Is the SGIM Tent Strong Enough to Hold Dissent?
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We should be careful not to get too comfortable when members seem to share common views on health policy issues, recognizing that we often do not know for certain how many members have the same view.

My prized possession from Boy Scout camp 40 years ago is a National Rifle Association (NRA) target on which I shot the highest score of the summer. I remember vividly how much I enjoyed learning to shoot a rifle. In recent years, I have had the opportunity as a Scoutmaster to take boys to a shooting range to learn how to fire a gun. On those days, I have enjoyed seeing how hyperactive boys turn into serious and responsible young men when given the opportunity to handle a gun.

My perspective on guns is quite different when I look out the window of my office overlooking violence-plagued East Baltimore. Surely, my perspective is colored by memories of a colleague abducted at gunpoint from the same garage where I parked my car that day, as well as a surgical colleague who was shot inside the hospital building across from my office. Then there are all of the patients I’ve seen who have been victims of gun violence, with scars on their bodies and family members lost at far too young an age.

That mix of perspectives ran through my mind when I looked out the window of the SGIM president’s room to consider measures intended to curb gun violence. Gun violence had not previously been on the agenda of our Health Policy Committee. Following SGIM’s process for taking a position on a policy, the Health Policy Committee determined that it was an important health issue relevant to our members’ roles as clinicians, educators, and investigators. Indeed, Selker et al. wrote a pithy article explaining how gun violence is a health crisis worthy of our attention as physicians. The essence of the argument is that 30,000 people die from gun violence each year in the United States, and physicians have opportunities to prevent some of that violence. As physicians, we can educate people about gun safety, advocate for better support of mental health care, and conduct research on the causes and prevention of gun violence. It seems hard to argue with that. The thorny issue is how far to go in advocating for regulations that conflict with the Constitution’s Second Amendment on the right to bear arms. The Health Policy Committee ultimately prepared a statement on gun-related violence that was used by members during our recent Hill Day (http://www.sgim.org/File%20Library/SGIM/Communities/Advocacy/Hill20Day/Gun-Safety-Leave-Behind.pdf). The Committee also prepared a letter, approved and signed by the SGIM president, urging the Senate majority leader to pass measures intended to curb gun violence (http://www.sgim.org/File%20Library/SGIM/Communities/Advocacy/Legislative%20Endorsements/GunControl-Society-of-General-Internal-Medicine4-10-2013.pdf).

I recognize that the SGIM Council took a risk in supporting a position that may be strongly opposed by some members of the organization. However, I strongly believe that we cannot shy away from issues only because they are controversial. The most important problems in health care policy are controversial, and physicians need to be more involved in those issues.

What should members do when they disagree with a position taken by the SGIM Council? The easiest option is to ignore the issue and let others wrestle with it, but then the Council will never know how many members disagreed with their decision. A tempting option, if angry enough, is to quit the organization. We hope it would never come to that, as an organization consisting of only like-minded people will never be as effective in adapting to a changing health care environment. The best option from my point of view is to express dissent to your leaders and to encourage discussion to gain a better understanding of the diversity of views held by members. I chose to remain a member of the Boy Scouts of America despite strong disagreement with their policy on exclusion of gay youth and gay leaders. By remaining a member, I have been able to use my voice as an Eagle Scout and Scoutmaster to advocate for a change in the organization’s policy. The organization may not change the policy as much as I would like when it meets in May, but the organization finally seems to be moving toward being more inclusive.

The question for SGIM is whether it is strong enough to encourage discussion of dissenting opinions about controversial issues such as gun control. We should be careful not to get too comfortable when members seem to share common views on health policy issues, recognizing that we often do not know for certain how many members have the same view. We need to be prepared to listen to members who are courageous and tenacious.
enough to voice dissent. So far, two members have expressed their concern to SGIM leaders about the organization’s position on gun control.

One of those members, Terrence Shaneyfelt, MD, MPH, offered the following comments: “The Second Amendment makes gun ownership a right… The primary purposes of a gun are deterrence/protection and hunting…. The founders made no mentions of qualifications. The qualification is citizenship…. The Second Amendment doesn’t differentiate one weapon from another and doesn’t limit bullet capacity. The term assault rifle has a very specific definition…. In a strict sense, assault weapons are already banned except with a special license…. Routine body armor is pierced by many rounds that are hunting rounds…. So would SGIM have hunting rounds banned?... Finally, none of the arguments made here would prevent anything. Adam Lanza broke multiple laws to carry out the heinous crimes that he did. More laws and more restrictions will only impact law-abiding citizens who don’t carry out these crimes anyway.”

The other member, Kirk K. Lormont, MD, JD, MBA (and Eagle Scout), commented: “Gun control is not going to curb gun violence any more than similar controls on automobiles will reduce deaths associated with drunk drivers or negligent texting. It addresses the symptom and not the etiology of the problem. Chicago has some of the toughest gun control laws in the country, yet there were 446 children shot last year. How many of the 30,000 people were killed by law-abiding citizens that would conform to gun control laws? From a pragmatic viewpoint, would the control laws even be enforceable? Would supporters of the Second Amendment follow the methods advocated by Martin Luther King, Jr., or Gandhi and practice civil disobedience? For a nation with the highest per capita percent of its population incarcerated, would there be enough additional jail space?... We as a country cherish freedom. That freedom is reflected in speech, burning the flag, right to choose, gay marriage, and possession of firearms. Not everyone agrees with each, but there is that freedom.”

By discussing SGIM’s position on gun control with friends and family members having a different point of view, I have gained a better understanding of the resistance to proposed legislation. It’s easy to blame the defeat of the most recent legislative efforts on the influence of the NRA, but part of the blame lies at the feet of advocates of gun control who have not listened to opposing points of view.

I wonder whether SGIM could be more effective in its advocacy if it could develop an efficient process for considering dissenting views when it prepares position statements. Perhaps such discussions would lead to a more sophisticated stance having a better chance of gaining bipartisan support. One of the best ways to make that happen is to volunteer to be a member of the Health Policy Committee, especially if you feel that your perspective is not represented adequately. Another option for those having a particular interest in how we respond to gun violence is to join SGIM’s Interest Group on Physicians Against Violence. I would like to believe that the SGIM tent is strong enough to hold dissent, with members feeling free to express opposing points of view in a respectful manner. If so, SGIM will have an even more powerful voice on the controversial issues in health care that deserve our serious attention.

Reference