Questions about medical cannabis linger

On December 2 of last year, Health Commissioner Edward Ehlinger, MD, cleared the way for intractable pain to be added to the list of conditions that qualify patients for entry into the state's medical cannabis program. That means that come summer, your patients who suffer from lower back pain, for example, may start asking you a lot of questions. Are you prepared to answer them?

The state's medical cannabis program has been controversial, from a physician's point of view, even before Gov. Mark Dayton signed it into law on May 29, 2014. An MMA survey found that our members were divided on the issue. The MMA neither endorsed nor opposed the final legislation. We did work with lawmakers early on to ensure that we weren't put in the untenable position of having to prescribe a Schedule I drug. We also worked to incorporate some research capacity into the program.

To this day, there are many concerns about the drug's efficacy. There is nothing close to the stringent testing we have grown accustomed to with FDA-approved medications. And many physicians are even more cautious regarding its use for treating intractable pain, a condition that is more prevalent and difficult to manage.

Nonetheless, it is the law.

I am one of the 471 health care practitioners who is registered and authorized to certify patients for the state's medical cannabis program. My practice, Entira Family Clinics, signed on as a group certifier this past summer. What this means is that I can end up certifying a patient of one of my colleagues—a patient who I don't normally see. As of the end of 2015, I had certified just two patients. Overall, 822 individuals in the state had been approved to obtain medical cannabis.

One of the patients I certified actually decided against purchasing the state-approved cannabis, saying that it is cheaper to buy it on the street. Plus, I've heard from many people that the street version is preferable because they can smoke it, which they claim relieves their pain more quickly.

As physicians and scientists, we continue to question whether the data support the use of medical cannabis—or any other medication—until it is scientifically demonstrated to be an effective treatment. But, as caregivers, we can't deny the perception and anecdotes that it works for some people. We also can't be naive in thinking that very ill and worried patients won't seek alternatives—whether that be cannabis or another product.

It will be interesting to see if intractable pain dramatically alters the size and scope of Minnesota's medical cannabis program. If you haven't already been approached by a patient, there's a good chance you will be with the addition of this condition. Will you be comfortable in certifying your patient for use of medical cannabis? Will you dismiss them outright? Will you be ready to counsel them on more sound alternatives, even if they insist on cannabis? How do you respond if they say they are going to get the drug on the street so they can get it in smokable form?

In other words, there's a lot for physicians to contemplate over the next few months.

Good or bad, Minnesota's medical cannabis program is here to stay. We need to be prepared to support and advise our patients when they ask about it.