

## Changing Times in Pain, Science, and Practice

*Pain and Rehabilitation*  
Volume 54 Issue 1 2025

The fields of healthcare, science, and publishing are undergoing seismic changes, and with them come opportunities to address longstanding inequalities. Pain care, a field that intersects deeply with social determinants of health, is uniquely positioned to lead this charge. At *Pain and Rehabilitation*, we are committed to confronting health inequalities and embedding principles of equality, diversity, and inclusion (EDI) in all aspects of our work. This editorial reflects on the challenges and opportunities posed by these “changing times” and explores the role of artificial intelligence (AI), the journal’s new aims and scope, and the transition to a more accessible publishing platform in advancing this agenda.

### Confronting Health Inequalities in Pain Care

Pain is universal, yet the care people receive for it is not. Health inequalities—rooted in socioeconomic status, geography, ethnicity, gender, and other intersecting factors—shape access to pain management services, the quality of care delivered, and health outcomes<sup>1</sup>. For example, individuals from marginalised communities are less likely to receive adequate pain treatment, often due to systemic biases, language barriers, or lack of access to specialist services.

As physiotherapists and researchers, we must actively dismantle these barriers. This requires acknowledging that pain care does not exist in a vacuum; it is influenced by the wider social, political, and economic systems in which individuals live. Addressing health inequalities means advocating for policies that reduce these disparities, designing services that are accessible and inclusive, and ensuring that the voices of underrepresented groups are heard in our research and practice.

At *Pain and Rehabilitation*, we are committed to being a platform for such advocacy and innovation. We encourage submissions that explore health inequalities, propose solutions, and highlight the lived experiences of those who face systemic barriers to care. By amplifying these narratives, we hope to drive meaningful change in how pain is understood and treated.

### Equality, Diversity, and Inclusion at the Core

EDI is not just a set of principles; it is a call to action. In pain care and rehabilitation, this means challenging assumptions, valuing diverse perspectives, and ensuring that the research and practices we promote are representative of the populations we serve. It also means reflecting critically on our own biases as practitioners and researchers.

The revised aims and scope of *Pain and Rehabilitation* reflect this ethos. By welcoming diverse genres of work—personal narratives, reflections, poetry, multimedia essays—we aim to create a space where all voices are valued. We particularly encourage contributions from underrepresented groups, including those from low-income settings, ethnic minorities, and individuals with lived experience of pain.

EDI also extends to our editorial practices. We are committed to ensuring fair and inclusive peer review processes, engaging a diverse pool of reviewers and editors, and actively supporting authors from historically underrepresented backgrounds. These efforts are integral to our mission of fostering a more equitable and inclusive community of practice in pain care.

### Artificial Intelligence: A Tool for Equity or Exclusion?

Artificial intelligence (AI) offers transformative potential in healthcare, from enhancing diagnostic accuracy to personalising treatment plans. In pain management, AI can help identify patterns in pain behaviours, predict patient outcomes, and optimise care pathways. However, its benefits are not distributed equally.

AI systems are only as good as the data they are trained on. If these data reflect existing inequalities, the resulting algorithms risk perpetuating—or even exacerbating—disparities. For instance, diagnostic tools trained predominantly on data from white populations may fail to recognise symptoms in people of colour<sup>2</sup>. Similarly, language models that do not account for cultural nuances may misinterpret patient narratives, leading to misdiagnosis or inadequate care<sup>3,4</sup>.

As AI becomes more integrated into pain science and practice, we must remain vigilant. This includes advocating for diverse and representative datasets, scrutinising algorithms for biases, and ensuring transparency in how AI tools are developed and applied. At *Pain and Rehabilitation*, we see our role as both adopters and critics of these technologies, ensuring they are used to advance equity rather than entrench inequity.

### **A New Platform for Accessibility and Inclusion**

The upcoming transition to Open Journal Systems (OJS) marks an exciting chapter for *Pain and Rehabilitation*. OJS offers a more accessible and user-friendly platform, designed to enhance the experience of authors, reviewers, and readers alike. For members of the Physiotherapy Pain Association (PPA) and beyond, this transition signifies our commitment to breaking down barriers to knowledge dissemination.

Accessibility is a cornerstone of EDI, and our open-access model ensures that the research we publish is freely available to all—regardless of institutional affiliation or geographic location. This is particularly critical for practitioners and researchers in low-resource settings, who often face prohibitive costs when accessing scientific literature.

The new platform also allows for greater flexibility in the types of content we publish, supporting our vision of a multimedia journal that reflects the diverse realities of pain care. By integrating video essays, photo narratives, and other creative formats, we hope to make our content more engaging and accessible to a wide audience.

### **Looking Ahead**

In these “changing times,” we have a unique opportunity to reshape pain care and rehabilitation into a field that truly serves all people, regardless of their background or circumstances. This requires not only embracing innovation but also challenging the status quo, advocating for systemic change, and prioritising the principles of EDI in everything we do.

At *Pain and Rehabilitation*, we invite you to join us in this mission. Whether you are a clinician, researcher, patient, carer, artist, policymaker or undefined, your voice matters. Together, we can use this journal as a platform to share knowledge, inspire change, and build a more equitable and inclusive future for pain care.

### **References**

1. Macgregor C, Walumbe J, Tulle E, et al. Intersectionality as a theoretical framework for researching health inequities in chronic pain. *Br J Pain*. Epub ahead of print 2023. DOI: 10.1177/20494637231188583.
2. Norori N, Hu Q, Aellen FM, et al. Addressing bias in big data and AI for health care: A call for open science. *Patterns* 2021; 2: 100347.
3. Lai VD, Ngo NT, Veyseh APB, et al. ChatGPT Beyond English: Towards a Comprehensive Evaluation of Large Language Models in Multilingual Learning. *arXiv*. Epub ahead of print 2023. DOI: 10.48550/arxiv.2304.05613.
4. Rajaratnam V. Why I’m committed to breaking the bias in large language models. *Nature*. Epub ahead of print 2024. DOI: 10.1038/d41586-024-02839-y.

**Dr Chris Seenan**

School of Health and Life Sciences  
Glasgow Caledonian University, Glasgow, UK