

# Many emergency department providers don't ask suicidal patients about gun access

April 1 2013

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Although guns are used in over half of all American suicides, a new study shows that many emergency room doctors and nurses do not routinely ask suicidal patients about their access to firearms.

"In our study, less than half of [emergency room](#) medical providers believe most or all [suicides](#) are preventable and many rarely ask about the availability of firearms," said Marian Betz, MD, MPH, at the University of Colorado School of Medicine and lead author of the study. "There is a great opportunity to save lives here that many are not taking advantage of."

The study, published in the March edition of *Depression and Anxiety*, surveyed 631 emergency department doctors and nurses in eight American hospitals as part of the Emergency Department [Safety Assessment](#) and Follow-up Evaluation (ED-SAFE) trial.

They found that 44 percent of physicians and 67 percent of nurses believed that most or all of those who committed suicide by gun would have found another way if the firearm was not available.

It also showed that 49 percent of doctors and 72 percent of nurses said they 'hardly ever' personally counsel patients or families to remove or lock up guns at home.

The proportion of providers who said they 'almost always' asked suicidal patients about their access to firearms varied according to the scenario.

- 64 percent would almost always ask if the patient had an actual plan to commit suicide with a gun.
- 22 percent would ask if the patient was suicidal but had no suicide plan.
- 21 percent would ask if the patient was suicidal with a non-firearm plan.
- 16 percent would ask if the patient had been suicidal in past month but was not today.
- 9 percent would ask if patient had overdosed but was no longer suicidal.

In 2010, 38,000 people committed suicide in the U.S. and another 465,000 were treated in emergency departments for self-inflicted injuries.

In the year before they died, 40 percent of [suicide victims](#) visited an emergency department at least once and often many times.

"This is an opportunity for intervention but very often providers don't know how to react or they think someone else should ask about firearms," said Betz, an assistant professor of emergency medicine at the CU School of Medicine. "And then some have an aversion to getting into an area so fraught with politics. This is not an issue of gun control; it's a safety issue for patients in crisis."

As part of the 2012 National Strategy for Suicide Prevention, emergency room providers are encouraged to routinely assess the ability of suicidal patients to obtain firearms or other tools to harm themselves.

In real life, Betz said, this rarely happens. Her study shows that most felt it was the responsibility of psychiatrists, psychiatric nurses or social

workers to ask about firearms.

"If a suicidal person has a gun you could come up with a plan to put it in a safe place," she said. "Sometimes, the police or a family member can take it. Or it can be locked up in a safe."

The study acknowledged the growing caseloads in emergency departments and the difficulty in conducting lengthy counseling sessions of suicidal patients.

The best option, Betz said, would be for emergency departments to have mental health professionals standing by.

"However, brief risk assessment of access to lethal means and possibly brief interventions are reasonable skills for [emergency department](#) providers to master," she said, noting that these skills should be incorporated into medical education. "Whenever we have the opportunity to save a life, we ought to be taking it."

Provided by University of Colorado Denver

Citation: Many emergency department providers don't ask suicidal patients about gun access (2013, April 1) retrieved 27 April 2024 from <https://medicalxpress.com/news/2013-04-emergency-department-dont-suicidal-patients.html>

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