Pharmacies, not MDs, should distribute medicinal marijuana: chair

Physicians will no longer be expected to distribute medicinal marijuana if Health Canada accepts the advice of an advisory committee. "There are many problems with the system now in place," says Dr. Robert Goyer, chair of the stakeholders committee that advises the federal Office of Cannabis Medical Access (OCMA).

Goyer says the rush to establish a distribution system for the drug forced some quick decisions. "We had to come up with a plan," he says. Ottawa was forced to introduce rules for making the drug available for medical purposes to comply with an Ontario court decision (*CMAJ* 2003;169[3]:222).

The committee thought it had time to develop solutions and was considering distribution through hospital pharmacies — the system used in Holland. Instead, the OCMA made a last-minute decision that the government supply medicinal cannabis via the physicians who sign their assessment forms. "I regret that decision was made," says Goyer.

Dr. Gregory Robinson, a former public health specialist who uses cannabis to relieve his AIDS symptoms, quit the advisory committee over that decision, saying it drove a wedge between doctors and patients. "It's ludicrous that doctors should be distributing when we have a system for that: pharmacies."

Medicinal marijuana went on sale in Dutch pharmacies Sept. 1. About 7000 patients are eligible for prescription marijuana, which is sold in 4.5-g containers for $48 to $60, depending on potency. Dutch patients are advised not to smoke the plant, but to use vaporizers or make marijuana tea. The drug's cost is covered by government health insurance.

The Canadian advisory committee, which met this month, will also look at changing the patient assessment form, which now asks physicians to determine that the benefits of taking cannabis outweigh the risks. "But how can they make that decision when it's based mainly on anecdotal information?" Goyer asks. "Maybe we don't have enough data to support a clear-cut case of benefit outweighing the risk."

In the "near future," he says, physicians may be asked to state instead that "conventional therapies have failed."

Meanwhile, information for health professions, recently released on the OCMA Web site (**www.hc-sc.gc.ca/hecs-sesc/ocma/**), will serve as the "equivalent of a product monograph." Previously, "physicians had nothing even if they wanted to discuss [the issue] with patients," says Goyer. "At least they now have some peer-reviewed documents regarding the medical status of cannabis."

The committee is also reviewing the need for some patients to have a physician and 2 specialists sign their access form — Goyer says 1 specialist should be enough. — *Barbara Sibbald*, CMAJ

CMAJ study leads to action in Quebec

A study published in the Sept. 16 issue of *CMAJ* (2003;169[6]:549-56) has led to the creation of an Estates General (consultation forum) in Quebec to delve into the use of prescription drugs in that province. Health Minister Philippe Couillard, a neurosurgeon, made the announcement the day the report appeared.

The study, led by Dr. Robyn Tamblyn of McGill University, determined that the number of potentially inappropriate prescriptions issued by primary care physicians was significantly lower (18%) for doctors with access to computerized decision-making support. The authors concluded that such support would reduce the rate at which inappropriate prescriptions were initiated, although it would have a lesser impact on the discontinuation of such prescriptions.

In announcing the initiative, Couillard told the CBC that "we know that many admissions in the hospitals now are due to the side effects of improperly used medication, and we really need to address that."

The study involved 12 560 patients aged 66 and older, and 107 doctors. Physicians receiving the computerized support had access to information on current and past prescriptions through a dedicated computer link to the provincial seniors' drug-insurance program. — *CMAJ*

As number of medical schools surges, so does concern about quality

Concern is growing that out-of-control expansion in the number of medical schools is diluting the quality of medical education.

In a report delivered during the World Medical Association's September general assembly in Helsinki, Dr. Hans Karle said the number of medical schools has increased to nearly 2000 today from around 1300 in 1995, and the 54% increase worries him.

"The quality of education in some schools is not good enough," said Karle, president of the World Federation for Medical Education. "Some of these schools are badly needed, but many are being set up simply as businesses to attract students who cannot get into medical schools in their own countries."

The for-profit schools are especially popular in areas such as the Caribbean. They accept students who have no chance of meeting the requirements of much more rigorous medical schools in areas such as North America and the United Kingdom. Canada has 16 medical schools, with a 17th slated to open in Northern Ontario in 2005. The Canadian schools currently attract more than 4 qualified applicants for every available space.

The WMA has thrown its support behind the federation's global standards program, which aims to improve and implement quality standards for medical education throughout the world. It has developed standards for basic and postgraduate education and CME programs. — *Patrick Sullivan*, CMAJ