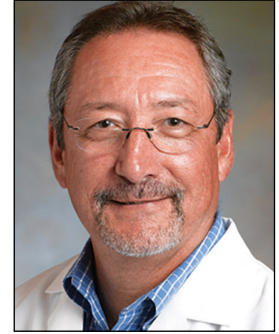


THIS IS OUR LANE

Physicians' Special Responsibility to Address the Public Health Issue of Firearm Injury

Edward T. Chory, MD



Thirty years ago, in February 1995, the American College of Physicians published the first of three position papers in the *Annals of Internal Medicine*¹ reminding physicians of their duty to address the public health issue of firearm injury. The second, published in 2014, was a response to the Sandy Hook Connecticut School shooting, and in 2018, after the Majorie Stoneman Douglass school shooting in Parkland, Florida, a third position paper² triggered a tweet from the National Rifle Association telling physicians to “Stay in their Lane.”

Dr. Joseph Sakran, a trauma surgeon at Johns Hopkins Hospital in Baltimore — himself a survivor of a gunshot wound to his neck that injured his carotid artery, paralyzing his phrenic nerve and vocal cord when he was 17 — responded by creating This Is Our Lane, an organization dedicated to involving physicians with firearm injury prevention and advocacy.³

The number of annual deaths from firearms in the United States peaked in 2021 at 48,800, and although still high, the total deaths decreased for the two most recent years data are available, 2022 and 2023. Understandably, mass shootings generate the most media attention and public response, yet school shootings account for only 1% of firearm mortality, as do unintentional shootings and legal interventions. The fact that the majority of people who die from gunshot wounds shoot themselves may be underappreciated. Suicide by firearm far outnumbers homicides, police interventions, and unintentional shootings.

These horrific tragedies apparently motivated the American College of Physicians to publish the two most recent calls to action. The 2018 position paper expanded on the 2014 paper, and the sentiments were endorsed by many organizations, such as the American College of Surgeons,

American College of Obstetricians and Gynecologists, American Public Health Association, American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, and American Bar Association. It was subsequently endorsed by 52 groups that included organizations of clinicians, consumers, families of gun violence victims, researchers, public health institutions, and other health advocacy agencies.

The second recommendation in 2018 stated:

The medical profession has a special responsibility to speak out on prevention of firearm-related injuries and deaths, just as physicians have spoken out on other public health issues. Physicians should counsel patients on the risk of having firearms in the home, particularly when children, adolescents, people with dementia, people with mental illnesses, people with substance use disorders, or others who are at increased risk of harming themselves or others are present.²

In 2020, firearm injury became the number one cause of childhood mortality in the United States. In September 2022, the American College of Surgeons Committee on Trauma, along with 45 other professional associations, participated in a medical summit to update the previous recommendations to combat firearm injury and mortality. In addition to the American College of Surgeons, the American College of Physicians,

American College of Emergency Physicians, American Academy of Pediatrics, and Council of Medical Specialty Societies agreed to cohost a second Medical

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Summit on Firearm Injury Prevention. Proceedings of this summit published in the *Journal of the American College of Surgeons* stated that the objectives for the 2022 Summit were to:

1. Identify recommendations for executive action and/or legislation at the municipal, state, and federal level that would decrease firearm-related injury.
2. Identify key elements of the most effective violence-reduction programs for implementation by physician practices/clinics/hospitals/health systems, in partnership with their communities, to lower the risk of violence for marginalized communities disproportionately impacted by violence.⁴

Former U.S. Surgeon General Vivek Murthy issued an advisory in June 2024 declaring firearm violence to be a public health crisis. Unfortunately, in the past few months the Advisory has been removed from the U.S. Health and Human Services website.

Despite repeated and unequivocal calls for physicians to discuss responsible gun ownership and safety, we have failed as a profession to fulfill our responsibility and must do better. Multiple studies have documented disappointing engagement regarding the topic of gun safety by both patients and physicians. A KFF poll in March 2023 demonstrated that only 5% of patients recall a physician ever discussing gun safety with them,⁵ and a study published in the *Annals of Family Medicine* in May 2020 showed only 25% of physicians say they address this topic with their patients.⁶

A major barrier for physicians is a lack of confidence in their knowledge base and training in how to discuss firearm injury prevention and safe storage. The ability to discuss this issue with patients in a nonjudgmental, professional way is a challenge we must meet to be trusted and effective. This Is Our Lane has worked with the Brady organization to address the lack of training by producing a comprehensive, 44-page publication that includes data, guidelines, scripts, and links to numerous resources – many of which can be downloaded – including printable posters and pamphlets.

“Our work is not complete ... it is past time to incorporate firearm safety discussions into continuity care for patients. There are abundant resources to help [initiate] these conversations.”

The BulletPoints Project, created by the California Firearm Violence Research Center at the University of California, Davis, is another excellent resource. Its purpose is to give clinicians the knowledge and tools they need to reduce the risk of firearm injury and death in our patients.

Their website offers an enormous amount of material, including a 60-minute continuing medical education course, printable posters, educator toolkits, examples of clinical scenarios, information on interventions that might be appropriate, and counseling techniques. It is a gold mine of information and resources to help clinicians routinely discuss firearm safety with their patients.

In addition, the AMA,⁷ the American Academy of Pediatrics, Bloomberg School of Public Health at the Johns Hopkins University,⁸ American Association of Public Health,⁹ and other specialty organizations have published videos and other information to help physicians develop the skills, confidence, and conviction to address firearm injury prevention. The Proceedings of the Medical Summit – Firearm Injury Prevention also contains excellent guidelines for how to approach discussions with patients about firearm safety.⁴

In April 2024, Nancy Walecki, in her article “The Doctor Will Now Ask You About Your Gun” in *The Atlantic*,¹⁰ asked whether it is best to address gun safety in a universal manner or more selectively. Currently New York City’s largest health care system, Northwell is trying to make gun safety discussion a routine part of every patient encounter, while at Johns Hopkins and the University of Colorado, the topic of gun safety is initiated with patients who are perceived to have risk factors such as homes with children or elderly individuals in the home. There is not yet good data to help us discern which approach is better, yet explaining the importance of gun safety, including addressing safe storage,

is essential and can be done in a respectful, non-political way. Informative brochures and posters can be placed in our office waiting rooms, and the BulletPoints Project encourages us to emphasize suicide risk awareness and

lethal means assessment, including safe storage.

Pia Fenimore, MD, vice chair of pediatrics at Penn Medicine Lancaster General Health, has responded to

the firearm injury epidemic by obtaining a grant from the Pennsylvania Department of Health. Working with Lindsay Pringle, MEd, from LG Health's Community Health and Wellness Center, they have been conducting firearm safety classes and distributing no-cost gun locks and biometric safes. Partnering with the Sheriff's Association of Lancaster County and Mental Health America, they have developed an impressive program.

The response from the community has been gratifying. Their initiative was described in detail in the Winter 2024 issue of this journal,¹¹ and their excellent program emphasizes the two areas where physician awareness and advocacy can have the greatest impact: suicide awareness and safe firearm storage.

But our work is not complete. If you have not yet done so, it is past time to incorporate firearm safety discussions into continuity care for patients. Further, there are abundant resources to help every physician get beyond any reluctance they may harbor in initiating these conversations. Addressing this public health crisis is right in our wheelhouse.

Firearm Injury Prevention Resources

Agree to Agree

AgreeToAgree.org/HealthCare

This new campaign from the American Medical Association and the Ad Council seeks to empower clinicians to confidently and compassionately engage patients in conversations about firearm injury prevention. Online resources include videos, fact sheets, toolkits, and conversation guides for clinicians to help patients and their families understand the risks associated with unsecured firearms and best practices for secure storage to help reduce injuries and deaths.

This Is Our Lane

bradyunited.org/take-action/join-movement/this-is-our-lane

Brady

bradyunited.org

The BulletPoints Project

bulletpointproject.org

Lancaster County

Safe Firearm Storage Initiative

mhalancaster.org/suicide-prevention-coalition/gun-lock-project/

Scan the QR on page 98 for a list of mental health resources available to clinicians and patients.

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Edward T. Chory, MD, is a retired general surgeon who spent 29 years caring for the citizens of Lancaster County.