



Physicians

PHAX

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Morphine and Hastened Death

Question: What is the distinction between the use of morphine at the end of life to control symptoms and euthanasia/assisted suicide?

Case Scenario: An 83 year old former industrial worker has been hospitalized because of severe pain. He has pancreatic cancer with metastases to liver and lung. He has severe abdominal pain.

Main Teaching Points:

1. Many physicians inaccurately believe that morphine has an unusually or unacceptably high risk of an adverse event that may cause death, particularly when the patient is frail or close to the end of his or her life. In fact, morphine-related toxicity will be evident in sequential development of drowsiness, confusion and loss of consciousness before his respiratory drive is significantly compromised.
2. Many physicians inappropriately call this risk of a potentially adverse event, a double effect, when it is in fact a secondary, unintended consequence. The principle of double effect refers to the ethical construct where a physician uses a treatment, or gives medication, for an ethical intended effect where the potential outcome is good (e.g. relief of a symptom), knowing that there will certainly be an undesired secondary effect (such as death).
3. When offering a therapy, it is the intent in offering treatment that dictates whether it is ethical medical practice: a.) if the intent in offering a treatment is desirable or helpful to the patient and the potential outcome good (such as relief of pain), but a potentially adverse secondary effect is undesired and the potential outcome bad (such as death), then the treatment is considered ethical, b.) if the intent is not desirable or will harm the patient and the potential outcome is bad, the treatment is considered unethical.
4. All medical treatments have both intended effects and the risk of unintended, potentially adverse, secondary consequences, including death. Some examples are TPN, chemotherapy, surgery, amiodarone, etc.
5. If the intent in morphine in the scenario is to relieve pain and not to cause death, and accepted dosing guidelines are followed: a.) the treatment is considered ethical, b.) the risk of potentially dangerous adverse secondary effects is minimal and c.) the risk of respiratory depression is vastly over-estimated.

References: Weissman, D. Fast Facts and Concepts #8: Morphine and Hastened Death, June 2000. End-of-Life Physician Education Resource Center, www.eperc.mcw.edu.

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