RESOLUTION

Subject: Promote Screening and Patient Education for Gun Safety in the Home

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, firearm injury has become the leading cause of death in children and teens in the U.S., accounting for 19% of child and teen mortality in 2020¹; and

WHEREAS, 54% of U.S. adults report at least one of the following experiences: being threatened with a gun, having a family member who died from firearm injury, witnessing someone being shot, firing a gun in self-defense, or being injured in a shooting themselves²; and

WHEREAS, an estimated 4.6 million American children live in a home where at least one gun is kept loaded and unlocked³; and

WHEREAS, of the 1,388 child suicides studied by Schnitzer et. al, nearly 70% used a firearm belonging to the child (9%) or to the child's parent or other relative (59%) and of suicides that occurred in the child's home with the known gun owner, nine times out of 10, the owner was either the child or a parent⁴; and

WHEREAS, most teenage school mass shooters obtain guns from inside the home⁵, as mirrored by the Marshall County High School shooting in 2018 ⁶; and

WHEREAS, medical settings provide an opportunity to provide screening and counseling for safer gun ownership as they include access to providers who can communicate (public) health risks and the presence of family members or caregivers; and

WHEREAS, screening tools and behavioral counseling have the potential to save lives by identifying patients at risk of firearm injury^{7,8} and reducing the number of suicides and homicides committed by children; and

WHEREAS, the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, and American Public Health Association recommend that clinicians screen their patients for firearm injury prevention and safe storage ^{9,10}; and

WHEREAS, 14% of U.S. adults report that a health care provider has ever screened for the presence of firearms at home, that 26% of parents of minor children state that their child's pediatrician has screened for the presence of firearms at home, and that 5% of adults have reported receiving firearm safety counseling from a health care worker²; and

WHEREAS, completion of CME activities about firearm safety was associated with increased likelihood both of physicians providing firearm safety counseling to their patients and of physicians screening for the presence of firearms for patients with depression¹¹; now, therefore be it

RESOLVED, that KMA advocates for screening during medical visits for presence of guns in the household and educate for safe storage of firearms.

References:

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- 11 Damari ND, Ahluwalia KS, Viera AJ, Goldstein AO. Continuing medical education and firearm violence counseling. AMA journal of ethics. 2018;20(1):56-68.