

Will the specialty survive?

Cannabis Clinicians in the ‘Legalization’ Era

By Jeffrey Hergenrather, MD
In January 2018, the adult use of cannabis became legal in California. A would-be consumer age 21 or older does not need physician approval in order to buy cannabis. Many doctors who were providing little more than approval documents saw their business evaporate.

Serious specialists —members of the Society of Cannabis Clinicians who provide comprehensive health assessments and treatment plans— experienced fall-offs of 20 to 50 percent. An increasing percentage of patients are getting their cannabis approvals issued or renewed by teleconference instead of seeing a doctor in person.

Will the specialty survive?
I expect that there will be increasing demand for our services as new classes of patients consider cannabis as a treatment option. These are patients who need more than authorization to use cannabis —they need a consultation on how to use it. A “one-pill-fits-all” approach may work with conventional pharmaceuticals but does not apply in cannabinoid medicine.

When Maine legalized adult use of marijuana in 2017, Dustin Sulak, DO, saw a 40% drop in patients visiting the Integr8 Health offices in Portland and Falmouth. But as of March 2018, Integr8 Health was adding 35 to 40 patients a week. “Older people and more seriously ill,” is how Sulak characterizes his new patients.

At my office in Sebastopol, California, I trace a change in the patient population back to October, 2013, when CNN aired the “Weed” special in which Sanjay Gupta, MD, showed footage of a child with an intractable seizure disorder being successfully treated with a cannabidiol-rich strain of cannabis.

Social media facilitated the discussion of cannabis use by the families of children with seizure disorders and other diseases not well treated with conventional pharmaceuticals. Across the country and the world, more people began to ask if cannabis would be right for their medical problems.

Today the majority of my new patients are seriously ill children accompanied by

“The complexity of patient evaluations increases significantly when parents bring in children with seizure disorders, autism, cancers, Crohn’s disease, anxiety, ADD and other mood disorders.”

their parents, and the elderly presenting with treatment failures and/or desire to employ an herbal treatment instead of conventional pharmaceuticals. These younger and older patients have little or no experience using cannabis as a medicine.

Each patient requires a personalized treatment plan. The complexity of patient evaluations increases significantly when parents bring in children with seizure disorders, autism, cancers, Crohn’s disease, anxiety, ADD and other mood disorders.

Senior citizens present with an array of disorders common to the elderly including chronic moderate-to-severe pain, Alzheimer’s dementia, neurodegenerative disorders, anxiety, depression, movement disorders, stroke, and insomnia.

The percentage of patients presenting with malignancies has risen from about 10% a decade ago to 30-40% at this time.

Findings that we cannabis clinicians have been reporting for years still come as news to our colleagues.

The Society of Cannabis Clinicians

Specialists in cannabinoid medicine will have an increasingly important role to play within the medical profession and the society at large. No one is better suited to educate our colleagues on how and why cannabis works. We have the understanding and motivation to challenge absurdly restrictive practice guidelines being imposed by state medical boards. Who but cannabis specialists will document and publicize the clinical evidence that patients provide us with?

Physicians in the US are increasingly aware of the prohibition-induced gaps in

their education and are beginning to fill them by taking Continuing Medical Education courses such as the one produced by the Society of Cannabis Clinicians. (Full disclosure: I am president of the SCC.)

The SCC website, cannabisclinicians.org, features a library of research papers organized by relevant medical condition(s). The site includes presentations made at our quarterly meetings by leading researchers.

The SCC has created a speakers program through which experienced clinicians share what has been learned. In February I gave grand rounds at St. Rose Hospital, a small hospital in Hayward, California (see accompanying story). The 20-plus doctors who attended were seriously interested in medical cannabis and had many practical questions. My 90-minute talk lasted more than two hours.

When a neurologist said she was impressed by a slide showing the shrinking of a child’s brain tumor in response to treatment with cannabis oil, I was reminded that findings we cannabis clinicians have been reporting for years still come as news to our colleagues.

One doctor said, “I feel I could use another year of medical school.”

“There’s a lot of material,” I acknowledged.

Cannabis clinicians also have a responsibility to educate our fellow citizens. I am grateful to Sonoma State University for the opportunity to teach an undergraduate course in the Spring 2018 semester.

I trust that the day will come when students will learn about the endocannabinoid system in high school biology —from teachers, not police officers.

Cannabis clinicians will also be called on in the ‘legalization’ era to defend our own rights —and our patients’. The Federation of State Medical Boards has promoted



JEFFREY HERGENRATHER, MD, with neurosurgeon Jasbir Multani, MD, at St. Rose Hospital in Hayward, CA, after his grand rounds presentation on cannabis medicine

practice guidelines that would prevent physicians who use cannabis themselves from approving its use by patients.

The Society of Cannabis Clinicians prevailed on the Medical Board of California to reject this provision in its recently adopted practice guidelines. (See story on page 1.) But other states, including Colorado and Washington, do not allow cannabis-approving doctors to use cannabis themselves (even though it has been recommended by their own doctors).

How many physicians in these states, when faced with personal medical problems must forego their drug of choice? How many will choose to forego issuing approvals to their patients?

Many medical boards launch investigations of physicians based on number of cannabis approvals, number of plants authorized, and percentage of approvals to patients under age 30. No doctor wishes to be investigated —it takes time and involves hiring a lawyer. These bureaucratic algorithms effectively limit cannabis use by patients.

This situation prevails in many states that show up on the map as allowing medical use of marijuana.

About This Issue

When Dr. Tod Mikuriya envisioned O’Shaughnessy’s, he had two ‘ideal readers’ in mind: the pro-cannabis MD who wanted to be kept abreast of relevant legal, political and scientific developments; and medical marijuana users who were interested in the subject and wanted to extend their education. Mikuriya also wanted a publication that would defend him —and the pioneering colleagues he had organized into the group now called The Society of Cannabis Clinicians (SCC)—against a prohibitionist medical board.

In 2003 he encouraged me to produce the publication. (I had experience as an editor at Scientific American and Public Information Officer for the District Attorney of San Francisco, and had written critically about Big PhRMA.) He knew history was being made and intended O’Shaughnessy’s as the paper of record. In the early years, I and others writing for O’S could simply report and comment on what we were learning from year to year, assuming the readers were in sync.

But now, as Dr. Hergenrather reminds us, patients who pick up O’Shaughnessy’s in a doctor’s office may well be newcomers, with basic questions like: What is the endocannabinoid system? What have the doctors learned? How did we get here politically?

We hope those new to cannabis as medicine will find accurate answers, and that experienced users will come across new information and ideas in this issue. “Take what you need and leave the rest.” —Fred Gardner

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O’Shaughnessy’s

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