

Tips for Nurses: Myths about morphine



What it is: Opioids are analgesics. They are medications often used to treat pain related to terminal illnesses.

Morphine is an opioid analgesic that offers safe and effective relief of moderate to severe pain. There are other opioids. Myths are widely believed but untrue beliefs.

Why it matters: Morphine is often the preferred opioid analgesic in palliative care unless contraindicated. However, there are many myths about morphine that may affect its acceptance for treatment of pain.

Nursing staff often administer medications and can provide older people and their families with information to reassure them.

What I need to know: Wrong information may affect:

- willingness to accept morphine for pain
- the family's understanding of why morphine is being prescribed
- a nurse's readiness to administer morphine.

Begin the conversation by asking 'What do you understand about morphine?' or 'Do you have any queries about morphine?'

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.

Fact 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.

Name:

My reflections:

Have I ever had to address family member concerns about the use of morphine or other opioids for an older person?

What information might be helpful for family members?

My notes:

See related palliAGED Practice
Tip Sheets:
Opioid analgesics
Pain management

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au