WHY THE MEDICAL COMMUNITY NEEDS TO BE EDUCATED

Medical marijuana—are we ready?

BY CHARLES REZNIKOFF, M.D.

Medical marijuana is being pushed on the medical community by popular demand, as all 20 of the states (plus the District of Columbia) that allow its use have approved it through constitutional amendments or legislative action. This is unusual in the world of medicine. I worry that in our haste to make marijuana available in Minnesota as a potential therapy, we are bypassing the normal avenues by which new medications are approved and endorsed. Doctors, I believe, are not ready to take on the responsibility of recommending marijuana. And worse, the medical references and guidelines we normally turn to for information are absent.

To better understand how others in the medical community feel about Minnesota’s proposed medical marijuana legislation, I conducted an email survey of physicians in the psychiatry and internal medicine departments at Hennepin County Medicine Center, where I work as an addiction medicine specialist. I asked three yes-or-no questions and invited comments. (I assured respondents that their answers would remain anonymous.) Within seven days, I received 117 responses (approximately 50 percent of those who received the email answered the questions) and 45 comments.

The questions and answers

The first question I asked was: “Are you familiar with the specifics of Minnesota’s medical marijuana bill (ie, how the marijuana would be grown, distributed, prescribed and regulated)?” Only four of 117 respondents answered this question affirmatively. I answered no. In fact, before writing this article, I opposed the bill without understanding its content. I assumed that it would be analogous to those passed in other states. (California’s medical marijuana law was written very loosely such that the production and distribution of the drug is poorly regulated; Colorado’s has much more tightly controlled production of marijuana. In both states, the indications for medical marijuana use are broad to the point of being nonspecific.) At the time of this writing, Minnesota’s bill was undergoing revision in various legislative committees. The revision process is yet another barrier to physicians understanding the proposed law.

The second question was: “Are you prepared to weigh the risks and benefits of marijuana use with your patients, if they wished to seek medical marijuana?” Thirteen respondents said “yes” and the remaining 114 answered “no.” This is consistent with my experience as one who teaches medical students and residents about marijuana use. Nearly 40 percent of adults have used marijuana, yet most doctors cannot explain its health risks and benefits. It is not necessary for all doctors to understand all diseases and their treatments, of course. Many important treatments (chemotherapy for cancer, antiretrovirals for HIV, for example) are prescribed only by a group of trained subspecialists. Medical marijuana could follow this model, if a subset of doctors developed a medical marijuana practice. However, I worry that this will attract unprofessional or untrained prescribers.

Many primary care doctors worry that their practices will be overrun with requests for the drug. And they are correct to worry: The indications for medical marijuana include some that are typically treated in the primary care setting.

I am concerned about the lack of resources available to help doctors learn about marijuana. There is no standardized curriculum for medical marijuana prescribing and to my knowledge, there is no established community standard. The states in which medical marijuana is legal do not provide resources or funding to educate or regulate marijuana providers. The authors of the laws in those states either assume we already know how to prescribe marijuana or that we will figure it out on our own. This lack of education poses a serious problem for the safe use of medical marijuana.

The third question was: “Do you support Minnesota passing a medical marijuana law as you currently understand it?” Fifty-eight respondents said “no,” 32 said “yes,” and 26 refused to answer the question. If my survey is any indication, the percentage of doctors opposing medical marijuana is greater than that of the general public. Although the first two questions may have biased doctors in answering the third question (by pointing out their ignorance about Minnesota’s medical marijuana legislation), 91 of 117 respondents still felt comfortable answering the question. Many who said they disapproved of the law explicitly stated in their comments that they did so because they lacked knowledge. The four respondents who said they understood the bill also said they supported it. Seven of 13 who said they felt knowledgeable about marijuana supported the bill. I applaud the 26 respondents who abstained from answering on the basis of their ignorance. I personally have opposed having medical marijuana in Minnesota all along; after learning more about the bill under consideration, I realized that my initial opinion was not informed but instead based on my own biases.
Subverting the process
Public health officials indicate that the perceived risk of using marijuana has fallen and that the social acceptability of marijuana has risen, resulting in increased experimentation by adolescents. This is not without risk for harm: Marijuana use affects adolescents’ neurocognitive development, mental health and ability to drive safely. The rebranding of marijuana as a medicine may be causing this change in social perception. More worrisome, the pathway taken to legalizing medical marijuana in states may change how the public views treating disease, maintaining health and approving new medicines. The question at stake is not solely about the value of marijuana as a medicine but about the process by which all medicines are introduced to the public.

I believe marijuana is not a good medicine, but neither is it a terrible poison. Yet I oppose medical marijuana strongly on the grounds that it subverts our normal processes of medicine in a way that will have repercussions going forward. I believe that medical marijuana will corrode the doctor-patient relationship. My survey shows that many in the medical community are largely uneducated about the risks and benefits of marijuana, and the indications for which it might be appropriate under the law. Doctors have been passive both about educating themselves and participating in the medical marijuana debate. I suggest most of us will conclude the answer to the question of whether we’re ready for medical marijuana in Minnesota is: Not yet. MM

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REFERENCES

Comments from the survey
On our lack of knowledge
“Although I think medical marijuana can be a benefit to some patients and should be available in Minnesota, I do not know enough about the specifics of the law, and especially about who would be able to prescribe it, to say I support or do not support passing the law.”

“We have no education (from medical school through residency) on when or how to prescribe medical marijuana. If studies are out there showing efficacy for specific diseases, then that would be enlightening.”

“I expect we would get a lot of questions from our patients. I don’t feel prepared enough.”

On relieving suffering
“I support it, I guess, as long as it is restricted to certain indications and patient populations.”

“If I had a terminal cancer with pain that did not respond to standard therapies, I would want the option to use it.”

“There are clear benefits for chronic pain management, severe nausea, in cachectic patients as an appetite stimulant, in end-stage HIV patients and in cancer patients with pain.”

“Using marijuana to ease pain and anxiety seems less harmful than benzodiazepines or opioids.”

Practical considerations
“I predict 25 percent of my patients (anyone who thinks they have PTSD) will ask me for it and I will have to decline. I will just say it is not a part of my practice because they can’t argue with that. … I have seen so many patients where I feel marijuana triggered or worsened their symptoms.”

“I am concerned about the interface of police and medical marijuana; for example, if a patient legally prescribed medical marijuana is arrested for disorderly conduct or reckless driving and is found to have marijuana in their system, what is the responsibility/liability of the medical community?”

“Will marijuana be covered by insurance? Seems like it should be if marijuana is an effective treatment.”

“I would hope that providers could opt out of prescribing medical marijuana.”

On the experience of other states
“I just moved back from Colorado last year after practicing there for several years and having been exposed to the legality there. I am all for passing the law here. Some people do benefit from it (even if it’s just perceived benefit), especially chemo patients.”

“My own feeling about this is jaded by the experience of my niece and nephew in California. Both had medical marijuana cards issued in high school. My nephew had a sports injury with knee pain. My niece had headaches, diagnosed as migraines, but only missed about one or two days of school a year. … There was clearly a little recreational diversion at times, including at a family wedding in Minnesota.”

“It seems like many of the medical laws are abused, so I would favor just legalizing it like Colorado or Washington, or decriminalizing (pay a fine like parking ticket) it in preference to medical marijuana.”

“I am from Montana originally, and my observation of how Montana fared when it legalized medical marijuana is that it was basically a disaster. Most doctors did not feel comfortable prescribing, and those who did held day-long clinics in hotel meeting rooms and handed out a ‘green card’ every five minutes. Hundreds of people per day received prescriptions—mostly 20 and 30 year old ski bums and snowboarders with ‘back pain.’”

“I used to live in San Francisco, where many people I knew got ‘pot cards’ for migraines or back pain or other nonspecific ailments.”