

Using morphine to hasten death is a myth, says doctor

March 2 2007

Using morphine to end a person's life is a myth, argues a senior doctor in a letter to this week's BMJ. It follows the case of Kelly Taylor, a terminally ill woman who went to court earlier this month for the right to be sedated into unconsciousness by morphine, even though it will hasten her death.

Mrs Taylor's request to use morphine to make her unconscious under the principle of double effect is a puzzling choice, writes Claud Regnard, a consultant in palliative care medicine. The principle of double effect allows a doctor to administer treatment that hastens death, providing the intention is to relieve pain rather than to kill.

Evidence over the past 20 years has repeatedly shown that, used correctly, morphine is well tolerated and does not shorten life or hasten death, he explains. Its sedative effects wear off quickly (making it useless if you want to stay unconscious), toxic doses can cause distressing agitation (which is why such doses are never used in palliative care), and it has a wide therapeutic range (making death unlikely).

The Dutch know this and hardly ever use morphine for euthanasia, he writes.

Palliative care specialists are not faced with the dilemma of controlling severe pain at the risk of killing the patient - they manage pain with drugs and doses adjusted to each individual patient, while at the same time helping fear, depression and spiritual distress, he adds.

And he warns that doctors who act precipitously with high, often intravenous, doses of opioids are being misled into bad practice by the continuing promotion of double effect as a real and essential phenomenon in end of life care.

Using double effect as a justification for patient assisted suicide and euthanasia is not tenable in evidence-based medicine, he says. In end of life care, double effect is a myth leading a double life.

Source: British Medical Journal

Citation: Using morphine to hasten death is a myth, says doctor (2007, March 2) retrieved 4 July 2023 from <https://medicalxpress.com/news/2007-03-morphine-hasten-death-myth-doctor.html>

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