



Vivie

The Truth About Morphine

It's natural to have questions about hospice care—especially when it comes to medications like morphine. You should feel confident, informed, and supported every step of the way.

Myth	Fact
Morphine is addictive.	When used to manage serious pain, morphine isn't addictive in the way many people think. In hospice care, morphine is carefully prescribed to bring comfort—not to create dependence. While your body may build a tolerance over time, this is normal and not the same as addiction. If morphine is ever stopped, your care team will taper it slowly to avoid withdrawal symptoms.
Morphine makes it hard to breathe.	Difficulty breathing is common near the end of life, and morphine actually helps ease it—not make it worse. We always start with the lowest dose and increase only if needed. Most people adjust quickly, and serious breathing issues are very rare. In fact, morphine is often used to gently ease the feeling of breathlessness, especially in people with heart or lung conditions.
Liquid morphine doesn't work as well as a shot.	Oral morphine is just as effective as an injection—when taken the right way. We often give morphine by mouth, either in a liquid or tablet form. It's placed inside the cheek and absorbed gently, offering reliable and effective relief.
I should wait until my pain gets worse to take morphine.	It's better to stay ahead of the pain. Waiting for pain to become severe makes it harder to control. That's why your nurse may schedule doses regularly, with extras available if needed. Using morphine early doesn't make it less effective later—and there's no "maximum" dose. We'll always start low and adjust if your pain changes.

Myth	Fact
Morphine is only used when someone is close to dying.	Morphine is used to ease discomfort—no matter the stage of illness. Pain, shortness of breath, and even coughing can happen at any point in your journey. Morphine helps manage these symptoms so you can feel more at ease. Some people never need morphine, while others may use it for a longer time. What's most important is your comfort—not your diagnosis.
Morphine makes people too sleepy to enjoy life.	Drowsiness usually fades quickly. At first, you might feel sleepy as your body adjusts. But most people build tolerance within a few days. Over time, morphine helps you rest more comfortably—not miss out.
Morphine causes constipation, so it's better to avoid it.	Constipation is common—but manageable. Pain medications like morphine can slow down the bowels, but we're prepared. Your nurse will help prevent discomfort by prescribing a stool softener or gentle laxative right alongside your pain medicine.
I think I'm allergic to morphine.	Most reactions are side effects, not true allergies. If morphine has ever made you feel sick or uncomfortable, that doesn't always mean you're allergic. It could just be a temporary side effect. Always talk with your care team about your experience—we'll work with you to find the safest and most effective options.

We're here to help.

At Vivie, the focus is dignity, comfort, and support—for your patient and their family. They aren't in this alone—we're with them every step of the way.

