35-year-old African American woman presented with constant epigastric abdominal pain, n/v that has been present for 5 days but increasingly worse and unable to be controlled by narcotic pain medication.

She had been seen in multiple occasions in the ED (not here) but was repeatedly sent home with Zofran and narcotics.

She visited the ED again (at OHSU) 5 days later and was admitted with the diagnosis of acute cholecystitis. In the OR she was found to have gangrenous cholecystitis.

When asked her how she could endure that pain for so many days she said “I kept seeking care and I was sent home with narcotics, I overheard the nurse say, she probably is coming back for a script of narcotics- so I believed I could be getting addicted to the narcotics and stayed home with pain.”
Identity and Treatment

Table 5.—Dose, Route, and Class of Analgesic

<table>
<thead>
<tr>
<th>Analgesic dose</th>
<th>White, % (n)</th>
<th>Hispanic, % (n)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No analgesic</td>
<td>25.9 (28)</td>
<td>54.8 (17)</td>
<td></td>
</tr>
<tr>
<td>Low dose (&lt;10 mg morphine)</td>
<td>45.4 (49)</td>
<td>19.4 (6)</td>
<td>.005</td>
</tr>
<tr>
<td>High dose (≥10 mg morphine)</td>
<td>28.7 (31)</td>
<td>25.8 (8)</td>
<td></td>
</tr>
<tr>
<td>Analgesic route</td>
<td>White, % (n)</td>
<td>Hispanic, % (n)</td>
<td></td>
</tr>
<tr>
<td>No analgesic</td>
<td>25.9 (28)</td>
<td>54.8 (17)</td>
<td></td>
</tr>
<tr>
<td>Oral</td>
<td>30.6 (33)</td>
<td>6.5 (2)</td>
<td>.003</td>
</tr>
<tr>
<td>Parenteral</td>
<td>43.5 (47)</td>
<td>38.7 (12)</td>
<td></td>
</tr>
<tr>
<td>Analgesic class</td>
<td>White, % (n)</td>
<td>Hispanic, % (n)</td>
<td></td>
</tr>
<tr>
<td>No analgesic</td>
<td>25.9 (28)</td>
<td>54.8 (17)</td>
<td>.007</td>
</tr>
<tr>
<td>Nonnarcotic</td>
<td>5.6 (6)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>Narcotic</td>
<td>68.5 (74)</td>
<td>45.2 (14)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Opioid administration by provider gender.


Implicit Bias
The Bias We All Share

Implicit Bias: The *involuntary and unconscious* attitudes we have towards members of distinct social groups that affect our beliefs and actions.

- Everyone has it
- Does not necessarily align with our stated beliefs
- Tends to favor our own ingroup
Implicit Association Test

Tony Greenwald (University of Washington)
Mahzarin Banaji (Harvard University)
Brian Nosek (University of Virginia)

https://implicit.harvard.edu/implicit/takeatest.html


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Implications for Patients

Conscious Values  Implicit Bias

Case Study

35-year-old African American woman presented with abdominal pain, n/v increasingly worse and unable to be controlled by narcotic pain medication-

She had been seen in multiple occasions in the ED but was repeatedly sent home with Zofran and narcotics

She visited the ED again (at OHSU) 5 days later and was admitted with the diagnosis of acute cholecystitis. In the OR she was found to have gangrenous cholecystitis.

“I kept seeking care and I was sent home with narcotics, I overheard the nurse say, she probably is coming back for a script of narcotics- so I believed I could be getting addicted to the narcotics and stayed home with pain”

Discussion Points

- How do you recognize bias that may change your management?
- What do you do if you suspect it from one of your colleagues?
- What strategies can you employ to minimize this bias?
- What sort of dynamic does this set up between the care team and the patient?
Case Study

Two providers were discussing a patient that was going emergently to the OR after being shot by Police. One provider said, “he is lucky he is alive”. The other provider response was “do bad things to deserve bad things”

Discussion Points

• What should provider 1 say to provider 2?
• What could a bystander say to this person if they overheard the conversation?
Please complete the following brief survey to assess your learning from today's session and provide feedback on your experience.

1. Open camera app on your phone
2. Point your phone at the QR code to scan it
3. Tap the pop-up banner/link and fill the brief survey

Thank you!!