Ten Myths About Morphine

1. Patients who need morphine for pain must be near “the end”.
   Morphine is used for patients undergoing surgery and having heart attacks not just for people near death. Its use is dictated by the degree of pain. Some patients never need morphine, some may need it for just a few days, others for weeks or months.

2. Using morphine “speeds things up” – makes you die sooner.
   There is no evidence that this is true, in fact people who have been in severe pain often take on a new lease on life when free from pain. Relieved from the nightmare of uncontrolled pain, they take new interest in food and activities.

3. You should “save” the morphine until the pain is unbearable, that way when you really need it later it will work.
   Some people have been afraid that the body will “get used” to the morphine and there will be nothing left to relieve the pain. This does not happen. If the pain gets worse, increasing the morphine dose can relieve it. This does not mean the morphine isn’t working, but rather the pain is increasing.

4. If you take morphine, you will become addicted.
   Addiction is “psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use”. Addiction

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is when people continue to use medications despite harm. Patients on many chronic medications develop tolerance. This means that the medication cannot be stopped abruptly because your body has adapted to the medication. This also occurs with laxatives, nasal sprays and eye drops.

5. **Morphine will slow or stop breathing.**

While it is true that respiratory depression is a risk with opioids, this rarely occurs when doses have been properly prescribed, administered and titrated.

6. **Patients on morphine will sleep all the time.**

When patients who have been in pain receive adequate relief, they are able to catch up on much needed rest. Initially morphine also may make a patient drowsy, but the body adjusts to this effect with time. Often, the disease state causes a patient to require more rest.

7. **Morphine doesn’t work orally, you have to give an injection.**

Like many medications, morphine undergoes what is called a “first pass effect” when taken orally. The liver clears a large portion of the drug before it actually reaches the body. For this reason, the oral dose of morphine must be three times the IV dose. If the dose is not adjusted properly, then it would seem that the injection works better than oral.

8. **If you provide morphine to a cancer patient, they may use it to commit suicide.**

Patients in agony due to unrelieved pain may think of killing themselves. In our experience, patients whose pain is relieved no longer think of suicide. It is not appropriate to withhold adequate pain medications because of this concern.

9. **Stop the morphine when the patient becomes unconscious.**

If a patient becomes unconscious near death the morphine should not be stopped. First, pain may continue despite the patient being unconscious and unrelieved pain will cause restlessness. Second, because the patient has been on chronic opioid, they may undergo withdrawal if it is stopped abruptly.

10. **There is a maximum amount of morphine a person can take.**

There is no “ceiling dose” of morphine or the other opioids. This is not true for medications like acetaminophen (Tylenol®) and aspirin. These medications have maximum doses that cannot be exceeded due to side effects or actual damage that can be done to the body. Morphine doses are limited only by the delivery system and the patient’s ability to take the medication.