Taking a stand
What physicians are saying about legalizing marijuana

Physicians do not think alike when it comes to marijuana. But they are thinking. Minnesota Medicine recently invited readers to share their thoughts. We asked three questions: Should marijuana be legalized for medical purposes in Minnesota? Should it be legalized across the board as it is in Colorado and Washington? And would you consider recommending it to your patients if it were legal?

About 40 individuals took the time to respond. Three-fourths were against legalizing medical marijuana. A handful favored legalizing it for both medical and recreational purposes. Some were in favor of legalizing it for one purpose but not the other.

We found the reasons why physicians think the way they do to be particularly interesting. Certainly, there are compelling arguments on all sides.

Not all of the physicians who responded shared their names. As one anonymous writer stated, “I am personally afraid of speaking out on this matter, yet consider myself quite knowledgeable about it. Fear relates to silence!” We hope that by sharing some of the comments we received, we’ll encourage those who have hesitated to speak out to join the conversation.—The editors

On legalizing marijuana for medical purposes

It’s less dangerous than many/most of our drugs and is occasionally helpful. It’s stupid to forbid it based on the old hysterical concept of its “addictiveness.”

BARRY BERSHOW, M.D.

There are legal alternatives for the diseases that marijuana could help. It’s a gateway drug. I don’t believe it should be used.

TERESA JENSEN, M.D.

I don’t know how to prescribe it, and I don’t think it has been proven to have great benefits. It will become a drug of abuse that will need to be followed on the Prescription Monitoring Program, like Vicodin and Percocet.

TERESE SHEARER, M.D.

Marijuana’s medical benefits have not been rigorously established. The Legislature and advocates are getting out ahead of the medical community. Something of this magnitude shouldn’t be rushed through the legislative session because once the door is open, it would be very difficult to close. We need to examine not just the personal

William G. Dicks, M.D.

It is suitable for some patients who cannot tolerate or whose symptoms are not adequately treated with conventional medications. For example, nausea and anorexia from pain medication can be reduced; some neurological conditions, such as painful spasms from multiple sclerosis, also improve with marijuana.

SARA LANGER, M.D.

We already have “medical marijuana” in two forms: dronabinol and nabilone. Their usage should be expanded for many other problems: chronic pain, neuropathic pain, migraine, chronic headache, etc. Smokable marijuana should not be legalized for medical purposes.

WILLIAM G. DICKS, M.D.
claims of advocates, but we need to examine it from a community health standpoint. Do we know what the effects might be? The current issues with narcotics are difficult enough.

TIMOTHY EBEL, M.D.

If society wants to legalize marijuana, fine; but leave the medical profession out of it. It is a social issue, not a medical one. There is no medical indication to prescribe marijuana. If there were, THC should be available in a quality-controlled and dose-controlled pill.

BRUCE YOUNG, M.D.

It is not a drug with exact dosages, safety and efficiency studies and a uniform delivery system.

GEORGE REALMUTO, M.D.

It should be legal, but with oversight and clear boundaries.

LISA MATTSON, M.D.

I do not believe there is adequate evidence to prescribe marijuana for psychiatric and medical disorders. As a physician, I do not want to prescribe (or utilize my medical license to authorize) a substance that has not be rigorously studied.

KATHRYN LOMBARDO, M.D.

Why not focus on changing legislation to allow more study?

ELISABETH BILDEN, M.D.

Marijuana is a potent and effective drug for certain conditions. As an internist, I see very sick people day in and day out. Many chronic illnesses including cancer, advanced vascular, autoimmune, bowel and inflammatory illnesses leave patients with chronic nausea and vomiting and weight loss. For some patients, traditional anti-emetics including Zofran are ineffective, while marijuana works. We routinely prescribe many drugs with dramatically worse risk.

R. LUBKA, M.D.

What some physician organizations are saying about medical marijuana

In Minnesota

Minnesota Medical Association
The Minnesota Medical Association will not support legislation intended to involve physicians in certifying, authorizing or otherwise directing patients in the use of medical marijuana outside of clinical trials until it is approved for use by the Food and Drug Administration and is no longer classified as a Schedule I drug by the Drug Enforcement Administration.

Minnesota Psychiatric Society
The Minnesota Psychiatric Society is concerned that legitimizing the medical/psychiatric use of marijuana gives the public—especially children and teens who are most vulnerable to its neuropsychological effects—the impression that it is safe. The society recognizes there may be valid arguments for decriminalizing the recreational use of marijuana; however, it believes psychiatric patients, who are often extremely vulnerable, will not benefit from this effort.

Across the nation

American Medical Association
The American Medical Association (AMA) opposes marijuana legalization. It does call for further studies of marijuana and related cannabinoids in patients who have serious conditions for which evidence suggests possible efficacy. The AMA also urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating clinical research and development of cannabinoid-based medicines and alternate delivery methods.

American Society of Addiction Medicine
The American Society of Addiction Medicine asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards as other prescription medications and medical devices, and that these products should not be distributed or otherwise provided to patients unless they have received approval from the FDA. The society also rejects smoking as a means of drug delivery and recommends that its members and other physician organizations reject responsibility for providing access to cannabis and cannabis-based products until they receive approval from the FDA.

American Academy of Pediatrics
The American Academy of Pediatrics opposes the legalization of marijuana and supports rigorous scientific research regarding the use of cannabinoids for the relief of symptoms not currently ameliorated by existing legal drug formulations.
**Physician organizations on medical marijuana**
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**American Academy of Child and Adolescent Psychiatry**
The American Academy of Child and Adolescent Psychiatry opposes medical marijuana dispensing to adolescents but urges more scientific evaluation and a risk-benefit analysis by interdisciplinary experts to determine whether there is any medical indication for marijuana dispensing given the potential harm to adolescents.

**American Academy of Family Physicians**
The American Academy of Family Physicians opposes the use of marijuana except under medical supervision and control for specific medical indications.

**American Osteopathic Association**
In 2011, the American Osteopathic Association’s House of Delegates passed a resolution calling on the National Institutes of Health to fund well-designed clinical trials to investigate marijuana’s medicinal properties.

**American College of Physicians**
The American College of Physicians supports programs and funding for rigorous scientific evaluation of the potential therapeutic benefits of medical marijuana and supports increased research for conditions where the efficacy of marijuana has been established to determine optimal dosage and route of delivery. The ACP also urges an evidence-based review of marijuana’s status as a Schedule I controlled substance to determine whether it should be reclassified.

**American Psychiatric Association**
The American Psychiatric Association maintains there is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association between cannabis use with the onset of psychiatric disorders. Further research on the use of cannabis-derived substances as medicine should be encouraged and facilitated by the federal government. The adverse effects of marijuana, including, but not limited to, the likelihood of addiction, must be simultaneously studied. Policy and practice surrounding cannabis-derived substances should not be altered until sufficient clinical evidence supports such changes and cannabis-derived substances are approved by the FDA.

More problems and issues will surface. We will be forced, as physicians, to police this activity, and I do not want to be in that position. There is no good science behind the argument for legalizing this.

DALE E. Loeffler, D.O.

There are no medical indications that cannot be successfully treated with already approved medication. There’s no consistency in dosing, and administration is through smoking. There’s no FDA oversight/regulation and a significant lack of evidence for help and significant evidence for harm.

DAN SWARTZ, M.D.

I say yes, but not according to the present bill, only if it were very limited. By “limited” I mean dispensed at three sites—Duluth, U of Minnesota and Mayo—and prescribed by only a handful of physicians. I would not include chronic pain patients in the system. I would also ask the Legislature include chronic opiate therapy in the same limited system if they chose to include chronic pain patients.

DAVID DETERT, M.D.

On making it legal across the board

I favor decriminalizing marijuana, as that would diminish the collateral damage caused by the illegal drug trade.

SARA LANGER, M.D.

From a merely practical standpoint, given its widespread use and lack of significant health effects (debatable), too much treasure is squandered on enforcement and on incarceration. Basically, many innocent lives have been destroyed by over-zealous enforcers. The “war on drugs” is a total failure, foisted on us by, of all things, the right wing and libertarians who want to get the government off our backs. It allows sleazy crooks to get very rich. If it is legalized fully, it must be highly controlled.

WILLIAM DICKS, M.D.

Legalize it and regulate it like tobacco and alcohol. I am not convinced that most “medical” marijuana gets used for medical
There is no evidence it is any better than other drugs for the diseases that I treat.
ROBERT FOOTE, M.D.

I don’t have any patients who have used it or have told me that it has benefits for them. I work in urgent care. It would be inappropriate for me to prescribe it.
TERESE SHEARER, M.D.

I would prescribe it if I had good indications—the same way I prescribe narcotics, H₂ blockers, birth control, etc.
LISA MATTSON, M.D.

I am not in the type of practice where marijuana would be indicated, and I will not plan to prescribe this drug. Still I support additional research to evaluate its effectiveness and to determine the appropriate medical indication(s) for which marijuana might be used. It should then be tested and approved through the FDA.
ELIZABETH BILDEN, M.D.

For some patients and some diagnoses, the choice to prescribe is obvious!
R. LUBKA, M.D.

I am not going [to prescribe] something I do not support or believe in.
DALE E. LOEFFLER, D.O.

It will cause as much or more harm as tobacco and alcohol in terms of death, destruction, crime, illness, lost productivity, etc., if legalized.
ROBERT FOOTE, M.D.

It’s less dangerous than alcohol.
BARRY BERSHOW, M.D.

It has similar effects as alcohol as a depressant, and it is addictive. It will just add to the general malaise in society.
TERESE SHEARER, M.D.

It is going to take some time for Colorado and Washington to know how this is going to play out in terms of social and community costs. How are these states going to deal with impaired driving? How are they going to keep college kids or others from selling pot to high schoolers? How should physicians account for risks of medication interactions with their pot-smoking patients? How are Colorado and Washington going to avoid becoming a nexus in the drug trade? How does legalized marijuana affect the workforce in those states? Do you want a “stoned” mechanic to fix your brakes? The full implications are yet to be determined. Why do we want Minnesota to plunge down the waterfall with these two states?
TIMOTHY EBEL, M.D.

It would lead to increased use in teens because teens would come to think of it as acceptable and less risky.
GEORGE REALMUTO, M.D.

Prohibition only ruins people’s lives, with no upside. And besides, there is a black market that we want to see go away.
R. LUBKA, M.D.

It’s a gateway drug, especially for adolescents.
JEREMY SPRINGER, M.D.

I am concerned about addiction, cognitive decline affecting educational and occupational objectives of individuals and society, and inconsistency with current anti-smoking campaigns.
DAN SWARTZ, M.D.

On one hand, we are trying to dissuade people from using tobacco, and then we legitimize marijuana, which doesn’t seem logical. Yet prohibition does not work. What I would really like to see is people being held responsible for their use medically, economically and socially.
DAVID DETERT, M.D.

On recommending it for your patients
I would only use the present forms of THC or cannabidiol. The term “medical marijuana” needs clarification. It should be understood that there’s a dichotomy between smoking “medical pot” and using pure THC and/or cannabidiol. I do not want my patients smoking pot. Getting high is recreation, not medicine.
WILLIAM DICKS, M.D.

I wouldn’t. I have seen too much drug diversion and am not convinced that there is a medical need.
DAVID MOSEMAN, M.D., M.P.H.