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Research findings contradict longstanding bias against morphine

PORTLAND, Ore. – A report written by an OHSU physician with more than a half century of medical experience contradicts both public and professional bias against the use of morphine in the final stage of life for patients with breathing difficulties. Because large amounts of morphine slows breathing, doctors have avoided prescribing the drug to dying patients with breathing difficulties for fear it would shorten life. However, the author of this new case series suggests that some patients who receive an appropriate level of morphine live a little longer because their fear and struggle for breath are reduced. The research is published in the current issue of the *Journal of Palliative Care*.

"Much has changed in health care since the initial concerns about morphine and breathing difficulties were documented in the 1950's," said Miles Edwards M.D., Professor of Medicine Emeritus in the OHSU School of Medicine and a clinical consultant the Center for Ethics in Health Care at OHSU. "For decades, physicians have been advised to avoid prescribing even small doses of morphine to dying patients with breathing difficulties based on the traditional belief that the drug made breathing more difficult and hastened death. However that line of thinking seems to be a medical urban legend. In fact, this age-old advice should likely be reversed for some patients. By slowing down breathing with morphine and controlling panic, patients become fatigued less quickly. They are breathing at a slower pace, but they also require less oxygen so the condition and the drug don't act in conflict with one another as one might think."

The research paper focused on five case examples involving patients who had been given appropriate doses of morphine to control their suffering in the final stage of life after a ventilator was removed. This case series focused on patients who were on ventilators at the end of life and who wanted the ventilators withdrawn. The major finding of this case series was that each of the patients lived longer than predicted by their physicians when morphine and sedation were provided. The paper provides details about each of these cases, contradicting the longstanding beliefs that moderate doses of morphine hasten death by suppressing breathing.

"Overall, the appropriate use of morphine in the final minutes, hours or days of life is becoming a more accepted practice by doctors nationwide," explained Susan Tolle, MD., Director for the Center for Ethics in Health Care at OHSU. "If a person feels that they are suffocating, they struggle for oxygen and panic sets in. Much like a scuba diver who panics, these patients are trying to use more oxygen than is available to them. What Dr. Edwards has learned is that an appropriate level of morphine can suppress this anxiety allowing a person to survive on less oxygen and live longer. It also allows these patients to live out their final minutes, hours or days of life in a more peaceful manner."

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