

# Major Medical Organizations Support Gun Safety Research: Their Political Contributions Say Otherwise

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Physicians are no longer content to treat gunshot victims but then sit out other efforts to reduce violent injuries and deaths in America.

In essence, a single tweet by the National Rifle Association (NRA)—admonishing that physicians should “stay in their lane” and out of gun safety discussions, research, and policy—launched a petition (eventually published in *USA Today*) that has led to a sustained movement, collectively known as “ThisIsOurLane.” The NRA’s unintentional mobilization of physicians appears to symbolize a larger shift as physicians strive to navigate a more public role in efforts to reduce gun-related violence without straying into what’s been referred to as the “third rail of medical politics.”<sup>1,2</sup> Less timid than in the past, many of the @ThisIsOurLane’s 29,000-plus followers are prominent physicians and other medical professionals.

The NRA’s initial tweet was actually pushback directed at an *Annals of Internal Medicine* position paper published last fall, with a series of American College of Physicians recommendations. They included support for universal background checks and a move toward banning semiautomatic weapons.<sup>3</sup> This spring, a larger cadre of 40-plus medical organizations, including the American College of Emergency Physicians (ACEP), published its own set of consensus recommendations after a Medical Summit on Firearm Injury Prevention, hosted by the American College of Surgeons (ACS) in February.<sup>4</sup>

This is by no means the first time that physicians have advocated for policy changes to reduce injuries, such as their backing of motorcycle helmet laws, said Brendan Campbell, MD, a pediatric trauma surgeon in Hartford, CT, and vice chair of the injury prevention and control subcommittee for the ACS Committee on Trauma.

“The way we can do our job most effectively,” Dr. Campbell said, “is to

prevent the injuries that we take care of from happening in the first place. So I think not only is it appropriate, it’s important that we do become active in this arena, even though it does involve talking to politicians.”

Physician leaders like Dr. Campbell describe these efforts more as public health advocacy or injury prevention rather than political activism, but not everyone agrees. Although the NRA didn’t respond to requests for comment, an official with the Gun Owners of America adopted a similar stay-in-your-lane stance toward physicians. Treating an injury, said legislative counsel Michael Hammond, JD, “and determining that you have the competence to try to figure out how to engineer social policy in order to avert it are 2 different things.”

So are physicians migrating too far into the political arena? Rebecca Cunningham, MD, who is spearheading a National Institutes of Health-funded initiative to study how to reduce firearm injuries in children and teens, bristles at any such implication. “I stand in the trauma bay and there’s a kid in front of me that’s been shot and is dying,” said Dr. Cunningham, a professor in the Department of Emergency Medicine at the University of Michigan. “That’s not political. That’s a dead child.... I think along the way somebody told physicians that this is too political to talk about, and they listened. Are car crashes too political to talk about?”

## FRAMING THE DEBATE

Even outside of the litany of mass shooting events, such as the 12 individuals killed this spring in Virginia Beach, federal data point to evidence of increasing US fatalities from firearms. Gun-related homicides in large urban areas, which had been

on the decline in recent years, have returned to levels not seen for a decade, according to an analysis by federal officials published in November 2018 in the *Morbidity and Mortality Weekly Report*. Meanwhile, firearm suicides increased 21% from 2006 to 2016, according to the same report.<sup>5</sup>

Studies have shown that the window between when someone contemplates suicide and acts on that impulse can be surprisingly narrow, sometimes less than 10 minutes, and thus limiting easy access to guns during a suicidal crisis could help save lives, the *Morbidity and Mortality Weekly Report* authors reported.<sup>5</sup> Strengthening background checks “might also prevent lethal firearm violence, although these policies need further study,” they wrote.

The recent position statements from physician groups, including the 2019 Medical Summit, agree on the need to conduct more research into firearm injury prevention strategies, along with more routinely screening at-risk individuals about gun storage and other safety measures. Although the Dickey Amendment didn’t explicitly bar federal funding for research, that was the effective result; there have been virtually no federal appropriations for firearm injury prevention research since 1996, said Megan Ranney, MD, MPH, chief research officer for the American Foundation for Firearm Injury Reduction in Medicine, founded in 2017.

Firearms take roughly as many lives as sepsis, but the funding for gun violence research was approximately 0.7% of that for sepsis, according to an analysis published in 2017 in the *Journal of the American Medical Association*.<sup>6</sup> “There is a dearth of good information about how to prevent firearm injuries,” said Vidor Friedman, MD, ACEP’s president.

As set out in its 2013 position statement, ACEP supports more research and screening but also some specific gun-related measures, such as universal background checks and restricting sale and ownership of “weapons, munitions, and large-capacity magazines that are designed for military or law enforcement use.”<sup>7</sup>

ACEP reiterated those positions in a statement issued after a November 2018 shooting at Chicago Mercy Hospital took the lives of several individuals, including emergency physician Tamara O’Neal, MD.<sup>8</sup>

Why are physicians speaking up more publicly on gun issues now? “Maybe it has to do with the generation of younger physicians who are less tolerant and less willing to accept the status quo,” said Dr. Campbell of the ACS.

Amid the ThisIsOurLane campaign, health providers also have pulled back the curtain on the sort of gun-related trauma they witness every day, said Joseph Sakran, MD, a trauma surgeon at Johns Hopkins Hospital in Baltimore, who launched the @ThisIsOurLane twitter account. “The data is important,” he said. “But I don’t think it’s the data necessarily that changes the hearts and minds of people.”

But it’s far easier to “post photographs of bloody scrubs” than it will be to create momentum to reduce firearm injuries, Dr. Campbell said. “It’s a complex problem that defies easy solutions,” he said, noting that ACS is working with gun owners to identify possible avenues.

According to a survey of members of the ACS Committee on Trauma conducted several years ago, however, there’s more agreement than disagreement, Dr. Campbell said. The survey was completed by 237 committee members, 43% of them gun owners. The results indicated that a majority of respondents “favor

sensible restrictions on firearms,” he said, including background checks and restrictions on assault weapons.<sup>9</sup>

“Our mantra with the ACS is freedom with responsibility,” said Dr. Campbell, a gun owner himself. “We want to make gun ownership as safe as possible.”

## FUNDING AND PRACTICE

Meanwhile, a recent analysis published in *JAMA Network Open* found that to some extent there has been a disconnect between some physician groups’ stated firearms policy goals and their political contributions. The analysis, published February 22, found that the majority of the 25 physician-affiliated political action committees studied donated more money to congressional candidates who opposed increased background checks in the 2016 election cycle.<sup>10</sup>

They included some physician groups, including ACEP, that were the first ones to back a strongly worded previous position paper on firearms. Dubbed the 2015 Call to Action, it called for criminal background checks for all gun sales and restrictions on the sale of large-capacity magazines, among other measures.<sup>11</sup> Yet those physician groups’ 2016 political action committee funding supported a greater proportion of candidates rated A by the NRA than they did candidates who received an NRA rating of B or lower.

An editorial accompanying the study noted that for many years there persisted a similar split between the American Medical Association’s calls to regulate the tobacco industry and the group’s financial backing of candidates who opposed such regulation.<sup>2</sup>

Dr. Friedman described the analysis as “a very superficial look” at how

political action committees operate. “It would be nice if as an organization we had the option to just support folks that supported all of our positions,” he said. “If we did that, we would not be able to contribute to any candidates.” Moreover, financially backing candidates allows access to those candidates once they’re in office to educate them and, it is hoped, to change their mind on a given issue, Dr. Friedman said.

National Emergency Medicine Political Action Committee has included criteria related to firearm safety/injury prevention in previous election cycle guidelines for evaluating candidates—although the criteria are subject to change from cycle to cycle based on various factors, including bills under consideration and any changes to ACEP official policy stances, according to an ACEP spokesperson. There is currently discussion about adding questions related to firearm injury prevention to National Emergency Medicine Political Action Committee’s candidate questionnaire, which will be provided to candidates seeking National Emergency Medicine Political Action Committee support in the 2020 elections, but those details are still being ironed out. (The questionnaire is not used to evaluate incumbents because they already have established voting records.)

Jeremiah Schuur, MD, MHS, co-lead author of the political action committee analysis in *JAMA Network Open*, doesn’t argue that any single issue should serve as the sole litmus test for political donations. But the 2015 Call to Action, which was subsequently endorsed by other health care groups, was a major and very high-profile statement, said Dr. Schuur, chair of emergency medicine at Brown University’s Warren Alpert Medical School in Providence. “Firearm safety is not like electric scooter or trampoline policy,” he said

noting that physician groups should know where their money is going.

Physician leaders and firearms-related statements coalesce around one intervention measure: more frequent discussions about better gun safety with at-risk individuals. To that end, Dr. Cunningham’s research initiative Firearm Safety Among Children and Teens Consortium provides education and training videos on its Web site (<http://www.childfirearmsafety.org>). So does the American Foundation for Firearm Injury Reduction in Medicine (<http://affirmresearch.org>).

Hammond, with the gun-owners group, cautioned that pushing patients to disclose whether they have guns and where they’re located carries inherent risks. “It causes a lot of people to be, I think, less candid and less confidential with their physicians when physicians try to get involved in that game,” he said.

But Dr. Ranney, a coauthor of an *Annals of Internal Medicine* article exploring when and how to have those conversations, said that asking about guns and safe storage, when it’s relevant, is no different than asking about sexual activity or alcohol consumption.<sup>12</sup> “I think it depends on how the physician handles it,” she said. “You can be judgmental. Or you can be an ally, and be committed to enhancing your patient’s health.”

Scant research funding to date has meant limited insights into how best to screen and who precisely should be targeted, Dr. Ranney said. But existing evidence indicates that certain groups, such as individuals who are depressed or suicidal or have been a victim of domestic violence or assault, are particularly vulnerable to future firearm injuries, she said.

If someone has expressed suicidal thoughts, an emergency physician can suggest temporarily storing the gun with a friend or family member until

the crisis has passed, Dr. Ranney said. “It’s not permanent; it’s about keeping that patient safe in that moment,” she said. “They’ve come to my [emergency department] because they or someone around them is scared.”

Historically, physicians have often been reluctant to look much beyond their immediate patient treatment responsibilities in the trauma center, the operating room, or elsewhere, said Dr. Sakran, the Johns Hopkins trauma surgeon, who counted himself among that once-disengaged group. But that insular perspective is broadening and, he predicted, might expand to issues beyond gun safety that are rooted in science and patient health.

“Look, it’s a fine line, right? We are functioning at that nexus of medicine, public health and public policy,” Dr. Sakran said.

“We haven’t been as engaged in the past. I think that’s been a big mistake. Clinicians really kind of disengaged from the business aspects of medicine, the policy aspects of medicine. What we’re starting to see is clinicians reengage in those aspects of medicine so we can have a seat at the table.”

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