



Wanted: Local Medical Experts/Champions to Prevent Gun Violence

In response to the current, horrific US public health crisis—an epidemic of gun violence due primarily to handguns—physician leaders are calling upon health care professionals to become involved in solutions, in both their medical and community lives.¹⁻³ A lack of knowledge about guns and gun violence is cited by some (personal communication, Michael R. Weiss, www.mikethegunguy.com)⁴ as an impediment, preventing many of these potential partners from joining the project. My recent experiences working on gun violence do indeed support this concern about an information deficit among many medical colleagues (physicians, nurses, medical social workers, and hospital administrators) about gun violence. This indeed may well be a significant cause keeping them from becoming involved with patients, families, and the general public on the many topical aspects of gun violence.

As an army veteran who subsequently worked in Chicago at a Level I trauma hospital for 35 years and served 9 years as President of the Chicago Board of Health, I believed that I knew a fair amount about guns and gun violence. Thus, I immodestly developed a presentation on the topic, which I offered at no cost or honorarium, to hospitals, medical centers, clinics, and professional organizations in the state. I was never (so far at least) turned down, although I was, in some cases, postponed. At some of the sites the issue was clearly not considered a high priority by program planners. I was however, quite impressed and pleased that those in the audiences who were at the sharp end of care had great interest in the epidemiologic data, technical information about guns, clinical information about gun injuries, individual counseling approaches, and the strategies for prevention that were proffered. That said, in 2018

there does seem to be a paucity of hardcore knowledge about gun violence among those in health care, including knowledge of guns and how they work, the realities and specifics about gun-induced suicides, unintentional injuries, the long-term medical and emotional effects of gun-inflicted wounds on survivors, societal costs, demographics of gun deaths, etc. This is not surprising given the facts that: the percentage of Americans who have had military experience has become much smaller than it was several generations ago; gun violence infrequently impacts the cultures from which health care professionals, including physicians, are recruited; and finally, hunters are few in urbanized US communities. In addition, there are currently no formal educational programs on any aspects of gun violence for medical students, postgraduate education and training programs, or in nursing schools.⁵ Unfortunately, this lack of solid information clearly prevents health professionals from actively taking advantage of teachable moments for discussions about guns and gun violence, and its prevention.

A solution to provide broad local access to factual data about the above gun violence topics, to assist in the development of robust clinical counseling programs for the prevention of gun violence, and for the promotion of gun safety, including safe storage, is clearly needed. One new approach would be a program that encouraged each medical organization, large or small, to designate one or more official medical experts/champions who are or will become truly knowledgeable about guns, gun injuries, and gun violence. They would act as a clinical resource for all topics relating to gun violence, from the outpatient clinic, to the emergency department, to the morgue. Becoming well-informed about guns and gun violence should not be all that difficult for motivated, intelligent health care professionals, and would be cost effective. Extensive practical, clearly written materials for distribution to patients, and authoritative background information on gun violence and its prevention for health professionals, are available from the American College of Physicians^{6,7} and the American Academy of Pediatrics.⁸ These and other consortium

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members¹⁻³ could easily develop a curriculum about guns and gun violence and offer continuing medical education for its successful completion. In addition, lay advocacy groups such as the Brady Campaign, Everytown for Gun Safety, the Giffords Campaign to Prevent Gun Violence, etc., have large caches of information on guns and gun violence readily available online. A trip to the local shooting range would likely be useful and educational for participants in this program. The primary requirement for the “appointment” of these individuals would be the voluntary commitment to participate. Some are already involved through programs such as the American College of Physicians initiative⁷ and the National Physicians Alliance.

As well as being local leaders at their medical sites, such a group of knowledgeable and motivated individuals could be part of the national advocacy cohort promoting local community actions to reduce gun violence. As our daily newspapers and evening television news programs document, this increasingly prevalent epidemic of gun violence can hit any community anytime, anywhere in the US. If it is to be eventually eliminated, it needs the continuing attention of all those in health care.¹⁻³ I believe that a program such as this would help the US reach this goal.

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