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LETTER TO THE EDITOR

You Can't Carry a Gun and a Stethoscope at the Same Time

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I read the February 2022 issue of the *AMA Journal of Ethics* (“**Tactical Health and Law Enforcement**”) in dismay: How could an entire issue on tactical medicine fail to question a physician’s complicity in violence it assumes? I write from Minneapolis, Minnesota, the city of George Floyd’s murder and a city that in February 2022 witnessed a special weapons and tactics (SWAT) execution of another young Black man, Amir Locke. Black and Brown Americans often experience the police not as a helping presence but as a direct threat: modern American policing has roots in the sporadic slave patrols and militias of the 1700s, which maintained their racialized, violent, and very profitable society.¹

Medicine is a healing profession and must always attend to the most threatened segments of society. Furthermore, it is a self-regulating profession based on trust, just like the judiciary. And, just like the judiciary, the appearance of impropriety is almost as threatening as the real thing. Consider the “armed tactical physician” who, after apparently stumbling into the role, “needed to improve [his] own firearm skills and tactical knowledge” and who “trained regularly with the SWAT team,” which he identifies as “my team,” eventually earning the affectionate nickname “Doc.”² With evident pride, he “had streamlined [his] medical pack to fit the cramped and now comfortably familiar space of [the team’s] armored truck.”² I cannot mince words: I do not trust a physician who swears to “do no harm” one day and trains to kill the next.

Police members, like any patients, wholly deserve dignified medical care. If moves towards less lethal weapons or mental health community response teams are in the works, let us offer our expertise. But we must be unflinchingly clear about how we affiliate and identify, lest we streamline our medical ethics to fit the cramped and now uncomfortably familiar space of our violent society.

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