



# Academy of Aid-in-Dying Medicine

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Morphine “allergy” or a history of vomiting after taking morphine

This "morphine allergy" question comes up a lot, and it is rarely significant. Unless there is a true history suggestive of rapid-onset anaphylaxis, we still include morphine in the aid-in-dying medications. The exception, of course, is if the patient remains extremely upset about the idea, and their fear warrants substituting other sedative medications or a different opiate (which are less well understood for aid in dying safety and efficacy).

Reasoning:

- The details matter. Explore the history of “allergy” with the patient. Vomiting in response to a medication is not an allergic reaction. A common scenario is that the patient had severe nausea or vomiting before taking the morphine, and/or the morphine was administered for a condition known to cause vomiting. For example, a patient recovering from gall bladder surgery was given morphine and then vomited — leading to a lifelong assumption of a “morphine allergy.” Others were sick from chemotherapy at the time of morphine use, etc.
  - That said, even if the patient has no other explanation than the morphine for a history of vomiting, the standard pre-medications with ondansetron and metoclopramide have made significant vomiting of aid-in-dying medications rare.
- In the aid-in-dying context, by the time any allergy happens, the patients are deeply comatose (typically within 3 to 10 minutes of ingestion, usually on the 3-minute side). Any rapid-onset symptoms they might have will quickly be alleviated by sedation from the enormous doses of morphine, diazepam, and phenobarbital.
  - For a reported history of morphine-induced vomiting: The sedative effects of the medications come on so quickly that the brain vomiting center turns off along with the rest of the brain.
  - The Academy has received reports from clinicians who used morphine for patients with a true history of morphine anaphylaxis or other severe allergic responses. Each of those patients were quickly unconscious and died rapidly enough that morphine reactions were either not observed or were clinically

inconsequential.

- The doses of aid-in-dying medications are intentionally over-calculated, as a fail-safe method in case of partial ingestions and/or vomiting. Academy data has shown multiple reports of patients who vomited 50% of their meds and still died quickly. While vomiting is always a concern as experienced by patients or witnessed by family members, it is unusual and does not affect the efficacy of the procedure.

If there is continued concern by the clinician or patient, a single dose of dexamethasone 8mg about 4 hours before ingestion of aid-in-dying medications is likely to prevent or decrease the severity of any morphine allergic response.

(also see: <https://www.medcentral.com/meds/opioids/opioid-allergy?t>)

In short — unless your patient has a *very specific history* of a rapid and severe allergic response, or massive or protracted vomiting *truly attributable to morphine*, you can proceed with the usual aid-in-dying medications.

Lonny Shavelson, MD  
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