



Doug Campos-Outcalt, MD, MPA

University of Arizona;
The Journal of Family Practice associate editor and
author of Practice Alert

Treat gun violence like the public health crisis it is

Last month's mass shooting in Las Vegas, which killed 59 people and wounded 500, was committed by a single individual who legally purchased an arsenal that allowed him to fire hundreds of high-caliber bullets within minutes into a large crowd. This is just the latest in a series of high-profile mass killings that appear to be increasing in frequency.¹

As terrifying as mass murders are, they account for only a small fraction of gun-related mortality. Everyday about 80 people in the United States are killed by a gun, usually by someone they know or by themselves (almost two-thirds of gun-related mortality involves suicide).² No other developed country even comes close to our rate of gun-related violence.²

If we gather data and fund research, we can make changes to reduce deaths while maintaining the right to own a firearm.

What to do? Recall anti-smoking efforts.

Gun violence is a public health issue that should be addressed with tried and proven public health methods. A couple of examples from history hold valuable lessons. While tobacco-related mortality and morbidity remain public health concerns, we have made marked improvements and saved many lives through a series of public

health interventions including increasing the price of tobacco products, restricting advertising and sales to minors, and prohibiting smoking in public areas, to name a few.³

These interventions occurred because the public recognized the threat of tobacco and was willing to adopt them. This was not always the case. During the first half of my life, smoking in public, including indoors at public events and even on airplanes, was accepted, and the "rights of smokers" were respected. This now seems inconceivable. Public health interventions work, and public perceptions and attitudes can change.

Consider inroads made in driver safety, too. We have also made marked improvements in motor vehicle crash-related deaths and injuries.⁴ For decades, we have recorded hundreds of data points on every car crash resulting in a death in a comprehensive database—the Fatality Analysis Reporting System (FARS). These data have been used by researchers to identify causes of crashes and crash-related deaths and have led to improvements in car design and road safety. Additional factors leading to improved road safety include restrictions on the age at which one can drive and on drinking alcohol and driving.

We can achieve similar improvements in gun-related mortality if we establish and maintain a comprehensive database, encourage and fund research, and are willing to adopt some commonsense product improvements and ownership restrictions that, nevertheless, preserve the right for most to responsibly own a firearm.

Don't you think it's time?

1. Blair JP, Schweit KW. A study of active shooter incidents in the United States between 2000 and 2013. Texas State University and the Federal Bureau of Investigation, US Department of Justice, Washington, DC. 2014. Available at: <https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf>. Accessed October 16, 2017.
2. Wintemute GJ. The epidemiology of firearm violence in the twenty-first century United States. *Annu Rev Public Health*. 2015;36:5-19.
3. Centers for Disease Control and Prevention. Tobacco use—United States, 1900-1999. *MMWR Morb Mortal Wkly Rep*. 1999;48:986-993.
4. Centers for Disease Control and Prevention. Achievements in public health, 1900-1999 motor-vehicle safety: a 20th century public health achievement. *MMWR Morb Mortal Wkly Rep*. 1999;48:369-374.

EDITOR-IN-CHIEF

JOHN HICKNER, MD, MSc
University of Illinois at Chicago

ASSOCIATE EDITOR

RICHARD P. USATINE, MD
University of Texas Health Science Center at San Antonio (Photo Rounds)

ASSISTANT EDITORS

DOUG CAMPOS-OUTCALT, MD, MPA
University of Arizona

RICK GUTHMANN, MD, MPH
Advocate Illinois Masonic Family Medicine Residency, Chicago

ROBERT B. KELLY, MD, MS
Fairview Hospital, a Cleveland Clinic hospital

GARY KELSBERG, MD, FAAFP
University of Washington, Renton

COREY LYON, DO
University of Colorado, Denver

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

E. CHRIS VINCENT, MD
University of Washington, Seattle

EDITORIAL BOARD

FREDERICK CHEN, MD, MPH
University of Washington, Seattle

JEFFREY T. KIRCHNER, DO, FAAFP, AAHIVS
Lancaster General Hospital, Lancaster, Pa

TRACY MAHVAN, PHARM D
University of Wyoming, Laramie

MICHAEL MENDOZA, MD, MPH, MS, FAAFP
University of Rochester, New York

FRED MISER, MD, MA
The Ohio State University, Columbus

KEVIN PETERSON, MD, MPH
University of Minnesota, St. Paul

MICHAEL RADDOCK, MD
The MetroHealth System, Cleveland, Ohio

MICHELLE ROETT, MD, MPH, FAAFP, CPE
Georgetown University Medical Center, Washington, DC

KATE ROWLAND, MD, MS
Rush-Copley Medical Center, Chicago

LINDA SPEER, MD
University of Toledo, Ohio

JEFFREY R. UNGER, MD, ABFP, FACE
Unger Primary Care Concierge Medical Group, Rancho Cucamonga, Calif

DIRECT INQUIRIES TO:

Frontline Medical Communications
7 Century Drive, Suite 302
Parsippany, NJ 07054
Telephone: (973) 206-3434
Fax: (973) 206-9378