

Talking firearms in the exam room: 3 cases where it matters

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James, an Army veteran living with post-traumatic stress disorder, presents at your practice. Previously, he has revealed to you that he occasionally has suicidal thoughts. Knowing that firearms are among the most lethal suicide-attempt methods, should you bring up the potentially touchy topic of whether he has access to a gun?

If you're like most American physicians, you haven't had much training on how to effectively address firearm safety with a patient like James. His case is one of three high-risk scenarios in which physicians can help reduce their patients' risk of firearm injury or death that are highlighted in a CME module available from in the AMA Ed Hub™, your center for personalized learning from sources you trust.

"Injury and death from firearms is a major public health crisis. Yet, while we know there is a very real need for firearm injury prevention among patients, the majority of physicians are not taught how to screen and counsel their patients on firearm safety," said AMA President Barbara L. McAneny, MD.

"The AMA developed this educational module to ensure more physicians are prepared to confidently and effectively communicate with their patients about firearm safety. We encourage all physicians to openly talk with high-risk patients about firearm safety—doing so will go a long way toward addressing this public health crisis, helping prevent unnecessary firearm-related injuries and saving lives," she added.

The free module, "The Physician's Role in Promoting Firearm Safety," is enduring material and designated by the AMA for a maximum of 0.75 *AMA PRA Category 1 Credit*™ (CME information and disclosures). Nearly 40,000 Americans die of firearm-related injuries each year, and another 85,000 survive nonfatal gun-related injuries, according to the Centers for Disease Control and Prevention. The AMA has declared firearm-related violence a public health crisis.

The case of James falls into the class of patients who pose an acute risk of violence to themselves or others. Other patients at risk of firearm injury or death are those who have individual-level risk factors

(for example, those with abusive partners) and patients in a demographic group at increased risk of gun violence, such as children.

Three specific scenarios are addressed in the module. They are:

- | Patients at risk of suicide.
- | Patients dealing with domestic violence.
- | Parents in a pediatric setting.

“Physicians have a unique opportunity to proactively identify and counsel individuals at high risk of injury, including firearm injuries,” the module notes.

Yet physicians have often felt ill at ease attempting to address firearm-safety risks in the exam room, said Emmy Betz, MD, MPH, an emergency physician and associate professor at the University of Colorado School of Medicine. She and other experts inside and outside the AMA helped create the CME module.

“There has just been a discomfort with the topic of firearm safety, in that many physicians didn’t know when they were supposed to talk about it, or didn’t know how to talk about it because they haven’t been trained,” said Dr. Betz, an AMA member who is deputy director of the Program for Injury Prevention, Education and Research at the Colorado School of Public Health. “Even if they wanted to talk about it, they weren’t sure when to do that, or how to do that.”

At least part of that physician reticence could have been attributed to some state efforts to enact so-called “gag” laws to restrict physicians’ ability to communicate freely with patients about firearm safety. A Florida law to that effect was overturned with the help of the AMA. Now the communication barriers have less to do with legal impediments and more to do with ensuring that physicians have the training to help them have firearm-safety conversations are targeted, respectful and effective.

The AMA CME module “is a big deal—just that there is this training available,” said Dr. Betz, who serves on the research council of 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.

“Physicians have been wanting to get involved, so it’s phenomenal now that there’s an actual training module available to give people skills and language and resources to do so. This is the first one I know of that’s going to be broadly applicable for health care providers,” said Dr. Betz.

The right conversation for the right patient

Primary care and emergency physicians are especially likely to benefit from the CME activity, which

includes a list of links to additional resources on safe firearm storage, gun violence risk-reduction recommendations, domestic violence hotline information and more.

“We’re not recommending universal screening or universal counseling,” Dr. Betz said. “For some physicians, this may not be something that they run up against. For others, it might be something that’s coming up a lot. The advice is definitely based on the patient in front of you and his or her risks.”

As an emergency physician, Dr. Betz broaches the topic of firearm safety when she thinks patients may be at elevated risk. And she rarely has encountered an indignant reaction.

“I’ve never had anyone get angry with me,” she said. “Mainly, that’s because I bring it up in a way that’s respectful and not political. We can ask the questions that we think are appropriate. And some patients may not want to answer—and that’s their right as well.”