

CMPA warns doctors of risks associated with prescribing marijuana

The Canadian Medical Protective Association (CMPA) has warned its 60 000 members against signing declarations that allow patients to use marijuana for medicinal purposes if they do not feel “qualified” to assess the drug’s relative risks and benefits.

“The CMPA believes that the medical declarations required under the [federal Marijuana Medical Access] Regulations place an unacceptable burden on member physicians to inform themselves of medical marijuana in each patient’s case, as well as the relative risks and benefits of the drug and what dosage would be appropriate,” CMPA Secretary General John Gray stated in a November letter to Allan Rock, the federal health minister. “This information is simply not available.”

Under federal regulations released this summer, people with symptoms relating to various illnesses can seek a doctor’s approval to use marijuana. However, in an information sheet mailed in November, the CMPA warned that in order to declare a patient’s circumstances suitable for marijuana use, the doctor must agree that “the benefits to the applicant from the recommended use of marijuana would outweigh any risks associated with that use. For a physician to state that the use of marijuana would have benefits that would outweigh any risks, that physician would have to have detailed knowledge of the effectiveness of marijuana for the patient’s condition.” The paucity of evidence on the subject was addressed in a *CMAJ* editorial last May, which called for the decriminalization of marijuana for personal use. “There are no persuasive randomized trials of marijuana therapy for the relief of symptoms such as pain and nausea,” the editorial stated. “Such trials are extremely difficult to do. But the ratio of drug effect (however subjective that effect may be) to drug harm is large: there are no reported cases of fatal marijuana overdose.”

Recognizing the political underpinnings of Rock’s decision to allow limited

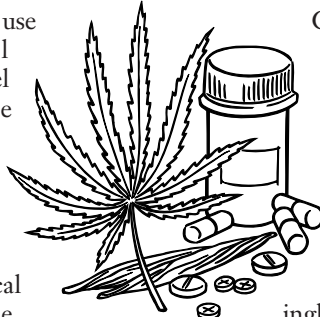
use of medicinal marijuana, the editorial also presaged the involvement of organizations such as the CMPA and CMA in helping doctors decide what to do. “About 400 000 Canadians use cannabis for medical reasons,” stated the editorial. “Professional organizations such as the CMA must move quickly to issue guidelines for physicians who, increasingly, will be asked for advice by their patients.”

The CMA, which sent a letter to Rock supporting the CMPA’s stand, is convinced that downloading this deci-

sion to physicians is wrong. “The regulations as currently written are flawed,” says Dr. Henry Haddad, the CMA president. “They may pose a threat to the health of patients, they have the potential to undermine the patient–physician relationship and they place physicians in a precarious legal position.”

Who can apply?

Those who are eligible to apply include patients who have a terminal illness with a life expectancy of less than 1 year, patients with multiple sclerosis, spinal cord injury or disease, cancer or AIDS/HIV, and patients with severe forms of arthritis or epilepsy. — *Steven Wharry, CMAJ*



ON THE NET

Dying on the Web

Death and dying are never easy subjects to broach, but that hasn’t discouraged palliative care physicians at Michigan State University (MSU) — they have launched a new Web site to do just that. The site, [Completing a Life \(commtechlab.msu.edu/sites/completingalife/audioon/welcome.html\)](http://commtechlab.msu.edu/sites/completingalife/audioon/welcome.html), takes visitors on a step-by-step tour through the issues and questions that surround death and dying, and it does it in a surprisingly clear and comforting way.

“Completing a Life is all about empowering people to live as fully as they can in life’s last stages and in accordance with their own values,” says Dr. Karen Ogle, director of MSU’s Palliative Care Program and the site’s codeveloper. “Because the product is richly interactive, users can chart their own pathway through the material by choosing the resources that matter to them as individuals.”

The site has 3 main sections. The first illustrates techniques to help the patient and his/her family remain active in the decision-making process as death approaches, while the second provides practical information on easing pain and suffering. The final section discusses the issues surrounding attempts to come to terms with death.

As well, a “Taking Charge” section provides step-by-step information for dealing with medical planning, with segments on emergencies, prolonging life and organ donation. For instance, when should 911 not be called?

The site features high-end graphic materials, musical backgrounds and video commentary. Visitors must use 2 free Web browser plugins, Macromedia Shockwave (www.macromedia.com/shockwave/download/) and Quicktime video (www.apple.com/quicktime/download/). A high-speed Internet connection is also recommended. — *Michael O’Reilly, mike@oreilly.net*

