

BMA EVIDENCE FOR THE HOME AFFAIRS COMMITTEE INQUIRY ON FIREARMS CONTROL

Executive summary

- Doctors' involvement in this area is complex. Doctors can identify that patients hold firearm or shotgun certificates in several ways. They can be asked to act as a referee or counter-signatory, they can be approached by the police in order to obtain factual information about the applicant for such a certificate, or it can emerge during consultation.
- Doctors owe a duty of confidentiality to their patients, but such a duty is not absolute. Where doctors have a reasonable belief that an individual in possession of a firearm may pose a threat of serious harm to himself or to others, this information can be disclosed without consent.
- Not all patients who hold shotgun or firearm licences will make that fact known to their doctors.
- The BMA is concerned about an increased role for doctors in the supervision of certificate holders due to the difficulty of assessing the future dangerousness of certificate holders. Any proposed changes to medical involvement in firearms control must be prefaced by full consultation with the medical profession.

Medical involvement in the provision of firearm or shotgun certificates

The medical role in the provision of firearm or shotgun certificates is not straightforward, and this needs to be taken into account when considering any potential reform of information-sharing practices.

Doctors can be involved in such certification in a number of ways. Applicants can ask doctors to act as a referee for applicants for firearms or as a counter-signatory for a shotgun application. For both of these applications, doctors can act as one of a number of 'persons of good standing'.

Any such person acting as a referee for a firearm is required to complete forms relating to the mental and physical health and welfare of the individual and whether there are any causes for concern. Counter-signatories for shotgun certificates are requested to confirm that they know of no reason why the applicant should not be permitted to possess a shotgun and to 'bear in mind the character, conduct and mental condition of the applicant in so far as they are relevant.'

In addition the police may request information from a patient's GP in order to obtain factual information about the applicant's medical history. Doctors may also learn about whether a patient holds a certificate during a routine consultation. It follows from this, therefore, that GP's will not always be aware that a patient possesses a firearm or shotgun certificate.

BMA concerns about medical involvement in the provision of firearm or shotgun certificates

Although Home Office guidance limits the role of the counter-signatory or referee to the provision of information and opinions police can take into account when making a decision, the BMA has some concerns that an excessive emphasis may still be given to endorsement by a doctor because of the specialist nature of his or her expertise.

Doctors who have contacted the BMA with concerns about this process point out that they very rarely have sufficient knowledge of an individual to certify that he or she has not suffered from any mental disorder, nor will they be able to give a meaningful medical opinion on more general issues such as the 'character, conduct and mental condition' of the applicant. The BMA therefore advises doctors that where the applicant is not their patient, there is nothing to stop them from

endorsing an application, providing this is made clear. Where the applicant is a patient, the BMA advises doctors not to endorse applications unless they have a sufficiently detailed knowledge of the patient's mental and physical health to be confident that the individual can safely possess a firearm. In the BMA's view, few doctors are likely to have this level of knowledge.

Managing future dangerousness

A key aspect of firearms control is the ability to manage risk, in particular the ability to assess likely future dangerousness. In the BMA's view, the likelihood that an individual will present a risk of harm in the future is extremely difficult to predict, as the best indicator of future behaviour remains prior behaviour. The BMA would therefore be extremely concerned if responsibility for managing the risk presented by individuals with shotguns and firearms were transferred to the medical profession. Any intended changes to this process must be prefaced by consultation with the profession.

Information sharing

Doctors owe a duty of confidentiality to all their patients. The duty is not absolute. Where there is a reasonable belief that an individual either applying for a firearm or shotgun licence or already holding one, may represent a danger to themselves or others, the BMA advises doctors to strongly encourage the applicant to reconsider or revoke their application. If the applicant refuses, doctors should consider breaching confidentiality and informing the police firearms licensing department as a matter of urgency.

'Tagging' medical records

Following a coronial inquiry into a firearms-related death, in 2009 the BMA was involved in discussions concerning the desirability of GPs placing electronic tags in medical records to indicate that the patient either held a firearm or shotgun certificate or had applied for one. In the BMA's view such an approach can be appropriate, provided it is used as part of the ordinary care given to a patient. Any such system must not, however, imply that the GP or practice has taken on particular obligations to monitor the threat presented by the patient.