

COMMUNITY MOMENT: THE TRUTH ABOUT PAIN MANAGEMENT



Prescription drug abuse has reached epidemic proportions in the United States. Although most hospice and palliative patients need prescription pain medications for legitimate reasons, there are many misconceptions about its use. No single factor determines if an individual will develop a substance misuse or disorder. As a patient's disease progresses, their pain will likely increase and require higher doses of medication.

COMMON OPIOID MYTHS AND MISCONCEPTIONS:

Myth #1: Taking an opioid or increasing the dose means the end is near.

Pain that requires an opioid does NOT necessarily mean death is imminent or near. A study commissioned by the National Hospice and Palliative Care organization showed the absolute dose of the opioid, or the time until death from the last increase in opioid has no relationship to the time of death.

Myth #2: If I use morphine now, I won't have anything later when the pain is severe.

There is not a 'ceiling' dose for opioids. We can give residents/patients whatever dosage they need to control the pain. Community Hospice & Palliative Care will start with the lowest effective dose and only increase as needed.

Myth #3: Opioids will speed up the dying process.

There is no evidence that opioids hasten death. Research suggests that relieving pain may add days to life. Pain causes exhaustion and people at end-of-life have limited strength and energy. Treating pain potentially slows the rate of decline. To the family, it may seem like the drug caused or contributed to the death, especially if death occurs within a few minutes. The last dose does not actually cause the person's dying, it is simply the last medication given in the minutes or hours before the death naturally occurs.

"Don't mistake pain relief seeking for drug seeking," advises Dr. Lynn McPherson, PharmD, MA, MDE, BCPS, CPE.

Reference: McPherson, L. (2016), Opioids, Pain and Addiction: Balancing Precaution with Palliation, NHPCO presentation.

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