THE CASE FOR MORPHINE

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1. Narcotics. The word makes one think of dope peddlers, undercover cops and mandatory prison terms. No matter that morphine is more effective than most prescription-strength pain killers. No matter that the vast majority of patients can take the drug without becoming addicted. Quite a few doctors, a large number of their patients and much of the health-care establishment want no part of it.

2. No one is advocating the use of narcotics to treat a stubbed toe. These powerful drugs are indicated only for the most severe, disabling pain. But research conducted over the past 20 years into the mechanisms by which the body experiences grievous pain suggests that certain narcotic drugs are so well suited to relieving pain and suffering that it seems callous, maybe even negligent, not to use them.

3. Scientists have long known that morphine blunts a chain of pain reactions by preventing the spinal nerves form signalling the brain. But what they didn't know until the late 1980s was that these nerves are more than just glorified gate-keepers. They actually "remember" the body's past travails, causing permanent changes that are recorded in the molecular structure.

4. "Think of the spinal cord as a mail-box system," says neurologist Allan Basbaum of the University of California. "A message comes in and leaves something behind." The longer the time an injury persists the more sensitive the spinal nerves become to painful stimuli, and the more intensely they signal the brain that something is very wrong.

5. In more scientific terms, Basbaum's research in the early 1990s, showed that the spinal cord triggers a cascade of chemical and electrical signals during an operation. Once the brain comes out of its anesthesia-induced fog it translates all this electro-chemical activity into sheer pain. Through his research Basbaum proved that morphine not only relieves pain but prevents if from occurring in the first place. Building on this work other researchers have discovered that morphine and pre-emptive anesthesia when given to patients undergoing abdominal surgery reduced their pain so effectively that they left hospital, on average, more than one day ahead of schedule.

6. But doctors were not entirely comfortable about putting these ideas into practice. Everybody seems to be concerned about possibly turning thousands of law-abiding patients into morphine addicts.

7. "Not so," says Robert Raffa, a pharmacology professor at Temple University, in Philadelphia, "because researchers have learned that dependence is not the same biological phenomenon as addiction. Most patients don't become addicts that easily, perhaps because they lack the addictive body chemistry, perhaps because they take the drug in a social setting different from that of illicit users. When in pain, patients who use drugs become more functional, less isolated, and they move towards the mainstream. And when they no longer need drugs they have almost, without exception, no difficulty in gradually eliminating their intake."
8. Of course narcotics are not the answer for everything. Nor should doctors prescribe any medications, opiate or otherwise, just to please and placate their patients. However, studies have shown that when physicians take a patient's suffering seriously - and do all they can to relieve it - the patient responds by getting better faster and staying better longer.

9. Asked why they want to die, most people who seek physician-assisted suicide, respond that it's because they can no longer stand the pain. But when their pain is relieved most would-be suicides suddenly find they are a lot more interested in living.

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