

National survey says many, not all, open to doctors talking about guns

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In perhaps the first national survey of its kind, two-received when they are clearly relevant to the thirds of people sampled said it is at least sometimes appropriate for health care providers to talk to patients about firearms. The remainder said it is never appropriate.

The study, conducted by researchers from the University of Colorado Anschutz Medical Campus, the Harvard School of Public Health and Northeastern University, may encourage more providers to have these conversations with patients

The study was published today in the journal Annals of Internal Medicine.

The 3,914 adults who completed the survey were asked: "In general, would you think it is never, sometimes, usually or always appropriate for physicians and other health professionals to talk to their patients about firearms?"

The survey posed the same question about alcohol, seat belts and cigarettes in the household.

Overall, 66 percent said it is at least sometimes appropriate for doctors to talk about firearms with patients. About 81 percent said it is at least sometimes appropriate to talk about seatbelts.

The respondents were almost equally divided between men and women with a mean age of 49. Thirty percent had one child under 18 living at home. And 35 percent of respondents said they had one or more guns in the household.

More women (71 percent) than men (61 percent) said it is at least sometimes appropriate for providers to talk to patients about guns. Gun owners with a child at home or who viewed the firearm as a risk factor for suicide were more likely to support the idea of having the topic brought up.

"This suggests that discussions may be best

clinical context," the study said.

Dr. Marian Betz, MD, MPH, an associate professor at the University of Colorado School of Medicine and co-author of the study, said the survey results may encourage more healthcare providers to talk to patients about guns in the home.

"A doctor working with a patient with depression or risk factors for suicide should suggest that the patient considering making firearms less accessible until they recover, for example by storing the guns away from home," Betz said. "And doctors are wise to recommend to parents of children or teenagers that they keep any household guns locked."

Betz said it was important to recognize that 66 percent, not 100 percent, of respondents said it was sometimes acceptable to ask about guns.

"Patients can always decline to answer those questions," she said. "But that shouldn't deter a physician from bringing up the topic - in a respectful, nonjudgmental way - when relevant."

Betz also noted that more work needs to be done to understand how to make these conversations more acceptable and impactful. Collaborations between public health professionals and firearm organizations could help in developing educational materials and messages.

Provided by CU Anschutz Medical Campus



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