The Pain Lottery

Parker Crutchfield, PhD
Abram Brummett, PhD

Western Michigan University Homer Stryker M.D. School of Medicine

OU WB School of Medicine
Oakland University William Beaumont

How should scarce opioids be allocated?

Why standard allocation criteria fail:

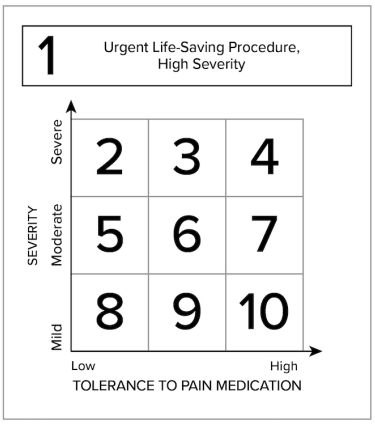
Px

1. No significant relation between Px and the moral disvalue of pain.
2. Don't want HCWs working on opioids.
3. First come, first serve still unjust.
4. Disvalue of pain not sensitive to age.

What about a lottery?

1. Process of elimination.
2. Achieves most benefit.
3. Most fair.

Our proposal: A weighted lottery, based on subjective pain score



***Move to next group only after all in present group have received dose.**

Transparency and Deception

Should patients be told that their self-report of pain will directly impact their chances of receiving opioids?

Should patients be told they are receiving a reduced dosage of opioids?

Objections

Can't implement. *Yes, you can, but also a problem for all schema*

Transparency good, deception bad. *Not necessarily.*

Reserving (which you must do) shows incoherence. *No implication that supply must be exhausted at all times.*

We have a moral duty to prioritize actively dying, other things being equal? *What's the argument? Call us skeptical that preventing pain in actively dying patient is as valuable as preventing pain in a patient that will suffer PTSD from the pain experience.*