FROM THE EDITORS' DESK

Guns, Doctors and Public Health*Mitchell D. Feldman, MD, MPhil*

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J Gen Intern Med 31(10):1109–10

DOI: 10.1007/s11606-016-3822-z

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We are now all too familiar with the script. Another act of senseless gun violence is followed by shock and disbelief, then outrage, and eventually indifference. Until the next one comes along, and the cycle continues.

Remember the mass shooting at the nightclub in Orlando, FL? How about the killing of five police officers in Dallas or the growing list of innocent black men gunned down by the police? By the time this piece makes it into press, I am sure that there will be more deaths, more anger and remorse. Unfortunately, what is also predictable is the lack of any legislative response to this uniquely American tragedy.

Firearms claim the lives of more than 30,000 Americans each year due to homicide and suicide. Mass killings such as the one in Orlando in June 2016, in which 49 people lost their lives, make up a tiny percentage of the total; in fact, the majority of deaths are suicides from self-inflicted gunshot injuries. Firearm violence is among the leading causes of death among teens and young adults of all races and is the number one cause of mortality overall among African American men ages 15–34.¹

As with many other health indicators, the USA is an outlier (in the wrong direction) when compared with other industrialized economies. Firearm-associated homicide and suicide rates far exceed those of our peer nations.¹ Over the past 50 years, there have been 126 mass shooting events in the US that have claimed the lives of 869 people. A total of 244 guns were used (each shooter brought an average of 4 guns to each massacre); 39 of the guns were obtained illegally.²

What responsibility do physicians have as clinicians and public health advocates to address this issue? What about medical journals? Since it commenced publication 30 years ago, JGIM has published just four papers on the topic of firearm violence, just two in the past decade.^{3,4}

The state of Florida recently passed a law prohibiting physicians from asking their patients about gun ownership. Supporters of the law feel that to inquire about gun ownership is to deprive a patient of their right to privacy and threaten their right of gun ownership. Nothing could be further from the

truth. As clinicians, educators, researchers and advocates, we must do better. Gun violence is as much a public health issue as is interpersonal violence, food insecurity or at-risk sexual behavior. Not to ask is to abrogate our responsibility as guardians of public health. Medical journals, as representatives and reflections of the profession, also have a moral obligation to serve as platforms for discussion and dissemination of this urgent public health issue.

In this issue of JGIM, we feature a commentary and an accompanying editorial that address the issue of physicians asking patients about guns. In the commentary,⁵ Brendan Parent, a JD and bioethicist, supports physician inquiry about gun ownership, arguing that gun availability in the home is the most significant risk factor for suicide and that physician-directed discussions about depression and anger management that include a discussion of firearms have been shown to decrease violence and suicide. As an ethicist, he addresses the issue of whether a patient's right to privacy is violated by physician-initiated gun conversations. He concludes that they are not, as the patient is not obligated to engage in gun discussions, and he balances this with the recommendation that physicians should not refuse to care for patients who refuse to engage in this conversation. He closes with the recommendation that physicians should broach this topic with all patients but do so in a "uniform manner least likely to create offense."

In an accompanying editorial,⁶ Shelton takes exception with Parent's cautious approach and argues that, given the urgency of the problem, physicians should take a more active stance and advise patients of the inherent risks of gun ownership. In addition, he argues that physicians have a professional obligation to work for systemic change and to advocate for legislation to reduce firearm-related injury and death.

Shelton also points out that we need more data on gun ownership and gun violence. I agree. Divisive politics rather than science have dominated the debate. It is telling that of the four articles on guns that JGIM has published in the past decade, three of them have been commentaries or editorials; only one was based on results of original research. Funding for research on morbidity and mortality secondary to firearms is sparse. More funding to support high-quality research is critically needed so that we can implement evidence-based interventions to reduce suicide and homicide secondary to guns. Together, we can re-write the script.

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