

Reducing Regulation to Enable Access to Pain Relief; Palliative Care Campaign

Description of intervention

This intervention looks at ways that pain, especially pain associated with terminal illnesses, can be managed in developing countries. The two main options considered are (1) reducing regulation to allow greater access to pain relief medication, and (2) running a campaign that encourages the government to prioritize palliative care.

Key questions and considerations

How large is the burden from pain?

The Lancet commission estimates that in 2015 more than 61 million people experienced serious health-related suffering, more than 80% of these in low- and middle-income countries with severely limited access to palliative care [1]. It also estimates that 2.5 million children die every year in need of palliative care. These medicines are considered essential by the WHO [2]. The main reason for this extreme suffering is not financial; opioids are very cheap. The barriers are political, regulatory, and attitudinal, often due to a fear of opioid addiction [1].

There is a measurement problem associated with estimating the burden from this type of suffering. Because this intervention involves dealing with extreme suffering at the end of people's lives, it may not appear cost-effective based on the number of DALYs averted. But I think this can be easily adjusted, for example, by using moral weights in the way that GiveWell does to assign higher weight to such extreme suffering.

Is this area tractable?

India historically has had strong regulations against the use of opioids, but many of these regulations have been successfully relaxed in recent years [3]. Pain is now an important

factor in Indian medical care, for example, it is assessed as a fifth vital sign alongside. However, while initially regulations were relaxed only for cancer pain, drugs are now also prescribed for chronic pain, and there are worries of a next opioid crisis in India – suggesting that the fears around opioid addiction may be warranted.

The case of India suggests that it is possible to reform regulations to enable access to pain relief, though it seems that this took many years of work by advocacy groups.

Is this area neglected?

This area does seem neglected on a global level, with over 80% of people who need palliative care not receiving it [4]. However, the Organization for the Prevention of Intense Suffering (OPIS), an EA-aligned organization, is already working on this problem [5]. It may be better for people interested in this area to donate to them so that they can expand their program, rather than starting a new organization, which may just divert funds away from OPIS. The funds cannot be used to scale up OPIS's program though, they will be used to create a new charity in a different area. So I'm uncertain about the overall effect.

Provisional conclusion

I consider that the scale and intensity of the suffering due to a lack of access to pain relief makes it an extremely important area to focus on. The main concern I have is that OPIS is already working on this issue, and I think it might make more sense for donors to donate there rather than starting a new organization in this area.

Informed consideration score: 6.5/10

References

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