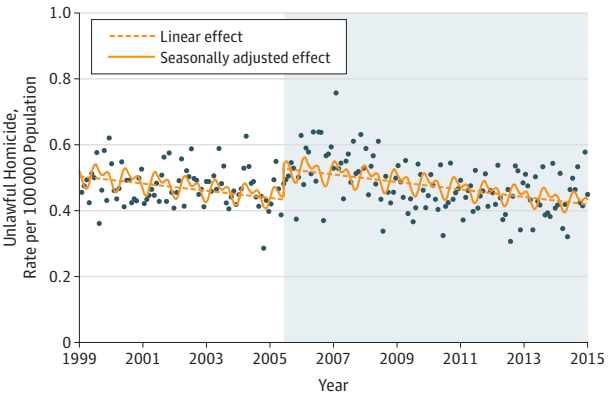
Figure. Changes in Unlawful Homicides Following Enactment of Florida's Stand Your Ground Law



Data points represent monthly rates of homicide and homicide by firearm in Florida between 1999 and 2015. Gray-shaded area depicts the onset of Florida's stand your ground law. Dashed lines represent fitted estimates using a linear step change model. The curved lines represent fitted values for seasonally adjusted models.

Author Contributions: Dr Humphreys had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.
Study concept and design: All authors.
Acquisition, analysis, or interpretation of data: All authors.
Drafting of the manuscript: All authors.
Critical revision of the manuscript for important intellectual content: All authors.
Statistical analysis: Humphreys, Gasparrini.
Administrative, technical, or material support: Humphreys, Wiebe.
Study supervision: Wiebe.

Conflict of Interest Disclosures: None reported.

1. Humphreys DK, Gasparrini A, Wiebe DJ. Evaluating the impact of Florida's "stand your ground" self-defense law on homicide and suicide by firearm: an interrupted time series study. *JAMA Intern Med*. 2017;177(1):44-50.

2. Branca A. What to make of the new study of Florida's "stand your ground" law. *Natl Rev*. http://inresco.org/firearmsf/jama_junk_science.html. Published November 16, 2016. Accessed June 26, 2017.

3. National Rifle Association. More *JAMA* flim-flam: flawed study takes aim at "Stand Your Ground." National Rifle Association (NRA) Institute of Legislative Action (ILA). https://www.nraila.org/. Published November 18, 2016.

4. Federal Bureau of Investigation. *Uniform Crime Reporting Handbook*. Washington, DC: US Dept of Justice; 2004.

5. Violence Policy Center. *Firearm Justifiable Homicides and Non-Fatal Self-defense Gun Use: An Analysis of Federal Bureau of Investigation and National Crime Victimisation Survey Data*. Washington, DC: Violence Policy Center; 2015. http://www.vpc.org/studies/justifiable15.pdf. Accessed July 26, 2016.

Hours Worked Among US Dual Physician Couples With Children, 2000 to 2015

Among physicians, women are more likely to work part time than men, and female physicians with children spend more time on parenting and domestic tasks.[1,2] Little is known about how physicians within dual-physician couples adjust hours worked due to children or whether sex differences, if they exist, have changed over time, especially because physicians of both sexes have increasingly emphasized the importance of shared parenting responsibility.[3]

Methods | We estimated weekly hours worked for married, dual-physician couples from January 2000 to December 2015 using the American Community Survey, a nationally representative, United States Census Bureau–administered survey of approximately 3 million households annually. The survey is collected by mail, telephone, and personal-visit interviews.[4] Response rates range between 90% and 98%.[4] The Harvard institutional review board waived study review.

We included individuals whose self-reported occupation and that of their spouse were both physician or surgeon. Specialty was unavailable. We limited analyses to physicians age 25 to 50 years to focus on childbearing years. We excluded couples with children younger than 1 year as hours reported may reflect hours worked immediately after the child was born. Same-sex couples were excluded because of our focus on sex differences within couples.

We estimated a multivariable linear regression of weekly hours worked as a function of age of youngest child (categorical variable), ages of each spouse, races of each spouse, state, and time period. We estimated separate regressions for male and female physicians and computed adjusted hours worked by age of youngest child, holding other covariates at their mean values. We also examined trends in hours worked from 2000 to 2015 by physician sex and presence of children, adjusting for the characteristics above. Stata version 14.2 (StataCorp) was used for statistical analyses.

Results | Our sample included 9868 physicians (4934 men and 4934 women in dual-physician couples). For men, mean age was 39.3 years and 37.6% were nonwhite; for women, mean age was 38.1 years and 40.1% were nonwhite (**Table 1**). Among couples without children, adjusted weekly hours worked were 57.0 hours for men and 52.4 hours for women (**Table 2**). Compared with couples without children, there was no statistically significant difference in adjusted hours worked among men whose youngest child was age 1 to 2 years (55.3 hours; difference, −1.7 hours; 95% CI, −3.6 to 0.3) but hours worked were significantly lower among women (41.5 hours; difference, −10.9 hours; 95% CI, −13.1 to −8.8). Among men, there was no significant difference in hours worked as age of youngest child increased compared with men without children. Among women, hours worked remained statistically lower compared to women without children as age of youngest child increased (Table 2). Older physician age was associated with fewer hours worked (data not shown). Among both male and female physicians, differences in hours worked between physicians without children and those with children were similar across the study period (data not shown).

Discussion | In a national sample of dual-physician couples, weekly hours worked by women with children were lower than among women without children, whereas similar differences were not observed among men. Differences within sex in how physicians' work hours respond to children did not narrow between 2000 and 2015. One possible reason for our results is that even within dual-physician couples, societal expectations for women to reduce hours worked to care for children still hold. Alternatively, women in certain specialties may be more likely to both work fewer hours and have children, which would confound our analysis due to our inability to adjust for

Table 1. Characteristics of Dual-Physician Couples in American Community Survey, 2000-2015

Characteristic	Mean (95% CI)					
	Full Sample (n = 4934 couples)	Couples Without Children (n = 1194)	Couples With Youngest Child Age 1 to 2 Years (n = 1171)	Couples With Youngest Child Age 3 to 4 Years (n = 677)	Couples With Youngest Child Age 5 to 6 Years (n = 506)	Couples With Youngest Child 7 Years or Older (n = 1386)
Male physicians						
Hours worked	55.7 (55.2-56.1)	60.7 (59.7-61.7)	55.0 (54.2-55.9)	53.5 (52.3-54.6)	53.5 (52.3-54.8)	53.2 (52.5-53.9)
Age, y	39.3 (39.2-39.5)	34.0 (33.7-34.4)	37.2 (37.0-37.5)	39.7 (39.3-40.0)	41.5 (41.2-41.8)	45.3 (45.1-45.4)
Nonwhite, %	37.6 (36.2-38.9)	42.0 (39.1-44.8)	37.9 (35.1-40.7)	38.3 (34.7-42.0)	38.3 (34.1-42.6)	32.3 (29.9-34.8)
Female physicians						
Hours worked	44.6 (44.0-45.1)	58.3 (57.1-59.4)	41.9 (40.7-43.0)	38.1 (36.8-39.5)	38.6 (37.2-40.1)	39.0 (38.1-40.0)
Age, y	38.1 (37.9-38.2)	32.6 (32.3-32.9)	35.6 (35.4-35.9)	38.2 (38.0-38.5)	40.3 (40.0-40.6)	44.5 (44.3-44.7)
Nonwhite, %	40.1 (38.7-41.5)	44.3 (41.5-47.1)	41.2 (38.4-44.1)	40.4 (36.7-44.1)	38.4 (34.1-42.6)	35.6 (33.1-38.1)

Table 2. Adjusted Hours Worked Per Week by Age of Youngest Child for Male and Female Physicians in Dual-Physician Couples, 2000 to 2015[a]

Age of Youngest Child	(95% CI)			
	Male (n = 4934)	Difference	Female (n = 4934)	Difference
No children (n = 1194)	57.0 (55.4-58.5)	1 [Reference]	52.4 (50.7-54.1)	1 [Reference]
Age 1 to 2 y (n = 1171)	55.3 (54.0-56.6)	−1.7 (−3.6 to 0.3)	41.5 (39.9-43.0)	−10.9 (−13.1 to −8.8)
Age 3 to 4 y (n = 677)	54.8 (53.0-56.6)	−2.1 (−4.7 to 0.4)	40.0 (38.2-41.7)	−12.4 (−15.0 to −9.8)
Age 5 to 6 y (n = 506)	55.4 (53.7-57.1)	−1.6 (−4.0 to 0.9)	41.3 (39.5-43.2)	−11.0 (−13.8 to −8.3)
Age ≥7 y (n = 1386)	55.2 (53.9-56.5)	−1.7 (−4.1 to 0.6)	43.2 (41.4-44.9)	−9.2 (−12.1 to −6.3)

[a] Table based on author calculations using data from the US Census American Community Survey from 2000 to 2015. Results are from a multivariable regression model of hours worked as a function of age of the youngest child (no children, age 1-2, 3-4, 5-6, and ≥7 y), ages of spouses (25-29, 30-34, 35-39, 40-44, 45-50 y), races of spouses (non-Hispanic white, non-Hispanic black, Hispanic, other), time period (2000-2005, 2006-2010, 2011-2015), and state fixed effects. Table reports adjusted hours worked according to age of youngest child. Separate regressions were estimated for male and female physicians. The US Census Bureau provided race and ethnicity categories on the survey; responses to race and ethnicity questions are based on self-identification.

physician specialty. In addition to lacking physician specialty information, this study used cross-sectional, rather than longitudinal, data.

Dan P. Ly, MD, MPP
Seth A. Seabury, PhD
Anupam B. Jena, MD, PhD

Author Affiliations: Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts (Ly, Jena); Department of Ophthalmology, University of Southern California, Los Angeles (Seabury).

Corresponding Author: Anupam B. Jena, MD, PhD, Department of Health Care Policy, Harvard Medical School, 180 Longwood Ave, Boston, MA 02115 (jena@hcp.med.harvard.edu).

Accepted for Publication: June 3, 2017.

Published Online: August 21, 2017. doi:10.1001/jamainternmed.2017.3437

Author Contributions: Dr Ly had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.
Study concept and design: All authors.
Acquisition, analysis, or interpretation of data: All authors.
Drafting of the manuscript: Ly, Jena.
Critical revision of the manuscript for important intellectual content: All authors.
Statistical analysis: All authors.
Obtained funding: Jena.
Administrative, technical, or material support: Jena.
Study supervision: Jena.

Conflict of Interest Disclosures: Dr. Seabury receives consulting fees unrelated to this work from Precision Health Economics and acknowledges funding from an unrestricted grant to the Department of Ophthalmology from Research to Prevent Blindness. Dr Jena receives consulting fees unrelated to this work from Pfizer Inc, Hill Rom Services Inc, Bristol Myers Squibb, Novartis Pharmaceuticals, and Vertex Pharmaceuticals, as well as fees from Precision Health Economics, a company providing consulting services to the life sciences industry. No other disclosures are reported.

Funding/Support: This work is funded by a National Institues of Health Early Independence Award from the Office of the Director, National Institutes of Health (grant No. 1DP5OD017897-01 [Dr Jena]).

Role of the Funder/Sponsor: The funder/sponsor had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

1. Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Intern Med*. 2014;160(5):344-353.

2. Carr PL, Ash AS, Friedman RH, et al. Relation of family responsibilities and gender to the productivity and career satisfaction of medical faculty. *Ann Intern Med*. 1998;129(7):532-538.

3. Jovic E, Wallace JE, Lemaire J. The generation and gender shifts in medicine: an exploratory survey of internal medicine physicians. *BMC Health Serv Res*. 2006;6(55):55.

4. United States Census Bureau. Methodology. https://www.census.gov/programs-surveys/acs/methodology.html. Accessed April 6, 2017.

HEALTH CARE REFORM

Smoking Cessation Pharmacotherapy Among Smokers Hospitalized for Coronary Heart Disease

Meta-analyses demonstrate that, compared with no treatment, inpatient smoking cessation pharmacotherapy (SCP) coupled with outpatient follow-up significantly improves quit rates.[1] Accordingly, the Joint Commission now considers inpatient use and