

## Lurking Beneath the Surface: Bias in Pain Management

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Disparities in treatment and outcomes are a persistent issue in healthcare. Research over the years has shown the many ways in which the health of myriad populations is disproportionately affected as a result of lack of access, income and poverty, cultural barriers, provider and institutional biases, and more.

Issues of bias, in particular, have been noted in research focusing on disparities in pain management. Studies have shown that (a) racial and ethnic minority patients are less likely than white patients to receive any or adequate pain treatment; (b) women are less likely than men to be treated aggressively for pain, and they wait longer to receive treatment for acute pain; (c) patients who have a history of substance abuse are more likely to be viewed as drug-seekers and, as a result, not given adequate pain treatment; and (d) other factors — such as patients' age, income, and educational level — can affect how providers make decisions about pain management.<sup>1</sup>

### Defining Bias and Its Consequences

Although the term “bias” conjures perceptions of overt discrimination, the reality is more complex. Research suggests that much of the bias in pain management, and healthcare for that matter, is implicit rather than explicit — that is, it operates at a subconscious level. Learned stereotypes and ingrained beliefs can be automatically triggered during clinical assessment, reasoning, and decision-making.

An article from the American Medical Association's *Journal of Ethics* about combating racial bias in pain management explains that, “most individuals who are biased are unaware of their biases, and, if given the choice, would not consciously harm others.” Further, the article notes that healthcare providers are likely not aware of personal or institutional-level biases operating within the healthcare system.<sup>2</sup>

Yet, even if the majority of bias in pain management is unintentional, the consequences are real and concerning. Failure to treat pain or poorly treated pain can interfere with how patients recover from illnesses and procedures, which can potentially cascade into numerous patient safety and financial consequences, such as increased morbidity, hospitalizations and readmissions, and liability exposure.

Additionally, bias in pain treatment may lead to misdiagnosis, unnecessary patient suffering, lack of patient trust in healthcare providers, communication lapses, and failure to provide patient-centered care.<sup>3</sup>

## Addressing Bias in Pain Management

Tackling the issue of bias in pain management can be tricky for various reasons. First, pain itself is complicated. Unlike other conditions and symptoms, such as hypertension or tachycardia, pain cannot be quantified or measured. Pain is subjective, which can “open the floodgates to the impact of bias.”<sup>4</sup> Further, because much of the bias in pain management is implicit, and because discrimination runs counter to the ideals of health equality and just culture, healthcare institutions and providers might be reluctant to consider whether they are complicit in this problem.

Additionally, as The Joint Commission explains, “stereotypes and prejudices resist change, even when evidence fails to support them or points to the contrary. . . . Studies show people can be committed to egalitarianism, and deliberately work to behave without prejudice, yet still possess hidden negative prejudices or stereotypes.”<sup>5</sup>

Researchers have studied and proposed a variety of techniques to reduce bias in pain management, and many healthcare organizations and clinicians are taking steps to acknowledge and address this issue. Some strategies that have been recommended at the institutional level include:

- Administering the [Implicit Association Test](#) (IAT) to assess subconscious feelings, attitudes, and thoughts among providers that may contribute to stereotypes and bias in treatment decisions
- Surveying providers and staff to better understand how they perceive the organization’s policies and actions related to improving diversity and addressing discrimination
- Developing a protocol to investigate reports of discrimination or unfair policies/practices
- Supporting provider and staff training that raises awareness about bias in healthcare and teaches strategies that support health equality
- Leveraging data capabilities to monitor and compare patient treatment and outcomes by race, gender, and socioeconomic indicators
- Providing constructive feedback and innovative solutions at various levels (e.g., by department, care unit, staff role, or individual) to address issues of bias
- Establishing accountability and expectations relative to implementing techniques to reduce bias and improve quality of care
- Devising strategies to address the burden of high cognitive workload, which may result in providers defaulting to automatic reasoning and decision-making processes that are vulnerable to bias
- Promoting diversity, empathy, and understanding throughout the organization via methods such as intergroup and equal-status contact, team building, positive association, and counter-stereotype exposure<sup>6</sup>

At the individual level, debiasing techniques generally focus on situational awareness, self-perception, and reflective practice. Some recommended strategies include:

- Participating in training to improve situational awareness and better understand metacognition, which may help providers think critically about their thought processes and how biases can affect thinking and reasoning
- Using techniques such as cognitive forcing functions, which are strategies designed to help practitioners self-monitor decisions and avoid potential lapses in clinical judgment
- Learning and implementing skills such as perspective-taking, emotional regulation, and partnership-building to reduce bias and promote empathy, positive feelings, and patient-centered care
- Working toward a better understanding of cultural beliefs, attitudes, and values that affect various patient populations
- Implementing patient comprehension tools, such as teach-back and visual aids, to enhance communication and improve the provider–patient relationship
- Consciously making an effort to see each patient as a unique individual rather than applying stereotypical characteristics
- Identifying situations that might increase the likelihood of stereotyping or making biased decisions to improve overall awareness and understanding
- Using clinical pathways, adhering to established standards of care, and practicing evidence-based medicine
- Adhering to the ethical principles of autonomy (patients’ right to make decisions about their healthcare), beneficence (making decisions and taking actions that will benefit patients), nonmaleficence (making decisions and taking actions that will not harm patients), and justice (treating patients fairly and equally according to their situations)<sup>7</sup>

## Conclusion

The aforementioned strategies show promise in confronting the pervasive issue of bias in pain management, but more research is needed to identify new solutions, determine best practices, and evaluate the feasibility of introducing various techniques into clinical practice. However, with appropriate and ample organizational support, education and training, cognitive resources, self-awareness, and ongoing research, healthcare organizations, providers, staff, and patients have reason to be optimistic about overcoming disparities in pain treatment and management.

## Endnotes

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- <sup>2</sup> Drwecki, Education to identify and combat racial bias in pain treatment.
- <sup>3</sup> Keller, A. (2016, August 24). What every nurse needs to know about pain management. Daily Nurse. Retrieved from <http://dailynurse.com/what-every-nurse-needs-to-know-about-pain-management/>; The Joint Commission. (2016, April). Implicit bias in healthcare. Quick Safety. Retrieved from [www.jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_23\\_Apr\\_2016.pdf](http://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf)
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- <sup>5</sup> The Joint Commission, Implicit bias in healthcare.
- <sup>6</sup> Ibid; Drwecki, Education to identify and combat racial bias in pain treatment; Tropp, L. R., & Godsil, R. D. (2015, January 23). Overcoming implicit bias and racial anxiety. *Psychology Today*. Retrieved from [www.psychologytoday.com/blog/sound-science-sound-policy/201501/overcoming-implicit-bias-and-racial-anxiety](http://www.psychologytoday.com/blog/sound-science-sound-policy/201501/overcoming-implicit-bias-and-racial-anxiety)
- <sup>7</sup> Ibid; Croskerry, P., Singhal, G., & Mamede, S. (2013). Cognitive debiasing 2: Impediments to and strategies for change. *BMJ Quality & Safety*, 22(Suppl 2), ii65–72; Bernhofer, E. (2011, October 25). Ethics and pain management in hospitalized patients. *The Online Journal of Issues in Nursing*, 17(1). Retrieved from [www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Ethics-and-Pain-Management.html](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Ethics-and-Pain-Management.html)

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