

New clinical guide helps physicians identify risk, talk with patients about firearm safety and injury

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New clinical guide helps physicians identify risk, talk with patients about firearm safety and injuries. Clinicians often feel that they have a role in

preventing firearm injury. But few talk with patients about the risk of firearms and safe firearm practices during office visits.

Physicians and researchers at the UC Davis Violence Prevention Research Program (VPRP), Brown University, the University of Colorado and Stanford University are looking to change that. They've developed a clinical guide to help providers get more comfortable recognizing a patient's risk of firearm injury or death. It also helps them talk with patients about firearm safety and teaches them how to intervene in [emergency situations](#).

Their guide, published June 4 in the *Annals of Internal Medicine's* "In the Clinic" series, is based on existing research and on expert opinion.

"Clinicians are uniquely positioned to identify at-risk patients and discuss safe firearm practices, and patients are overwhelmingly open to having these conversations, especially when they happen directly in the context of the patient's health or the health of someone else in the home," said Rocco Pallin, first author and director of VPRP's What You Can Do initiative.

"This article presents background and practical tools to help clinicians recognize risk and start having these conversations when they feel firearms are clinically relevant," she said.

The guide shares findings from existing studies on firearm-related harm and violence prevention. It recommends strategies for screening, counseling and potential interventions when needed. It also provides a toolkit with information for patients and clinicians on firearm injury and firearm safety.

Researchers believe that a better understanding of gun ownership and more evidence on the factors that increase the risk of violence and injury

can help physicians increase patient safety. The authors suggest a conversational and collaborative approach to discussions about firearm safety.

Facts on [gun violence](#), gun ownership and [risk factors](#) for clinicians:

Homicides: Highest among teens and young adults, especially African Americans. Highest in the south. Highest in [urban areas](#).

Suicides: Highest among middle-aged and older white men. Highest in Montana, Idaho and western states. Highest in [rural areas](#).

U.S. gun owners: Most are male, white, middle-aged or older and residents of non-urban areas.

Reasons Americans own guns: protection from other people (63%), for hunting (40%) and other sporting uses (28%).

Gun safety: Approximately 20% of homes with children have guns stored in the least safe manner.

Mental illness and guns: Contrary to common belief, only 4% to 5% of person-on-person violence is primarily attributable to diagnosed [mental illness](#).

Risk factors: Patients with abusive partners, alcohol and other substance misuse, history of violent behavior, dementia, impaired cognition, poorly controlled mental illness, prior convictions for violent crimes.

Laws: It is legal for physicians to have discussions about gun ownership with their patients. A survey of gun owners found 70% were somewhat comfortable talking about owning guns if their physicians asked.

Garen Wintemute, VPRP's director, emphasizes that "preventing [firearm](#) violence is absolutely 'in our lane' for physicians and other health professionals. We hope this new guide and other materials at the What You Can Do website will give them the knowledge and tools they need to help protect the health and [safety](#) of their [patients](#) and communities."

More information: Rocco Pallin et al, Preventing Firearm-Related Death and Injury, *Annals of Internal Medicine* (2019). [DOI: 10.7326/AITC201906040](#)

Provided by UC Davis

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