

Physicians on the Frontlines:

Understanding the Lived Experience of Physicians Working in Communities That Experienced a Mass Casualty Shooting

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This article shares the results of a qualitative study of 16 physicians involved in 8 mass-casualty shootings in the U.S., it suggests that physicians experience significant psychological symptoms from working during a public mass casualty shooting.



IN-DEPTH INTERVIEWS WITH THESE PHYSICIANS REVEALED FOUR THEMES:

1

The psychological toll on physicians:

"I just remember being on the phone with my [spouse] and sobbing and thinking to myself — not saying this to her — but thinking to myself, 'Wow, I wonder if I'm broken.'"

2

The importance of and need for mass casualty shooting preparedness:

"The chances of that happening to you on your shift where you work is pretty small. The chances of it happening to somebody on their shift is almost 100%.... With the increasing frequency, increasing amplitude, I think it would be wise for us to... recognize this as a public health concern and train physicians to manage it."

3

Massive media attention:

"The onslaught of media attention is extremely stressful to deal with. How do you manage the gracious VIPs and politicians and actors and actresses that want to come to your hospital to express their sympathy, managing all of that? How your security manages that is all part of the post incident phase. I think that we didn't realize how important that was until we had to go through it."

4

Commitment to advocacy for a public health approach to firearm violence:

"I want to do whatever I can to prevent some of these terrible events. So, that's a lot of what I do now. I write, I publish, I teach around threat management and violence prevention. I'm involved in state level activities and it's built over the years."

Conclusion:

Based on our findings, we propose that these psychological consequences could be mitigated with coordinated systematic plans from institutions for psychological support in the aftermath of a mass casualty event, improved guidelines and training in mass casualty events for health care providers, improved sensitivity and ethical standards from the media, and institutional support for healthcare providers engaged in firearm violence prevention work.

Finally, more research needs to be done to better understand the psychological impact of these events on healthcare providers.

View the entire article [here](#).

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