Members Move Medicine: Pursuing prevention despite the obstacles

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Staff News Writer

The AMA “Members Move Medicine” series profiles a wide variety of doctors, offering a glimpse into the passions of women and men navigating new courses in American medicine.

On the move with: Megan L. Ranney, MD, MPH, an emergency physician and researcher focusing on firearm-injury prevention and the design and use of technology to facilitate behavioral health among vulnerable populations. She is the director and founder of the Brown Emergency Digital Health Innovation program and an associate professor of emergency medicine and health services, policy and practice, at The Warren Alpert Medical School of Brown University.

Dr. Ranney is also the chief research officer at the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), which is partnering with the AMA in its effort to restart the science of firearm-
injury prevention. Multiple physician organizations, including the AMA, have called for a comprehensive public health approach to gun-violence prevention. However, firearm-injury prevention research remains systematically underfunded by the U.S. government.

AFFIRM has created infrastructure to raise funds for firearm-injury prevention research to bypass political inaction. The organization seeks to reduce gun violence in the same way other public health crises have been defeated: through research, innovation and evidence-based practice.

**AMA member since: 2018.**

**What inspired me to pursue a career in medicine:** I actually took three years off after college. I was a Peace Corps volunteer in West Africa. It was my time in the Peace Corps that cemented my desire to go into medicine.

At the time I was a volunteer in Cote D'Ivoire, in the late '90s, it was the height of the HIV epidemic. There were no antiretrovirals available in Africa. As a Peace Corps Volunteer, I could do a lot of education on wearing condoms, safe sex and reducing other risk factors for HIV transmission. But I watched neighbors and friends in my village and region pass away from AIDS and I became very frustrated that I could do nothing to treat them.

That was what made me say: I really need to be both a physician and an advocate for public health—because I want to be able to treat people as well as to change the circumstances that lead them to get sick in the first place.

**Addressing gun violence as an epidemic:** Gun violence is a problem that touches every American in every community across the United States. We have not engaged the same resources for this epidemic that have been effective in curing every other health crisis that has touched our country. We as a country have successfully decreased deaths from car crashes and HIV; we're working on opioids; and yet, for the past 20-odd years, we have not been able to systematically research or even talk about gun violence. We’re not going to fix this problem without talking about the methods.

There are ways to address this epidemic that respect the rights of Americans across the country. We all bleed the same – gun violence is not a partisan issue. Every American right now is scared of the threat of gun violence. But gun violence can be cured.

Our job at AFFIRM is to apply the medical model and the public health model to this epidemic. We have the ability, as physicians, to talk about this issue in a way that is not partisan or political. It is our job as physicians to make sure people who are at risk for injury or death know how to keep themselves, their families, and their communities safe. AFFIRM will create and disseminate the evidence and resources that will make this possible.

URL: https://www.ama-assn.org/about/leadership/members-move-medicine-pursuing-prevention-despite-obstacles

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How I move medicine: It is through a combination of clinical care, teaching, my research—which is a much longer-term thing—and my involvement in organized medicine in various forms, that I can help move the needle. I have always been focused on not just what do we do to treat someone after an illness or injury happens, but also on how we stop it from happening in the first place.

My passion and drive has been: How can I make it easy for my colleagues in the emergency department and in other specialties to do the right thing for their patients? How do I make it easy for patients to stay healthy and injury-free? Every physician wants to make their patients better and to help them get or stay healthy. The trouble is that there are so many barriers—whether it is EHRs or government regulations or insurance companies or various other things—that it’s sometimes tough for us to have the time and resources to adequately support our patients. I hope that through a combination of research, technology development, and advocacy, we can make it easier for our fellow doctors to make a difference.

There is no magic bullet or single great leader that is going to change the system. We will succeed by the combined efforts of each of us, together, working in our offices, hospitals, medical societies, and communities.

Advice I’d give to those interested in pursuing a career in medicine: The biggest thing is to do it for the right reasons. I think most physicians do. Most physicians do not go into medicine to become rich. You do it because it is a profession that you can be proud of and because you have the potential to make a difference, to help people. If you’re going into medicine for those reasons, then you’ll be able to find ways to keep your practice meaningful and satisfying throughout your career.

The other thing is: if you can, take time off before you go to med school. There is no harm and much benefit to having some real-world experience before you enter the doors of medical school. I think it grounds you, makes you a better clinician and helps put med school in perspective, because it can be a pressure cooker!

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