

# Physicians Urged to Ask Elderly Patients About Guns

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The medical imperative to talk to patients about gun ownership and hence gun safety — an imperative challenged by Florida and Wisconsin lawmakers — usually centers on the need to prevent a small child from discovering, say, a loaded Glock in Dad's dresser.

However, physicians also should inquire about guns in the homes of geriatric patients who may be at a higher risk for a gun-related fatality — particularly suicide — because of dementia, delusions, memory problems, and depression, according to an article by a healthcare attorney [published online](#) yesterday in the *Annals of Internal Medicine*.

The author, Marshall Kapp, MPH, takes a physician's duty one step further than most. The director of the Florida State University Center for Innovative Collaboration in Medicine & Law in Tallahassee, Kapp writes that when impaired, gun-owning geriatric patients pose a risk to themselves or others, physicians should consider advising family members to remove the guns from the home, or store them unloaded under lock and key. And if families fail to respond to "reasonably foreseeable" and substantial risks, physicians have a "mandatory or permissive responsibility" to report this form of adult abuse or neglect to authorities. Under such circumstances, normal doctor-patient confidentiality restrictions do not apply, Kapp writes.

These drastic recommendations address a serious gun-hazard problem, according to Kapp. He writes that seniors are more likely to shoot themselves intentionally or unintentionally than younger individuals, although he does not reference the source of that assertion. In addition, "the use of firearms has become the most common suicide method for both geriatric men and women."

Kapp does not cite a reference about geriatric suicide and firearms, either, but supporting evidence is plentiful in the Web-based [Injury Statistics Query and Reporting System](#) (WISQARS) maintained by the Centers for Disease Control and Prevention. From 2005 to 2010, firearm injuries accounted for 72% of suicides among Americans aged 65 years or older compared with 51% among all suicides. In addition, the elderly are more prone to suicide than the population as a whole. The suicide rate for the elderly was 14.6 per 100,000 in population compared with a rate of 11.4 for all Americans.

Even more at risk for gun-assisted suicide are elderly men, according to WISQARS. Their suicide rate from 2005 to 2010 was 29.7 per 100,000, and they used a gun almost 79% of the time.

## Just Like a Conversation About Taking Away the Car Keys

Kapp writes that some physicians may shy away from asking the elderly about firearms in light of patient autonomy — owning a handgun, rifle, or shotgun is their business, and a Second Amendment right at that. "However, deferring to a patient's autonomous choices only makes sense when that patient is capable of making decisions, and some geriatric patients with unsecured firearms in the home are not autonomous decision makers," writes Kapp, the editor of the *Journal of Legal Medicine*.

When seniors have a hard time thinking for themselves, talking to family members about Mom or Dad's gun is the next step. Physicians can frame that discussion, Kapp writes, in the same terms as confiscating an elderly person's car keys when need be.

Kapp envisions the day when the judicial system deems inquiries about gun ownership and discussions of gun safety as a routine part of medical care. Physicians who fail to ask the gun question could be found liable for deviating from the standard of care if a patient suffers harm, he predicts. Likewise, physicians who ask the question "will be practicing a form of positive defensive medicine."

In an interview with *Medscape Medical News*, medical ethicist Howard Brody, MD, PhD, said that Kapp's article raises a helpful red flag about the problem of impaired geriatric patients with access to guns. "Physicians should pay more attention to this than they have in the past," said Dr. Brody, director of the Institute for the Medical Humanities and a family medicine professor at the University of Texas Medical Branch at Galveston.

Routinely hot-lining families for not separating impaired seniors from their guns would be an extreme and disproportionate measure, said Dr. Brody. "[Kapp] has not given us enough evidence to say this should be a routine precaution." However, the medical ethicist said there is a better way to interpret Kapp's recommendation: When they encounter a case, however rare, in which a family ignores a real and imminent danger connected to gun ownership, physicians are on safe legal ground in tipping off authorities.

"Don't imagine that your hands are tied," said Dr. Brody.

### **Judicial and Legislative Update on Gun-Gag Laws**

Kapp's recommendations add fuel to the debate about the role of physicians in reducing gun violence, especially since the mass shooting in Newtown, Connecticut, last December.

The debate moved to front and center in 2011, when Florida lawmakers passed a law prohibiting physicians from asking patients if they owned firearms unless the question was relevant to medical care or safety. The law, supported by the National Rifle Association (NRA), was intended to protect the Second Amendment rights of patients and keep gun politics out of the exam room. Several state medical societies and individual physicians challenged the law in federal court as an infringement on their First Amendment right to free speech. They argued that inquiries about gun ownership are only preludes to discussions about safe gun practices, especially when young children are in the home. The law's relevance exception, they added, was too vague to take the chill off their free speech.

A federal district judge in Miami agreed with the physicians and [declared the law unconstitutional](#). State officials [appealed the decision](#) to a federal appellate court in Atlanta, Georgia, which will hear oral arguments on July 18.

Meanwhile, a similar bill has surfaced in the Wisconsin state legislature. The measure, proposed by State Representative Michael Schraa, would prohibit any physician except a psychiatrist from asking a patient whether he or she has a gun in the home. Physicians who violate this ban face a maximum 9 years in prison and a maximum fine of \$25,000.

Schraa, an NRA member, noted in a press release that President Barack Obama had declared in January that no federal law prevents a physician from asking patients if they own a gun.

"Owning a firearm, or not owning a firearm, is a personal decision that has nothing to do with your physical health," Schraa said. "Patients should not feel intimidated or harassed by their physician over the exercise of a constitutional right."

The legislation also would bar state or local law enforcement officials from enforcing any federal law that bans or restricts semiautomatic firearms, assault weapons, magazines, or ammunition.

The Wisconsin Medical Society opposes the bill's kibosh on firearm questions in the exam room, calling it a "gag order."

*Marshall Kappas disclosed no relevant financial relationships*

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