

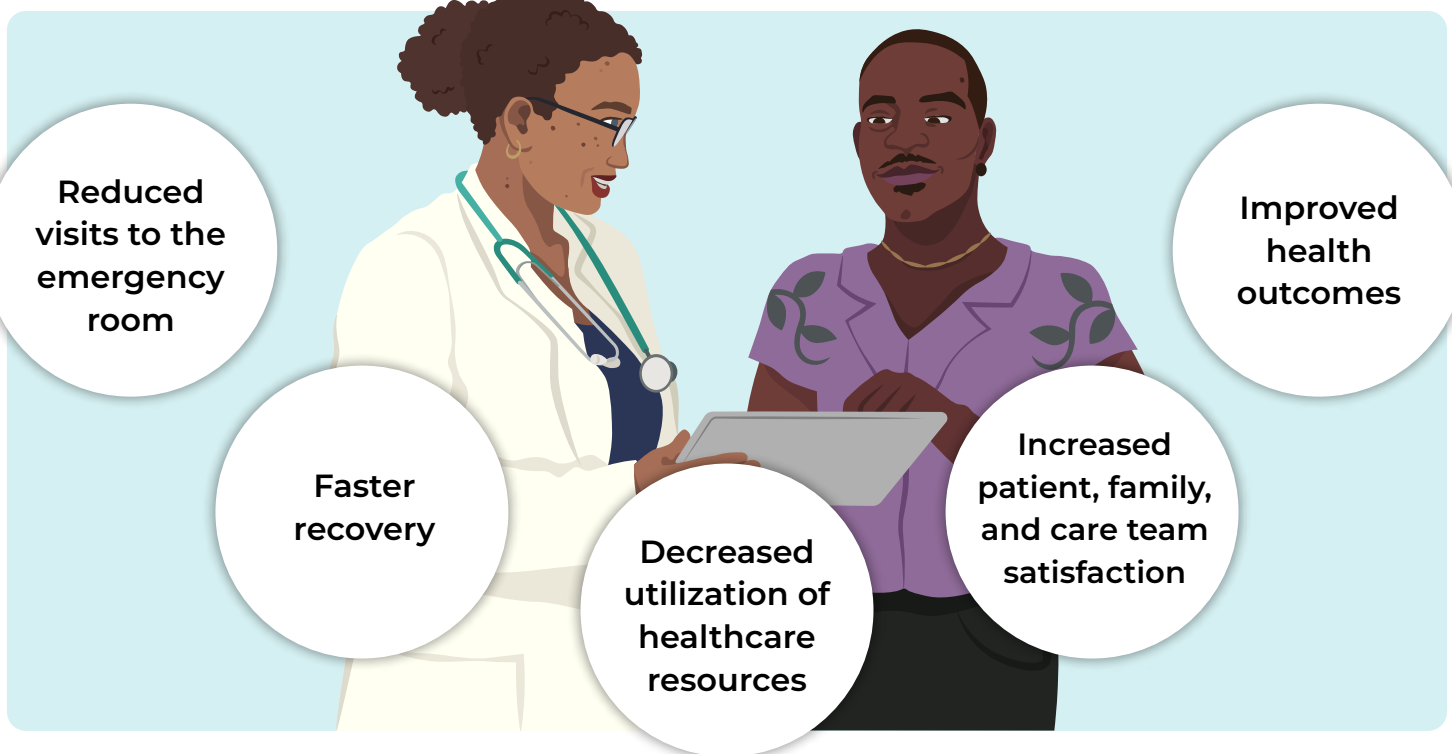
Guide for Healthcare Providers on Discussing Pain with Black Patients

Historical incidents of medical racism, such as the infamous Tuskegee Syphilis Study,¹ have contributed to a deep-rooted mistrust of the healthcare system among Black communities. This history of mistreatment, combined with ongoing discrimination, has understandably caused many Black people to feel apprehensive when interacting with medical professionals.

It is imperative for healthcare providers to acknowledge and address this context to rebuild trust and ensure equitable care. Utilizing patient-centered care approaches can help in strengthening relationships with Black and marginalized patients.

Patient-centered care prioritizes the needs and concerns of the patient in every decision made by the care team. Patients are actively encouraged to set their health goals, express their desired outcomes, and play an active role in their treatment plans.

Benefits of patient-centered care can include:



This guide is designed to support healthcare providers in delivering patient-centered care for Black individuals experiencing pain by encouraging open dialogue and cultural humility, fostering shared decision-making, and promoting active patient engagement and understanding.

BEST PRACTICES FOR HEALTH LITERACY AND INCLUSIVE COMMUNICATION

Health literacy is a key component in delivering successful patient-centered care. In order for patients to be active participants in their own health care, they must be able to navigate the healthcare system, comprehend medical information, and make informed decisions about health risks and treatment options.

To effectively address limited health literacy, a comprehensive approach must consider not only the patient, but also the clinician, the message, the communication channel, and the environment in which information is conveyed.

As a healthcare provider, here are a few practices that you can implement to enhance communication and understanding with Black and marginalized patients.

Use inclusive language

Use language that reflects the patient's own terminology and avoids assumptions about their lifestyle or experiences.

Always ask patients for their preferred name and pronunciation and make a note in their records for future reference.

Avoid making assumptions about a person's pronouns. If unsure, use gender-neutral pronouns like they / them until you can ask the individual about their preferred pronouns.

If you make a mistake, apologize briefly, correct the mistake, and continue the conversation without dwelling on the error.

Clarify information to prevent confusion and ensure the comfort of both yourself and the patient. If personal questions might be uncomfortable, explain the purpose behind them and how they can support the patient's care.

Use person-first and destigmatizing language

Using person-first language is a way to prioritize the individual and recognize that a disorder, disease, condition, or disability is just one aspect of the whole person. Instead of defining someone by their condition, it is preferable to describe what the person has rather than what the person is.

Person-first language avoids labels or adjectives that define someone solely by their condition, such as referring to a person as "a person with diabetes" instead of "a diabetic," or "a person with cancer" instead of "a cancer patient," or "a person with bipolar disorder" instead of "a person who is bipolar."

Additionally, don't use adjectives as nouns because it is often demeaning to the people you are describing. For example, use "Black people," not "Blacks."

Use plain language and avoid medical jargon

Short, concise sentences are more conversational and easier to understand. You should use the active voice where the sentence starts with the subject followed by the verb and object. For example:



Active Voice

Doctors recommend that you get a flu shot.



Passive Voice

Getting a flu shot is recommended.

Choose everyday words that are easily understood by most patients. When you need to use scientific or technical terms, define or rephrase them in simple language. If you use words that patients already know, like “kidney,” instead of more technical equivalents like “nephrology,” they’re more likely to understand what you’re trying to tell them.

Practice active listening

Active listening means being fully present in the conversation and giving your full attention to what your patient is saying.

Your body language is important when actively listening. To show that you’re paying attention, try to keep your arms unfolded, smile while listening, lean in a bit, and nod at important points.

When the patient is done speaking, repeat back to them what you heard. This way, you make sure you understood their thoughts, ideas, and feelings correctly. It also helps them feel heard and reduces any chance of misunderstandings.

Use the teach-back method

The teach-back method is an evidence-based, patient-centered approach that checks patients’ understanding by asking them to state in their own words what you have told them. It helps to confirm that you have explained things clearly to your patients and it immediately alerts you to any information that was not clearly understood.

This method places the accountability for learning on the provider. It engages the patient in a shame-free manner by asking them to repeat what you have explained. For example, you might say:

“I want to make sure I explained this clearly. I know your daughter helps you manage your health. What will you tell her about the changes we made to your pain medication?”

When closing the conversation, open-ended questions are preferred over yes/no questions, as they open the dialogue and let the patient know that you expect them to have questions about what was just discussed.

“What questions do you have for me?” is preferable to asking, “Do you have any questions?”

HELPFUL TOPICS TO DISCUSS WITH PATIENTS IN PAIN

To support healthcare providers in fostering open dialogue and shared decision-making, we have developed the following set of **discussion topics and related questions tailored for patients who are experiencing pain:**

Understand the severity of the patient's pain.

- What is your worst pain or soreness, average pain / soreness, pain / soreness right now, pain / soreness with movement?
- Does the pain affect sleep, appetite, physical activity, relationships with others, emotions, concentration?

Find out from the patient how much information they want to receive about their diagnosis and treatment.

- Some options include: provide as much information as possible, summarize the most important information, provide the highlights, or tell the caregiver.

Address the individual's own treatment-related goals and concerns.

- What are your expectations for the level of pain relief you hope to achieve?
- What do you want from your treatment? For example: safety vs. effectiveness, control of certain symptoms, frequency or method of administration
- Are you concerned about side effects?

Have an open discussion about next steps and treatment options.

- Address what will happen without intervention, the recommended treatment options, and the benefits and risks of these options. Allow the patient to determine the option that is the most acceptable for them.

Provide opportunities for feedback and increased understanding.

- Use visual diagrams and mixed media (photos, videos, and animations, e.g., a visual analogue scale for pain) where possible.
- What is your assessment of the balance between the benefits and risks of the treatment options?
- What additional information do you need to make a choice?

+ ADDITIONAL RESOURCES

A resource for healthcare providers to engage in self-assessment, self-reflexivity, and equity evaluation.

Pain Equity Provider Self-Assessment

CULTIVATING AN INCLUSIVE ENVIRONMENT FOR BLACK PATIENTS

Physician, epidemiologist, and anti-racism activist Dr. Camara Jones reminds us that racism operates on multiple levels and that the most effective interventions to improve health equity will include comprehensive, multi-level strategies.²

The following are definitions of the different levels of racism and actionable steps that healthcare providers can take at each level to promote a safer, more welcoming environment for Black patients.



INDIVIDUAL — A set of privately held beliefs, prejudices, and ideas about the superiority of white people and the inferiority of people of color. Among people of color, it manifests as internalized oppression. Among white people, it manifests as internalized racial superiority.

What steps can you take?

- Educate yourself on implicit bias and identify any internalized negative beliefs about Black people that you may hold
- Use **The Advil Pain Equity Project** resource **Pain Equity Provider Self-Assessment** to help with identifying biases and discriminatory practices in the workplace
- Practice cultural humility, a continuous process of self-awareness, self-critique, education, and reflection in cross-cultural interactions



INTERPERSONAL — The expression of racism between individuals. It occurs when individuals interact and their private beliefs affect their interactions.

What steps can you take?

- Practice shared decision-making with your patients
- Treat patients as the experts of their own experiences and bodies and value their concerns and preferences
- Build meaningful relationships with Black and marginalized people outside of the exam room



INSTITUTIONAL — Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions that routinely produce racially inequitable outcomes for people of color and advantages for white people.

Individuals within institutions take on the power of the institution when they reinforce racial inequities.

What steps can you and your organization take?

- Make health equity a strategic priority
- Develop structures and processes to support health equity work
- Review and update current policies and practices within the organization from an anti-racism lens
- Implement and join diversity councils and similar committees to create support networks for employees
- Develop partnerships with community organizations to improve health and equity

References

[1] About the USPHS syphilis study. (2019). Tuskegee University. <https://www.tuskegee.edu/about-us/centers-of-excellence/bioethics-center/about-the-usphs-syphilis-study>

[2] Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212–1215. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/>