

Asian Journal of
Applied
Sciences

Perceived Bad Boys Receive Less Pain Medications in ER

If you should find yourself running from the police, watch your step. If you fall and break an ankle, chances are you'll receive less pain medication when they take you to the ER for treatment.

That's one of the findings from a study by Case Western Reserve University sociologist Susan Hinze, and Joshua Tamayo-Sarver, who collected the data and is an emergency department doctor in California.

The researchers examined the prescription patterns of 398 randomly selected emergency department doctors from the American College of Emergency Physicians who responded to a mailed survey.

Each physician was sent a questionnaire with hypothetical patient scenarios and asked to indicate how likely they would be to prescribe certain pain medications for an ankle fracture, back pain or migraine headache.

Responses showed that individuals evading the police, former or current drug or alcohol abusers, and frequent emergency room visitors would receive less medication than those who had injuries from a ladder fall or an intramural basketball game.

In an open-ended question about other clinical indicators that influenced prescriptions, physicians responded: the way a patient looks, employment status, hygiene and tattoos.

Hinze notes that many of these indicators are social instead of medical. Emergency rooms, which are required to take patients regardless of insurance qualifications, offered a setting to study stigmas associated with different groups of patients and whether such stigmas result in treatment disparities.

Past studies have shown that race, gender and social status do impact medical care, but research about how these three factors influence prescription practices is rare, Hinze says.

The study, "Hurt Running from the Police? No Chance of (Pain) Relief: the Social Construction of Deserving Patients in Emergency Departments," appears in the journal *Sociology of Health Care* (volume 27).

Researchers also working on the study were Noah J. Webster and Heidi Chirayath.

The research was supported, in part, by the Agency for Healthcare Research and Quality Dissertation, the Center for Healthcare Research and Quality at MetroHealth Medical Center and the departments of epidemiology and biostatistics and sociology at Case Western Reserve.