Disparities in Pain Treatment: A Sample of Research Findings

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“The pain changes everything. It makes it hard to speak, difficult to concentrate, nearly impossible to stay human. It crowds every other kind of thought out of your brain … Nighttime is the worst. Lying watching the minutes tick by. Hoping that when you finally do fall asleep, you’ll wake up three or four days later and the pain will be gone. But, of course, that’s not going to happen.”

-Leroy Sievers, NPR, “My Cancer”

“African Americans were less likely to have a primary care physician and were also more likely to use the emergency room for pain care than Caucasian Americans. This is an important finding, since others have shown that African Americans as well as other racial and ethnic minorities receive lesser pain care in the emergency room than Caucasian Americans.”

“In a 1993 retrospective cohort study, Todd et al. reported that Hispanics with isolated humerus, radius, ulna, femoral shaft, tibia, and fibula fractures were twice as likely as non-Hispanic Whites to receive no pain medication during their emergency department stay. While only 26% of non-Hispanic Whites received no analgesics in the ED, 55% of Hispanics went without pain medication.”

“A national study by Cleeland et al. of over 1,300 racially and ethnically diverse outpatients with metastatic or recurrent cancer receiving care in 54 treatment locations in the United States found that … in settings with predominantly racial and ethnic minority patients (i.e., African Americans and Hispanics), 62% of those patients were undertreated by WHO standards, and they were three times more likely to be undermedicated than patients seen in non-minority settings.”

“The literature suggests that the pain complaints of racial and ethnic minorities are handled less aggressively by physicians, and there is variability in physician treatment based upon the type of pain and patient characteristics.”

“[P]atients who were treated at centers that primarily cared for racial and ethnic minority patients as well as patients treated at university centers were more likely to receive inadequate analgesia than patients who received treatment in non-minority community-treatment settings. Seventy-four percent of Hispanic and 59% of African American patients with pain did not receive the WHO-recommended analgesics for their pain.”

“A study of over 13,000 elderly Medicare recipients in nursing homes found that racial and ethnic minority patients with cancer were more likely than nonminority patients to receive no analgesia. African American patients in nursing homes had a 63% greater probability of no pain treatment than non-Hispanic White patients.”

“Only a small percentage of federally funded research is directed at evaluating racial and ethnic minorities, less than 1% of the grantees are racial and ethnic minorities, and there are few racial and ethnic minority investigators, research personnel, and health care providers.”


“[A study in the New England Journal of Medicine in 2000 reported that in our system, pharmacies don’t actually stock many of the medications doctors prescribe for cancer pain. The shortfalls are most profound in poor and black communities … Three quarters of pharmacies in poor neighborhoods do not have adequate supplies of cancer pain medications.”

-Dr. Peter Bach, Wall Street Journal op-ed, Oct. 2007