

FROM THE EDITORS' DESK

Gun Violence Is a Health Crisis: Physicians' Responsibilities

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If we were told of a preventable condition that kills 30,000 people in our country each year, and that it could be curbed by changing public opinion, we'd think the task was in reach.¹ Marketing has turned the tide against smoking, for example.² Cigarettes' status has fallen from fashionable to toxic. This was a slow process—changes in advertising, education, films, and, eventually, laws, made it clear that smoking kills.

Guns kill—just like smoking, just like substance abuse, just like driving without a seatbelt. However, guns are also an icon of safety and personal freedom for many. Given the epidemic of gun-related injury and death, how do physicians reconcile our duty to reduce morbidity and mortality with Americans' value of individual freedom?

As doctors, our patients and the public depend on us to neither wait for a marketing campaign for a health measure that is warranted nor to be inhibited by marketing that promotes a dangerous product. We are expected to state clearly what is in the best health interest of our patients and the public.

We understand and accept that military personnel and police require guns to protect the public. Whether the public should have guns, especially ones that are designed to kill as many people as possible as quickly as possible, is debatable. What is not debatable are the consequences.^{3,4} Thousands of Americans die every month from guns used outside of military or police use. By 2015, gun-related deaths are expected to exceed deaths from motor vehicle accidents.⁵

As physicians, teachers, researchers, and stewards of the public health, what are our responsibilities? In each of these roles, we have opportunities to reduce preventable death and injury due to firearms.

As clinicians, we know that mental health care and counseling are central to helping patients lessen their own and their family's risk of gun-related injury. To

reduce acts of individual and mass gun violence, access to mental health services must improve dramatically and rapidly. Access to high-quality comprehensive mental health care is woefully inadequate and needs to be addressed comprehensively and systemically. There is a need for more facilities with wraparound services that address the needs of the mentally ill and access to mental health care should truly have parity to that for other illnesses. The lack of access to psychiatric clinicians is as acute as it is for primary care providers, and analogous adjustments should be made to replenish this clinical area.

Also as clinicians, we oppose government intrusion into the patient-doctor relationship, such as recently imposed in Florida, which restricts discussion with patients and families of firearm safety and health consequences. Muzzling speech by physicians related to gun safety is inappropriate from medical, social, and constitutional perspectives; this has no place in this country.

As educators, to support gun safety, we should educate and train physicians, other health professionals, and the public on the epidemiology of gun violence and risk factors for gun-related injuries and death. We should support physician training in gun violence screening, counseling, and prevention as a sizable portion of the population is at risk.

As researchers into the causes, prevention, and treatment of health impairment, injury and death from gun violence warrant our attention. As with any public health risk, we strongly support federal funding for studies into the sources of gun violence, injury, and death—and strategies to prevent them. Legal restrictions supported by the gun lobby have prevented the National Institutes of Health, the Centers for Disease Control and Prevention, and other agencies from funding such studies and leaves us with inadequate evidence on which to base interventions. We strongly oppose these restrictions on potentially lifesaving research and urge their immediate termination.

As stewards of public health, we recognize that certain guns, and certain individuals when given access to guns, pose inherent risks to public health. In order to have an organized approach to responding to these risks, registration

of gun owners—just as for car drivers—is necessary—and tracking of gun ownership should be as good as it is for cars. Moreover, although cars can kill, it is not their primary purpose. Therefore, given that killing or the threat of killing is the primary purpose of a gun, there should be tighter qualifications for ownership. Gun ownership must require universal background checks and should have appropriate restrictions to protect the public health and safety. Also a public health issue is what kind of guns are appropriate for ownership by the general public. Just as armed military tanks have no place on our highways and driveways, there is no place for assault weapons and high capacity ammunition magazines in our society outside of the military. Assault weapons, high-capacity ammunition magazines, armor-piercing bullets, and other such weapons should be banned outside a military or analogous setting.

Physicians, based on their roles as clinicians, educators, stewards of the public's health, and researchers, should support such efforts as the President's proposals for gun safety. We should work in our communities, with the Administration, Congress, and other organizations to implement a comprehensive approach to reducing gun-related injury. The modern Hippocratic Oath for physicians says, "I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm."⁶ The role of the physician brings a special obligation to society in the face of the preventable

disability and death due to guns. We must take them on as we would for any other health crisis.

Disclaimer: Dr. Selker is immediate past President of Society of General Internal Medicine (SGIM) and Dr. Schwartz is Chair of the SGIM Health Policy Committee.

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