

Exploring Purdue Pharma's Role within the Opioid Crisis Through the Lens of Care Ethics

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By

Jayeesh Chennupati

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

ADVISOR

Benjamin J. Laugelli, Assistant Professor, Department of Engineering and Society

## **Introduction**

There were more than 136 Americans who were killed by the use of Opioids within 2023 (*Drug Overdose Death Statistics [2023]*, n.d.). Purdue Pharma was one of the key players within the industry aggressively marketing OxyContin to prescribing doctors. Most of the current literature recognizes that there are various problems present within the healthcare system that have led to the opioid crisis. One problem present is that the health care system lacks a structure that promotes creating value for patients. Thus, the literature only considers Purdue Pharma operating within this structure of health care that has not provided value for patients and does not assign blame to Purdue. There are indeed problems with the structure of healthcare systems and practices, yet what this narrative fails to consider is how care was not present in how Purdue Pharma chose to conduct business. By continuing to fail to consider how Purdue Pharma did not practice care and only look at the structures of healthcare that propagated the opioid crisis, we fail to create a standard for actors to act with care in systems that might not necessitate care for actors to function. If we continue to fail to consider how actors should care in systems that don't necessitate care, we create a world where the tragedy of the commons and negative externalities will be more present. I will be exploring how Purdue Pharma did not act morally within the marketing of OxyContin by downplaying negative consequences and using doctors for its marketing efforts. To support this idea, I will be using the ethical framework known as care ethics. I will be using the main tenant of care as a virtue and explore the various ways care could have or was not implemented by Purdue Pharma. The sources I will be using to determine if Purdue Pharma operated with care within its marketing of OxyContin, which would have a significant influence in the opioid crisis, are a Senate hearing that describes Purdue's marketing campaign, healthcare articles, and other sources that detail how Purdue marketed OxyContin.

## **Literature Review**

Several scholars have agreed that the opioid crisis was the failure of various agents and parts that operate within the healthcare system of the United States. However, scholars have not adequately considered the tenets of care and how care should be implemented within the healthcare system and the opioid crisis specifically to prevent future health outbreaks. While looking at the structure of a system can reveal inadequacies and problems that are propagated by a system, not all problems can be addressed properly if the inputs within a system are not taken into consideration with care being an input of utmost importance.

The first source that is taken into consideration is an article published within *Translation Psychiatry* titled, “America’s Opioid Crisis: The Need for an Integrated Public Health Approach.” The main tenant found within the abstract of the paper is that there is a call to “adopt comprehensive public health approaches to the United States Opioid crisis and to establish an infrastructure to avert future crises” (Blanco et al., 2020). Within this discussion, to adopt comprehensive public health approaches, there are various strategies discussed that emphasize the importance of scalability, user-centered design, and modeling system complexity in intervention strategies. It highlights effective community-level prevention and treatment approaches, such as Communities that Care (CTC), and stresses the need for interventions to be adaptable to broader contexts. In addition to interventions and particular strategies that could address the opioid crisis, there is also a significant discussion of engaging various stakeholders including patients, policymakers, and healthcare providers within the design and implementation of interventions. By looking at these bigger factors, in addition to addressing the opioid crisis, there is a call for an integrated public health approach that encompasses various actors within the

networks and particular strategies that can create. Valuable care would be able to address any other health epidemics and future crises such as obesity and the covid pandemic.

An article that diverged from the system-level perspective and focused on an actor within the system was the article "Role of the Pharmacist in Combating the Opioid Crisis" from Dove Medical Press, which focused on Substance Abuse and Rehabilitation. Within this article, there is another perspective on the healthcare system. It focuses on the pharmacist's role in addressing the opioid crisis, emphasizing prevention, intervention, and public health roles. An interesting point the article brings up is that "Pharmacists have many opportunities to mitigate opioid use disorder due to their accessibility" with "90% of Americans living within two miles of a community pharmacy" (Kosobuski et al., 2022). Pharmacist's accessibility creates another point of contact for patients to interact with the health care system. And this interaction and accessibility make pharmacists pivotal in preventing opioid misuse through vigilant control of distribution, patient education, and the use of tools like prescription drug monitoring programs (PDMPs). Lastly, since pharmacists are the main distributors of drugs, the article highlights pharmacists' responsibilities in educating patients about safe opioid practices and the importance of harm-reduction resources like naloxone. By looking at an actor within the system of healthcare, the article gives various insights into how pharmacists can assist the healthcare system in delivering care to patients.

Both articles contribute to a broader understanding of the opioid crisis by highlighting the importance of an integrated public health approach, considering communities' accessibility to healthcare systems, and emphasizing the need for scalable and user-centered interventions. However, they both fail to take into consideration the role of care for actors that operate a node away from the healthcare system such as Purdue Pharma, and the obligations of care that these

types of actors should have for patients within the healthcare system. Within my argument, I will highlight Purdue Pharma's significant role in the opioid crisis by highlighting the lack of care within its operation in the healthcare system and for patients.

### **Conceptual Framework**

The role of Purdue Pharma within the opioid crisis will be looked at through the lens of an ethical framework known as care ethics. Care ethics was developed by Carol Gilligan and Nel Noddings in the 1980's trying to answer the question of how we learn and practice morality from the central value of care (*Care Ethics | Internet Encyclopedia of Philosophy*, n.d.). Care ethics differs from normative ethics because it does not stress a sole moral principle for everyone in the world to live by (University, n.d.). For example, there might be a standard moral principle that one should not lie. However, within care ethics, that standard depends on a variety of factors, such as relationships, the context of specific people and situations, and social responsibility (van de Poel & Royakkers, n.d.). To expand upon the lie example, if a dance member on the dance team asks if they are dancing well, maybe you lie to them as their best friend, so you do not hurt their feelings. This includes the context of relationships. However, including social responsibility, if your best friend does not come to practice anymore since they believe they are the best dancer, which hurts the team, then that lie has a different value attached to it. So, practicing care has a wide range of complexities explored within this framework.

There are five central principles within care ethics: care as a social responsibility, care as action, care as attitude, care in practice, and care and power. Out of these, the most relevant towards the case is care as action, care in practice, and care in power. Care as an action principle states that the actions we undertake are to ensure that we maintain, continue, and repair our

world so we can live in it as well as possible (Tronto, 1998). This includes the environment, but also includes the society that we choose to live in. So, making a better society for all of us also makes it so that we can live in it as well as possible too. The second principle that has subset principles, which will be explored more in the analysis section, is care in practice and the ways care can be executed. This includes attentiveness - being aware of opportunities for care, responsibility - taking responsibility to care, competence - practicing good and successful care, responsiveness - receiving care well (*Care Ethics / Internet Encyclopedia of Philosophy*, n.d.). Lastly, the last principle of care in power is important since power plays a significant role in relationships. In most relationships, there is not an equal amount of power through knowledge, abilities, or roles (*Care Ethics / Internet Encyclopedia of Philosophy*, n.d.). Thus, it is important to take into consideration the role of power one has to ensure that power does not translate to an over dependence of care or neglect.

Through the lens of care ethics, I will focus on how Purdue Pharma practiced care or the lack of care in its role of distributing OxyContin to various patient populations through doctors. I will do this by looking at the practices of Purdue Pharma and establishing whether care was included within all of its operations to decide if Purdue Pharma acted in an ethical manner within the distribution of OxyContin.

## **Analysis**

Purdue Pharma fails to operate within the pharmaceutical industry relating to OxyContin in respect to at least two key aspects of care ethics: care within power and care as practice. These two aspects of care are necessary to create an organization where they are conducting appropriate business practices. Yet, there are a variety of instances where care was not taken into

consideration, that the opioid epidemic can be attributed to Purdue Pharma. Purdue Pharma played a central role within the opioid epidemic by engaging in neglect within various instances to consider how care should be implemented in their power dynamics and attentiveness for care.

### *Care within Relationships of Power*

The first dynamic of power that occurs before a doctor and patient interaction is the dynamic of power between a pharmaceutical company and a doctor. Purdue Pharma abused this relationship to prey on doctors. They did this when “Purdue brought in 2,000 to 3,000 doctors to three day retreats in Arizona, California, Florida for company sponsored work-shops on pain management, and some of these physicians were then recruited by Purdue to serve as paid speakers at Purdue sponsored medical meetings” (- *OXYCONTIN: BALANCING RISKS AND BENEFITS*, n.d.). Furthermore, there is significant evidence that pharmaceutical company sponsored symposia very significantly influence physicians prescribing behavior even though the physicians believe it does not alter their prescribing patterns (Orlowski & Wateska, 1992). First, I would like to note the magnitude of the doctors that they recruited, which is 2,000 to 3,000 doctors. This then translates into a significant number of patients, because the ideal average patient load for a doctor is around 1,000, however many physicians say the reality is around 2,500 (*How Many Patients Does a Doctor Have a Day?*, 2022). This is troubling for two reasons that act in co-unison. One, Purdue chooses to market to doctors who are in positions of power within the patient population. The voice of a doctor would probably have more trust than the voice of a pharmaceutical marketing their product to independent populations. Secondly, doctors treat multiple patients, so Purdue tries to accrue the value that doctors provide by reaching a significant portion of the market instead of privately marketing to each independent final

consumer of their product. Furthermore, the symposia act as a “three day retreat,” which is an indicator of a gift or benefit given to doctors provided by Purdue. This indicates that Purdue is trying to use its marketing and budgeting power to accrue doctor’s favor, like how lobbying and gifts are given to political candidates who then might support the giver’s cause later. In essence, Purdue is trying to create a shortcut for sales by winning over the person in power within the doctor-patient relationship. And for the doctors, there is an incentive to align with Purdue since they could potentially get paid for speaking at these workshops. So, not only is Purdue using the power found within a doctor patient relationship to market their project, but they are also using the power that doctors have as a colleague. Herd mentality, which has a significant influence on human character, due to how humanity necessitated being in groups through evolution (Tomasello et al., 2012) has a significant influence. If another doctor also recommends this product in addition to all the other benefits that Purdue has provided, any doctor would be swayed by the words of the colleague when they are in a state to be more receptive due to the symposium. By offering a simple yes in the beginning by accepting the invitation to the symposium to hear about Purdue’s workshops on pain-management, and then having other influences such as being paid as a speaker and having the word of a colleague promote the product, a doctor would be more willing to accept the product down the road when they initially thought they were just signing up for a three day retreat. Lastly, the scariest element within this practice of a symposium is that doctors do not recognize that the enticements have a significant influence on their prescribing patterns even though there is a significant amount of evidence to say so. This shows that Purdue can use their position of power to create enticements for the doctors, and then have a significant influence on the doctor-patient interaction, without the doctor even knowing. And this violates care ethics, since in this case Purdue seems to overstep



the boundaries of a pharmaceutical company and a doctor by creating a mechanism that allows for them to “control” doctors running into issues of dominance. In conclusion, through the operation of their company sponsored symposia, Purdue is violating care ethics within the framework of care in power - where people should be protected in asymmetrical relationships. The practices that Purdue practice do not create an asymmetric relationship by gaining implicit control over the doctors and then using that influence to reach multiple patients.

I have shown that Purdue’s marketing practices created an imbalance of power within two relationships being the relationship between a pharmaceutical company and doctors and the doctor and patient role. Some might think that these marketing practices are commonplace within every industry, including the pharmaceutical industry, and Purdue cannot be blamed for normal conduct associated with normal operations of a business, otherwise the company itself would go bankrupt. This would result in a worse outcome, since people would have less access to opioids, which have been shown to be successful in reducing pain by 30% (National Academies of Sciences et al., 2017). First, I would like to assert that it is true that opioids are a potential source of pain management, but they are not the only source of pain management and rarely completely eradicate pain. And the unrealistic expectations of a quick fix for chronic pain have been linked to opioid addiction and poor pain treatment satisfaction. Though, this still does not address the wrongdoing of Purdue since the desire for a quick fix could be a problem with the industry or patient populations. To assign blame to Purdue, it would have to be shown that they purposefully preyed on these relationships of power to advance their own profit initiative within their company. This is shown within Purdue’s operations where “one of the critical foundations of Purdue’s marketing plan for OxyContin was to target the physicians who were the highest prescribers for opioids across the country” (Van Zee, 2009). I would like to bring attention to the

fact that one of the critical foundations of Purdue's marketing plan was to target physicians. It being a critical foundation signifies that their main priority was not advertising their product, but to gain favor with the doctors to use their influence of power within doctor-patient relationships. In addition, they targeted the physicians who were the highest prescribers for opioids across the country. If these physicians were the highest prescribers, then most of their patient population were individuals who had some sort of chronic pain. Thus, the drug might benefit them the most, creating a situation where a quick fix could be pushed for more than a solution that is created through care. By also targeting physicians who were the highest prescribers, they were also targeting physicians who would normally tend to prescribe a product if it was marketed properly to them. With marketing being a core tenant or Purdue's business strategy, Purdue is most likely able to gain favor with these doctors. Purdue can be blamed for its marketing practices since its focus was to use doctors to reach patients with high amounts of chronic pain and also use these doctors as potential marketing agents. This marketing practice preyed on doctors and patients who were more susceptible to using opioids as solution for chronic pain management, instead of the marketing practice existing as a way for them to present OxyContin as a potential solution for chronic pain management.

*Attentiveness for Care:*

Another aspect that Purdue Pharma failed to operate with care was the lack of attentiveness - being aware of opportunities to care. Instead they practiced a disregard for opportunities and tried to downplay the necessity for care. "In its 'Partner against Pain' Website - Purdue claimed that the risk of addiction from Oxytocin was extremely small," and this was later designated as a misrepresentation when "on May 10, 2007, Purdue Frederick Company Inc, an affiliate of

Purdue Pharma, along with 3 company executives, pled guilty to criminal charges of misbranding OxyContin by claiming that it was less addictive and less subject to abuse and diversion than other opioids” (Van Zee, 2009). Within this evidence, it is marked with a lack of attentiveness for care. Primarily, a misrepresentation of evidence highlights the fact that they were not practicing care and even transcends a lack of attentiveness where they were attentive. Yet, they used their attentiveness to modify the information that was presented for their purposes. In fact, they tried to create a different narrative that Oxycontin has a small risk of addiction and created more opportunities for harm to play out. Furthermore, Purdue shows its lack of attentiveness towards care by “aggressively promoting the use of opioids in the nonmalignant pain market” and its citation of studies where addiction was less than one percent while vastly ignoring the “number of studies that demonstrate in the treatment of chronic non-cancer related pain with opioids there is a high incidence of prescription drug abuse” (Van Zee, 2009). With an aggressive promotion of opioids in the nonmalignant pain market, I would assume that the company aimed to promote the use of opioids as a pain management tool and that there would not be risks associated with it. Entrance to a new market has various opportunities for care and a necessity for an awareness of those opportunities. Any company that practices care would be cognizant of the complications that come with a new entry, and it does seem like Purdue did take into consideration the justification of their entry in the market by citing sources where addiction was less than one percent. Though, Purdue chose to only champion a subsection of the literature on opioid addiction that would influence the narrative that it hoped to achieve, which was a narrative where it did not have to practice care because the drug by itself did not necessitate any opportunities for care. However, that was not the case as shown with the various other studies that dictated there was a high incidence of drug abuse with

non-cancer related pain. This highlights Purdue's tendency to create its own narratives with its marketing campaign and aggressive advertising that establishes opioids do not carry an inherent risk and can be used for various treatments of pain. This then creates new markets for entries and as a result increased profits from the marketing campaign. But a narrative created from a tendency to downplay responsibilities for care, does not only create a lack of awareness for opportunities for care but a disregard for care itself and the responsibilities attached to it. This makes Purdue not a company that cares for the people it serves but instead a company that cares for the business that it can capitalize on.

### **Conclusion**

As shown through Purdue's marketing practices of minimizing the negative effects of Oxycontin and focus on doctors through their marketing campaigns, Purdue Pharma did not practice care in power relationships and in being attentive towards opportunities for care. This argument matters since within most industries there are various factors that could have contributed toward a malignant issue. And in most cases, more of the focus is put towards the structure of the industry or various dynamics between actors. Yet, what is not taken into account is the value of certain ethics and how being able to use those ethical principles could transform how industries and actors function. By focusing on care within this specific example, we could hopefully create a better understanding of how to create a better world through the implementation of care that leads to better outcomes for everyone.

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