



TRINITY

Hospice Care of Georgia

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Why Hospice Uses Strong Pain Medicine

In Hospice, our first goal is comfort. When pain becomes significant, doctors may prescribe opioids such as morphine. These medicines can sound frightening, so let's walk through the most common worries—one by one—and clear them up.

Concern #1 “Morphine is only offered when someone is right at the end.”

We match the medicine to the pain, not to the calendar. Many people never need morphine; others use it for weeks or even months and remain awake, talkative, and able to enjoy time with loved ones.

Concern #2 “If my loved one takes morphine, they’ll become addicted.”

Addiction means craving a drug for its own sake. Patients in hospice want relief, not a “high.” When pain is controlled they don’t ask for ever-higher doses, and we can even lower the dose if their pain improves. Stopping suddenly can cause side-effects, so we taper off gradually when that time comes.

Concern #3 “Morphine will make them so sleepy they can’t visit with us.”

A little drowsiness is common for the first day or two, then the body adjusts. Most people stay as alert as they were before—just without the burden of pain. If someone still feels too groggy, we can fine-tune the dose to strike a balance between comfort and clarity.

Concern #4 “Morphine slows breathing and shortens life.”

We always start low and increase slowly, so the body has time to adapt. Serious breathing problems from morphine are extremely rare. In fact, for people who feel short of breath from heart or lung disease, morphine often eases their breathing and lowers distress.

Concern #5 “I had morphine once after surgery and felt weird—so I must be allergic.”

True allergies to morphine are uncommon. Feeling “strange” or nauseated is usually a temporary side-effect, not an allergy. If someone truly does have a reaction, other safe opioid options exist.



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Concern #6 “Morphine means shots.”

Most patients take it by mouth—liquid or tablets. Long-acting tablets last 12 hours, and skin patches can last three days, making home care simple and needle-free.

Concern #7 “We should hold morphine in reserve until the pain is unbearable.”

Waiting lets pain spiral out of control, making it harder to calm later. There’s no preset “ceiling” dose with morphine; if pain worsens we carefully adjust the amount. Using it early when needed preserves, rather than limits, later options.

The Bottom Line

Morphine has been easing suffering for centuries. In thoughtful doses it can give patients the precious gift of comfort—allowing them to eat, talk, laugh, and rest without relentless pain.

If your family still has questions, your hospice team will gladly walk you through every option and adjust the plan to fit your loved one’s wishes.