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# Physician ‘Gun-Gag’ Law: The Politics And The Medicine

*By Jamie Wells, M.D. — February 17, 2017*

Credit: Shutterstock [1]

I hate politics. Is that enough of a disclosure? Well, I hate erosion of the doctor-patient relationship even more, especially when predicated on politicized falsehoods. So without making a political statement, let's have a medical discussion, and you can let me know your thoughts.

A recent ruling by the 11th U.S. Circuit Court of Appeals in Atlanta, Georgia, found the Firearm Owners Privacy Act (FOPA)— enacted in 2011 in Florida— impeded the First Amendment free speech rights of medical professionals. The law sought to preserve Second Amendment rights but thought forbidding physicians to discuss gun ownership with patients was the way to do so. Fines and censure by the state medical board were threatened if doctors were found to be in violation. Ambiguous language didn’t help.

The legislation, colloquially called the "Docs vs Glocks" law by opponents of guns, was used to suggest doctors are against gun ownership or that they will abuse their relationship with patients and try to guilt them into being anti-gun. Yesterday’s decision was a reversal of a previous three-judge review that upheld the law, and found there was no conflict between a physician’s First Amendment rights and a gun owner’s Second Amendment rights.

That's a legal decision. What is the objective medical take? For this doctor, talking about gun safety does not mean advocating for or against the right to possess a gun. But I also recognize that not all doctors can draw that line.

So let's use an example that lacks the political hot-button connection.

When an infant is born, the pediatrician requires access to the maternal record to treat the baby

effectively. This knowledge proactively allows for disease prevention, early diagnosis, treatment and impactful intervention. Given that children are minors, for example, the home environment and caregivers directly affect their physical and mental well-being. It is a matter of routine to accumulate knowledge of the child's family history to discern what is inheritable and act accordingly. We can learn where there is a hazard (e.g. smoking) and where there is a positive influence (e.g. healthy eating and regular exercise). **(1)**

Most parents actually want to know how to ensure optimal health and reduction of risk. Childproofing and child safety discussions require a comprehensive understanding of the home, school and social environments, any toxic exposures and a complete history. We need to talk about smoking, we need to talk about alcohol use.

Over time, these conversations change because life is dynamic. Kids get older, sexual activity becomes a possibility, people move, marriages dissolve and family members suffer illnesses.

As we say, prevention is always relevant, no matter the etiology. Such "anticipatory guidance" is a crucial part of the doctor-patient experience.

That doesn't mean we should be making judgments under the guise of claiming to be informational. I am not a drinker but I wouldn't berate a parent who has moderate alcohol intake. We're supposed to be trusted guides for the public and we can't do that if we look like we are advocates for anything other than health.

Hampering the ability of a physician to discuss safety in the home hampers our ability to serve patients. Physicians—primary care, in particular— have long incorporated discussion of seat belt safety into their repertoire. As per the Centers for Disease Control and Prevention (CDC) [2], "seat belts reduce serious crash-related injuries and deaths by about half. They saved 12,802 lives in 2014."

Asking if there is a gun in the home and, if so, reinforcing the importance of it being properly stored and locked, is not intrusive, any more than asking about smoking and reinforcing that parents should do so outside is. We also discuss fences around a residential pool if a toddler is living in the home, and we discuss possible lead exposure if we know someone lives in a pre-World War II apartment in New York City. Discussing an issue before it might be a problem, let alone a devastating one, is important. **(2)**

A patient can always refuse to answer any question we ask. That is their right. And patients can change doctors if they are uncomfortable or for any reason. A patient has to trust us and a gun owner who perceives an abusive or coercive tone regarding guns, or any issue imaginable, is going to find a different doctor. And we need to know what is happening with our patients. If a child is profoundly depressed, do you even need to be a doctor to appreciate how critical it is to know what medications are in the home and if a gun is not properly stored? Maybe you do. Someone needs to have those conversations, no matter how awkward they are for parents who may not want to see what is happening.

Some people have issues with guns. I get it. Constitutional law is not a physician's area of expertise, and we shouldn't be preaching about it. The only Board exam questions I have had on

the topic of guns was exclusively about how to store them safely. Period. End of story.

Well, not really the end of the story, there is still a slippery slope at the end. If we forbid doctors to talk about gun safety, what's next?

Note(s):

**(1)** In medicine, good information saves lives, bad information ends them. Read more on why good data and information is vital to survival: 10 Ways to Save Your Life or the Life of a Loved One [3].

**(2)** Preventive medicine is vital to making a dent in death by unintentional injury that has surged 23%. To review the top 5 leading causes of death where it was considered premature and avoidable, read: Leonard Cohen's Death by Falling Among Top 5 Leading Causes [4].

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[2] https://www.cdc.gov/motorvehiclesafety/seatbelts/facts.html
[3] http://www.huffingtonpost.com/jamie-leigh-wells-md-faap/10-ways-to-save-your-life_b_9824018.html?source=acsh.org
[4] http://acsh.org/news/2016/11/18/leonard-cohens-death-falling-among-top-5-leading-causes-10458