



Doctors Urged to Advance Gun-control Agenda

Recent shootings, such as in the Pittsburgh synagogue, are the justification cited by Dr. Ana Maria Lopez, president of the American College of Physicians (ACP), for doctors getting involved in the gun debate. According to Dr. Lopez, such incidents illustrate “how important and poignant it is for there to be policies that can be really effective in keeping guns away from both those who are either a risk to themselves or to others.”



Accordingly, the ACP released some recommendations this week on how doctors can play a role in reducing “gun violence.” Specifically, the ACP wants physicians to pry into whether their patients have guns in the home, so they can offer them counsel on gun safety, and in some cases, report them to the police.

“Firearm-related injuries and deaths really continue to be a part of what is harmful to patients and families,” Lopez said.

But the ACP wants more than just friendly advice from your family doctor. The ACP has supported “appropriate regulation of the purchase of legal firearms to reduce firearms-related injuries and death,” as well as more child access prevention laws that would hold the owners of firearms accountable for the safe storage of their guns.

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In addition, ACP advocates for laws banning the manufacture, sale, transfer, and even ownership of so-called rapid-killing semiautomatic firearms for civilian use.

Along with asking patients about guns in the home, ACP favors new laws (popularly known as “red flag laws”) that will allow families and law enforcement to petition a court to “temporarily” remove firearms from individuals who may be a risk to themselves and others. In other words, if a doctor were so inclined, he could turn his patient in to the cops, if he suspected that patient should be stripped of his right to have a gun in the home. While some might argue that physicians could be expected to only take such steps in extreme cases, the reality is that a doctor motivated enough to ask such intrusive questions about guns is much more likely to be an anti-gun rights crusader.

Dr. Lopez attempts to justify this war on the private ownership of firearms arguing, “We speak with our patients about, ‘do you use a seat belt?’ If they ride a bike or ride a motorbike, ‘do you use a helmet?’ So, these are public health issues, and it’s similar to ask patients if there’s a gun in the home.”

Actually, I have never been asked such questions by my doctors, and if I were I would probably find a different doctor. It would seem rather strange to me to visit a physician for an upper-respiratory infection and be asked if I use a seat belt.

Another physician, Dr. Garen Wintemute, an emergency-room physician in California, agreed with the recommendations, noting, “I talk with patients about firearms almost every shift I work as an



Written by [Steve Byas](#) on October 31, 2018

emergency physician.”

David Hemenway, professor of health policy at Harvard, also supported the recommendations, arguing, “The evidence is overwhelming that firearm violence in the United States — firearms killing people, scaring people, injuring people — is an enormous public health problem.”

Another doctor, Timothy Wheeler, has a different take, however, calling such political advocacy during the doctor-patient situation a “boundary violation.” Dr. Wheeler offered the illustration of a person visiting a doctor for back pain, and being asked if he has a gun in the home. The doctor may even suggest that the patient would be better off “if you had no guns at all in your house.”

Wheeler contends that while an anti-gun rights doctor may profess concern for patient safety, “their ulterior motive is a political prejudice against guns and gun owners.” A patient who seeks medical help or psychiatric treatment “is often in a uniquely dependent, anxious, vulnerable, and exploitable state.” Wheeler charges that this physician is putting his own needs and political beliefs “before the needs of the patient,” and has crossed the line from healer to political activist.

Besides that, the intrusive questions about guns in the home are based on several fallacies. The often cited work of Dr. Arthur Kellerman, published in the *New England Journal of Medicine*, is used to argue that persons who keep guns in the home are more likely to be victims of homicide than those who do not. However, Dr. Edgar Suter, chairman of Doctors for Integrity in Policy Research, refutes Kellerman’s research, contending that gun-control researchers fail to consider and underestimate the protective benefits of guns. Dr. Suter wrote, “The true measure of the protective benefits of guns are the lives and medical costs saved, the injuries prevented, and the property protected.”

Kellerman’s work has also been debunked in that he used study populations that have disproportionately higher rates of serious psychosocial dysfunction. Fifty-three percent of the case subjects, according to the website of the American Association of Physicians and Surgeons (AAPS), had a history of a household member being arrested, and 32 percent had a household member hit or hurt in a family fight.

In the book *Point Blank: Guns and Violence in America*, Dr. Gary Kleck found that the defensive uses of firearms by citizens amount to a 2.5 million uses per year. Kleck argues that between 25-75 lives are saved by a gun for every life lost to a gun.

The actual U.S. healthcare costs of treating gunshot wounds is only about 0.2 percent of annual healthcare expenditures.

Finally, many argue that a gun in the home makes suicide more likely, but the evidence does not support that assertion. In Japan, Hungary, and Scandinavia, countries that have very strict gun-control laws have much higher rates of suicide — two or three times higher — than the United States. With no gun available, they simply use other methods, such as knives, drowning, suffocation, or hanging.

The usual liberal mantra is that it is all about the children, but Professor John Lott’s studies have found that children 14-15 years of age are 14.5 times more likely to die from automobile injuries and even three times more likely to die from a bicycle accident than from a gun accident.

Allowing that some of these anti-gun advocates sincerely believe that they are protecting the population from itself, we must also consider that for many, getting doctors to harangue patients about having a gun in the home is just another way to reduce the number of law-abiding Americans who own a firearm.

The ultimate goal for many of those who express concern about “gun violence” is the elimination of the private ownership of firearms, but that goal is counter to American history and law. As Supreme Court



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Justice Joseph Story wrote in 1833, “The right of the citizens to keep and bear arms has justly been considered the palladium of the liberties of a republic; since it offers a strong moral check against usurpation and arbitrary power of rulers; and will generally, even if these are successful in the first instance, enable the people to resist and triumph over them.”

If a doctor were to ask you if you have a gun in the home, ask him if he has ever read this quotation from Justice Story or simply ask him to keep his questions medically related.

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