



# This is Awkward—Promoting Clinic Discussions and Evaluation of Gun Ownership Practices and Individual Risk

As a pediatric trauma surgeon who has been in practice for more than 36 years, I have seen my share of morbidity and mortality in adolescents and teenagers. But if you had told me at the outset of my career that deaths due to firearms would eventually become the leading cause of death among children in the United States, I would have been extremely skeptical and not believed that such a horrific phenomenon could ever take place.

The data are clear and undeniable, however, about firearm-related fatalities among American adults and youth. More than 49,000 Americans died because of a firearm injury last year, with 1629 of these deaths occurring in children and adolescents <18 years old. This number represents a staggering number of deaths, and particularly suicides, which represent more than one-half of all firearm homicides. Suicide is the low-hanging fruit of gun violence prevention (GVP) because all evidence shows that the presence of a gun in the home dramatically increases the successful completion of a suicide attempt. Because most suicide attempts are impulsive acts, it is the gun that we should target as the vector of death in this subgroup of firearm-related deaths.

My approach to gun violence prevention has evolved over the years and I have been a strong believer in the need for individual households to be able to rid themselves of guns ever since reading the seminal paper that showed a markedly increased risk of a firearm fatality in association with the possession of a firearm in the home.<sup>1</sup>

---

*Abbreviations:* GVP, gun violence prevention; G4G, Goods for Guns Gun Buyback Program; UMASS CHAN, UMASS CHAN SCHOOL OF MEDICINE; G2G, Guns to Gardens

**Funding:** None.

**Conflicts of Interest:** None.

**Authorship:** The sole author is responsible for all content.

Requests for reprints should be addressed to Michael P. Hirsh, MD, UMASS Chan Medical School, 55 Lake Ave North, Suite S1-410, Worcester, MA 01655.

E-mail addresses: [hirshman54@gmail.com](mailto:hirshman54@gmail.com), [michael.hirsh@umassmed.edu](mailto:michael.hirsh@umassmed.edu)

My approach to this continuing epidemic in the United States has always involved voluntary gun buybacks, (G4G) which I helped to establish both in Allegheny County, Pa and in New England's second largest city, Worcester, Mass. These programs involve a unique collaboration between the local district attorney granting amnesty to individuals who turn in their firearms, local police departments who help collect and destroy the guns, and the local health care system, frequently in concert with city and local public health officials, to provide the public with information about the responsibility that goes with our 2nd Amendment rights to own firearms. We have also relied on local merchants to provide gift cards to reimburse individuals who turn in their weapons.

While these buyback programs have not, however, been widely embraced by gun violence prevention researchers because they have not been shown to reduce crime, they do, in fact, raise public awareness about the dangers of having a gun in one's home and help to promote partnerships between law enforcement and the medical community.

What has made our gun buyback program particularly effective is its coupling with education on gun violence prevention through use of medical students from the University of Massachusetts Chan Medical School (UMASS CHAN). We are teaching and encouraging these future health care providers during the earliest years of their training to ask patients about gun ownership and issues related to the risk and responsibilities associated with firearms. If the patient or an accompanying family member reveals that they are gun owners, then the student helps the patient build an individual risk assessment for their household. While these may be awkward conversations initially, practice with standardized patients and with on-line tools that have been developed with the Massachusetts Attorney General and the Massachusetts Medical Society can reduce the trepidation of young providers "going there" with their patients.

We encourage the trainees to ask patients several questions about guns in their homes (Table 1). Depending on the amount of time they can spend with the patient and their level of comfort, the firearm-related questions can be asked

**Table 1** Questions About Firearm Ownership That Could Be Asked in a Clinical Encounter

Do you own firearms in your home?	Is there a demented elder in the home?
What kind do you own?	Is there a depressed teen in the home?
How do you store them?	Is there someone with a substance use disorder who might use the gun as collateral for the purchase of drugs?
Are there children in your home?	Is there an angry spouse in the home?
Might they know where the firearms are?	Is there an inquisitive toddler in the home?

after some earlier questions about general preventive medicine. These more general questions ask patients about whether they might have a working smoke alarm in their home, a proper car seat for their children, or regularly wear a seat belt. If the patient answers yes to any of the gun-related questions shown in [Table 1](#), then the risk of gun possession exceeds any possible benefit.

When this scenario takes place in the examination room, and the patient concurs that the risk of having a gun in their home is too high, having a gun buyback gives the patient agency and opportunity to rid themselves of the risk with no questions asked. I believe we would see an enormous number of weapons returned if the program was expanded nationwide.

The stumbling block to expansion of these buyback programs has always been funding. Gun buyback programs are proliferating across the country, however, through funding support from the Biden administration. The programs are being enhanced by uniting with blacksmith groups who can

craft garden tools out of the guns retrieved, which can then be used in community gardens that supply local food banks with healthy produce. This Guns to Gardens approach (G2G) is a real-life application of the Isaiah proverb of “Beating Swords into Ploughshares.”

We have tried many other approaches to gun control in our community, which I and others support. These include improved databases, stricter training and required insurance for gun owners, and better background checks. While these approaches are helpful, health care providers can play an integral role in curbing this escalating epidemic as they have done for other significant public health concerns in their patient populations, including encouraging vaccination for infectious diseases, regular seat belt use, and for not drinking, smoking/ingesting canniboid products or texting while driving.

By encouraging health care providers at all levels of training to take a small amount of time to ask questions in their patient populations about the hazards of gun ownership, and provide information and counseling where indicated, even in time-limited patient encounters, providers now have a set of options in their gun violence prevention toolkit that can make a profound difference for individual households and the broader community, in ridding our country of this scourge.

Michael P. Hirsh, MD  
*Departments of Surgery and Pediatrics, UMass Chan Medical School, Worcester, Mass*

**Reference**

1. Kellermann AL, Rivara FP, Rushforth NB, et al. Gun ownership as a risk factor for homicide in the home. *N Engl J Med* 1993;329(15):1084-91.