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# The Royal Australasian College of Physicians' submission to the Finance and Expenditure Select Committee

## Arms Legislation Bill

October 2019

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Finance and Expenditure Select Committee on the Arms Legislation Bill.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

## Key Points

The RACP is broadly supportive of the Arms Legislation Bill (the Bill), and its intention to tighten the methods by which arms are tracked and regulated in Aotearoa New Zealand. As noted in the RACP submission on the Arms (Firearms, Magazines, Parts) Amendment Bill, we strongly support the implementation of a comprehensive firearms registry which contains information on license-holders and firearms in their possession[1]. We also believe that it is important to augment such a registry with stronger licensing regimes, as the Bill proposes, due to the need to restrict firearms ownership to owners capable of reliable and safe use.

Despite this support, the RACP has identified some areas of concern within the Bill, namely within the sections addressing the relationship between health practitioners and gun owners. The RACP believes

- the requirement for health practitioners to consider notifying Police may discourage gun owners from accessing care
- the obligation imposed on health practitioners is unclear; and
- that people who are at risk may not be in contact with a health practitioner

## Background

The RACP submission on the Arms (Firearms, Magazines and Parts) Amendment Bill expressed our complete support for changes that sought to prohibit military style semi-automatic firearms (MSSAs) and emphasise the importance of public health and safety[1]. However, our submission also expanded on the opportunity for the Bill to go beyond this and enact a comprehensive firearms register linked to licensed owners.

It has been shown in Australia that significant reductions in harm from firearms can be achieved from tightening laws and regulations governing firearms, with the rate of decline in homicides and suicides by firearm at least doubling following gun legislation reform[2]. This has resulted in a significant disparity in the rate of suicide and homicide by firearm between Australia and Aotearoa New Zealand, with 0.91 deaths per 100,000 people in Australia and 1.3 per 100,000 in Aotearoa New Zealand[2]. As such,

[1] The Royal Australasian College of Physicians. Royal Australasian College of Physicians' submission to the Finance and Expenditure Committee Arms (Prohibited Firearms, Magazines, and Parts) Amendment Bill 2019. [Internet]. Sydney: The Royal Australasian College of Physicians; 2019. Available from https://www.racp.edu.au//docs/default-source/advocacy-library/racp-submission-to-the-arms-amendment-bill.pdf?sfvrsn=87a1181a_6. Accessed 17 October 2019.
[2] Ruler A. Making the case for gun reform. [Internet] N Z Nurs J. 2009; 15(2): 24-25. Available from: https://www.ippnw.org/pdf/2009GunViolenceInAustralia_ARuler.pdf. Accessed 17 October 2019

the RACP is strongly in favour of reforms to tighten laws and regulations surrounding firearms in Aotearoa New Zealand, as it is likely to have a comparable effect to what has been shown in Australia.

## Comments on the Bill

### Connection of at risk firearm owners with health practitioners

According to the 2017/18 New Zealand Health Survey, 78 per cent of adults aged 15 years or over visited their general practitioner in the previous year[3]. The remaining 22 per cent are unlikely to have had contact with a medical practitioner, which represents a significant gap within which medical practitioners will be unable to monitor or provide opinions on the medical wellbeing of gun owners. This subsection of the population are likely to face greater barriers to accessing medical care, as is the case with people with mental health conditions, and as such, are more vulnerable with regard to the Bill[4]. The RACP contends that gun owners that do not access primary healthcare are the most important to reach with a responsibility such as that contained in the Bill, and we find there is a blind spot in the legislation as it is currently drafted.

This is further exemplified by the reality that men attend their general practitioner at lower rates than women, but also commit suicide by firearms and explosives at rates many times that of women[5]. As such, it is likely that medical practitioners will not have access to many of the people the Bill is aiming to target.

### Obligation imposed on health practitioners

The Bill imposes an obligation for health practitioners to consider notifying the Police if they believe on medical grounds that a patient with a firearms license should not use or possess a firearm. The RACP believes that this obligation is unclear in the extent to which it is to be applied, and what circumstances comprise sufficient medical grounds for a patient's license to use or possess a firearm to be restricted or revoked. For example, if cases of delirium are to be included in this obligation, it would create a wide-reaching change in the way health practitioners relate to these patients. Would health practitioners be expected to ask each such patient about their firearms ownership, and if so, what extent of delirium would be considered serious enough?

It is also unclear what it means in practice to 'consider notifying the Police'. The lack of a clear process within the Bill for health practitioners to apply means that, in practice, it will differ depending on the specific practitioner. This is undesirable for a Bill of this nature, which aims to provide consistently greater oversight over the ownership of firearms. It also provides an avenue which risks institutional racism, as a large majority of health practitioners are non-Māori and thus do not interpret the world through a Māori lens. In the health workforce it is an acknowledged problem that there are a lack of Māori and Pacific health practitioners, which in turn means that the unique world views and ways of interpreting physical and mental wellbeing found in Te Ao Māori and Pacific cultures are not well represented. As such, this reality will be reflected and empowered by the lack of a clear process within the Bill on how to quantify whether a person is a danger, and therefore whether they should be reported to Police.

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[3] Ministry of Health. Annual Update of Key Results 2017/18: New Zealand Health Survey. Available from: https://www.health.govt.nz/publication/annual-update-key-results-2017-18-new-zealand-health-survey. Accessed 17 October 2019

[4] McCabe M P, Leas L. A qualitative study of primary health care access, barriers and satisfaction among people with mental illness. [Internet] Psychol Health Med. 2008; 13(3): 303-312. Available from: https://www.tandfonline.com/doi/abs/10.1080/13548500701473952?journalCode=cphm20. Accessed 17 October 2019

[5] Ministry of Health. Suicide Facts: Data tables 1996−2015. Available from: https://www.health.govt.nz/publication/suicide-facts-data-tables-19962015. Accessed 17 October 2019

This has possible implications for the relationship between Māori and the land, as the use of firearms may be important for some in gathering kai. Disrupting the intricate holistic and interconnected relationships of Māori with the land is something that the Bill should avoid[6]. This is especially so if this relationship may be disrupted by a lack of proper process, as the Bill currently stands. The Pākehā world view permeates throughout the health system, and due to this, the Bill should provide a rigorous process by which these determinations should be made. This process should be designed by Māori to ensure it reflects the cultural complexities which many health practitioners throughout Aotearoa New Zealand are currently ill-equipped to provide insight into.

### Discouragement of firearm owners from accessing healthcare

If health practitioners are obliged to consider notifying the Police if they believe a patient with a firearms license should not use or possess a firearm, it raises the possibility that firearm owners will not access healthcare due to the chance that their firearms could be taken away. The American Psychiatric Association supports this viewpoint and note that extending restrictions to people who voluntarily seek care could dissuade access in the future[7].

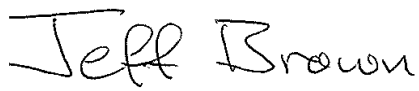
This is particularly pertinent with relation to people who require firearms licenses for their livelihood. In other professions it has been shown that significant amounts of people suffering from mental health concerns are reluctant to access care for this reason. For example, 38.8 per cent of respondents to an American College of Surgeons survey reported that they would be reluctant to seek help for treatment of depression, alcohol/substance use, or other mental health problems due to concern that it could affect their license to practice medicine[8].

While it is likely that there are a small number of people in Aotearoa New Zealand who rely on firearms in this way, this may also affect recreational firearms users, who believe that firearms constitute a part of their identity as a person, or who simply do not want to see their access restricted or revoked.

## Conclusion

The RACP thanks the Finance and Expenditure Select Committee for the opportunity to provide feedback on the Arms Legislation Bill. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā



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[6] Harmsworth G R, Awatere S; Landcare Research. Indigenous Māori Knowledge and Perspectives of Ecosystems. [Internet] Available from: https://www.landcareresearch.co.nz/__data/assets/pdf_file/0007/77047/2_1_Harmsworth.pdf. Accessed 17 October 2017

[7] Pinals D A, Appelbaum P S, Bonnie R, Fisher C E, Gold L H, Lee L. American Psychiatric Association: Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services. Behav Sci Law. 2015; 33(2-3): 195-198. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/bsl.2180. Accessed 17 October 2019

[8] Shanafelt T D, Balch C M, Dyrbye L. Special Report Suicidal Ideation Among American Surgeons. Arch Surg. 2011; 146(1): 54-62. Available from: https://jamanetwork.com/journals/jamasurgery/fullarticle/406577. Accessed 17 October 2019