


The Morphine Conspiracy and How to Dismantle It

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“Of all the remedies it has pleased almighty God to give man to relieve his suffering, none is so universal and so efficacious as opium.”

Thomas Sydenham, English Physician (1624-1689)



What to Expect

- Define Health-Related Conspiracy and Phenomena of Conspiracy
- Explore Causes of Health-Related Conspiracies
- Five Primary Myths related to the Morphine Conspiracy
- Explore Barriers related to Private Settings and Hired Caregivers
- Demonstrate the Benefits of Morphine Myth Dismantlement
- Reinforce Fundamental Human Rights related to Health





Medical and Health-Related Conspiracies

- Secret and covert plan by medical organizations and health professionals to commit an unlawful or unethical act, typically for the benefit or furthering of an ideology, a personal and/or corporate endeavor, or for organizational profitability.
- *Legal Information Institute* defines a conspiracy as “[a]n agreement between two or more people to commit an illegal act, along with an intent to achieve the agreement's goal.”
 - Carries independent penalties as an inchoate offense apart from any offensive outcome





Health-related Conspiracies - Potential Causes

1. The dissemination of false information
2. A unique cultural motif of what love and wellness look like
3. Distrust of traditional medicine





Health-related Conspiracies

- Anti-Vaccination Movement
- Big Pharma vs. Herbal Remedies
- Cell Phones and Brain Cancer
- Anti-GMO Movement [1]





Why Morphine?

- Pure opioid agonist
- No maximum ceiling
- Reliable conversion
- Small volume



The Morphine Conspiracy – Five Myths

- Morphine is extremely lethal
- Hospice is a Grey-Market Euthanasia Service
- Morphine will limit breathing in most cases
- Addiction is common and inevitable
- Morphine is an end-of-life drug





“Morphine is extremely lethal”

- Titration method ensures safe dosing
- Opioid conversion methodology according to international guidelines
 - MSIR 5 mg is equivalent to approximately 4 mg Hydrocodone (Norco) [2]



“Hospice is a Grey-Market Euthanasia Service”

- Euthanasia vs. Assisted Death
- Presence of Physician-Assisted Dying services in eight jurisdictions →
 - None use morphine to end life; unreliable and risky
 - Secobarbital and Pentobarbital (barbiturates) are used instead [3]
- Bad for Business
 - “Medicare pays hospices a daily rate for each day a patient is enrolled in the hospice benefit. Daily payments are made regardless of the amount of services furnished on a given day” [4]

California (June 2016)
Colorado (November 2016)
District of Columbia (February 2017)
Hawaii (January 2019)
Montana (December 2009)
Oregon (October 1997)
Vermont (May 2013)
Washington (November 2008)





“Morphine will stop their breathing”

- Morphine can cause respiratory depression; however, other symptoms typically occur before diminishment of respiratory status
 - Drowsiness
 - Confusion
 - Loss of consciousness [5]





“Addiction is common and inevitable”

- This fear persists in >25% of caregivers
- Concern is significantly higher in hired caregivers
 - Belief that job is to keep patient alive
 - Fear of legal punishment and/or job termination
- Tolerance vs. Dependency vs. Addiction [6]





“Morphine is an end-of-life drug”

- Caregivers may feel that a liquid morphine prescription is commensurate with a death sentence and/or giving up
- Reinforce the prodigious use of morphine across the lifespan for various purposes



Nursing Homes, Tertiary Care Settings, and Hired Caregivers – Associated Barriers

- Barriers
 - Attitudinal
 - Turf mentality
 - Feelings of intrusion
 - “Know[ing] what is best” for the patient
 - Fear related to loss of control
 - Belief in common, aforementioned misconceptions about morphine
 - Site-related
 - Poorly staffed
 - Education deficits related to morphine
 - Priority alignment
 - Prioritizes curative measures
 - Focus on sustaining and prolonging life [7]





The Benefits of Conspiracy Dismantlement

- Witnessing the benefits of morphine for a loved one promoted familial acceptance of the drug's potential usage for themselves in regards to end-of-life contemplation.
- Higher regard for the concept of a “good death” as one free from pain and suffering. [8]



Universal Health Coverage (UHC)

- All deserve “promotive, preventative, curative, rehabilitative, and palliative health services” without exposure to financial burden. [9]
- Rooted in World Health Organization’s (WHO) 1948 Constitution

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” [10]





Responsibility of the Hospice Caregiver

- Educate oneself (hospice philosophy, mechanisms of pain management, etc.)
- Identify barriers to care (misconceptions, conspiratorial beliefs, etc.)
- Pursue understanding, communication, and resolutions
- Advocate the needs of the patient continuously
- Support caregiver(s) and patient in decision making





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