

Physicians can counsel patients to prevent gun violence, experts say

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Garen J. Wintemute, professor of emergency medicine and director of the UC Davis Violence Prevention Program. Credit: Credit: UC Regents

It is not illegal for physicians to ask their patients about firearms, counsel them as they would on any other health matter, and disclose that information to third parties when necessary, according to a review of the

literature by physicians at UC Davis, Brown University, and the University of Colorado who are helping to lead the effort to prevent firearm-related injuries in the U.S.

The review, which appears in the *Annals of Internal Medicine* May 17, is a resource for physicians that clarifies state and federal statutes, addresses commonly cited barriers to practicing preventive medicine for firearm-related injuries, and provides recommendations on how and when to talk with [patients](#). The study follows last year's call to action issued by leaders of eight medical specialty societies and the American Bar Association recommending that physicians ask and counsel about firearms during routine patient care visits or as an element of risk assessment.

"Some physicians believe that it is against the law to discuss firearms with their patients, but no federal or state statute prohibits physicians from asking about firearms when that information is relevant to the health of the patient or others," said Garen J. Wintemute, professor of emergency medicine and director of the UC Davis Violence Prevention Program. "Even Florida, which is thought to have such a prohibition, actually relies on the health care professional's judgment."

The authors recommend, at a minimum, that clinicians determine access to firearms for patients who fall into any of the high-risk categories for firearm violence. These include patients expressing suicidal or homicidal ideas or intent; those with a history of violence to themselves or others; those with alcohol or drug abuse, serious mental disorders, or other conditions that impair cognition and judgment; and patients who are members of high-risk demographic groups, such as children and adolescents, young African American men, and middle-aged and older white men.

Wintemute and co-authors Drs. Marian Betz and Megan Ranney hope

the review paper and accompanying call to action help to address some of the common misconceptions or reservations that physicians may have about counseling patients about firearms.

"While some 84 percent of [physicians](#) believe they have the right to counsel patients and a responsibility to help prevent firearm-related injuries, actual practice is another matter," Wintemute said. "Lack of familiarity with firearms themselves, the risks and benefits of firearm ownership, what to say to patients, and how to talk with patients are the main barriers. But with training and the development of referral resources, these barriers can be addressed."

The authors write that attitude is critical and that patients are more open to firearm safety counseling when it is not prescriptive but is focused on well-being and safety, especially where children are concerned. They emphasize providing education to patients, not just gathering information, and include an extensive list of resources and information for patients on gun safety and children, firearms and suicide, and safe-storage options. They also provide resources for clinicians and collections of research from the nation's leading centers for firearm violence prevention.

"A large body of evidence has established that having firearms in the home and purchasing a handgun can be associated with a substantial and long-lasting increase in the risk for a violent death," Wintemute said. "Education, counseling to support changes in behavior, and more direct efforts, such as disclosing to others situations involving patients at high and imminent for firearm violence, can help prevent death or serious injury."

More information: *Annals of Internal Medicine*, [DOI: 10.7326/M15-2905](#)

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