

# New perspective diminishes racial bias in pain treatment

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Years of research show black patients getting less treatment in the American health care system than their white counterparts, but a new study suggests that a quick dose of empathy helps close racial gaps in pain treatment.

College students and nurses went to greater lengths to ease the pain of members of their own race in a study led by Brian Drwecki, a psychology graduate student at the University of Wisconsin-Madison.

"I want to be very clear about this: We're not saying health care professionals are racist," Drwecki says. "This is not racism. Racism is a conscious act of hate. We find it very unlikely that [health care professionals](#) are aware that they are making these biases, let alone trying to actively hurt black patients."

Empathy emerged as a strong unconscious factor driving racial bias in pain treatment in the study, published online in February in the journal *PAIN* by Drwecki and colleagues from UW-Madison and the University of Northern British Columbia.

Study subjects watched the faces of shoulder [pain sufferers](#) in videos recorded while the patients were being put through range-of-motion tests. After assessing the patients' grimaces and furrowed brows, the study participants doled out treatment ([pain medication](#), physical therapy, massage and acupuncture) in varying amounts.

White participants ordered significantly more pain treatment for white patients, and scored higher on tests measuring the empathy they felt for the patients who received preferential treatment. Despite a vast difference in experience and knowledge — the students had no medical training, while nurses are often directly involved in trying to monitor pain and keep patients comfortable — the two groups showed very similar biases.

"The students' results were consistent with the nurses' results, supporting the idea that individuals are predisposed to [racial bias](#) in pain treatment before or after health care training," Drwecki says.

The researchers have a promising, simple and cheap prescription for the problem. Simply asking the students and nurses to briefly put themselves in their patients' shoes had a drastic effect on their decisions.

"With half of our participants, we said, 'Before you make your treatment decisions, spend a moment imagining how your patient feels about his or her pain and how this pain is affecting his or her life,'" Drwecki says.

The quick shift of perspective reduced the pain treatment gap by 98 percent for the students and 55 percent among the nurses in the study, which was funded by the Robert Wood Johnson Foundation.

"The cool thing is, as humans, we can increase our empathy," Drwecki says. "You may not be the most naturally empathic person, but you can try these interventions and feel them working. Yes, this study demonstrates that [racial bias](#) in pain treatment exists, but, more importantly, it teaches us that it's not inevitable."

Moreover, Drwecki believes empathy's role in health care — in treatment decisions like pain therapy and factors such as emergency room wait times — is ripe for more study.

"There are numerous studies showing similar effects in the real world," Drwecki said. "It's time to not only accept that these racial biases exist, but also to figure out how to eliminate them."

Provided by University of Wisconsin-Madison

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