

POLICY FORUM

Intervening Before Thoughts and Prayers

Introduction

When I first entered practice, aspirin—not opioids—was the leading fatal childhood ingestion. In the time since, our practice has hardly improved, though our policy did. Children's aspirin is now packaged in smaller bottles with less than a fatal dose of those tart, orange pills. We re-engineered and added child-proof caps, leading to a drop in fatalities. This same approach has been applied to automobile injuries, which until this year were the leading cause of child and adolescent deaths. Today, we build safer roads and impose speed limits, and build safer cars that absorb the impact of a crash by cushioning the occupant. Improved emergency response and trauma centers are critical post-event interventions.

But as firearm injuries have become the leading cause of death for children and adolescents, we too often attribute these tragedies simply to "violence" (the event) and fail to consider the pre-event policy and practice changes that might alter these outcomes.

This issue of the journal describes the potential for such changes to lower the probability of firearm-related injuries and fatalities, not just for children and adolescents, but persons of all ages. Articles in this issue also explore post-event interventions, expanding the traditional approach to include community responses that address not only the violence itself, but the trauma and anxiety of living in fear, mourning in sorrow, and uniting in hope. NCMJ

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