

## Guns in America: Defense or Danger?

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### Guns in America: Defense or Danger?

Is gun-induced trauma in America accidental, self-induced, or done on purpose? Are we exposed to shooting deaths partly as a result of firearms obtained for protection? What are the implications of gun violence on society and its health care system?

Gun ownership in America is popular and has political support [1]. People often purchase guns for security, sometimes for sport or recreation, but also on occasion for nefarious considerations. The irony of this is that something obtained for safety or leisure purposes ends up killing or maiming people at an alarming rate, and with a high medical and social cost. Gun violence is an important health care issue [1]. The general public view about gun control and/or ownership is nearly evenly divided, with an increasing proportion favoring more built-in gun safety features and stricter laws, such as universal background checks.

In the United States, firearm related homicides dropped from 18,253 homicides in 1993 to 11,101 in 2011 [2]. The number of homicides by guns has declined from 1993 to 1999, rose until 2006, and then decreased through 2011. However, the majority of our shooting deaths are self-induced, at over 20,000 suicides annually, according to the Centers for Disease Control and Prevention [3]. Firearm-induced suicides have increased significantly from 1999 up to 2011 [4]. From 2002 to 2011, young adults between 18 to 24 years old had the highest homicide rate in comparison with all other age groups [5]. Children under the age of 15 die from gunfire at over 3,000 per year, with two-thirds of those deaths as a result of homicide and most of the rest being suicides. That is about eight children shot to death every day. Widespread firearm ownership in America has resulted in a great deal of gun violence, even though many of these weapons are purchased for protection or leisure purposes.

Gun violence is expensive [6]. The mean medical cost per injury in 1994 was \$17,000; gunshot injuries cost the nation around \$2.3 billion, most of it paid for by taxpayers. The health care costs for firearm-induced trauma have been rapidly increasing with the mean medical expense per hospitalization reaching \$75,884 [7]. It might be advantageous to focus greater governmental attention towards remediation of this public health problem.

According to World Health Organization assessments, the United States has the highest number of gun deaths when compared to Japan, Germany, Canada, Great Britain, and France [8]. There could be many reasons for this discrepancy; these nations do have strict rules of gun control. Ownership is regulated and certain weapon types are prohibited. In some countries assault rifles, silencers, short-barreled shotguns, and high capacity magazine clips are banned for civilian

possession unless specifically authorized. After a mass shooting in Australia, the government implemented strict rules which subsequently lowered the gunshot death rates in that country [9]. In Switzerland, suicide rates declined once access to military firearms was more limited [10].

What can an individual physician do? [11,12] Clinicians could discuss weapon safety at school meetings or community gatherings. Doctors should talk to their patients about keeping firearms unloaded and locked, completely separate from ammunition storage. Similarly, advise families to eliminate gun access to children, and individuals with impulsivity, substance abuse, depression, emotional dyscontrol, and in times of stress or turmoil. Safe storage and limiting weapon accessibility in predictably dangerous situations should promote greater safety. Whenever overt risk is suspected, as in persons contemplating suicide, an immediate action-plan with patients and their family is recommended to at least temporarily limit weapon access. Having greater public, governmental, and medical professional awareness of gun violence might stimulate more problem solving about this issue.

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