

Dear PASPDI Members,

Happy October! This month's journal will highlight a recent study published this past July in the *New England Journal of Medicine*: "Racial Inequality in Prescription Opioid Receipt — Role of Individual Health Systems". This study was able to conclude that there is a significant difference in the dosages of opioids prescribed between black and white patients. Black patients received 36% less morphine milligram equivalents (MME) annually compared to white patients. The study involved 1,297,519 participants, and 310 healthcare systems<sup>1</sup>.

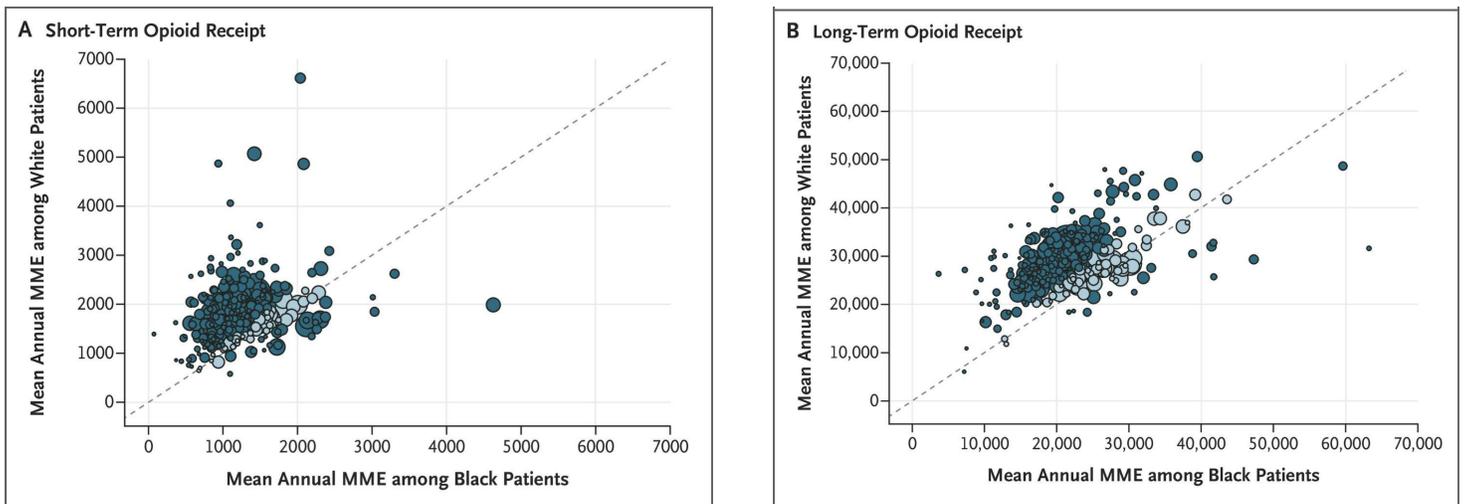


Figure 1 from "Racial Inequality in Prescription Opioid Receipt — Role of Individual Health Systems"

There have been previous studies done that have shown similar inequity. However, this particular study is unique because it assessed differences *within* health care systems: black and white patients who were cared for by the same healthcare system had different patterns of opioid dosing<sup>1</sup>. Given this new evidence, we can see that these results are not due to a difference in where patients live or what conditions they are being treated for. Instead, these findings are suggestive of racial bias within healthcare systems.

The evidence shows that there is an undertreatment of pain in black patients, and an overtreatment of pain in white patients. In order to combat this evident problem in healthcare, efforts should be taken to uncover and prevent racial bias from interfering with patient care. Universal mandatory education and training on racial bias and cultural competency should be incorporated into the work setting. Patient care providers of all disciplines should be able to use these training opportunities to be made aware of or uncover any racial bias they possess. Providers should then be trained or given the resources to overcome and alter these preconceived assumptions they may have in order to prevent any negative impacts on patient care.

This study is also particularly relevant to the opioid crisis; healthcare providers play a key role in management of pain, and prescribing appropriately. Let this serve as a reminder to be aware of the risk of opioid addiction in our future patients who have indications for prescription opioid treatment, and to ensure appropriate follow up for these patients.

In summary, as future PAs, we must strive to eliminate racial bias from negatively impacting care, especially when it comes to opioid prescription practices. For further reading, the original article is cited below.

Thank you all for taking the time to read this month's article,

Lillie

1. Morden NE, Chyn D, Wood A, Meara E. Racial inequality in prescription opioid receipt - role of individual health systems: *Nejm. New England Journal of Medicine*. [https://www.nejm.org/doi/full/10.1056/NEJMsa2034159?query=race\\_and\\_medicine](https://www.nejm.org/doi/full/10.1056/NEJMsa2034159?query=race_and_medicine).  
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