

SIGN OF THE TIMES: PART I

Physician Advocacy: How Newtown Changed the Way I Practice Medicine

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The killing of 20 children and six adults in Newtown, CT, on December 14, 2012, changed the way I practice medicine. As time has passed since that tragedy, and with the addition of countless homicides to our national statistics, one question comes up again and again: How can we as a society decrease firearm deaths and hopefully prevent another Newtown?

I don't have the answer to how we can prevent another senseless act of murder. I do know I have tried as a physician to make a difference one patient at a time.

Since the early part of January 2013, I have begun to ask many of my patients if they have firearms in their homes. As a clinician with the health of my patients and society at large entrusted to me, I have an obligation to protect and improve both. In the same way that I ask about cigarette smoking, drug and alcohol use, unsafe sexual practices, and the use of seatbelts or bicycle helmets, I have included asking about guns in my routine review of the social history. For me, this was new. It was something I was taught to do in medical school in encounters with pediatric patients and their parents but not with adult patients. Pediatricians have been asking and counseling about this for years—they are the true leaders in this arena—but much of the rest of medicine has omitted it.

Pediatricians have shown time and time again that this practice improves household safety, but for some reason, it has not moved beyond the care of children.

There is good reason for me to start doing this: The risk of suicide, homicide, assault, and injury are several times greater in homes with firearms. Despite an ongoing debate on "best practice," there is growing consensus that it should be "routine practice" to ask about firearms.

A typical conversation goes something like this and takes less than 30 seconds:

Physician: You know, since the shooting in Newtown, I have started to ask many of my patients if they have a gun in the home. I'm not asking because I either agree or disagree with your having it. I am just asking so that if you do have one, I can let you know the most secure way to store the gun and the ammunition to keep you and your family safe.

Patient: Yes, I have one. No one has ever asked me that before. I don't want you putting me on some list or anything.

Physician: No. Like I said, that is not my intent. I want to make sure you keep your gun and the ammunition locked up, separately if possible. If you have kids or there are kids in your home, they should not

have access to it. The gun should always be unloaded when not in use.

Patient: I do all that already.

Physician: There's an almost five times increased risk of suicide and an almost three times increased risk of homicide in a home with firearms. Since you have a gun in the home, I want to make sure you and your family and everyone in this community are kept as safe as possible.

Patient: OK. Thanks, doc.

I firmly believe politics should not enter the exam room. As a physician, I work hard to make sure that when I discuss lifestyle factors like diet, exercise, and smoking, my patients understand that I do so because of the potential impact these factors have on their health. If by counseling my patients about gun violence prevention I can reduce their risk of harm—and perhaps that of their family members and the community—from further gun violence, I feel it is my professional responsibility to do so. My patients seem to understand and appreciate the care behind my efforts. Someday soon, I hope that we will have solid research on best practices in counseling patients on these issues, but for now, we as physicians are doing the best we can for our patients. If nothing else, it at least lets my patients know I care a bit more.