

Abstract

This article considers what it might mean to do the moral work of grieving during an opioid epidemic. Becoming callous, bitter, or resentful are harms we can suffer to our characters when grieving losses, especially at epidemic scale. This article suggests how appreciating beauty can play roles in grieving that could help mitigate these harms.

Shared Vulnerability

Not much new can be said about the tragedy of ongoing opioid crises. Much, however, can and should be said about experiences of individual persons whose pain responds or responded to opioids. For some of us, opioids are key to short-term relief from pain and recovery from accidental or surgical injury. For those of us whose pain is hard to manage, opioids' capacity to assuage suffering can also render us susceptible to the physiological grip of chemical dependency and withdrawal, which, even if we manage to survive, will likely command how we orient ourselves to pain for the rest of our lives.

Many artists' uses of opioids have been widely documented in popular culture and provide one source of evidence for the universality of our vulnerability to pain . . . and its treatment. Frédéric Chopin was one composer and pianist who used opium to manage respiratory pain, which he suffered throughout many of his 39 years of life, and which was wrought by what is widely thought to have been tuberculosis. Like Chopin, we are all subject to our bodies' unpredictable responses to accidents and pathogens, and any one of us might manage similar symptoms just as he did.

If relief from pain comes from opioids, as it did for Chopin, depending on how carefully those opioids or synthetic opioids are prescribed and managed, we can be at risk of experiencing, as our colleague in bioethics Travis Rieder² has, how temporary pain relief via opioids can be followed by withdrawal symptoms that also incur pain and loss, if not appropriately clinically managed. Socially, we've long known that one prominent source of opioid use disorder (OUD) is iatrogenic^{3,4} and that a clever combination of overprescribing and marketing poised pharmaceutical industrialists to scale OUD epidemic profiteering to ruthless proportions.⁵ Historically, we collect artifacts⁶ that attest to opioids' or synthetic opioids' capacity for cultural disruption, and we've coined

monikers that refer to persons whose agency has been coopted by these substances' physiological effects (eg, opium eaters, junkies, people who use drugs). These monikers range in meaning from overtly stigmatizing to barely describing a problem, but the key ethics upshot from Reider, and perhaps from Chopin, is to draw our attention to the universality of our shared vulnerability to opioid dependency: people who use drugs who develop OUD could be any of us, under the right alignment of stars and constellation of circumstances.

When the Dead Have Been Tragically Slain

Suffering pain is its own moral work; orienting ourselves to threats of pain, navigating life with pain, or coming to terms with knowledge that we will need to learn to live with pain all require us to draw on our emotional and characterological stamina. We must bear and grieve losses of our abilities and of time invested in securing futures that might not come to pass. Many of us, like Chopin, must try to practice our life's work despite limitations our illnesses impose.

When we suffer pain wrought by treatment of illnesses, however, and when morbidity (eg, OUD) and mortality (eg, death by overdose) persist as epidemic in volume and scale, part of the moral work of grieving among survivors requires orientation to survivorship itself, as those of us who survive do so relative to those tragically slain. These italicized words help bring the moral work required of opioid epidemic grieving into focus: tragedy connotes preventability—we are not grieving accidental losses only—and slain connotes killing in great numbers—we are not grieving only single deaths of those personally close to us. For even those killed accidentally or unintentionally, carelessness exacerbated and exacerbates the epidemic of morbidity and mortality caused by opioid dependence, and carelessness is salt in the wounds of tragedy. For these reasons, I suggest that grieving the epidemic dead requires morally relevantly different work by survivors than our grieving a single death of someone whom we know personally. What might it mean morally to do the work of bereaved survivorship well during an opioid epidemic?

Beauty and Characterological Harm Reduction

One thing being good at being a bereaved survivor might mean is seeking and appreciating art of enduring beauty. Chopin, for example, created many beautiful works, mostly for piano, and one of them is the *Nocturne in B major Op. 62 No. 1*. In this work, a trill carries the melody in one particularly engaging passage, which is one reason a work composed between 1845 and 1846 is still beautiful today. When we gather synchronously or asynchronously to listen, live or via recording, to an experienced and skillful player interpret what Chopin wrote, we celebrate our capacity to draw on art and artists, living or dead, to guide members of contemporary humanity through grief with beauty in our midst.

Few among us will create something now that is still beautiful 2 centuries hence, so it's lucky that humanity needs art appreciation as much as it needs art creation. Art and artists guide our habits of discerning what beauty is and where beauty might be. Not every work is beautiful or equally beautiful to everyone, but consensus is not required; what is required to seek and appreciate beauty is close looking or listening. Artworks and artists are beauty innovators in that each forges new ways by which beauty can possibly be revealed, perceived, understood, engaged, and inspire awe. Artists create works that give us opportunities to practice our skills of perception. To listen and to look closely are to maintain and grow habits of perception⁷ that are generous rather than meager, capacious rather than narrow.

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Listening or looking with these moral purposes can be one part of grieving that engages our capacities to experience beauty. Like nourishing our capacities for perception, bereavement can be a moral accomplishment that expresses how we draw, individually and collectively, upon our characterological and aesthetic resources to respond, even to losses that are epidemic in volume and scale. Maintaining discernment open to beauty is one approach to survivorship that might help us avoid becoming callous, bitter, or resentful, which are a few of the most familiar harms⁸ losses can incur to our characters. Chopin's lived experience and creative work invite us to share beauty in common, just as Reider calls us to regard our vulnerabilities to opioid dependence as shared. Both guide us in doing moral work of grieving that is not only personal, but communal.

References

- 1. Predota G. From the piano of an opium eater. Interlude. January 28, 2016. Accessed April 1, 2024. https://interlude.hk/piano-opium-eater/
- 2. Rieder T. In Pain: A Bioethicist's Personal Struggle with Opioids. Harper; 2019.
- 3. Walker L. latrogenic addiction and its treatment. *Int J Addict*. 1978;13(3):461-473.
- Mann B. Doctors and dentists still flooding US with opioid prescriptions. WBEZ Chicago. July 17, 2020. Accessed April 1, 2024. https://www.npr.org/2020/07/17/887590699/doctors-and-dentists-still-flooding-u-s-with-opioid-prescriptions
- 5. Keefe PR. The family that built an empire of pain. *New Yorker*. October 23, 2017. Accessed April 1, 2024. https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain
- 6. Donovan R, Lockhart E, Im D. American crisis: fentanyl and fake pills. Drug Enforcement Administration Museum. February 22, 2022. Accessed April 1, 2024. https://museum.dea.gov/events/2022/2022-02/2022-02-22/american-crisis-fentanyl-and-fake-pills
- 7. Rentmeester CA, Severson S. Art, clinical moral perception, and the moral psychology of healthcare professionalism. *Narrat Inq Bioeth*. 2014;4(3):271-277.
- 8. Rentmeester CA. Moral damage to healthcare professionals and trainees: legalism and other consequences for patients and colleagues. *J Med Philos.* 2008;33(1):27-43.

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Citation

AMA J Ethics. 2024;26(7):E587-590.

DOI

10.1001/amajethics.2024.587.

Acknowledgements

The author is grateful to members of the *AMA Journal of Ethics* editorial crew, whose review comments were key to developing this essay. The author also fondly remembers T, who sewed beautiful clothes and died by overdose.

Conflict of Interest Disclosure

Author disclosed no conflicts of interest.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.

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