Myths and Misconceptions about Opioid Use in Serious Illness

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Misunderstanding Pharmacology (what is that?)

- **Pharmacodynamics** – the pharmacologic effect of the drug
- **Therapeutic effectiveness**
  - Morphine is a poor medication for pain or shortness of breath when taken by mouth. It works a lot better when given intravenously.
  - Morphine (or other opioids) should only be given on an "as needed" basis
  - Morphine cannot be used with other medications for pain control.
  - RN to MD – "She's on 5 mg IV morphine every 4 hours around the clock – can we switch to hydromorphone (Dilaudid) 0.5 mg every 4 hours? I've seen it work way better than morphine"
  - "Let's use codeine – it's milder"

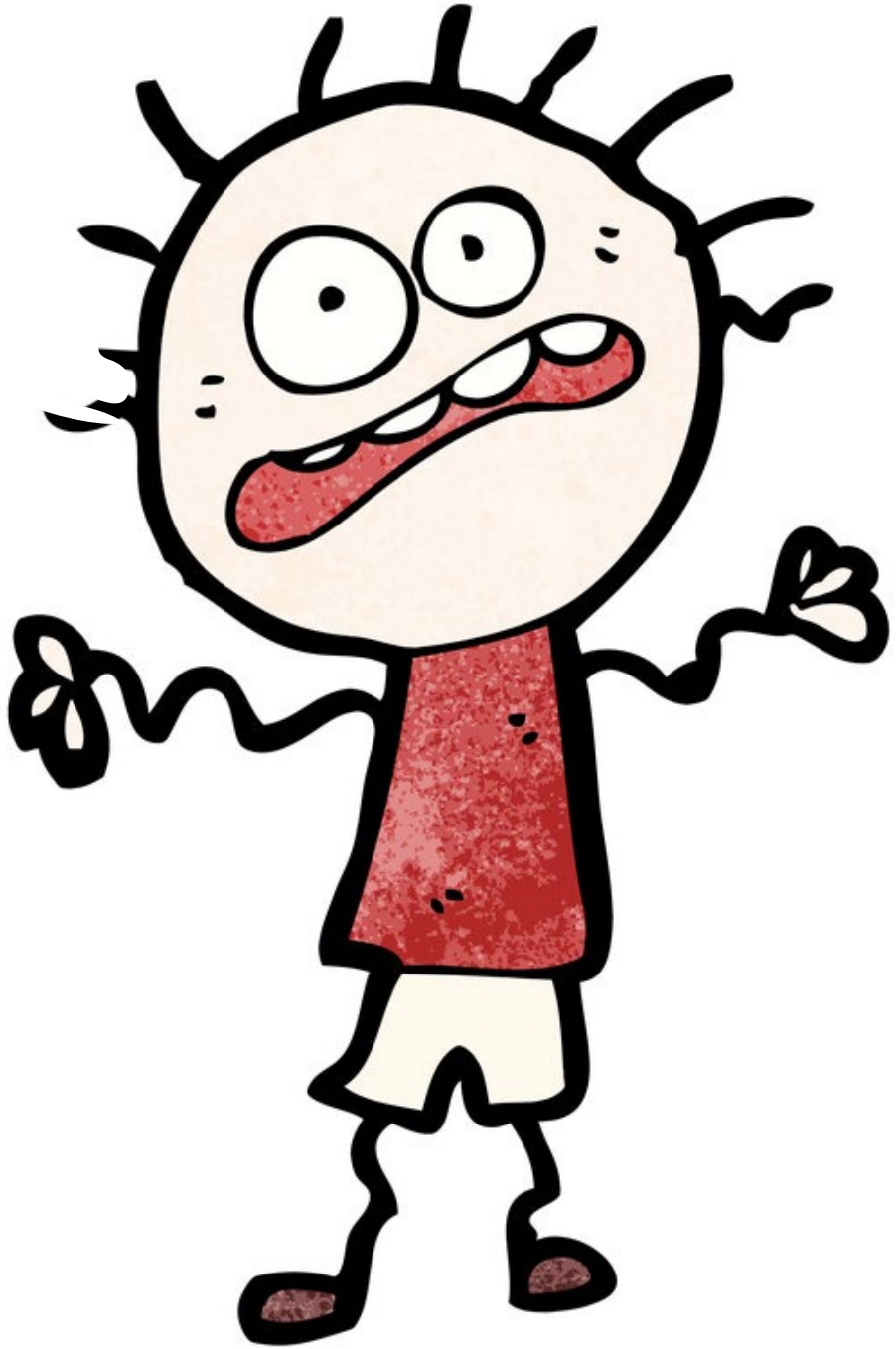
	Equianalgesic Equivalence (mg)	
OPIOID	PARENTERAL	ORAL
Morphine	10	25
Fentanyl	0.15	NA
Hydrocodone	NA	25
Hydromorphone	2	5
Oxycodone	10[d]	20
Oxymorphone	1	10

Misunderstanding Pharmacology (what is that?)

- **Toxicity (actual or potential)**
  - Morphine lowers breathing function
  - “I need to check her BP because I can’t give the morphine if her BP is too low”
  - Morphine makes death happen faster
  - “If we increase the morphine, it may kill her (or stop her breathing)”
  - “I’m afraid to give the last dose of morphine”
    - 82 yo man with history of CVA in the LTC facility. He has been receiving morphine 5 mg by mouth every 4 hours around the clock for several weeks with good success.
    - He is not conscious, and the LTC RN is concerned about giving “the next (last?) dose” of morphine. He doesn’t LOOK uncomfortable. Maybe he’s FTD (fixing to die!).

Misunderstanding Pharmacology (what is that?)

- **Toxicity (actual or potential)**
  - “The patient can’t talk to her family if she’s asleep from the pain meds”
  - “I want her awake so she can talk to her daughter flies in from California”
  - “I stopped giving the pain medications because I think the doses were too high and it was killing her”
  - Constipation makes it impossible to use adequate doses of opioids



Misunderstanding Pharmacology (what is that?)

- **Pharmacokinetics** – absorption, distribution, metabolism, excretion of the drug
  - “I can’t give the next dose for another 15 minutes” [patient moaning]
  - “Let’s spread the doses out to every 8 hours” (MD order)
  - MD order – “Let’s start morphine 5 to 10 mg, every 4 to 6 hours”

Inappropriate Beliefs

- Pain is always part of dying, and must be endured
- “Of course the patient wants more medication so he can sleep. He’s depressed, but it’s our job to give him hope.”
- “If we start the morphine now, what’s left for when the pain gets really bad?”
- “Morphine is a kind of ‘living death’ “
- “Morphine signifies the physicians have “given up” on a patient with a terminal illness.”
- “I don’t do morphine drips because my goal it not to kill the patient (or euthanize patient)”
- “I’m a Catholic – I don’t kill people”

Inappropriate Beliefs

- The daughter lives locally to the patient and is on board with the therapeutic plan, but the son (who lives on the other coast, and is a lawyer or doctor) says “What’s WRONG with you people – are you TRYING to kill her?”
- MD to RN – “You have no right to bring up hospice – I’m in charge of this case!”
- Patient/Family – “I don’t want my mother to become an addict”
- Patient/Family – “OxyContin? Methadone? Fentanyl? Are you crazy? I watch TV – people die from those! And methadone is for drug abusers!”

Which is correct?

- MD writes an order for an inpatient hospice patient
  - “Begin morphine infusion at 2 mg/hour with 3 mg bolus every 15 minutes; RN to titrate to comfort.”
- Or,
- “Nurses should NOT be able to alter/titrate the doses. They don’t know what they are doing!”

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