By Ara Darzi

As a long time friend of the US and a regular visitor to its shores, I am a great admirer of the American narrative of freedom, entrepreneurialism and self-reliance. These are values that I have held dear all my life as an innovator and policy maker, struggling to achieve change against an often lead-footed and inefficient state.

So it is not without trepidation that I enter the gun control debate, knowing how polarised the two sides have become in this decades-long argument, and how easy it is to alienate one or the other

Yet as a doctor and surgeon I have a duty to speak out when I see thousands of fellow world citizens injured and dying from a preventable harm. And I hope that sharing the international perspective of a policy maker from outside the US may help illuminate the conversation within it.

Along with millions of others in the UK and around the globe, I have watched each new mass shooting in the US with growing dismay, and followed each ensuing bout of hand wringing over the causes with increasing despair.

Our job as doctors is to preserve health, prevent harm and cure the sick. But in the modern medical era we have learnt that cure is often not possible - we must satisfy ourselves with reducing harm. Harm reduction has become the new touchstone in areas from chronic disease to drug addiction. I believe this is the only approach likely to succeed in curbing firearm violence.

Over 32,000 people in America die from gunshot wounds each year, but the issue only gains brief attention when there is another mass shooting prompting an outpouring of grief for the innocent lives lost. Yet there is confusion over the appropriate response. A recent Pew Research Centre study found just over half of Americans want stronger gun laws. But even bigger majorities believe most people should be allowed to legally own most kinds of guns, and carry them in most places.

The American College of Surgeons, of which I am an honorary fellow, has argued that the only way to make progress is to shift the debate from one about gun control to one about harm reduction. ACS Governor members, it turns out, are as divided on the issue of gun control as is the American public.

For more than 30 years, the ACS’s Committee on Trauma has striven to prevent firearm injuries. But this fundamental disagreement over how to proceed has stalled most efforts to make real progress. The publication of a revised Statement on Firearm Injuries (1) by the ACS leadership in 2013 after the Newtown massacre proved to be controversial, with several FACS members resigning from the organization in protest.

A survey of ACS Committee on Trauma (COT) members, representing all US states and specialties, presented at the 2016 American Association for the Surgery of Trauma’s annual meeting (2), found over half believe guns are necessary to keep people safe. For them, as for many among the wider public, the right to bear arms is a totemic issue of personal freedom.

At the same time 30 per cent of ACS members believe gun ownership puts their personal safety at risk. They view firearms as emblematic of the violence in the US, unleashed in the mass shootings in Las Vegas and Texas, that have once again shocked the world.

One limitation of this data is that it is derived from a survey of only 254 trauma committee members of an organization with a total membership of nearly 80,000. A new survey of the full ACS membership, which would include many younger surgeons and trainees, should be undertaken to better characterize the opinions of the entire organization.

Another confounding factor may be the relatively small proportion of patients whom trauma surgeons see with gunshot wounds – less than 5 per cent of all patients who attend trauma centres - leading both surgeons and society in general to underestimate the impact of guns on the burden of death in the US. But many gunshot victims die before they reach hospital. When mortality rates are compared, firearms turn out to cause as many deaths as motor cars and falls.

I understand that Americans hold personal liberty and individual rights dear, as I do myself. Progress will not be made by dismissing such fundamental values held by reasonable and knowledgeable citizens. What is needed is a constructive dialogue out of which pragmatic ideas for a way forward can come.

The ACS’s efforts to bridge this divide have focused on building a consensus aimed at improving safety and reducing harm, rather than on restricting legal firearm ownership. I applaud these efforts which are already yielding dividends. When surgeons engaged in these discussions, they tended to agree more than they disagreed. Even when they disagreed, they were often able to continue the dialogue with the aim of reducing injury and death.

Out of this process has come real progress. Of 15 policies aimed at reducing firearm injuries, 10 received greater than 80 per cent support, according to the survey of ACS COT members

There was better than 90 per cent support for improved mental health screening, better injury prevention programs, increased penalties for “straw purchasers” who illegally supply guns to individuals, and better than 80 per cent support for mandatory background checks and improved gun safety.

The ACS has produced a violence intervention programme to address the root causes of violent conflict between people. It has also developed a strategy for dealing with the hemorrhagic consequences of gun violence, titled “Stop the Bleed” (3). Over 5,000 instructors have been trained to educate the public to use compression to stop bleeding until medical help arrives, should they find themselves present at a shooting. The College is also working to raise trauma centre standards, monitor their performance and improve rehabilitation and reintegration. A key next step forward is to shift the focus from the treatment of firearm injuries to their prevention. A new campaign to “Prevent the Bleed” could be undertaken to address the level of firearm violence in America.

It is too early to say what impact these measures will ultimately have. The challenge is enormous. Mass shootings – defined as four or more people shot in one incident not including the shooter - have significantly increased over the past 35 years and now occur on a daily basis.

Yet while mass shootings seize the headlines they account for a tiny proportion of the deaths and injuries caused by guns, two thirds of which are suicides. The total cost of firearm injuries was estimated at $174 billion in 2010 (4).

The intent of the ACS’s initiative is clear: to reduce unnecessary death and disability with improved prevention and better care. It is what we as doctors exist to do. The College rightly believes that it cannot solve the gun question passively and has recognised that it must do something to save the lives of the injured. However, while the ACS continues its work on this treatment plan, it also must formulate a forward-thinking injury prevention plan to prevent the bleeding to begin with. In that endeavour, it has my heartfelt support.

*Professor the Lord Darzi of Denham, OM, is director of the Institute of Global Health Innovation at Imperial College London, UK. He was a Labour health minister from 2007-9.*

References:

1. American College of Surgeons. Statement on Firearm Injuries. Chicago, IL: American College of Surgeons; 2013. Accessed at [www.facs.org/about-acs/statements/12-firearm-injuries](http://www.facs.org/about-acs/statements/12-firearm-injuries) on 30 November, 2017.
2. Kuhls DA, Campbell BT, Burke PA, Allee L, Hink A et al. Survey of American College of Surgeons Committee on Trauma members on firearm injury: consensus and opportunities. J Trauma Acute Care Surg. 2017 May;82(5):877-886.
3. 3) Jacobs LM, Burns KJ, Pons PT, Gestring ML. Initial steps in training the public about bleeding control: surgeon participation and evaluation. J Am Coll Surg. 2017 Jun; 224(6):1084-1090.
4. Wintemute G. The epidemiology of firearm violence in the Twenty-First Century United States. Annu. Rev. Public Health 2015, 36:5-19.