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## Commentary: There Are Medical Dilemmas and Then There Are Firearms

Peter G. Holub

*Nova Southeastern University*, [holub@nova.edu](mailto:holub@nova.edu)

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**Commentary: There Are Medical Dilemmas and Then There Are Firearms**

When faced with a medical dilemma, the right decision depends on how the relevant ethical principles are prioritized. Prioritization of ethical principles in a medical dilemma often depends on contextual features, such as the patient's age, economic impact, and public safety. Firearms should be as much a part of medical research and patient education as alcohol and tobacco, seat belts and car seats, safe sex and condoms. The problem with firearm research and patient education is twofold: a). government funded research on gun violence is currently prohibited by Congress<sup>1</sup> and b). states and wellness programs actually prohibit doctors and other health professionals from asking about guns or entering information about gun ownership into a patient's chart.<sup>2</sup> Medical research and patient education on gun safety is vital to the practice of emergency and preventative medicine. Research will produce data and information that can be shared with health professionals at conferences and workshops. This information can be translated into medical consultation and education, patient brochures and handouts that health professionals can share discretely along with advice on safe sex, seat belts, car seats, baby staircase gates and banister guards, and the safe storage of cleaning solutions.

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**Author Bio(s)**

Peter G. Holub, DPM, PhD, is an Associate Professor of Health Sciences in the College of Health Care Sciences at Nova Southeastern University in Ft. Lauderdale, FL.



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Peter G. Holub, DPM, PhD

Midwestern University

United States

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When faced with a medical dilemma, the right decision depends on how the relevant ethical principles are prioritized. For example, the decision to order a blood transfusion for a Jehovah's Witness pits the ethical principles of *beneficence* (to do good) against the ethical principle of *respecting patient autonomy* (the patient's right to self-rule). Prioritization of ethical principles in a medical dilemma often depends on contextual features, such as the patient's age, economic impact, and public safety.

Medical, nursing, and allied health students and professionals exercise their ethical muscles by wrestling with medical dilemmas, especially patient cases requiring self-reflection, consultation with experts, and research of the current literature. There is no need spending time and effort researching *non-dilemmas*, or clear-cut cases of right and wrong, which have *black-and-white* answers, such as, "Is it ethical for nurses to steal patients' pain meds?" or "Should sonographers report billing fraud?" or "Should caregivers educate patients about firearm safety?" Silly questions for research or debate, aren't they?

Firearms should be as much a part of medical research and patient education as alcohol and tobacco, seat belts and car seats, safe sex, and condoms. The problem with firearm research and patient education is twofold: a) Government funded research on gun violence is currently prohibited by Congress<sup>1</sup> and b) States and wellness programs actually prohibit doctors and other health professionals from asking about guns or entering information about gun ownership into a patient's chart.<sup>2</sup> Even the Affordability Care Act doesn't require wellness centers to inquire about gun ownership or provide gun safety education. And we all know that in many cases, if something isn't required, it won't be done.

The ethical principles of *beneficence* and *nonmaleficence* require the caregiver to correctly identify and treat the etiology of the disease, illness, injury, trauma, or harm. In medicine, scientific research is used to validate and verify the relationship between *cause-and-effect*. Without research, medical decision-making is restricted to personal experience and anecdotal evidence. Yet, Congress prohibits the leading public health institute in the U.S.A., the Centers for Disease Control and Prevention (CDC), from studying gun-violence.<sup>2</sup> Without objective research, drinking and driving, smoking cigarettes, cycling without a helmet, driving without seatbelts, having unprotected sex, and a myriad of other research-supported, *cause-and-effect* relationships would not have become part of the wellness and preventative information provided by health professionals.

The National Rifle Association (NRA) believes "Doctors are not firearm safety experts, they have no business prying into your personal life."<sup>3</sup> The NRA believes that doctors and other health professionals should refrain from gun safety education because they "know nothing about firearms."<sup>3</sup> Well, they are right, if knowledge is defined as objective information obtained from scientific research. I suppose attending to 297 gunshot wounds and 89 gun deaths every day in the U.S. is merely anecdotal information as long as health professionals are prohibited from asking questions, and the leading public health institute in the U.S.A., the Centers for Disease Control and Prevention (CDC), is prohibited from studying gun-violence.<sup>4</sup> Every day in the U.S., emergency rooms admit about 50 children who are treated for gunshot wounds, most accidental or self-inflicted; we don't know how many of those lives could have been saved with research-validated patient education and counseling.

All doctors, nurses, and allied health professionals and students are in favor of medical research. The entire medical paradigm is built on the scientific method. Medical research and patient education on gun safety is vital to the practice of emergency and preventative medicine. Research will produce data and information that can be shared with health professionals at conferences

and workshops. This information can be translated into medical consultation and education, patient brochures and handouts that health professionals can share discretely along with advice on safe sex, seat belts, car seats, baby staircase gates and banister guards, and the safe storage of cleaning solutions. I grew up in the “Smokey the Bear says only you can prevent forest fires, so don’t play with matches” era, and my parents and I never felt our right to privacy or ability to sit around a campfire and roast marshmallows was ever threatened or compromised by the warnings and handouts we received from the pediatrician.

The NRA fears that caregivers will misuse their authority and push a political agenda that is aimed at the eventual confiscation of all guns.<sup>5</sup> The NRA believes it is perfectly acceptable for health professionals to talk to their patients about guns if it’s a casual conversation about a shared interest in hunting or collecting, but they believe it is not acceptable to ask a father who brings his daughter in for a check-up, “Do you own guns?” They believe this is an invasion of privacy and recommend patients file formal complaints to their health insurance plans and state licensing boards.<sup>6</sup> These complaints are designed to intimidate the ethical caregiver who will “think twice about having ethical boundary violations on their records.”<sup>7</sup> In essence, the NRA weighs the ethical principles of *privacy and confidentiality* above those of *beneficence and nonmaleficence*.

So, here is my own personal ethical recommendation. Since casual conversations about hunting and gun collecting do not violate the ethical boundaries defined by the NRA, then strike up a conversation, which eventually leads to sharing important information about the safe storage and handling of guns. No ulterior motives, no hidden agenda to record or share this information with anyone other than the patient and his or her family. If you’ve never owned a gun or know nothing about gun safety, become informed so that you can demonstrate genuine enthusiasm about your patient’s values and behaviors. Away from the clinic, write your congressman to demand he or she allow the CDC to study gun violence and ask him or her to support your ethical duty to discuss firearm safety in a discrete and confidential manner.

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