EDITORIAL

In the Wake of Orlando — Taking Steps against Gun Violence

Chana A. Sacks, M.D., Debra Malina, Ph.D., Stephen Morrissey, Ph.D., Edward W. Campion, M.D., Mary Beth Hamel, M.D., M.P.H., and Jeffrey M. Drazen, M.D.

In the wreckage of destroyed lives, broken families, and a traumatized community left behind by a gunman's rampage on June 12, Americans seemed to be asking what kind of crime this was. Another senseless mass shooting in a long line from Virginia Tech to Aurora to Newtown? A terrorist attack inspired by ISIL or other extremist groups? A hate crime against the LGBT community? Do the distinctions among these unspeakable horrors matter? Central Floridians didn't wait for an answer; they poured into the streets and lined up at blood-donation centers ready and willing to give part of themselves in hopes of helping their neighbors who were fighting for their lives.

Gun violence in the United States is a complicated problem. In fact, it is four complicated problems: mass shootings, suicides that account for two thirds of gun deaths in the United States,[1] homicides and gun-related injuries like those tearing apart the city of Chicago, and accidental shootings that occur when, for instance, toddlers find a parent's gun and kill themselves, a sibling, or a parent. Any group — on any part of the political spectrum — promising an easy solution and speaking in absolutes does not grasp the reality. It makes sense to be especially wary of groups that are profiting most from the continued carnage by somehow generating record gun sales in the wake of each of these mass shootings.[2]

The devastation wrought by firearms is not inevitable, and to consider this scale of death the price of freedom is a perversion of the notion of liberty. Although these four types of gun violence have varied root causes and solutions, easy access to guns is a unifying thread. Indeed, however virulent Omar Mateen's possibly mixed motivations may have been, they would not have resulted in the deaths of 49 people and the injuring of 53 more if he hadn't been able to obtain an assault-style rifle.

At a minimum that ought to be uncontroversial, universal background checks should be instituted for every gun sale in every setting in this country. The implementation of such a process isn't simple, and many questions are worthy of nuanced debate: What crimes should preclude gun ownership? How do we protect patient privacy and still report mental health histories that suggest a high risk of violence? But the complexity of these issues cannot be an excuse for inaction.

We also believe that the types of weapons used in Orlando, Newtown, San Bernardino, and Aurora have no practical applications for untrained civilians. Although the Second Amendment proclaims that the right of the people to keep and bear arms shall not be infringed, where we draw the line on individual access to arms that were unimaginable in the 18th century is up to us as a society to debate. The rising death toll demands that we accept this responsibility and commit ourselves to engaging in this conversation. A first common-sense step would be a renewed ban on "assault weapons" — defined in terms of design features that permit shooters to fire 45 to 60 rounds per minute, inflicting massive trauma, with accuracy across distances of hundreds of yards. Without that capacity, even an unhinged, hate-filled terrorist would destroy far fewer lives. On June 20, the U.S. Supreme Court signaled its acceptance of such a limit by allowing assault-weapons bans in Connecticut and New York to stand.

We as a medical community have a particular voice in this conversation. Emergency physicians, finding themselves on the front lines of the response to gun violence, have begun to rethink their standard approaches to mass-casualty events.[3] Although we laud their efforts, it would be far better if the American College of Emergency Physicians had no need for its new High Threat Emergency Casualty Care Task Force — if we could prevent gun violence from occurring in the first place. Betz and Wintemute call counseling on firearms a form of cultural competency for physicians,[4] and we must improve our own education and familiarity with gun safety. We are in a unique position to identify patients at risk for impulsivity and violence. We have patients who are victims of intimate partner violence, which is far more likely to be deadly if there is a gun in the home. We need better assessment tools and pathways to provide education and resources for our patients. The many physicians throughout the country who are responsible gun owners can lead this important conversation.

Being the target of bigotry, hatred, and violence is not new for LGBT Americans. As we stand with our LGBT relatives, friends, colleagues, and patients, we also learn from the resilience of this community, which has demonstrated the power of a well-organized, humanitarian movement to transform our society, our laws, and our culture. Though the tragedy in Orlando was a hate crime against LGBT people, gun violence can be turned against any community: children in a quiet town in Connecticut, moviegoers in Colorado, Christians in church in Charleston, black men in our cities, women, who are 11 times as likely to die from a firearm injury in the United States as in other countries.[5] We believe physicians need to engage in a sustained effort to counter groups that are intent on maintaining the status quo, joining with the millions of mothers, fathers, nurses, educators, writers, researchers, LGBT community members, and their allies of every race and religion who will push forward even in this most polarizing of discussions to find common ground and sensible solutions, to honor those who have died and to protect those who might otherwise be next.

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From Massachusetts General Hospital, Boston (C.A.S.).

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