

Gun control: a health issue for which physicians rightfully advocate

Matthew B. Stanbrook MD PhD

■ Cite as: *CMAJ* 2019 April 23;191:E434-5. doi: 10.1503/cmaj.190401

A Canadian gun lobby group recently launched an aggressive, coordinated attack on Dr. Najma Ahmed, a Toronto trauma surgeon and founder of Canadian Doctors for Protection from Guns.¹ The group had its supporters file nearly 70 complaints with the College of Physicians and Surgeons of Ontario, alleging that Dr. Ahmed's advocacy for gun control constitutes immoral and unprofessional behaviour. If the intent was to discourage her and other physicians from such advocacy, these efforts appear to have failed spectacularly: the college appropriately dismissed these complaints within a week, and physicians across Canada subsequently rallied in support of gun control. However, this novel attempt at political intimidation constitutes an alarming threat against public health advocacy, to which physicians must respond with resolve and determination.

Canadians may think that gun control — and the gun lobby's toxic brand of political bullying — has relevance only south of our border. Yet the indiscriminate mass shooting in Toronto's Danforth neighbourhood in 2018, in the context of rising rates of gun violence nationally,² has provided impetus for new federal legislation on gun control — Bill C-71 — now making its way through Parliament. These developments have simultaneously prompted unprecedented organization and advocacy by Canadian physicians for stricter firearm controls. Unprecedented, but not new: Canadian physicians have advocated for gun control for decades.³

The gun lobby's stated objections against physician involvement in the gun control debate encompass the downright ridiculous. They have argued, for example, that such advocacy will lead to children being shot by police coming to raid homes of gun owners.³ Their more measured, but equally implausible, assertions are that physicians are not qualified to discuss the harms from guns, and furthermore, that physician advocacy for gun control is unethical and radical.

Suggesting that physicians who treat injuries and disability and witness death should say and do nothing about their causes is ludicrous. Preventive medicine is responsible for much of the past century's triumphs over diseases and increases in human life expectancy, ranging from major sociological threats to health

issues such as tobacco, alcohol and motor vehicle use — all indisputably within the purview of physicians — to global political threats such as nuclear proliferation, for which physician advocates have received the Nobel Peace Prize. Physician advocacy for public health, interpreted broadly, is not radical; it is our moral and professional duty. And physicians who choose to enter the gun control debate are quite capable of understanding the arguments on both sides of it well, as the debate is far less complex than many patient care issues they face every day.

Gun control policy, as with all health policy issues, should be founded upon the best available evidence. Physicians know scientific evidence and are good at producing, appraising and explaining it to the public. In contrast, the gun lobby has been good at hindering both production and discourse of evidence linking guns and health. It has induced the United States Congress to forbid the US Centers for Disease Control and Prevention from funding research on gun violence and has influenced several US states to pass laws preventing physicians from counselling patients about gun safety⁴ — measures all democratic nations that value fact-based public policy should find abhorrent. But perfect evidence is neither attainable nor necessary before reasonable action can be taken to reduce deaths and injuries from guns. Political leaders in New Zealand, which had until now some of the weakest gun laws among developed nations, acknowledged this by committing to enact strict gun control laws within hours of the recent mass shooting in Christchurch — swifter and with more consensus than Canada's response to the deadly events in Toronto.

Canadian physicians must maintain the resolve to push back hard against the gun lobby's malign influence, just as our US colleagues have done.⁵ Stricter gun control measures are a rational strategy, supported by ample evidence, to reduce morbidity and mortality from gun injuries. Any engaged citizens, including physicians, can reasonably argue in support of this as they see fit. No one should be marginalized or silenced from engaging in reasonable debate about where the line should best be drawn between public health and safety and individual choices — least of all key stakeholders whose job it is to look after the public's health.

References

1. Weeks C. Ontario doctors' college dismisses gun-control complaints against Toronto surgeon. *Globe and Mail* [Toronto] 2019 Mar. 13. Available: www.the Globeandmail.com/canada/article-ontario-doctors-college-dismisses-gun-control-complaints-against/ (accessed 2019 Apr. 4).
2. Fletcher R. Canada gun facts: here are the latest stats on firearm deaths, injuries and crime. *CBC News* 2018 Aug. 30. Available: www.cbc.ca/news/canada/calgary/canada-gun-facts-crime-accidental-shootings-suicides-1.4803378 (accessed 2019 Mar. 13).
3. Brown RB. Brown: Yes, doctors have a vital role in toughening gun laws. *Ottawa Citizen* [Ottawa] 2019 Feb. 27. Available: <https://ottawacitizen.com/opinion/columnists/brown-yes-doctors-have-a-vital-role-in-toughening-gun-laws> (accessed 2019 Apr. 4).
4. Dzau VJ, Leshner AI. Public health research on gun violence: long overdue. *Ann Intern Med* 2018;168:876-7.
5. Taichman D, Bornstein SS, Laine C. Firearm injury prevention: AFFIRMing that doctors are in our lane. *Ann Intern Med* 2018;169:885-6.

Competing interests: See www.cmaj.ca/site/misc/cmaj_staff.xhtml

Affiliations: Deputy editor, *CMAJ*; Department of Medicine, University of Toronto, Ont.

Correspondence to: *CMAJ* editor, cmaj@cmajgroup.ca