

MYTHS ABOUT MORPHINE USE

MYTH:

Morphine is offered to patients only when death is imminent.

FACT:

It is not the stage of terminal illness, but the degree of pain that dictates which medicine to use. We start with the mildest medicine and if it works, stop there. If it doesn't, we move on to morphine, if or when it's appropriate.

MYTH:

Pain medication always causes heavy sedation.

FACT:

Most people with severe, chronic pain have been unable to sleep because of their pain. The opioid analgesic's (morphine, codeine) produce initial sedation (usually about 24 hours) that allows the patient to catch up on their lost sleep. With continuing doses of medicine they are able to carry on normal mental activities. Sedation may occur with the use of other drugs, such as anti-anxiety agents and tranquilizers that have been prescribed for other reasons.

MYTH:

Patients often develop tolerance to pain medications like morphine.

FACT:

When morphine and other opioid analgesics are prescribed for the management of pain, the dose is sometimes raised to be sure that the pain is well-controlled 24 hours a day, seven days a week. Opioids given to relieve pain generally do not lead to the development of tolerance. As a disease like cancer progresses, more opioids may be needed to control the pain on a continuing basis.

MYTH:

Morphine will hasten death.

FACT:

There is no evidence that morphine hastens death when properly titrated to the patient's pain. If death does occur soon after a dose of morphine is given, death would have most likely come anyway, and the morphine allowed the patient to experience death with more comfort.

MYTH:

Once you start taking morphine, the end is near.

FACT:

Morphine does not initiate the final phase of life or lead directly to death. Morphine provides not only relief for severe, chronic pain; it also provides a sense of comfort. It makes breathing easier, it allows the patient to relax and sleep. It does not cloud consciousness or lead to death. Morphine does not kill.



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