Morphine is an effective medication for patients in palliative care.

**Uses of Morphine**
- Morphine is used to manage many types of pain. It blocks the signal that relays the message of pain to the brain.
- Morphine is also used to make breathing easier. It blocks the distress signal that occurs when breathing is difficult.

**Forms of Morphine**
Morphine comes in many different forms:
- IV (intravenously)
- Tablets
- Concentrated liquid that can either be swallowed or absorbed from under the tongue (sublingually). The liquid is especially useful because it allows your doctor to prescribe a more precise dose that will work best for you.
- Immediate release capsule/tablet - morphine is released over four hours. Two examples of immediate release morphine products are:
  - MSIR®
  - Morphine sulfate immediate release tablets
- Immediate release liquid - liquid morphine that works very quickly and lasts about four hours. The liquid can be swallowed or absorbed from under the tongue.

Some examples of morphine liquid are:
- MSIR Oral Concentrate®
- Morphine sulfate solution
- Roxanol®

- Extended Release tablets/capsules - morphine that is slowly released throughout the day. Often, a shorter acting form of morphine is also prescribed to ensure that the pain is well managed. Some forms of extended release morphine are:
  - MS Contin®
  - Oramorph SR®

**Common Questions about Morphine**

*If I take morphine, will I become addicted?*

When morphine is used to treat pain and shortness of breath, addiction is **not** a problem.
- Addiction becomes a problem when people who do not have pain or shortness of breath use morphine to get “high.”
- In order to receive the most benefit from the medication, it is important to take morphine as it is prescribed.

*Will I be drowsy and confused if I take morphine?*

Some people are sleepy when they first take morphine. This often goes away after a few days. Pain and shortness of breath can disrupt sleeping patterns. Relief of that pain and shortness of breath may allow you to get the rest your body needs.
If I take morphine, does it mean that I am near death?
No. There is no evidence that morphine causes you to die sooner. In fact, the opposite is true. People with uncontrolled pain and shortness of breath tend to die sooner.

When pain and shortness of breath are properly relieved, you are able to get out of bed and move more than you would otherwise. This lowers your risk of bedsores, blood clots, and pneumonia.

If I take morphine too soon in my illness, will I build an immunity or tolerance to it so it will not work when I really need it?
No. Your doctor can dose the morphine so that it works whenever you need it, now and/or later.

What side effects should I expect from morphine?
- Morphine does cause constipation. Your doctor can prescribe a stool softener to prevent this.
- Morphine can also cause nausea and stomach upset when it is first taken. Some of the stomach upset can be avoided by having a small meal or snack. The nausea usually goes away with continued use.

Sources: www.medicationau.net and www.mdanderson.org