

Gender and Racial Disparities in Pain Management—A Differentiation Diagnosis

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In March 2016, a group of researchers discovered a substantial number of medical professionals hold false beliefs about the biological differences between blacks and whites that translate into racial bias in pain perception and treatment.¹ While the study only investigated medical students and residents, this discovery heralded the possibility that the beliefs among medical professionals regarding the biological differences among different races and genders are translated into disparities in the treatment that patients deserve in the clinic. It also adds a new level of complexity to issues regarding training medical professionals in the healthcare system. With this advancement in scientific knowledge, healthcare professionals are brought into question of whether they are capable of providing equal treatment to all patients without allowing these racial and gender stereotypes affecting their medical practice. Such advancement could thus blur the boundary between understanding these biological differences in order to advance medical treatment and exploiting these differences into stereotypes that could affect patient diagnosis.

This discovery raises important ethical and policy questions: Should physicians allow their beliefs regarding these biological differences affect their medical practice? Should the healthcare system implement better policies and programs that train medical students and professionals to exercise their medical practices more effectively? While it is difficult to offer equal treatment to patients of all races and genders, I argue that further research is needed to evaluate how these biological differences are being translated into gender and racial stereotypes in the medical field and how resources that promote the health of all genders and races could be better distributed in order to improve the lives of patients.

The prevalent issue of particular racial and gender groups receiving far less medical treatment than



others raises concern about the potential stereotypes that physicians have toward these patients. For instance, a recent study discovered that Black children are less likely to receive pain medication than their White counterparts.² In addition, a 1999 study demonstrated that younger women have higher rates of death during hospitalization after having myocardial infarction.³ While many studies have demonstrated these disparities do exist, few studies have addressed whether physicians are aware of these disparities. A 2005 study that discovered that fewer than 1 in 5 physicians knew that more women than men die each year from cardiovascular disease illustrates the lack of awareness that physicians have regarding these disparities.⁴ These issues call for the need to discover whether similar trends exist among other diseases.

Accurate knowledge regarding the biological differences of various diseases between different racial and gender groups is more likely to translate into more accurate medical diagnosis and help physicians prepare for similar future patients. For instance, a 2011 study discovered that men had greater right ventricular volume than women, which could lead to greater risk of lung diseases for men.⁵ Moreover, instead of having the usual heart attack symptoms, such as chest pain and radiating discomfort in the left arm, more women may be having a heart attack as they experience shortness of breath, back pain, jaw pain, and nausea.⁶ However, given the subtlety of these symptoms and the fact that they do not appear to indicate the possibility of a heart attack, women may not be aware of the need to visit a doctor when they have these symptoms. In addition, given that women are underrepresented in clinical trials, as stated by the U.S. Government Accountability Office, and that the effectiveness of a certain drug or treatment may differ depending on the gender of the patient, more women need to be represented in clinical trials so that research findings can be of benefit to everyone who is at risk of the disease.⁷ By understanding the biological principles that govern disease processes, physicians are better informed of how they should treat individual patients and patients have a higher likelihood of recovering from the disease.

However, exploiting these biological differences into false racial and gender stereotypes and formulating inaccurate beliefs regarding the biological differences of these patients calls for the need to reevaluate the healthcare system in training medical students to provide equal medical treatment to all patients possible. The false belief that “black people’s skin is thicker than white people’s skin”¹, for instance, calls into question whether physicians are capable of providing equal treatment for their patients. By allowing physicians to have these false beliefs may cause them to behave in ways that frighten their patients, thus encouraging them to not follow up on their treatments regularly and aggravate their ailments. In addition, these flawed beliefs could contribute to many of the health disparities among different racial groups. While it is difficult to not have implicit biases during patient care, medical professionals should reflect on whether the unconscious biases they have are rational and how they may be affecting the care of their patients in potentially detrimental ways that they may not be aware of.

In addition, there is a concern for the lack of resources that promote gender and racial equity. While more research is dedicated to understanding the underlying causes of these health disparities, there is a lack of a standardized system that promotes healthcare equity. One such approach may be to train medical students to perform diagnostic tests before making an informed decision of whether a patient has a disease instead of relying on implicit stereotypes and anecdotal evidence.

Gender and racial disparities are common in the healthcare field, however, there is increasing concern in this area that need to be addressed. While it is difficult to offer equal treatment to patients of all

racess and genders, further research is needed to evaluate how these biological differences are being translated into gender and racial stereotypes in the medical field and how resources that promote the health of all genders and races could be better distributed in order to improve the lives of patients.

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