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Photo: Sivert Almvik

Doctors drink less, not more alcohol than others.  
It may still be too much.

## Do you drink more than your doctor?

The old adage that if you drink more than your doctor, you drink too much, invariably raises a laugh from the audience in lectures. But there is a serious aspect to this statement: are doctors really drinking too much? The research institute of the Norwegian Medical Association has mapped the consumption of alcohol among Norwegian doctors for more than 30 years (1). The results show that doctors drink no more than the population in general. Moreover, the alcohol consumption among doctors appears to show a more positive trend than in the population as a whole, so that doctors drink rather *less* than others. The reasons for this development have not been identified. Nevertheless, doctors drank more alcohol in 2010 than they did in 2000, but despite this they were more rarely intoxicated (2).

A pattern that involves frequent drinking of alcohol, but in moderate quantities, is referred to as «modernised» and is more often observed in people with higher education than in others (3). Whether such a moderate consumption of alcohol can be regarded as healthy has predictably given rise to a lot of debate. Earlier this year, the Swedish medical journal *Läkartidningen* published a critical review of the research methods that have been used to study the health effects of a moderate level of consumption (4). In the conclusion, the authors of the study leave little room for doubt – the basis for claiming that alcohol can bring positive health gains is weaker than previously assumed.

Not all researchers arrive at the same interpretation as Andréasson and collaborators, though. For example, some suggest that people with higher education and a moderate intake of alcohol *combined* with a healthy lifestyle – a group with which we may assume that many doctors identify – appear to have a lower risk than teetotallers of dying from heart disease (5). Others in turn may refer to how one or two glasses per day reduce the risk of ischaemic stroke, but not of intracerebral haemorrhages or subdural haematomas (6). Furthermore, in the same study, more than two units per day was classified as a high alcohol intake and associated with an increased risk of all types of strokes and cerebral haemorrhages.

The detrimental effects of high alcohol consumption remain undisputable no matter what (7). Of all intoxicating substances, alcohol is most harmful to health. At the same time, alcohol is a more complicated intoxicant to relate to, perhaps mainly because most of us are «users» to a greater or lesser extent. Andréasson and collaborators recommend higher prices and lower availability (4) –

well-known measures that may reduce the total consumption, but may be politically difficult to implement. The effect may also be limited when it comes to people who are relatively wealthy – such as doctors.

But what about the doctors of the future? Is it possible that the large proportion of Norwegian exchange students abroad will bring about changes in the alcohol habits of the Norwegian medical profession in general? Exchange students abroad have a considerably higher alcohol consumption than those who study medicine in Norway, but do not appear to bring these drinking habits back home with them (8). Medical students who are accustomed to a high consumption of alcohol may nevertheless be prone to end up in social environments with colleagues who drink to excess and even continue with a similarly high intake themselves. This applies perhaps especially to the surgical disciplines, since it has been observed that surgeons as a group have a more high-risk drinking pattern than other specialists (9).

Christmas is approaching, a season that for many is associated with good food and drink. Christmas may thus serve to exacerbate problematic drinking patterns. We must continue to take this seriously, as doctors and as colleagues. The question of whether a moderate alcohol intake may bring positive health gains remains unanswered. While waiting for an answer, I need to find other adages to keep my students amused.

### References

1. Gulbrandsen P, Aasland OG. Endringer i norske legers alkoholvaner 1985–2000. *Tidsskr Nor Lægeforen* 2002; 122: 2791–4.
2. Rosta J, Aasland OG. Changes in alcohol drinking patterns and their consequences among Norwegian doctors from 2000 to 2010: a longitudinal study based on national samples. *Alcohol Alcohol* 2013; 48: 99–106.
3. Rosta J. Legers alkoholvaner i endring. *Tidsskr Nor Legeforen* 2015; 135: 1483.
4. Andréasson S, Chikritzhs T, Dangardt F et al. Måttlig alkohol-konsumtion ger ingen positiv hälsoeffekt – En kritisk forskningsanalys. *Läkartidningen* 2016; 113.
5. Ronksley PE, Brien SE, Turner BJ et al. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *BMJ* 2011; 342: d671.
6. Larsson SC, Wallin A, Wolk A et al. Differing association of alcohol consumption with different stroke types: a systematic review and meta-analysis. *BMC Med* 2016; 14: 178.
7. Legeforeningen. Alkohol er vårt største rusmiddelproblem. *Tidsskr Nor Lægeforen* 2006; 126: 1809.
8. Aasland OG, Wiers-Jenssen J. Norske medisinstudenter i utlandet – karriereplaner, personlighet, røyking og alkoholbruk. *Tidsskr Nor Lægeforen* 2001; 121: 1677–82.
9. Rosta J, Aasland OG. Female surgeons' alcohol use: a study of a national sample of norwegian doctors. *Alcohol Alcohol* 2005; 40: 436–40.