



The European Society of
Regional Anaesthesia & Pain Therapy
Crossing Boundaries, Transforming Care

Diversity & Equity in RA & Pain Medicine



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Special Issue: Equity, Diversity, and Inclusion in Anesthesiology and Critical Care

30 articles in this issue

Can J Anesth/J Can Anesth (2023) 70:930–935
<https://doi.org/10.1007/s12630-023-02446-x>



EDITORIALS

Equity, Diversity, and Inclusion in anesthesiology and critical care: a time for reflection, acknowledgement, and change

Alana M. Flexman, MD, MBA, FRCPC  · Sangeeta Mehta, MD, FRCPC

Can J Anesth/J Can Anesth (2023) 70:1075–1089
<https://doi.org/10.1007/s12630-023-02504-4>



CONTINUING PROFESSIONAL DEVELOPMENT

Equity, Diversity, and Inclusion in anesthesiology: a primer

Miriam Mottiar, MD, MHSc, FRCPC  · Drew Burchell, BSc, MA · Hilary MacCormick, MD, FRCPC

THE LANCET

www.thelancet.com

March, 2018

Alleviating the access abyss in palliative care and pain relief—an imperative of universal health coverage: the Lancet Commission report



“Serious health-related suffering is a massive, appalling oversight in global health that must be remedied. Palliative care and pain relief are some of the most neglected dimensions of global health today.”

A Commission by The Lancet

Knaul F, Farmer P, Krakauer E, et al.

Pain Relief is one of the most neglected dimensions of global health today

Alleviating the access abyss in palliative care and pain relief — an imperative of universal health coverage: The Lancet Commission Report

The Lancet (2018)

Lecture Outline

Agenda & Learning Objectives ...



- **Fundamental Working Definitions**

- ✓ concept of **D**iversity, **E**quity, **I**nclusion (DEI) → Interrelations

- **How Diversity & Equity may influence RA & Pain Medicine Practice**

- ✓ benefits, challenges, barriers / at the level of pts, physician, system, society

- **Which are the Solutions**

- ✓ promote DEI & contribute to Optimal Patients' Care

- ✓ achieve Healthcare & Health Equity



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Diversity & Equity in Our Practice

Terminology & Fundamental Working Definitions ...



Concepts & Terms

In simple words ...



- **Disparity**

- ✓ a significant adverse difference in health status or related outcomes between population groups

- **Inequality**

- ✓ a significant adverse difference in health status or related outcomes between population groups
due unequal access to resources or difference in distribution

- **Inequity**

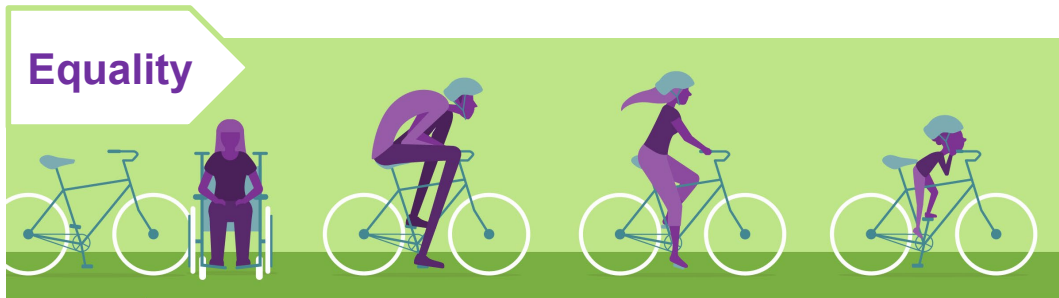
- ✓ a significant adverse difference in health status or related outcomes between population groups
due unequal access to resources or difference in distribution
that is fully unfair ...

Eurohealth Network & EuroHealth Inequalities Portal, 2023

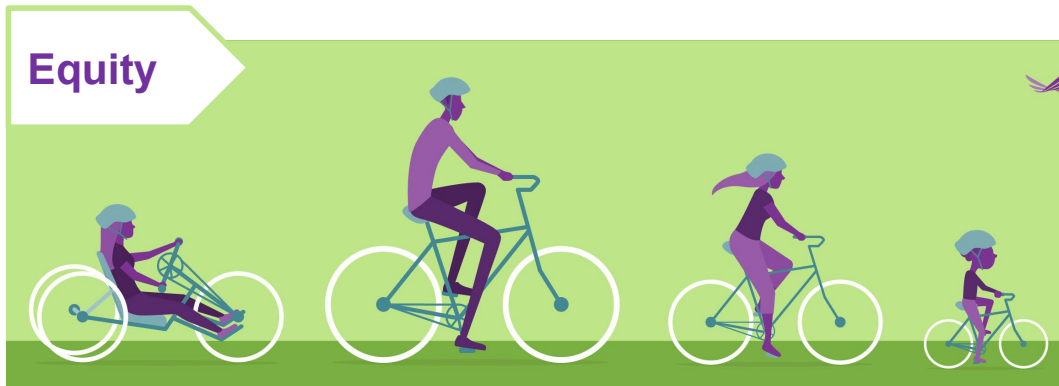
OASH – US Department of Health & Human Services
Health Equity in Healthy People, 2030 Framework
Health Equity & Health Disparity Environmental Scan, March 2022

Equality versus Equity

The difference ...



when everyone has access to a particular resource or healthcare service

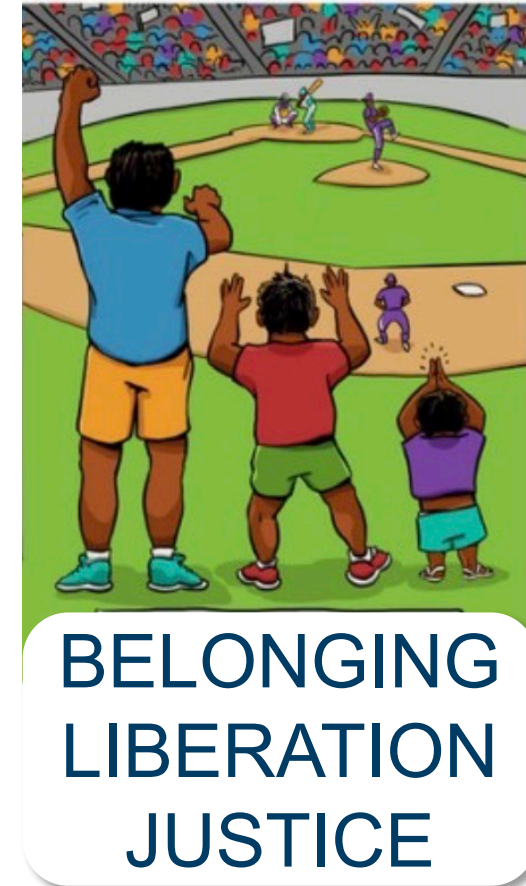
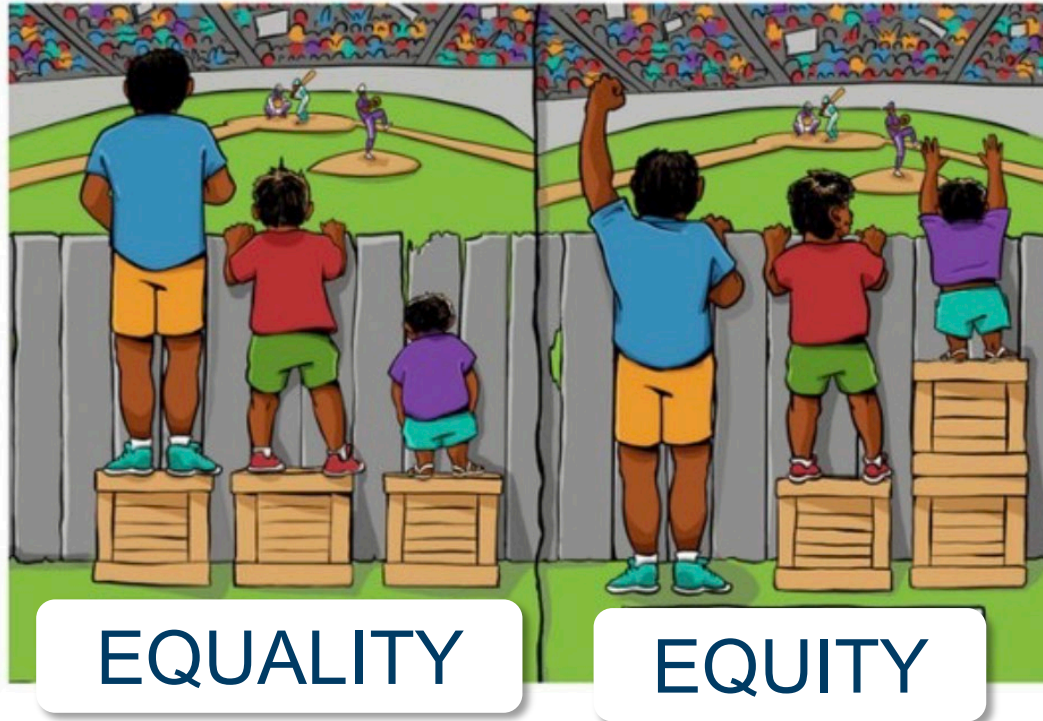


when everyone has access to the resource **in a way that is right for them**

Robert Wood Johnson Foundation, rwjf.org

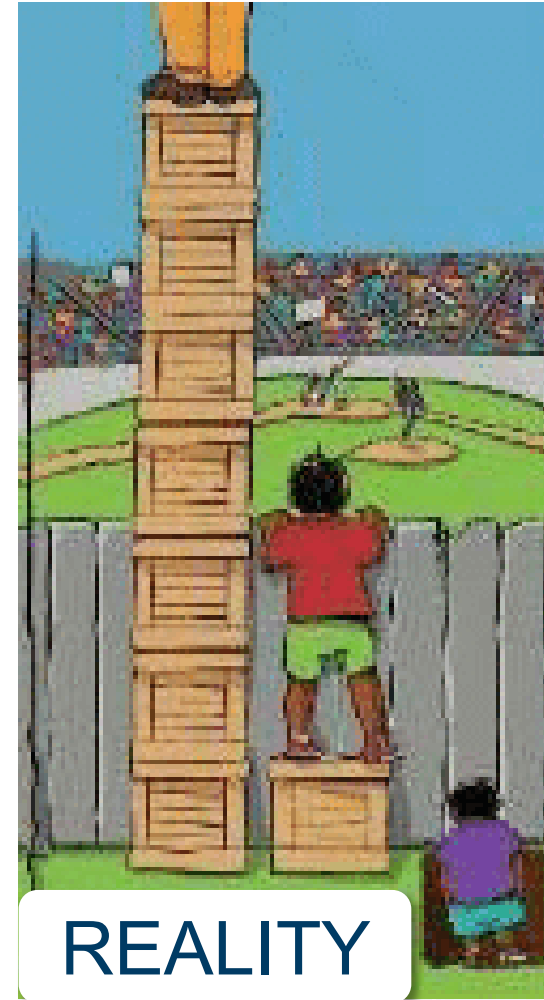
DEI in RA & Pain Medicine Specialty

The Ideal Scenario ...



DEI in our Specialties

A fully different reality ...



Diversity & Equity in our Specialties

Data from Regional Anaesthesia Practice ...



Health Care Inequalities

Regional Anaesthesia ...



United States

- **Racial, Ethnic, Gender and Insurance Disparities in RA provision in Orthopaedic Surgery**
 - minority patients → more than twice as likely to receive GA vs white patients in THA & TKA
 - only 5.9% and 15.6% of black pts → have the chance for PNBs and CNBs for hip # surgery
 - female patients → 11% less likely to receive RA vs male ones
 - patients with Medicaid Insurance → 39% less likely to receive RA vs those with private insurance
- **Obstetric Anaesthesia and RA Rates**
 - Black and Hispanic women → more likely to receive GA for CS
- **Racial Disparities in Pain Management across Disciplines**
 - black pts → far lower mean annual opioid dose vs white pts

Memtsoudis SG, et al. Anesthesiology, 2016; 124: 608 – 623

Myhre JM, et al. Anesthesiology, 2019; 130: 864 – 866

Morden NE, et al. N Engl J Med, 2021; 385: 342 – 351

Zhong H, et al. J Clin Anaesthesiol, 2021; 75: 110440

Diallo MS, et al. Anesth Analg, 2022; 134: 1175 – 1184

Schaar AN, et al. Reg Anesth Pain Med, 2023 [epub ahead of print]

Health Care Inequalities

Regional Anaesthesia ...







Europe???

- **paucity of related data in national datasets**
- **applicability of US data not possible** → different ethnic demographics in EU
- **US healthcare system**
 - ✓ privately operated with access by insurance (private or public)
 - ✓ 14% of US population uninsured (2018 – US Census Report Data)
- **access to care in Europe**
 - ✓ independent of the ability to pay, delivered throughout NHS

Original Article

NHS database 6.032.425 birth records

A national cohort study to investigate the association between ethnicity and the provision of care in obstetric anaesthesia in England between 2011 and 2021

J. H. Bamber,¹  R. Goldacre,²  D. N. Lucas,³  S. Quasim⁴  and M. Knight⁵ 



United Kingdom → Disparities in obstetric anaesthesia care

Elective CS

GA → 58% & 35% more common in black Caribbean and black African women respectively vs white women

Emergency CS

GA → 10% more common in black Caribbean vs white women

Labour

Bangladeshi, Pakistani and Caribbean → 24%, 15% and 8% less likely vs white women to receive CNBs

Diversity & Equity in our Practice

Data from Pain Medicine Practice ...



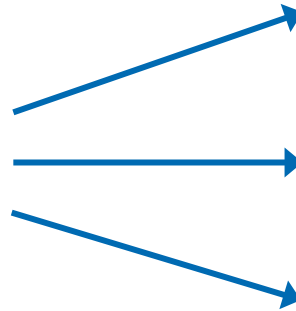
Health Care Inequalities

Pain Medicine ...



United States: A variety of Disparities racial, ethnic, socioeconomic

- experience of pain
- pain assessment
- access to care
- pain alleviation & treatment



- perioperative pain
- acute non surgical pain
- chronic non malignant pain
- cancer pain
- palliative care

across different settings & in all ages

- ✓ ER, in – hospital, outpatient clinic, home care
- ✓ adults, children, elderly
- ✓ marginalized groups of people



United States

Racism in Pain Medicine: We Can and Should Do More

Natalie H. Strand, MD; Edward R. Mariano, MD, MAS; Johnathan H. Goree, MD;
Samer Narouze, MD, PhD; Tina L. Doshi, MD, MHS; John A. Freeman, DO;
and Amy C.S. Pearson, MD

- **Unconscious Bias against Black Patients**
 - associated with changes in the way physicians communicate with patients
- **Pain Management in Black Patients**
 - less patient – centred, with lower rates for interpersonal care vs white patients
- **False beliefs about Biological Differences → Racial Discriminations**
 - black pts → inaccurate diagnosis & treatment recommendations
- **Racial Disparities in Pain Management across Disciplines**
 - black pts → far lower mean annual opioid dose vs white pts

Pain Management & Palliative Care

A global picture ...

> 18 million people die helpless with untreated pain

60 million people need pain and palliative care

- 76% in middle & low income countries
- 67% > 50 years old
- 7% children

88% of pain and palliative care needs are not covered

whpca
world health alliance
palliative care alliance



**Global Atlas of
Palliative Care**

2nd Edition



London, UK 2020

Global Atlas of Palliative Care 2nd Edition

www.thewhpc.org

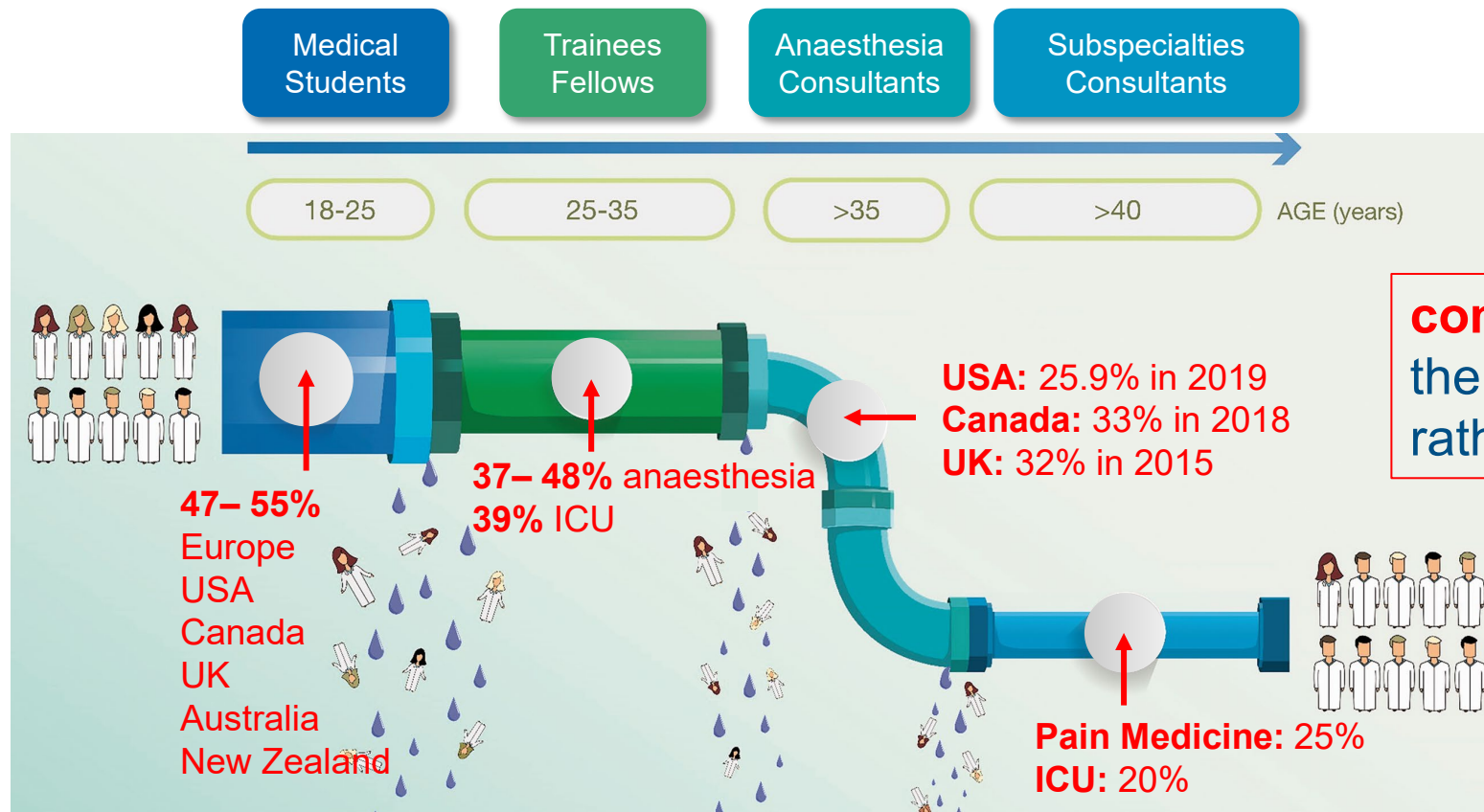
Diversity & Equity in our Practice

Data from RA & Pain Medicine Workforce ...



Female Representation in our Specialty

The «leaky pipe» analogy worldwide ...



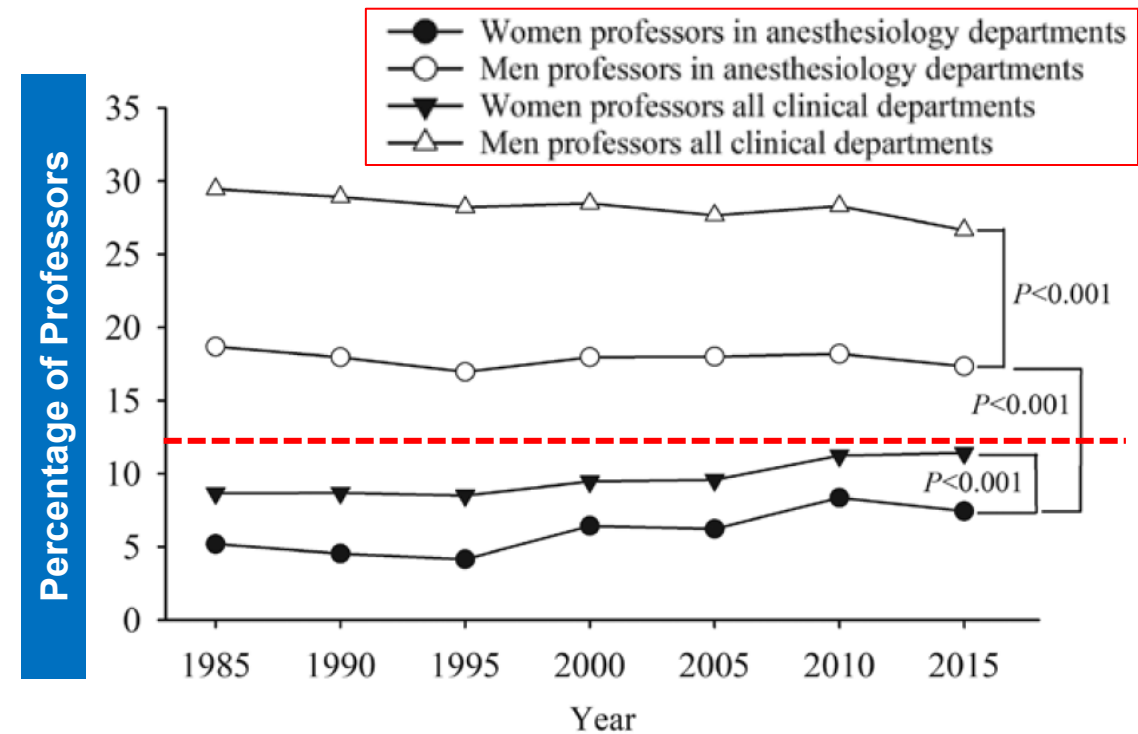
complex reasons
the nature of the pipe
rather than the women within it

Leslie K, et al. *Anesth Analg*, 2017; 124: 1394 – 1396
Bissing MA, et al. *Anesth Analg*, 2019; 128: 137 – 143
Kenevan MR, et al. *Adv Anesth*, 2019; 37: 53 – 63
Bosco L, et al. *Br J Anaesth*, 2020; 124: e134 – e147

Female Underrepresentation in our Specialty

Senior Roles, Leadership & Academic Level ...

- **Women Anaesthesiologists in UK**
 - ✓ 30% of NHS chief executives
 - ✓ 37% of Clinical Commissioning Group Leaders
 - ✓ 14% of Department Chairs
 - ✓ 27% of Clinical Directors
- **Women Anaesthesiologists in USA**
 - ✓ 10% of Department Chairs
- **Australia & New Zealand**
 - ✓ 24% Head of Departments



Bissing MA, et al. Anesth Analg, 2019; 128: 137 – 143
Patel R, Moonesinghe SR. Br J Anaesth, 2020; 124: e49 – e52
Critchley J, et al. Anaesthesia, 2021 (suppl 4), 14 – 23

Female Underrepresentation in our Specialties

Leadership in Scientific Associations & Academic Journals ...

Country	Board Members
Australia	14% ^c ANZCA council
Canada	36% ^g CAS board
Ireland	13% ^j CAI council
New Zealand	14% ^c ANZCA council
United Kingdom	25% ^p RCoA
United States	25% ^r ASA Officers

Table. Editorial Boards of Anesthesia & Analgesia and Anesthesiology

Year	1922 <i>Anesthesia & Analgesia</i> ^a		1940 <i>Anesthesiology</i> ^b	
	Women	Men	Women	Men
2010	4	39	2	12
2015	9	39	0	15
Current	4	33	1	13



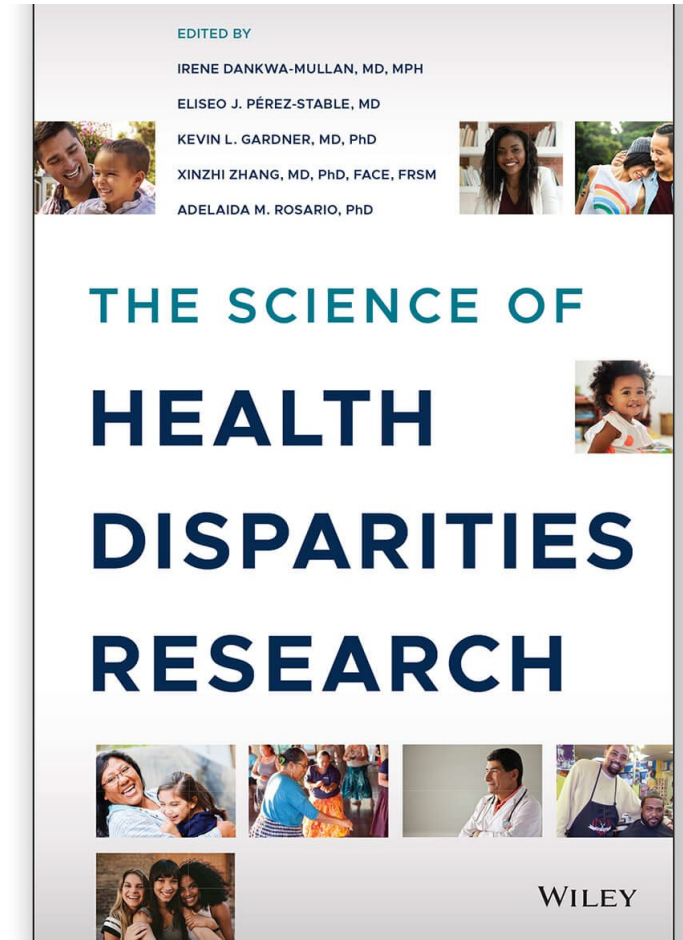
→ **female to male ratio 2023**
1 to 5 in 73 board members

Bissing MA, et al. *Anesth Analg*, 2019; 128: 137 – 143
 Critchley J, et al. *Anaesthesia*, 2021 (suppl 4): 14 – 23
 Basil ER, et al. *Anesth Analg*, 2023; 136: 6 – 12
 Harbel M, et al. *Anesth Analg*, 2023 [Epub ahead of print]

Disparities and Inequity

in RA and Pain Medicine ...

- Barriers & Challenges
- Aetiology & Contributing Factors



British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)


doi: 10.1016/j.bja.2024.02.015

Advance Access Publication Date: xxx

Editorial

EDITORIAL

Examining disparities in regional anaesthesia and pain medicine

Uchenna O. Umeh^{1,2} 

Anesthesiology Clin 41 (2023) 471–488

<https://doi.org/10.1016/j.anclin.2023.03.008>

anesthesiology.theclinics.com

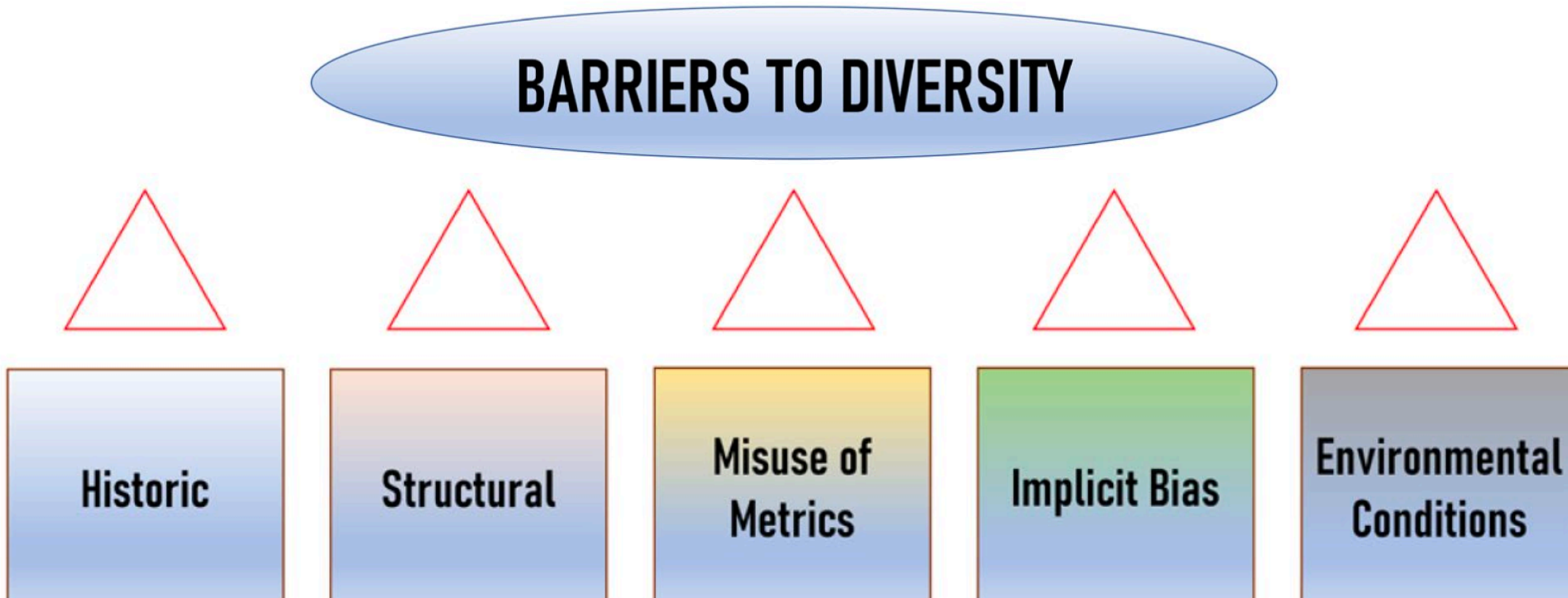
Disparities in Pain Management



Lee Huynh Nguyen, MD^a, Jessica Esther Dawson, MD, MPH^a,
Meredith Brooks, MD, MPH^b, James S. Khan, MD, MSc^c, Natacha Telusca, MD, MPH^{a,*}

Promoting inclusion, diversity, and equity in pain science

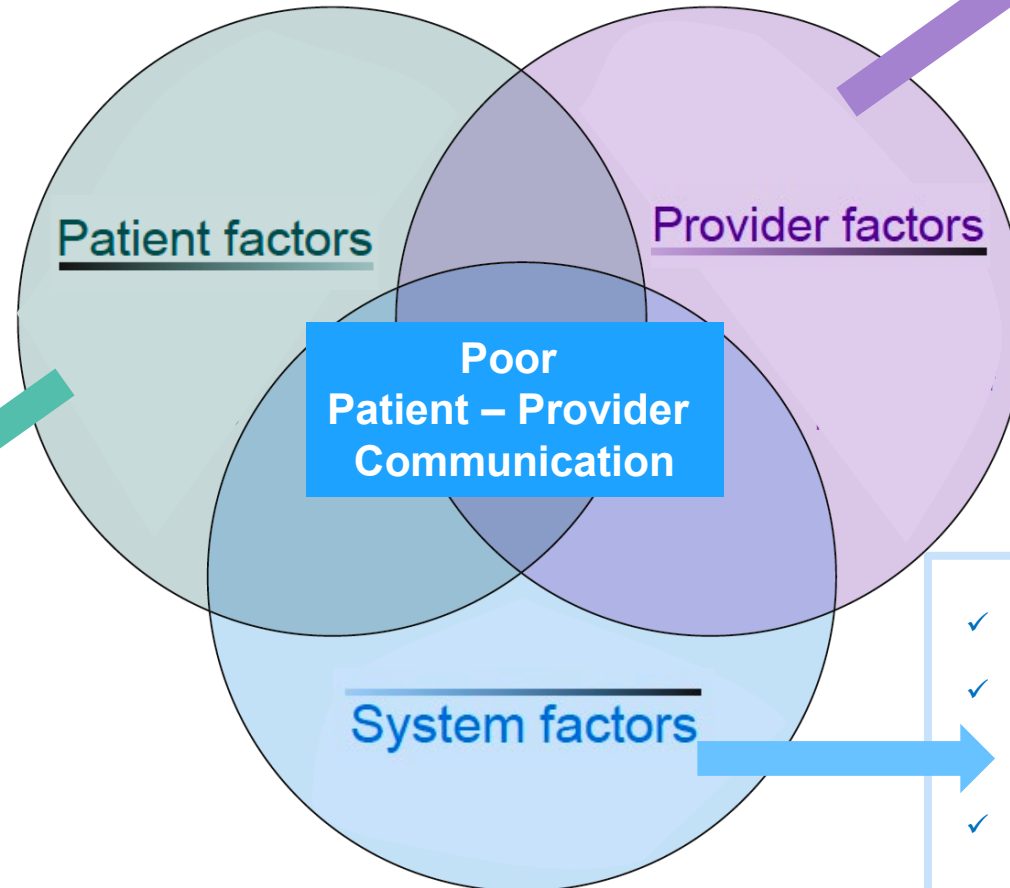
Tonya M. Palermo^{a,*}, Karen Deborah Davis^{b,c}, Didier Bouhassira^d, Robert W. Hurley^e, Joel D. Katz^f, Francis J. Keefe^g, Michael Schatman^{h,i}, Dennis C. Turk^a, David Yarnitsky^j



Diversity in RA & Pain Medicine

Aetiology of Disparities ...

- ✓ **lack of quality information**
 - misinformation
 - perceived bias
 - discrimination
 - norms & standards
- ✓ **mistrust of medical system**
- ✓ **health literacy level**
 - language barriers
- ✓ **social influences**
- ✓ **cultural preferences**

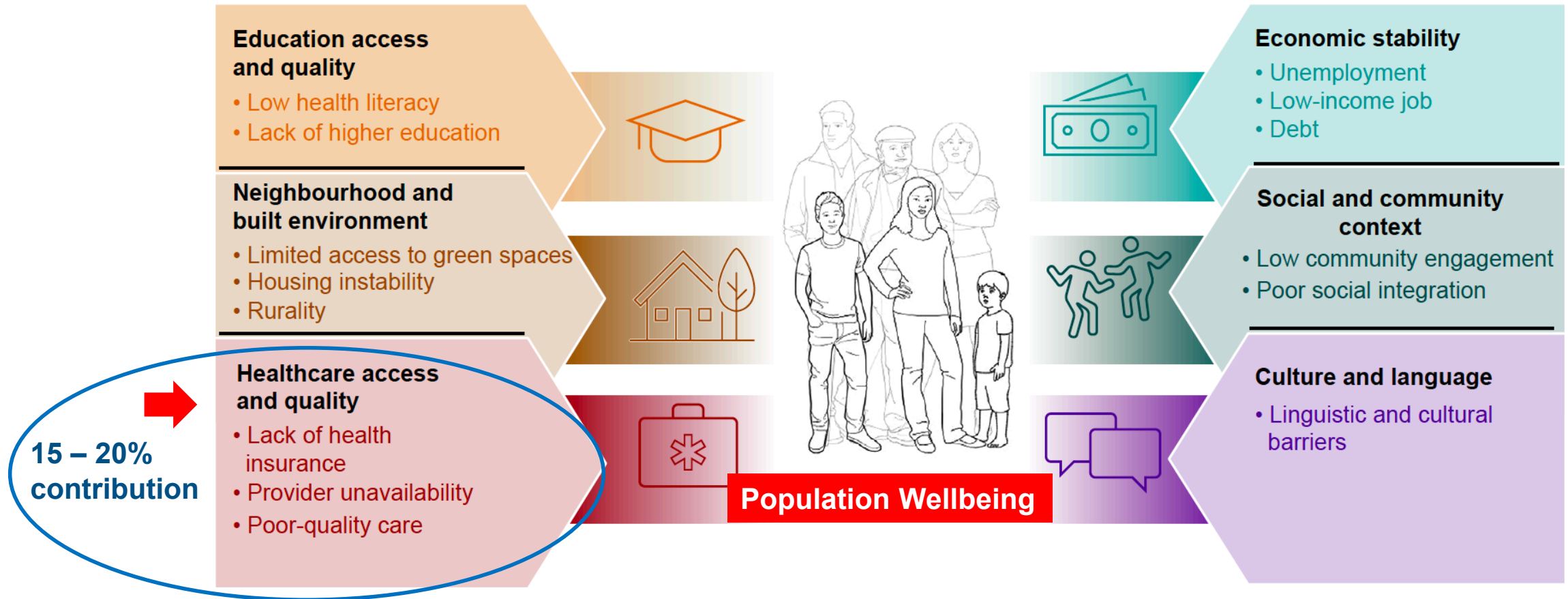


- ✓ **clinician bias**
 - implicit, in-group
 - racism
 - microaggressions
- ✓ **language barriers**
- ✓ **low cultural competence**
- ✓ **differential pain assessment**
- ✓ **workforce disparities**
 - stereotypes
 - lack of role models

- ✓ **system bias**
- ✓ **access to care**
 - availability of translators
- ✓ **insurance type**
 - private vs public hospitals

Social Determinants of Health & Pain Medicine

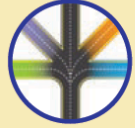
Differences in Opportunities ...



Diversity & Equity in our Specialty

How they can influence RA and Pain Medicine Practice ...





Pathways to Diversity



Volume 87 ■ Number 2 ■ February 2023
asamonitor.org

ASA Monitor

Inclusivity

Diversity

in Health Care: A Pathway to Building Belonging, Better Care, and a Healthier Work Environment

Volume 87 ■ Number 2 ■ February 2023

Katherine A. Lingras, PhD, LP

Kumar G. Belani, MBBS, MS, FACA, FAAP, SAMBA-F

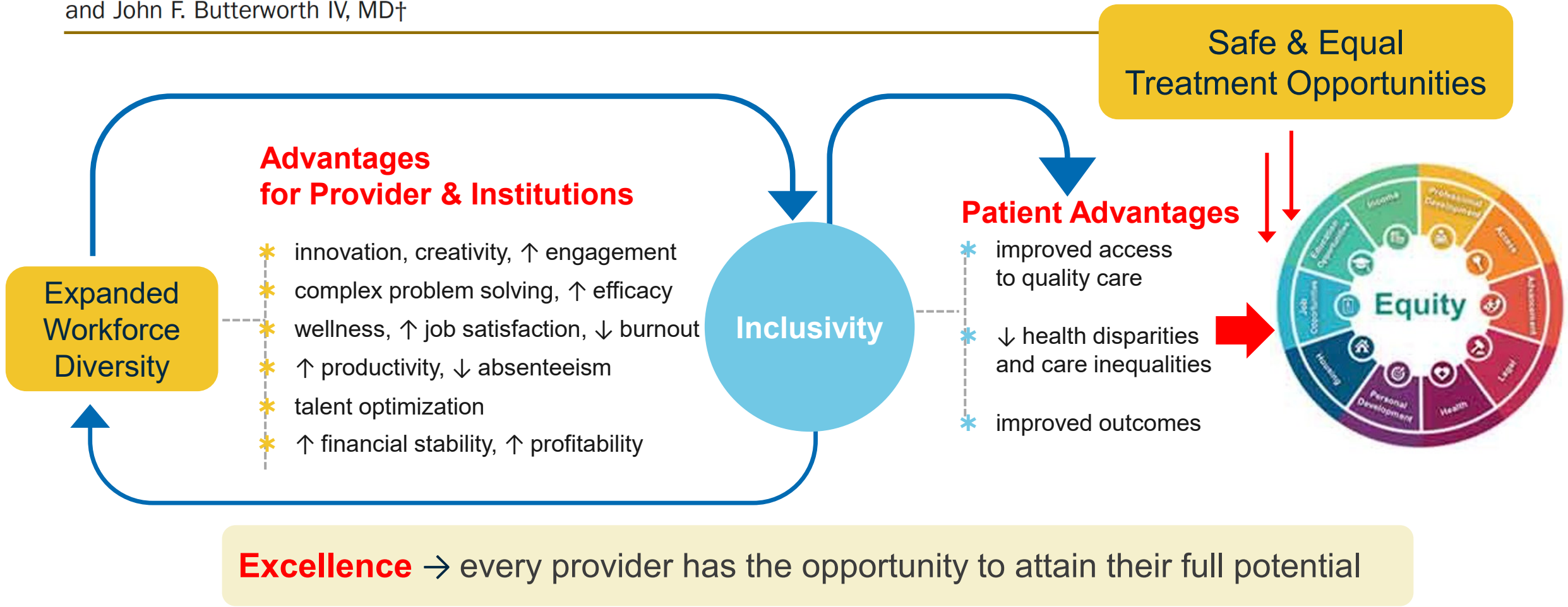
Ana E. Núñez, MD, FACP

DEI can Shift the Dial

■ SPECIAL ARTICLE

Diversity and Inclusion in Anesthesiology

Omonole O. Nwokolo, MD,* Alice A. T. Coombs, MD,† Holger K. Eltzschig, MD, PhD,* and John F. Butterworth IV, MD†



Achieving Healthcare & Health Equity

Solutions in Pain Medicine ...



Diversity



Inclusion



Belonging

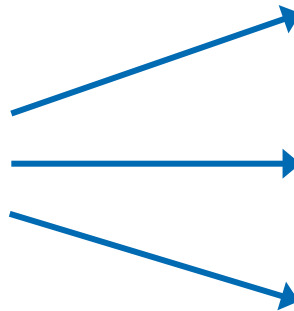
Health Care Equity

RA and Pain Medicine ...



Domains of Actions

- structural reform
- policy change / advocacy
- diversity in workforce
- providers culture
- research



Patient Centered Approaches Human Centered Approaches



- patient education
- provider education
- patient – provider communication

Achieving Greater Health Equity: An Opportunity for Anesthesiology

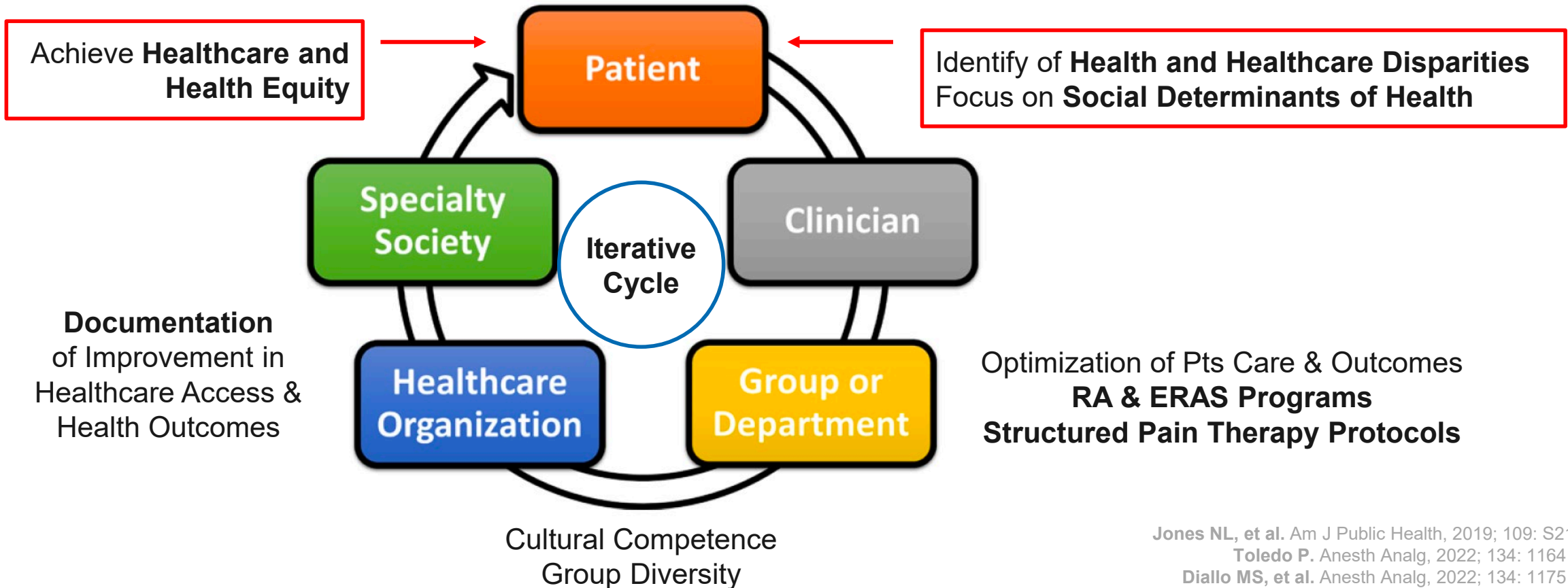
Mofya S. Diallo, MD, MPH,* Jonathan M. Tan, MD, MPH, MBI, FASA,† Eugenie S. Heitmiller, MD, FAAP‡ and Thomas R. Vetter, MD, MPH§

RA & Pain Therapy everywhere!!!



STRATEGY – PLAN – VISION

Multilevel Interdependent Framework



Achieve Healthcare and Health Equity

Identify of Health and Healthcare Disparities Focus on Social Determinants of Health

Documentation of Improvement in Healthcare Access & Health Outcomes

Optimization of Pts Care & Outcomes
RA & ERAS Programs
Structured Pain Therapy Protocols

Cultural Competence
Group Diversity

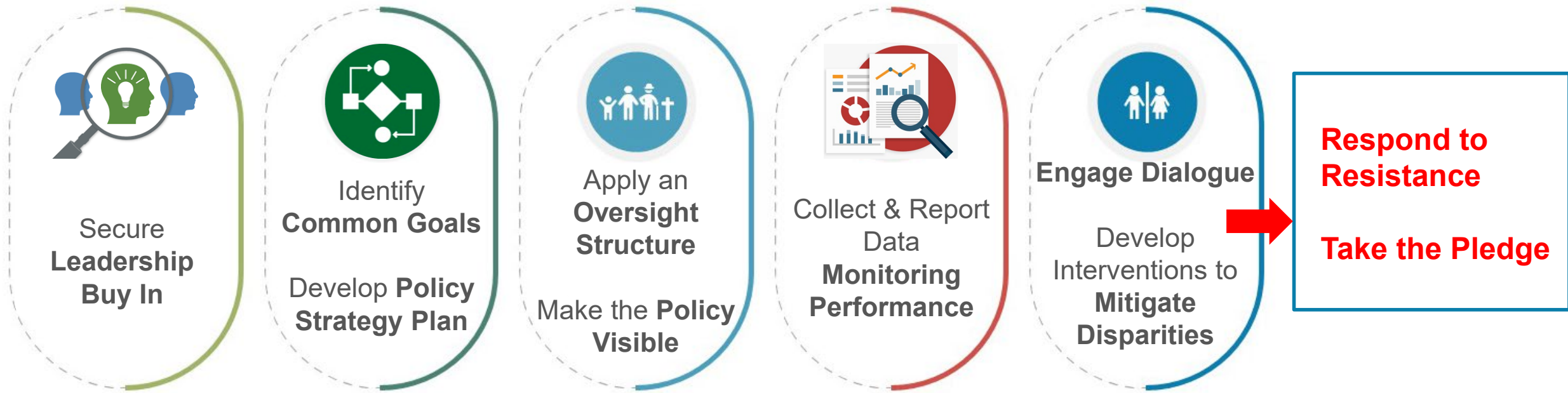
Jones NL, et al. Am J Public Health, 2019; 109: S21 – S24
Toledo P. Anesth Analg, 2022; 134: 1164 – 1165
Diallo MS, et al. Anesth Analg, 2022; 134: 1175 – 1184

Inclusivity in RA & Pain Medicine

Alliances & Scientific Societies are the Key Drivers ...

Diversity does not automatically lead to Inclusivity

Pathway – Organizational Evolution away from Disparity & towards Equity

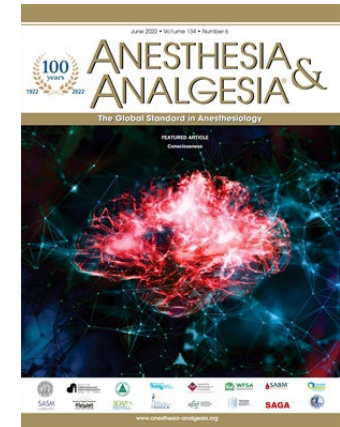


Summary – Take Home Message

Expanding Horizons: How Anesthesiologists Can Improve Health Equity

Paloma Toledo, MD, MPH

June 2022 • Volume 134 • Number 6



- we must think of our practice at a population level – **human centred approach !!!**
- partnership between societies & alliances may contribute to **healthcare & overall health equity**

BUT ↓

- **framework and strategy** are needed
- **leaders** must make efforts to remove barriers
- perseverance, commitment, and multiple recruitment cycles

**UNIVERSAL
HEALTH COVERAGE**

Inclusivity & Equity in our Specialties

They need to be embraced from the top ...



 **SUSTAINABLE DEVELOPMENT GOALS**



2nd World Week of RA & Pain Medicine

18 – 25 January 2025



WWRAPM
WORLD WEEK OF REGIONAL
ANAESTHESIA AND PAIN MEDICINE



2nd WORLD DAY OF REGIONAL ANAESTHESIA & PAIN MEDICINE



Saturday
25th January
2025

*Joining Hands for a
Pain Free Future Worldwide!*



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Thank you for your attention ...

