

Should doctors be involved in the concealed-weapons permit process?

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In the wake of recent mass shootings such as the one in Newtown, Conn., physicians are increasingly being called on to pass judgment in the permitting process on whether their patient is physically and mentally competent to safely have and use a concealed weapon.

But most [physicians](#) have no medical training in weapons or how to make a determination of competence to use a weapon, and there are few if any established standards in place to help guide them, according to a new perspective article in the *New England Journal of Medicine*. The article was written by Adam Goldstein, MD, MPH, of the University of North Carolina School of Medicine, with colleagues from UNC and Duke University.

"The Newtown and other mass shooting incidents have permanently changed the conversation regarding regulations and policies about [gun ownership](#) and [gun violence](#) in this country," said Goldstein, a professor in the UNC Department of [Family Medicine](#). "This horrific event has raised significant questions as well for the medical community, particularly when we are now requested to assist law enforcement in assessing our patient's competency to carry or safely use a concealed weapon."

In their perspective article, Goldstein and colleagues urge that "moving forward, we must consider all of the ethical, legal and policy issues." This includes the development of a universally standard assessment of mental and physical competency for using concealed weapons, usually

handguns, in this permitting process, medical training for physicians who are being called upon to make such assessments, the role of physician choice based on personal ethics in the participation of assessments, and the [legal implications](#) regarding current [patient privacy](#) laws and tort liability.

"When are patients with insomnia, seizures, prior strokes, severe arthritis, frequent alcohol use, chronic pain, depression and many other conditions competent for safely using concealed weapons? Reasonable physicians may disagree about competency in the absence of standards. Unfortunately, such decisions may be based on s personal view of gun ownership rather than safety standards" says Goldstein.

Further, "What happens if someone is granted a concealed-weapon permit based on limited medical and psychological background information and then goes out and kills or injures others, or even commits suicide? When physicians are asked and then sign off on permits, do they share in the responsibility and the liability when deaths occur?" asks Goldstein.

The current environment has brought up many questions about how to handle gun ownership and ultimately gun violence. "The United States has an obligation to protect its citizens from gun violence and to prevent whenever possible the increasing harm that comes from guns. Congress is wrestling with bipartisan solutions. The role of physicians is growing and important.

"Physicians will continue to have a role in concealed-weapons permitting processes and many other areas linked to gun violence and its prevention. Medical educators should examine curricula for teaching about guns and gun violence to students and physicians, and policy-makers should examine whether new restrictions should occur over the carrying of concealed weapons into all health care facilities," said

Goldstein.

Provided by University of North Carolina Health Care

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