

背痛隱含的不平等

1. 健康不平等以及健康平等(或譯齊頭式的健康)

健康不平等(Health disparity)的定義是「一種與經濟、社會和環境弱勢息息相關的特定類型的健康差距」[40]。因此，健康平等則是指「無論從社會、經濟、人口或是地理的定義上，族群的健康中都不存在任何不公平或可以避免或補救的差距」[38]。許多國家內或是國家之間都已記錄了關於健康結果中的不平等狀況[14; 25]，且健康結果的決定因素當中，還有比醫療照顧的品質和可近性更重要的決定因子[5]。

2. 全世界的背痛都隱含了不平等現象

近期一項關於 17 個國家裡下背痛的社會決定因子的系統性回顧發現性別、種族、族群、教育、職業、社經地位都與背痛的重要面向有強烈的關聯(例如盛行率、嚴重度和失能的程度) [14]。因為居住地點或種族或性別而造成的健康差距，對社會和經濟都是重大的代價。

3. 種族(Race)和族群(ethnicity)是不同的意思

種族的定義是「被團體或社會視為具有重要社會意義的生理差異」而族群指的則是「共通的文化特質，例如語言、祖先、習俗和信念」[1]。若把種族和族群混著使用，就無法精確的區分兩者，一個人可能只屬於一個種族，但這個個體可能因為其使用的語言、所在的文化和信仰而屬於多個族群。由於社會中的各個種族之間並不是齊頭式的平等，所以很難將族群和種族做出有意義的區別；在這種情況下，種族/族群就會被併用 [17]。

4. 種族不平等以及族群不平等造成背痛的處置不足

即便已將可近性的因素、需求、喜好和治療的適切性納入考量，種族和族群的健康照護不平等依然存在著 [36]。尤以在背痛的處置當中，已有許許多多的急診和門診資料都呈現出類鴉片藥物處方上的種族和族群不平等 [16; 23; 26; 27]。即便少數種族/族群報告出嚴重的背痛和失能的程度，健康照護者也較傾向於將其視為是沒有痛得那麼嚴重的，也較少會將這群人轉去做造影[4]，也較常建議這群患者採取非鴉片藥物的治療方式[23]。

5. 種族和族群的不平等阻礙了對不同族群疼痛經驗的測量和了解

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IASP 匯集了科學家、臨床工作者、健康照護工作者、以及政策制定人員，共同促進並支持疼痛相關研究，且致力於將知識應用在改善全世界的疼痛狀況

對於該文化對疼痛相關概念、該文化如何衡量疼痛以及該文化架構如何解讀疼痛，若沒有適當的了解，則背痛的種族和族群不平等就會一直持續。舉例來說，採用了一個不適合用來測量澳洲原住民社群疼痛經驗的測量方式，則阻礙了我們對於這個族群的疼痛經驗的完整認識 [28]，且影響到對於該族群的疼痛評估和治療。這對於某些社區來講是非常重要的，例如在加拿大的Mi'kmaq社區就沒有“痛”這個詞，而只有用來表達“傷”的詞彙 [19]。在這樣的情境中，利用數字或臉譜來表達疼痛的方式就缺乏意義了。目前也已有一些具有文化適切性的量表被發展出來。舉例來說，一項對於歐式失能量表(Oswestry Disability Index)在不同文化中應用於評估背痛的功能性失能的系統性文獻回顧發現，這個量表總共被譯為27個不同版本以應用於不同文化 [43]。這樣的成果是朝著正確的方向發展沒錯，不過在這領域中仍有許多需要努力的部分。

6. 女性較男性更容易有下背痛

在社會中所建構出男性及女性應該是怎樣以及怎麼樣表現(gender,社會性別) [7]以及天生生理所決定了特徵(sex,生理性別)都與背痛經驗的許多不同面向有關聯[42]。女性的下背痛盛行率高於男性(比例約是 1.27 倍)，且這樣的差距到了停經後更加拉大[9; 41]。許多生理性別相關因素(例如賀爾蒙、內生性類鴉片系統的差異) [9; 21]以及社會性別的相關因素(例如特質、角色期待、態度、刻板印象、風俗、地位/權力不對等、意識形態)，不管在個人內在、情境、地位或是意識形態層面，都能用來說明性別在背痛中的差異 [2]，不過，目前對於弱勢族群的背痛(包含LGBTQI)相關的記載仍很少 [21]。

7. 生理性別和社會性別影響著因背痛取得醫療資源及治療上的差異

女性較常因為背痛而尋求醫療照護，且所需要的照護也大於男性 [8; 15]。這或許反映出大致上來說，女性較常展現求醫行為。但，這也說明了女性所報告出來的疼痛強度跟嚴重度都較高，所以才需要更常求醫或尋求處方止痛藥物等 [21]。一篇具有理論為依據的質性研究指出，關於慢性疼痛的社會性別偏見是存在的，這些偏見超過了性別常態及疼痛因應模式可以解釋的範圍，且對於慢性疼痛的治療也存在著社會性別差異，這也無法單純的用醫療需求不同來解釋 [35]。

8. 社經地位與較差的背痛預後有關

近期在歐洲的一個研究顯示相較於其他疼痛狀況(例如手、手臂)，社會經濟不平等對於背痛的盛行率影響較少；不過，仍存在有很高的區域異質性[39]。這狀況超越了單純只看疼痛的盛行

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率，仍有其他諸如教育程度等社會地位的因素會與下背痛的復發及下背痛帶來的失能有關，這些關聯性都高於背痛盛行率和新發作的背痛之間的關聯[6]。造成這些不平等的原因不僅是有多重因素，而且也包含了很多不一樣的行為及環境的風險因子，就業狀況、以及獲得醫療照護資源的阻礙和醫療資源的利用等[6]。也有證據顯示年幼時的社會經濟地位是成年期背痛的一個風險因子[18; 29]。這些不平等正在擴大，且似乎在男性身上更加嚴重[12]，而且也延續到成年更晚期的階段 [13]。

9. 患者的社會地位會影響到其疼痛評估與治療

有別於種族/族群或是生理性別/社會性別的特質，階級、或將人們依照其社會階層來歸類對於背痛的評估和治療相關的研究仍較少[11; 34]。關於背痛中階級的影響相關研究大多指出相較於較高社會地位的人，處於社會地位較差的患者較容易被其健康照護者評估為痛得沒有那麼嚴重、較不可信、且其疼痛受到心理因素的影響比較大[3]。

10. 依然要相信，更美好的未來是會來臨的

為了要達到健康平等和縮小健康不平等，全球已發起了很多不同的提倡，例如美國政府提倡的 Healthy People 2020 計畫[33]、切合澳洲原住民社群文化的“My Back on Track, My Future” [22]、還有 Pain Revolution (Australia 澳洲) [31]、Pain BC (Canada 加拿大) [30]、and Flippin' Pain (UK 英國) [10] 等宣導都是近期努力要採取平等的方式，以達到疼痛素養和消費者賦權。這些活動不僅僅是針對背痛，而是會蒐集許多知識並且讓政策制定者知道。其他的弱勢族群也可以仿效這樣的作法來改善健康不平等，並達到背痛的健康平等。

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AUTHORS 作者

M. Gabrielle Pagé*, PhD, Assistant professor and research scholar, Department of Anesthesiology and Pain Medicine, Faculty of Medicine, & Department of Psychology, Faculty of Arts and Science, University of Montreal, Montreal, QC, Canada; gabrielle.page@umontreal.ca

Manasi Murthy Mittinty, MD (Medicine), PhD, Co-chair of the Sex, Gender and Race Special Interest Group of the International Association for the Study of Pain; Lecturer, Pain Management Research institute, University of Sydney, Australia

Kobina Gyakye deGraft-Johnson, MBChB, FGCS (Anaesthesia), PGDip Interdisc Pain Mgt, Consultant Anaesthetist and Pain Specialist, Korle Bu Teaching Hospital, Accra, Ghana

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REVIEWERS 審稿者

Lorimer Moseley AO
Chair in Physiotherapy
UniSA Allied Health & Human Performance
University of South Australia
Australia

Sónia F. Bernardes
Associate Professor with Habilitation

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Department of Social and Organizational Psychology
ISCTE-IUL
Lisbon, Portugal

TRANSLATORS 譯者

Ling-Jun Liu, MS
Clinical Psychologist
Department of Anesthesiology,
Changhua Christian Hospital
Changhua, Taiwan

劉玲均 臨床心理師
彰化基督教醫院 麻醉部

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