

GUEST EDITORIAL

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As a practicing obstetrician, I am always thrilled to be present at a birth. This is especially true now, as I attend the birth of a new, on-line journal dedicated to a subject of enormous significance in America today – the biopsychosocial effects of abuse over the lifespan of its victims.

As a member of the American Medical Association (AMA), which is committed to eliminating violence, I wish to help our AMA use its voice to swell the chorus against this public health enemy.

The American Medical Association, through its Advisory Council on Violence and Abuse, recognizes this issue as a major threat to a healthy America. Studies already completed and under way are documenting the enormous cost in illness, suffering, lost productivity, injury and death caused by violence in all its forms.

The wealthiest and, some say, healthiest nation on earth cannot long afford to sustain cultural taboos that prevent us from solving problems of violence and abuse. Violence is a public health issue, a menace to the health and well-being of Americans. The AMA has, for a generation, educated and encouraged physicians to not only identify and treat victims appropriately, but to document and, when necessary, take steps to intervene.

Physicians are in a unique position to discuss violence-related matters in confidence with patients. Studies show women victims of violence prefer telling their physician over others. Sadly, four out of five victims will tell no one else, putting a burden on us in medicine to intervene. That burden, however, is really a golden opportunity.

I make it a point to question each patient I see about their relationships, giving them chances to tell me. I especially watch patients coming in late for prenatal care. And, we flag the charts of patients who make an appointment that later is cancelled by someone else.

Little things like these add up to sensitivity and open the way to linking victims of violence with whatever resources in the community are there to help.

There is much more work that needs to be done, however:

- More quantitative and qualitative research.
- More case studies and methodologies.
- Greater public awareness of the causes and cures of violence in America.
- Change our focus from intervention to prevention.

The AMA has resolved to identify and support state and federal legislative proposals designed to increase our base of scientific knowledge, to promote greater public and professional awareness of the issues, and to enhance recognition and ensure access to appropriate services for victims.

We at the AMA want to help expand the health care system itself, to provide the infrastructure needed to properly care for victims.

We support efforts to increase research spending, to identify and communicate best practices, to evaluate and promulgate identification and treatment techniques tailored to the special needs of victims. The patient-physician relationship is a long-term commitment. Physicians often see individual patients over long periods of time. We are thus in a unique position to detect subtle changes – indications others might miss – and treat the effects of violence in the earliest stages.

That same relationship can be expanded, if physicians were properly trained, to spot symptoms before violence occurs – and prevent in advance.

In short, the AMA is leading the House of Medicine in rallying whatever resources and ideas needed to attack one of the major scourges of our time.

If there is a general public lethargy to address issues of abuse and violence, as many claim, our joint efforts can do for these issues what joint efforts have done in the past.

We can, and should, open the hearts and minds and wallets of America to the issues.

There is no limit to what cooperative effort by enlightened activists can do. But, it begins now, today, with individual acts by concerned people.

As this journal sets out on its course, it will be a vital tool in informing and educating all who are interested in detecting and preventing violence in all its forms. It can be a powerful tool to reach out, especially to physicians and others who see patients, to include them in the circle of those who might help.

In the final analysis, we can all dedicate ourselves more completely to those for whom this journal is really intended – the victims who rely on us for their futures.