

Emergency medicine physicians urge colleagues to help prevent gun violence

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In an editorial posted online today in the *Annals of Emergency Medicine*, two practicing emergency medicine physicians from the University of California, Davis, and Brown University—both thought leaders at the forefront of finding solutions to the public health crisis of gun violence—urge their colleagues to take direct action to protect the health and safety of patients and communities.

Their editorial follows the Feb. 24 call to action by eight health professional organizations, including the American College of Emergency Physicians, and the American Bar Association, to reduce firearm injuries and deaths in the U.S.—unprecedented support that suggests mobilization to prevent firearm [violence](#) may be underway.

"Firearm violence causes nearly as many deaths as [motor vehicle crashes](#)," said Garen J. Wintemute, an [emergency medicine](#) professor at UC Davis and a national authority on evidence-based strategies to prevent firearm violence. "Firearms are involved in most homicides and suicides, and the number of suicides by firearm is increasing—especially among older white men.

"Emergency medicine physicians have limited opportunities to prevent a death once a shooting has occurred, because most people who die from their wounds do so where they are shot. Gun ownership or having a gun in the household is a well-documented risk factor for a violent death. For that reason, we believe physicians should also work to help prevent shootings," he said.

The authors describe how America successfully reduced motor-vehicle-related deaths by better vehicle and roadway design and public policies that make driving under the influence a crime. Yet no comparable public-health campaign focused on reducing gun violence has been launched.

The authors particularly emphasize the need for a national policy requiring background checks on all transfers of firearms to help prevent access to firearms by those who are prohibited from having them. They recommend adding two other high-risk groups to the list of individuals who are prohibited from purchasing firearms. These include persons with a history of violent misdemeanor convictions, such as assault and battery and domestic violence, as well as those with a documented history of addiction and alcohol abuse.

"Controlled studies of felons, those who have committed violent misdemeanors and persons prohibited for mental-health reasons have all shown reductions in risk for future violence of 25 percent or more when these individuals are denied firearm purchases," said Megan Ranney, an emergency medicine physician and director of the Emergency Digital Health Innovation program at Rhode Island Hospital and the Warren Alpert Medical School of Brown University.

The authors also address mental illness and gun violence. While they agree with recommendations that focus on behavior and expanded access to treatment, they emphasize that serious mental illness directly accounts for only 4 percent of interpersonal violence. In contrast, mental illness is associated with between 47 and 74 percent of suicides. The risk of firearm injury increases when [mental illness](#) coexists with alcohol abuse, drug abuse and a history of prior violence.

"Physicians need to include questions about firearms when assessing risk of violence in their patients, and need to act on the information, especially when patients are expressing thoughts of dangerousness to

themselves or others, are intoxicated or are in the emergency department for a violence-related injury," Ranney said.

At a time when civilian fatalities from gunshot wounds for 2004 to 2013 have outnumbered combat fatalities from World War II, the authors welcome the unprecedented support from leading organizations of health and legal professionals for policy recommendations to reduce [gun violence](#).

"Physicians can take direct action to protect the health and safety of patients and communities," Wintemute said. "While we may not all agree on all the specifics, enough of us will agree on enough of them to make a difference for the better."

Provided by UC Davis

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