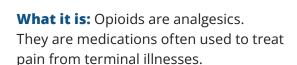


Tips for Careworkers: Myths about Morphine



Morphine is an opioid. It is often used in palliative care to manage moderate to severe pain. There are other opioids. Myths are widely believed but untrue beliefs.

Why it matters: Morphine provides effective pain relief. The dose can be adjusted to reduce pain. Older people and their family may have heard myths about morphine and be concerned. Careworkers have direct contact with the person and their family and can ask nursing/ supervisory staff to answer any questions they may have.

What I need to know: Facts and common myths about morphine use.

Myth Once on morphine the end is near.

Fact Morphine properly used does not cause death, the underlying illness does.

Myth Enduring pain will enhance one's character.

 Pain decreases quality of life and causes suffering.



Myth Morphine is addictive.

Fact When given at the right dose to relieve pain, morphine is not addictive.

Myth Injections are better than oral.

Fact Oral preparations are as effective as injections; long-acting forms mean better pain control and less frequent administration.

Myth Side effects (nausea, vomiting, constipation, sleepiness, etc.) are due to allergies.

Fact Allergies to morphine are rare, side effects can be managed and should be reported to the prescriber.

Myth Tolerance to morphine will develop and higher doses will be needed.

Fact Tolerance develops slowly. Disease progression may cause increasing pain and increased need for analgesia.

Myth Morphine is a treatment for cancer.

Fact

No, morphine is not a treatment for cancer, it is an analgesic medication used to relieve the symptoms of pain.

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My reflections:

Why might a person need increasing doses of morphine?

Who should answer any questions that older people and their families might have about morphine or other opioids?

My notes:

See related palliAGED Practice Tip Sheets: Opioid Analgesics Pain Management

