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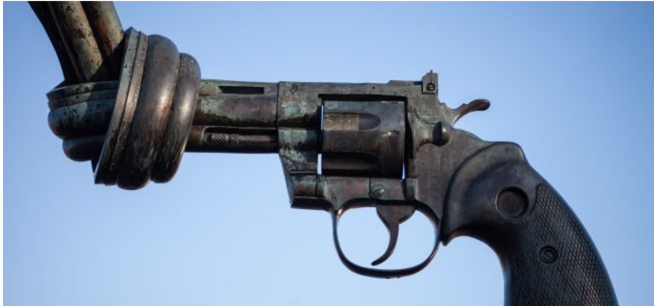
A focused intervention—the provider's role in firearm violence prevention

5 June 2018, by Rocco Pallin And Garen Wintemute



Credit: Håkan Dahlström, Flickr

Rocco Pallin and Garen Wintemute of the UC Davis Violence Prevention Research Program discuss the physician's responsibility to discuss firearm safety with patients and introduce the What You Can Do initiative website to guide health providers in risk identification and counseling.

In recent months, mass shooting events in Las Vegas, Nevada; Parkland, Florida; and Santa Fe, Texas, among others, have devastated communities large and small and captured the country's attention. As students march and legislators present bills, health care providers are increasingly expressing eagerness to join the firearm violence prevention effort and are wondering where to start.

Providers have a unique role in reducing firearm injury and death through an intervention that is available now. It's an intervention that, though underutilized, is within routine and well-established practices for patient care.

Understanding the provider's role begins with understanding firearm violence as a matter of public health, an approach that's gaining momentum.

Firearm violence causes physical and psychological trauma, disrupts communities, and pulls young people into cycles of violence. Nearly as many people die each year in the United States from firearm violence as from motor vehicle crashes. Public mass shooting events account for just 1-2% of these deaths; nearly three-fifths of firearm deaths are suicides.

As with other public health issues, firearm violence has recognizable risk factors. Individual-level risk factors include suicidal or homicidal ideation, histories of violence, substance abuse, impaired cognition, abusive partners, and serious, poorly-controlled mental illness. High-risk demographic categories also exist, including children and adolescents, middle-aged and older men for suicide, and adolescent and younger men for homicide.

As with screening for other risk behaviors, like smoking or poor diet for heart disease, providers can assess risk for firearm violence. And, when risk is present, providers have the responsibility to ask about access to firearms and counsel patients on firearm safety.

Professional societies, including the American College of Pysicians, American Medical Association, American College of Surgeons, American Academy of Pediatrics, and California Medical Association, support provider involvement in firearm violence prevention.

And though providers generally recognize firearm counseling as within their scope of practice, assessing risk and counseling at-risk patients on firearms remains uncommon. For example, one study found that primary care clinicians discussed firearms with only 18 percent of veterans who had positive suicide risk assessments. In another study, nearly half of psychiatrists reported having never thought seriously about talking to patients about firearms.

Time may be the primary barrier. Providers should recall that there are identifiable risk factors for firearm violence—both for those who perpetrate it and those who sustain it—and focus on asking patients with elevated risk.

Providers might think asking patients about firearms is an invasion of privacy and that patients will resist the conversation. This resistance, however, is often overestimated. Studies have found patients receptive to questions about firearms when the topic is approached in the context of health and safety.

Providers might think that asking about firearms is illegal. There is, however, no statute that prohibits providers from asking about firearms when asking is within the context of patient health and safety.

In order to engage in clinical firearm violence prevention, providers need confidence in identifying risk, asking the questions, and knowing what to do with patients' answers about firearms. In recent interactions, providers have overwhelmingly cited lack of knowledge as the reason they aren't asking.

In response, we've developed a new resource to educate providers about firearm risk and safety and to support them in counseling. It's an initiative from the University of California, Davis, Violence Prevention Research Program called What You Can Do.

What You Can Do is informed by expert input on everyday firearm violence—homicide, suicide, and accidental injury from firearms—as well as mass shootings, and it helps providers recognize at-risk patients, counsel them on safe firearm practices, and take further action when risk is imminent.

The resource covers risk factors, framing and tailoring the firearms conversation, specific questions for opening the firearms conversation, and counseling outcomes for individual patients based on their risk and circumstances.

For those interested in further information, What You Can Do hosts a variety of provider-relevant material on firearms.

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