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## The Laws of the Dead

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# The Laws of the Dead

Gillian Naro, MD MEd and Marie-Laure Flamer, MD

George Washington suddenly fell ill with a sore throat and labored breathing at his estate in 1799. Initial management consisted of a "mixture of molasses, vinegar and butter," that was followed by "sage, tea and vinegar." With no signs of clinical improvement, his doctors were called to his bedside. As was standard medical care at the time and thought to be beneficial in various afflictions, he was "bled" more than 2L of blood in an attempt to restore his good health. The three doctors overseeing the bleeding process noticed the General become weaker despite their best efforts. His breathing became more labored and he passed shortly after his treatment.

Since 1799 medicine has evolved. Treatments, like "bleeding" or bloodletting, were researched for effectiveness and weighed against potential harms. Finding generally poor outcomes associated with the treatment, the practice was abandoned and is no longer used in modern medicine. In fact, many treatment methodologies that were once accepted by the medical community as the standard of care even a few decades ago, have fallen out of favor today in the wake of ongoing research and discovery.

As a modern physicians, we have the benefit of hindsight, an ever expanding knowledge base and a library of publications in every specialty to inform our practice today. The medical community has documented epidemics through incidence spikes recorded in collected data, thus allowing research to meet the communal need for intervention. There is one epidemic, however, for which research is stifled. In the particular case, modern interventions are largely agreed upon to ensure patient safety, but are blocked from practice. Movement on this particular public health ailment has been halted; modern medicine and lawful intercession cannot move forward. This unique plague is the gun violence epidemic.

We have seen rates of gun violence escalate nationally at remarkable rates. Unlike other epidemics, data gathering is difficult largely due to an amendment to a spending bill that has restricted the Centers for Disease Control from funding research on gun deaths and injuries since 1996. Physicians agree that the rise in gun violence should be viewed as a national epidemic. Organized medical groups, such as the

American College of Physicians, have put out position papers urging for research, legislative change, and for gun violence to formally be labeled and managed as an epidemic. Unlike generations before us who have observed outcomes, collected data, researched, analyzed, and adjusted practice to be evidence based as to minimize harm, as a country we have instead chosen to turn to a 250 year old document to be our absolute guide on our practice.

General Washington's cause of death has been extensively reviewed in the literature for centuries. Publications use the evidence recorded at the time and weighed that against the growth in understanding of the modern medical community. Advancements in strategies to better diagnose, predict outcomes and treat have shifted our understanding of the underlying pathology from what those bedside doctors had available to them two centuries ago. It is now believed that Washington suffered from acute epiglottitis and that the management of bloodletting hastened Washington's death significantly.

Despite constraints on collecting data, the science around gun violence while limited, has persisted. We see study after study informing the public that gun violence is increasing. We have evidence supported models for intervention strategies. Research has shown us that age limits, assault rifle bans, and universal background checks could be managed to manage this epidemic. Why do we follow evidence based guidelines in all other aspects of medical and epidemic interventions except for the issue of gun violence? Why is this the pathology that we refer back to the practices of 250 years ago?

Washington's contemporary and namesake of our hospital and university, Thomas Jefferson, was among the authors of the very document we use to dictate our modern management of gun violence: The United States Constitution. Yet even he would disagree with this strategy of rejecting modern advancements and evolving practices in the name of the tradition and loyalty to the constitution. In 1789, Thomas Jefferson wrote to his friend James Madison on the question of whether one generation of men has the right to preside over another.

He wrote:

"I suppose [this] to be self-evident, 'that the earth belongs in usufruct to the living': that the dead have neither powers nor rights over it...On similar ground it may be proved that no society can make a perpetual constitution, or even a perpetual law. The earth belongs always to the living generation." (Jefferson, 1789)

Jefferson advocates for renewed reflection, research, and change with each new generation. Similar to medicine in which the field and guidelines are always changing with new generations of scientists and assumed new understandings, so too should we update our societal practices and laws with the growing body of knowledge.

If Washington presented to a modern hospital today we would have been diagnosed with acute epiglottitis with radiographic imaging, and treated with appropriate antibiotics. The management for his fatal pathology has evolved from bloodletting. How much more blood needs to be shed as a result of the gun violence epidemic until we acknowledge our current laws are causing harm. It is time to change. We can no longer let the laws and practices of the dead rule over the living.

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