

The Reply



The authors could not be more grateful to Professor Emeritus Elizabeth Dean, PhD, for her incisive analysis of our Commentary titled “Mounting Violence in Health Care: Is It Time to Harden the Sanctuary?”¹ As noted by Professor Dean, the level of violence perpetrated in health care settings in the United States is all but certainly reflective of persistent national debates that have yet to be resolved. It remains a truism that a substantial proportion of the United States citizenry firmly supports the right to carry arms, in keeping with the Supreme Court’s interpretation of the Second Amendment of the United States Constitution. It follows that a substantial proportion of the United States citizenry remains interested in purchasing and owning a firearm, with the stated goal of self-protection. It is also a truism that the very act of purchasing a firearm in the United States is hardly as onerous as it is likely to be in other nations. How else can one explain the fact that the perpetrator of the tragedy at the Saint Francis Hospital in Tulsa, Oklahoma purchased an AR-15-style rifle just hours earlier? Not until such time that the aforementioned public views are modified can one expect a meaningful reduction in the level of gun violence perpetrated in the United States, the health care setting included. At the time of this writing, the aforementioned national predilections are unlikely to be modified. There is no reason to think that violent gun-related tragedies will become less prevalent. Relief is not expected any time soon. It follows that the redress of violence in the health care setting must entail at least a

modicum of enhanced physical protection. It is this presumption that prompted the authors to propose that consideration be given to “hardening the sanctuary.” Whether or not any action will, in fact, be taken in this context remains to be seen. It was the intent of the authors to draw attention to a growing challenge and to the possibility of taking early action with an eye toward stemming the tide. The “solution” offered by Professor Dean, one that seeks to address the underlying challenges of gun violence, is, of course, welcome. However, at the time of this writing, every consideration must be given to enhancing the safety of the hospital staff, patients, and visitors. It is our view that the prospect of facility “hardening” should, at the very least, be entertained.

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Reference

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