Opinion

#ThisIsMyLane

ere's an interesting question: Should the Academywhose mission is protecting sight and empowering lives-take a position on gun violence? I grew up in Wyoming, where children learn gun safety by the time they can read. I got my first permit for hunting antelope when I was in 7th grade; by the time I could drive a car, I'd learned to track an elk. I drove a pickup truck with a full gun rack, and there was a pistol in the glove box. But none of this prepared me for the realities of gun violence. During my first night on call as an ophthalmology resident, my first patient was a 13-year-old girl who had been shot by her boyfriend. The bullet severed her left optic nerve. I treated many more victims of gun-related eye injuries during my rotations at Highland Hospital, Alameda County's public hospital in Oakland, California. Every time, the experience was jarring, tragic, and memorable.

At the September meeting of the Academy Board of Trustees, Academy President George Williams, MD, asked, "How many of you have cared for patients with gun-related eye injuries?" It looked like every hand in the room was raised. He then asked, "How many of you have *never* cared for a patient with a gun-related eye injury?" Only one person responded: Donald Tan, MD, a cornea specialist from Singapore who is one of two international trustees. Every American ophthalmologist in the room was experienced in handling ocular trauma caused by gun violence—and our only attending board member from another country had never seen a case.

Seven major U.S. medical organizations have developed recommendations to address firearm-related injury and death and have published a paper in the *Annals of Internal Medicine*.¹ The coalition is emphasizing a public health approach that mirrors the strategies to decrease the harmful effects of tobacco use, motor vehicle accidents, and unintentional poisoning. Their recommendations include background checks for firearm purchase, extreme risk protection orders (temporary removal of firearms from those at imminent risk of gun violence), and protection against "gag" laws, which prevent physicians from counseling at-risk patients about the dangers of guns in the home. The paper supports education about safe storage of firearms and cautions about lumping gun violence with mental illness. Finally, the coalition urges policymakers to address "... firearms with features designed to increase their rapid and extended killing capacity."

As the authors point out, developing effective strategies to decrease gun-related injury and death requires good research—and there isn't much. For instance, in ophthalmology, there are many papers about eye injuries in children from air and pellet guns, but

very few that address visual outcomes following gun trauma. Furthermore, we need research into factors that lead to gun violence. And the strategies to prevent it must be evidence-based. Private and public funding is needed to provide the epidemiologic data around gunrelated injuries and the effectiveness of prevention tactics.

Of course, some ophthalmologists (and most Wyomingites) want to protect gun ownership. But tackling gun violence as a public health issue doesn't necessarily infringe on this right. In fact, the authors of the *Annals* paper note, "While we recognize the significant political and philosophical

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differences about firearm ownership and regulation in the United States, we are committed to reaching out to bridge these differences to improve the health and safety of our patients, their families, and communities, while respecting the U.S. Constitution."

The Academy Board of Trustees voted unanimously to endorse the paper, support its recommendations, and join the coalition of medical organizations who are calling for policies to help decrease firearm injuries and death in the United States. So, to refer back to my opening question, the answer is yes: The Academy regards the tragedies of gun violence as a public health issue. It is our responsibility as physicians to help prevent gun-related eye injuries.

1 McLean RM et al. Ann Intern Med. Published online Aug. 7, 2019.