College of Physicians & Surgeons of Alberta

ADVICE TO THE PROFESSION

# Cannabis for Medical Purposes

**Related Standard of Practice:** *Cannabis for Medical Purposes*

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

## Contents


Purpose ........ 1

Evidence-based practice guidelines ........ 2

Importance of the physician-patient relationship ........ 3

Decision to authorize ........ 4

Roles of other patient care providers ........ 7

References ........ 7


## Purpose

The use of cannabis in medical practice is a rapidly emerging field, with evidence evolving quickly. This presents both a challenge and an opportunity − physicians have a responsibility to keep abreast of current knowledge and are in a good position to offer their patients support through shared, informed-decision making.

Every year since 2014, medical cannabis use in Canada has tripled, and Alberta is on the leading edge of this trend. Current data shows 1.7% of Alberta's population uses medical cannabis, significantly more than other provinces such as Quebec, where the rate is 0.07%.[1] Despite this increased use, the range of benefits for patient health remains unclear.

The impending legalization of recreational cannabis in Canada introduces yet another level of concern regarding the use of medical cannabis. Legalization will not remove physicians' responsibilities or obligations in the legitimate authorization of cannabis for medical purposes; there should be collaboration between a physician and their patient in the decision to access cannabis, including how cannabis may impact the patient's overall health. How these responsibilities are met will have important implications for employers, insurance providers and societal acceptance.

[1] Health Canada. Market data. Ottawa, ON: Government of Canada; 2017.




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This is a serious responsibility and requires all physicians be informed and prepared to make clinical decisions based on current evidence and practice guidelines.

The *Cannabis for Medical Purposes* standard of practice provides Alberta physicians with direction and guidance regarding the authorization of medical cannabis. However, conflicting perceptions, limited studies on the various benefits and uses, increased requests and advocacy by industry are contributing to growing uncertainty among physicians and challenges in complying with the standard. This document, developed with the assistance of community physicians on the Physician Prescribing Program Committee, aims to address some of these concerns.

## Evidence-based practice guidelines

There is a need to establish evidence-based guidelines to assist physicians in optimizing patient care and quality of life.

Medical cannabinoids, both medical cannabis and pharmaceutical cannabinoids (i.e., nabilone and Sativex in Canada) are strongly endorsed by businesses involved in producing and dispensing these products for a long list of medical conditions and ailments, from irritable bowel syndrome to cancer. However, the findings of systematic reviews and prospective observational studies of the efficacy, tolerability and safety of medical cannabis often conflicts with public perception. Moreover, physicians have not achieved consensus in how to interpret the findings, leaving physicians, as well as patients, confused and struggling to understand the medical use of cannabis.

To help address this challenge, Canadian Family Physician recently published an article "*Simplified Cannabinoid Prescribing Clinical Practice Guidelines*" providing practical recommendations for the use of medical cannabinoids in primary practice.

**Use of cannabis should be limited, in general**

Recommendations include limiting medical cannabinoid use in general, but outline potential restricted use in a small subset of medical conditions — neuropathic pain, pain in palliative and end-of-life conditions, chemotherapy-induced nausea and vomiting, and spasticity due to multiple sclerosis or spinal cord injury — for which there is some evidence for their use when standard therapies have failed.

Articles such as this are a good reminder that physicians must take responsibility for providing objective, evidence-based information to patients seeking medical cannabis to support informed decision-making. Physicians must also be aware of the potential for conflict of interest in relying on information provided by businesses producing and dispensing the product, which may interfere with their obligation to provide safe and responsible patient care.



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## Importance of the physician-patient relationship

The cornerstone of patient care is the physician-patient relationship. The relationship between a physician and their patient is a bond of trust that is vital to the therapeutic alliance. Within this association, the physician has a duty to act in the patient's best interest and refrain from any type of exploitation. However, a physician cannot meet this basic obligation if no fulsome physician-patient relationship has been established.

**Use of cannabis should be considered ONLY within the context of an established physician-patient relationship.**

The College is aware some medical cannabis supply companies are advertising for physicians to become authorizers of medical cannabis for their clinics. When physicians are employed by cannabis clinics merely to act as "authorizers", the physician-patient relationship can be undermined and devalued. This type of situation is not conducive to shared and informed decision-making, but rather is predicated on providing the means to obtain a product offered by the employing business. To engage in practices that devalue and ignore the cornerstone of the physician-patient relationship is to risk the integrity of the medical profession.

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The use of medical cannabis is no different than any other therapy that may be considered as part of a patient's overall care and deserves the same care and attention as any other diagnostic or management decision. The family physician is often (usually) in the best position to provide comprehensive care for their patients, as s/he is aware of the patient's medical conditions and can counsel the patient about the relative risks and benefits of a proposed therapeutic decision. If other specialists are considering authorizing cannabis, the same considerations apply.

To support physicians in these efforts, processes must be in place to ensure the basics of the therapeutic relationship are met. Information gathering, history and physical examination, diagnosis, management and follow-up planning must be completed in a thorough and meaningful manner. The physician needs to carefully consider drug interactions, as well as the risks and benefits of medical cannabis in treating the identified medical condition. The patient needs to be informed of the risks and potential benefits, as well as any concerns regarding workplace safety. The physician is responsible for providing care in the patient's best interest, and this may at times be in conflict with the patient's desires. Ultimately, a shared and informed decision must be achieved.

**Physicians who work in cannabis clinics must comply with the standards of practice:** *Cannabis for Medical Purposes*, *Direction and Control of a Medical Practice*, *Advertising*, *Patient Record Retention* and *Conflict of Interest*, and should be aware of their responsibilities before entering into this type of arrangement. Individual physicians are responsible for:

- processes used to interview and counsel patients;
- advertising about the indications for medical cannabis;
- information provided about the products;



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- clinic fees for providing services; and
- the accurate and secure documentation of the patient record.

If a physician cannot influence these factors to comply with the standards of practice, s/he should not practice in this clinical setting.

## Decision to authorize

Physicians are **not obligated** to authorize cannabis for medical purposes. As noted above, physicians must use their knowledge of the patient and evidence-based guidelines to decide whether or not to use (or approve) any therapy for a patient, recognizing that the best interest of the patient is paramount.

The following steps are essential when considering medical cannabis as part of the treatment plan for a patient:

1. **Perform an in-person evaluation of the patient establishing/within the context of an ongoing physician-patient relationship.** For guidance, refer to:
   - *Simplified Cannabinoid Prescribing Clinical Practice Guidelines* (Canadian Family Physician)
   - *Information for Health Care Professionals* (Health Canada), which states cannabis **should not** be used in patients:
     - under the age of 18
     - with severe cardiopulmonary disease
     - with respiratory insufficiency (asthma, COPD)
     - with severe liver or renal disease
     - with a personal history of psychiatric disorders (especially schizophrenia) or a family history of schizophrenia
     - with mania or depression (these patients should be under careful psychiatric monitoring)
     - who are pregnant or breastfeeding
     - with a history of substance abuse, including alcohol abuse, or concomitant use of psychoactive drugs

2. **Assess addiction risk.**
   Patients with a history of substance use disorder or other addictions may be at risk of misusing cannabis. Understanding the risk, discussing this risk with your patient and instituting appropriate safety precautions if you feel cannabis may be helpful to your patient is essential. Refer to the following addiction risk instruments:
   - The Drug Abuse Screening Test (DAST)
   - Opioid Risk Tool
   - CAGE Questionnaire

3. **Obtain informed consent.**

   Explaining the clinical reasoning and discussing options with the patient is mandatory. Refer to the *Informed Consent* standard of practice. At a minimum, the discussion must include:

A. potential benefits, including a discussion of the lack of good evidence for cannabis effectiveness and safety.
B. potential risks, including:
   - precipitation of psychotic symptoms, especially if there is a family history of psychotic illness;
   - impairment to lung function from cannabis smoke inhalation, including risk of cancer and obstructive lung disease (there is contradictory evidence in the literature about these risks);
   - impairment in cognitive function that may impact fitness to engage in activities and/or responsibilities:
     - Cannabis can impair cognition, so patients must be warned of this effect and that use can impair the ability to drive or operate equipment. Patients should be advised to neither drive nor operate equipment while under the influence of cannabis. Evidence for diminution of the effects of cannabis on ability to drive is limited.
   - impacts on safety-sensitive occupations, potentially necessitating work restrictions or limitations:
     - Physicians should ask about job tasks and counsel patients using cannabis for medical purposes about workplace safety concerns. Individuals who serve in positions where public safety is a factor (e.g., railway and aviation industries) may not be able to continue in their occupation while using cannabis. Physicians should notify the relevant regulatory authority when appropriate. Refer to Legislated Reporting and Release of Medical Information;
   - impacts on insurance or benefits coverage, including the patient's existing life, disability and automobile insurance policies (patients should be advised to check with their insurance policy holder); and
   - unauthorized access to cannabis (patients must be advised to store their cannabis in a secure manner in order to prevent others accessing or stealing it).

4. **Review both Pharmaceutical Information Network (PIN) and Triplicate Prescription Program (TPP) databases.**

   Medical cannabis does not have a drug information number (DIN) and may not be dispensed by pharmacists. As such, there may be no record of a patient's use in PIN. However, the TPP profile will contain a note about a patient's use of cannabis for medical purposes because physicians must provide a copy of the medical document to the College, and physicians need to be aware of other medications being prescribed that may potentially interact with cannabis in order to minimize the risk of harm.

5. **Register as an authorizer**

   Physicians who choose to authorize cannabis use for medical purposes must register with the College by sending their name and registration number to CMPInfo@cpsa.ab.ca.

   The College notifies physicians when they are successfully registered. Physicians are free to complete Patient Medical Documents authorizing cannabis for medical purposes on receiving this notification.

6. **Complete a Patient Medical Document.**

   The Patient Medical Document includes information required by Health Canada, and must be submitted to the College within one week of completion:

   College of Physicians & Surgeons of Alberta
   Attention: Physician Prescribing Practices
   Mail: 2700-10020 100 Street NW
   Edmonton, AB T5J 0N3
   Fax: 780-429-1981

   **This is the ONLY medical document acceptable to the College.** Forms from licensed producers are not acceptable as they do not (and cannot) include the indication for cannabis authorization. This is confidential patient information that can be shared only with the College.

   The Patient Medical Document is valid for up to one year, but the physician may specify a shorter duration. A new Patient Medical Document must be submitted after 12 months to continue authorization.

   Under Health Canada regulations, patients can:

   - obtain a maximum of one month's supply of cannabis at a time (30 times the daily quantity). Health Canada's limit of 150 grams refers to the maximum amount a patient may have in their possession at any given time. Physicians may choose to allow smaller amounts in shorter intervals.
   - grow cannabis for personal use based on authorization from their physician. Patients who choose this option are responsible for submitting the authorization directly to Health Canada, rather than the physician submitting the authorization to the licensed producer.

7. **Re-evaluate the patient regularly in-person.**

   A physician who authorizes the use of cannabis is **personally responsible** for providing follow-up to the patient. The frequency of re-evaluation should be determined by clinical need and should be more frequent once a patient initiates use. Once a patient is using a stable amount of cannabis deemed to provide benefit, the **patient must be evaluated directly and in-person at least every three months** to determine the patient's status and progress and to provide ongoing care for the patient's underlying medical condition; no other interpretation of the standard is acceptable.

8. **Identify misuse or abuse.**

   A variety of strategies may be used, including:

   - agreement with the patient that only one physician will complete the medical document and only one licensed producer will be used


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- careful documentation of the amount of cannabis used (watch for rapidly escalating use or the patient running out of cannabis early)
- clinical assessment of the benefits and risk
- patient's compliance with recommendations regarding driving, etc.

## Roles of other patient care providers

The roles of colleagues, consultants, generalists and specialists must also be carefully considered. Family physicians often rely on the specialized expertise of others in making patient care decisions, and at times, a consultant will assume prescribing within his or her area of expertise (e.g., pediatric neurologist treating children with intractable seizures, palliative care, etc.). In these situations, the consultant or specialist is responsible for providing a thorough assessment, offering support and advice and keeping the family physician informed when assuming a component of the patient's ongoing care (i.e., at minimum every three months).

At times, a specialist will be the care provider most responsible for a patient with multiple or complex chronic conditions, including in palliative care situations, and will be in the best position to consider the use of medical cannabis for the patient. A generalist with specific expertise may also act as a consultant.

The specialist/consultant role entails special responsibilities in providing comprehensive care: good communication is imperative between the consultant, the primary care provider and other health professionals involved in the patient's care.

As such, under the *Episodic Care* standard of practice, the authorization of medical cannabis is no different than any other treatment: – the physician is obligated to share treatment information with other healthcare providers in the patient's circle of care. Doing so also provides an opportunity to educate patients about the team-based, patient-centred approach to care.

## References

- College of Family Physicians of Canada: Simplified Cannabinoid Prescribing Clinical Practice Guidelines
- The Use of Medical Cannabis with Other Medications: A Review of Safety and Guidelines (CADTH)
- The Health Effects of Cannabis and Cannabinoids: The Current state of Evidence and Recommendations for Research (National Academies report summary)
- Implications of Cannabis Legalization on Youth and Young Adults (Canadian Psychiatric Association)
- The Use of Medical Cannabis with Other Medications: A Review of safety and Guidelines (CADTH)
- Medical Cannabis Evidence Bundle (CADTH)

**For More Information:**

College of Family Physicians of Canada

- Preliminary Guidance Document: Authorizing Dried Cannabis for Chronic Pain or Anxiety

Canadian Medical Association

- CMA Policy: Medical Marijuana
- CMA Statement Authorizing Marijuana for Medical Purposes (Update 2015)
- New "Marihuana for Medical Purposes Regulations": What do Doctors Need to Know?

Canadian Medical Protective Association

- Medical Marijuana: Considerations for Canadian Doctors

Health Canada

- Cannabis for medical purposes (Last updated September 2016)
- Information for health care professionals: cannabis (marihuana, marijuana) and the cannabinoids (Last updated May 2013)
- About medical use of cannabis (August 2016)

Canada Department of Justice

- Marihuana Medical Access Regulations (October 2016)



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