Watch these reinforces a close relationship between alcohol and sport.

Worryingly, young people’s exposure to alcohol marketing through televised sport now extends well beyond the ad breaks. In a recent study commissioned by Cancer Council Victoria, researchers at the University of Wollongong found that, of all alcohol marketing in the broadcasts during the major football code finals, most exposure came through vision of fixed signage around the stadium and integrated advertisements (live announcements, pop-ups and banners, and broadcast sponsorship announcements).5

Governments must strengthen regulations to protect children and break the nexus between alcohol advertising and sport.

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Competing interests: Brian Vandenberg is currently employed as the executive officer of the National Alliance for Action on Alcohol.

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References are available online at www.mja.com.au.

Firearms, mental illness, dementia and the clinician

To the Editor: In their recent article in the Journal, Wand and colleagues suggest that the medical profession should play a more active role in the regulation of firearm licences held by older Australians.1 However, the authors underestimate the rate of firearm ownership in Australia by a factor of 1000 when they state that 3.9 per 100 000 people held a firearm license in 2001.2 In reality, about three-quarters of a million Australians held a firearm licence in 2001.3

While the reported vignettes seem compelling enough, the authors’ recommendations need some scrutiny. Almost 15% of the population are aged over 65 years, yet these older people commit about 3% of the roughly 250 homicides per year.1,4 Further, only about 15% of Australian homicides involve a gun.1 Hence, the potential number of lives saved by the measures they suggest can only be tiny.

In contrast, the downside of their recommendations might be significant. First, obligations on doctors to play a more active role in firearm ownership might deter some patients from seeking medical care. Second, even if people were not deterred from seeking health care, more active involvement by doctors in firearm regulation would come at the opportunity cost of ordinary medical care — care that could be focused on common and lethal medical conditions.

Firearm control in Australia has been singularly successful. While it may be the case that firearm regulations should be tightened, this is not really the responsibility of the medical profession.

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IN REPLY: There was a transcription error in our article.1 The rate of licensed firearm ownership in Australia in 2001 was indeed 3.9 per 100 people,2 although this is likely to be an underestimate, as unregistered, unlicensed and illegal firearms are not captured by official statistics.

Although the overall rate of homicide by firearm owners is low, we argue that the stakes are high. Other potential adverse outcomes of a person who lacks the capacity to safely handle firearms continuing to have a firearm include accidental injury and suicide.

We acknowledged the ethical implications of doctors having a role in assessing suitability for firearm licences.3 However, there is already an expectation that doctors should notify police when concerns about risk to the community or individuals arise from a patient’s access to firearms.3 Risk assessment alone is inadequate, but doctors better meet their obligations when risk assessment is combined with capacity assessment.

Older adults are more likely to have complex cognitive and physical comorbid conditions that affect their ability to safely use a firearm. Screening is important, and doctors will use their clinical judgement to identify patients who may need a closer examination of their capacity in relation to firearm access.

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Correction

Incorrect rate of licensed firearm owners: In “Firearms, mental illness, dementia and the clinician” in the 15 December 2014 issue of the Journal (Med J Aust 2014; 201: 674-678), the rate of licensed firearm owners was incorrectly reported as 3.9/100 000 rather than the correct rate of 3.96/100 population.

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