2].

The Law on the Prevention of Hazards of Tobacco Products, enacted in 1996, in which smoking in closed spaces (airplanes, buses, etc.) was

banned, was expanded in 2008. The Law on the Prevention and Control of Hazards of Tobacco Products, enacted in 2008, expanded the ban to include bars and restaurants. Tobacco smoking decreased from 31.2% to 27.1% in Turkey thanks to the strict enforcement of this law from 2008 to 2012. With waning supervisory power from around 2012, smoking rate increased above 30% in 2016. So far, no new legislation has been passed to cut down on tobacco use. However, enforcement of the existing applicable law remains helpful [3,4].

In 2016, the "Program to Reduce Excessive Salt Consumption" was set forth by the Turkish Ministry of Health, the Public Health Agency of Turkey, and this program remains in place until 2021 [5]. To prevent various problems caused by iodine deficiency and to increase the efficiency in related services on salt consumption in Turkey, the "Campaign to Promote the Consumption of and Information About Iodized Salt" was organized in 19 cities where the consumption of iodized salt was the lowest. As part of the campaign, "A Meeting for the Campaign to Promote the Consumption of and Information About Iodized Salt" was held in Ankara, Turkey on August 17, 2007. Participants included representatives from the General Directorate for Protection and Control, the Ministry of Agriculture and Rural Affairs, UNICEF Turkey Office, Assistant Managers from the Provincial Directorate of Agriculture, Control Branch Managers, and District Managers. As a result of this meeting, 60,000 iodised salt posters and 60,000 leaflets were handed out to 5814 villages and towns in 148 districts of 19 cities (in public areas such as schools, mosques, village councils, minibuses, grocery stores, health centres, city halls, etc.). In addition, an informative meeting was held for the village mukhtar (village chief) as part of the campaign, with the participation of the District Governor, District Directorate of National Education, District Health Directorate, District Office of Mufti, and District Municipality. With coordination of the District Directorate of Agriculture, the attending mukhtars then organised meetings at village or town coffeehouses, in which the villagers were advised on the importance of iodised salt. The model for the iodised salt campaign can be adopted to reduce the use of salt across other parts of Turkey [6].

Contributors

Authors have equally contributed to this study.

Declaration of Interests

There is no conflict of interests as indicated in ICMJE COI form

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