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Reducing racial disparities in pain treatment: The role of empathy and perspective-taking

Brian B. Drwecki ^a  , Colleen F. Moore ^a, Sandra E. Ward ^b, Kenneth M. Prkachin ^c

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Abstract

Epidemiological evidence indicates that African Americans receive lower quality pain treatment than European Americans. However, the factors causing these **disparities** remain unidentified, and solutions to this problem remain elusive. Across three laboratory experiments, we examined the hypotheses that **empathy** is not only causing pain treatment disparities but that empathy-inducing interventions can reduce these disparities. Undergraduates (Experiments 1 and 2) and nursing professionals (Experiment 3) watched videos of real Black and White patients' genuine

[facial expressions](#) of pain, provided pain treatment decisions, and reported their feelings of empathy for each patient. The efficacy of an empathy-inducing, perspective-taking intervention at reducing pain treatment disparities was also examined (Experiments 2 and 3). When instructed to attempt to provide patients with the best care, participants exhibited significant pro-White pain treatment biases. However, participants engaged in an empathy-inducing, perspective-taking intervention that instructed them to imagine how patients' pain affected patients' lives exhibited upwards of a 55% reduction in pain treatment bias in comparison to controls. Furthermore, Pro-White empathy biases were highly predictive of pro-White pain treatment biases. The magnitude of the empathy bias experienced predicted the magnitude of the treatment bias exhibited. These findings suggest that empathy plays a crucial role in racial pain treatment disparities in that it appears not only to be one likely cause of pain treatment disparities but also is an important means for reducing [racial disparities](#) in pain treatment.

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Keywords

Racial bias; Pain; Medical decision-making; Empathy; Perspective-taking; Experiment; Disparities; Intervention

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