

A Clinician's Guide for Preventing Pediatric Firearm Injuries and Fatalities

Pediatric Firearm Injuries and Fatalities: The Clinician's Guide to Policies and Approaches to Firearm Harm Prevention. Lois K. Lee, Eric W. Fleegler, eds. Springer Nature Switzerland, 2021, 239 pages. \$119.99 hardcover, ISBN: 978-3-03062244-2

Gun violence is one of the most pressing contemporary public health issues in the nation, which makes this book most timely, to say the least! It is novel because it focuses on children and youth, in some ways, the most vulnerable victims of firearm injuries and fatalities. The editors explain their philosophy in the first chapter, “Health-care clinicians need to play an important role in harm prevention to decrease the risk of unintentional and intentional firearm injuries to children and youth, not only through anticipatory guidance but also through research and advocacy for effective policies designed to save lives.”¹ The main strengths of this book are the practical recommendations for interventions and approaches to handling guns and gun violence among children and youth in multiple clinical settings ranging from primary care to emergency and hospital-based practices. Although there are multiple authors, the book is quite readable, especially for clinicians, because each chapter summarizes Take-Home Points. The book has Part I, Epidemiology and Risk Factors, Chapters 2–6, providing the most up-to-date data on pediatric firearm injuries and fatalities in the U.S. with international comparisons. The data make an overwhelming case for a public health firearm crisis in the U.S. impacting children and youth. Part II, Interventions, Chapters 7–11, focuses on approaches for clinicians, and Chapters 12–14 provide added information on safe guns and legislative initiatives relevant to clinicians. The final Chapter 15 broadens the scope to raise key questions for future interventions, policies, and greatly needed research.

From the perspective of this reviewer, the most important chapters are 7–9 focusing on the need for well-tested clinical interventions before, during, and after firearm injuries and fatalities. In 2015, a total of 8 health professional organizations and the American Bar Association issued a Call to Action that opposes gag laws and states that “Physicians must be allowed to

speak freely to their patients in a nonjudgmental manner about firearms, provide patients with factual information about firearms relevant to their health, and the health of those around them. . . . without fear of liability.”² The American Bar Association has declared that such a position is consistent with the Second Amendment.² In many ways, “It is Always ‘Relevant’ to ASK about Guns” in clinical practice, especially when caring for children.³ As noted by the authors, many firearm injuries to children are unintentional owing to poor firearm safety and storage measures in households and are, indeed, preventable. Although parents are often advised on the risks of childhood passive smoke exposure, it is just as relevant to counsel parents who do not own guns on the safety issues of their children playing in households of gun owners who may not engage in safe storage and the use of gun locks. Clinicians need to screen and be vigilant to the compounding risks of guns related to suicide, depression, and drug and alcohol use/abuse in families and youth. Chapter 7 provides a nice “Framework for Clinicians to Provide Firearm Safety Counseling” and tools for risk assessment. It references the freely available pamphlet “Talking to Patients about Gun Safety” developed by the Massachusetts Attorney General’s office and the state medical society.⁴ Another example was developed by the Injury Prevention Center of the University of Michigan that provides a brief handout on current data on the risks of children finding guns in the house, unintentional injuries, homicide, and suicide as well as graphic examples of safe storage measures.⁵ The success in reducing automobile fatalities and injuries over time because of safety measures and laws has often been touted as an example of what can be achieved with firearm safety and prevention (1, Preface, xi). It seems from the clinician’s perspective that a more relevant example than automobile safety is the strong scientific basis for the brief advice model on smoking cessation and the Ask, Advise, Assess, Assist, and Arrange, which has become a full clinical practice guideline and a strong recommendation for universal practice implication by the U.S. Preventive Service Task Force.^{6,7} Just as there are reports of patients being more satisfied with their care if clinicians ask about smoking, there are similar reports related to firearm safety.^{8,9} The large body of research on providing brief behavioral and motivational intervention on reducing the risks of smoking could serve as models for clinical interventions on firearm safety.

Finally, Chapter 15 raises a wide range of issues advocating comprehensive integrative efforts from clinicians, public health professionals, educators, and law enforcement as well as tailored approaches for special circumstances and settings. The main clarion call is for more research. There are reports of strong barriers to firearm injury research.¹⁰ Surveys of firearm researchers compared with automobile researchers report 10-fold fear of personal threats (AOR=10.4, 95% CI=2.4, 44.4), report 16-fold experiences of personal threats (AOR=16.1 95% CI=1.6, 165.4), and are less likely to receive institutional support (AOR=0.3, 95% CI=0.1, 0.8).¹⁰ Of course, the 24-year obstruction of funding from the Centers for Disease Control and Prevention has been a major barrier (1, Forward, Page vii), and fortunately now during this past year, Congress is allowing expanded support for firearm research by the Centers for Disease Control and Prevention, NIH, National Institute of Justice, and private organizations. Universities are also investing in new ventures and institutes on firearm safety and harm prevention.¹¹ Ideally, over time as the body of research evolves, interventions on providing advice on firearm safety and harm prevention will become standards of care, with a solid recommendation by the U.S. Preventive Services Task Force. Presently, this clinician's guide on firearm harm prevention should become a standard reference for any and all clinicians who care about and care for children and youth.

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