

## **PSNA Testimony**

## **Medical Cannabis**

**March 24, 2015**

**Philadelphia**

My name is Dr. Patrick Kenny, I am a Registered Nurse. I have been a direct care provider in hospice and palliative care for 7 years. I have an educational background in Child and Adolescent Mental Health as well as teaching at the undergraduate, graduate and doctoral level. I will not be speaking today to the debate over the research. Rather, my being here is to give you a practical understanding of the issue. As someone who interacts with ailing patients, I'm here to help you understand another piece in the puzzle – the patient piece and how passing medicinal cannabis is simply the right thing to do for our patients.

Our goal in hospice and palliative care is to provide a team oriented approach to pain management, and emotional and spiritual support tailored to the individual patient needs and wishes while also providing support to the patients loved ones .

At times, when a patient has pain that is difficult to control, an

additional resource to manage their pain could be medical marijuana. I have worked with patients in a variety of settings and they share that their biggest fear is that they will die in pain. Opiates are most often prescribed for pain and patients are fearful they will become addicted to these drugs. As a hospice nurse my job is to assist them in controlling their pain so that they can achieve the best possible quality of life with the aim of promoting comfort while maintaining their dignity in their advanced and often terminal illness. Allow me to share just two patient stories. ML, a young lady in her mid-twenties had a rare, aggressive cancer of the abdomen. She was not able to eat or drink. Imagine being at the end of your life and not being able to eat or drink your favorite things. She also had a pump delivering morphine intravenously where the dosage was being increase on a regular basis to keep her pain under control. Some of the side

effects of morphine are slowing of the heart rate, weak or shallow breathing; constipation, stomach pain, nausea and vomiting.

Morphine can slow or stop your breathing when the medication is first started or whenever the dose is changed.

Closer to home, my father was diagnosed with end stage pancreatic cancer which had spread throughout his body. He begrudgingly began to take morphine which had to be increased as the periods between pain controls shortened. While the morphine was helpful in controlling his pain he began to become weak and waste away. This negatively affected his quality of life and the precious little time we had with him to celebrate his last birthday. This experience and that of many other patients like my father and ML are not unique. In fact, they are common in working with hospice patients and their families. They experience the same concerns, heartbreak and helplessness as they witness



their loved ones approach the end of life. When new medications are identified, their availability becomes the priority, not statutes and regulations that preclude their use.

If medical marijuana can provide relief to those suffering from diseases like cancer and HIV/AIDS they should not have to wait – and in some cases cannot wait-for the right to use it legally. In 1999, the National Academy of Sciences' Institute of Medicine reported "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana." Patients should not have to resort to the potentially dangerous underground market to access medical marijuana or become a refugee to a state where it is currently legal to get it. In order for us to provide the best care for our patients, PSNA supports legislation that both protects patients from prosecution when seeking the use of medicinal cannabis and also protects health care providers who

prescribe and dispense medicinal cannabis in accordance with state law to relieve intractable medical conditions and/or its symptoms. Likewise, medications should be dispensed by licensed healthcare providers such as Registered Nurses. Dispensing must be performed accurately with disciplined use of effective procedures to ensure that the correct medication is delivered to the right patient, in the correct dosage and quantity with clear instructions. Ensuring patients understand how to take their medications is a primary responsibility of the dispenser and we are educated to do so. Additionally, accurate record keeping is also an essential part of dispensing. No matter where dispensing is done any error or failure in the dispensing process can seriously affect the care and well-being of the patient. Delegating dispensing to anyone without the appropriate education would be irrational and dangerous for our patients.

As I previously stated, dispensing must be done using disciplined and effective procedures. Therefore we must avoid the potential conflicts of the person prescribing the medication also dispensing the medication. Being watchful for prescription falsifications or alterations can serve as the first line of defense in recognizing prescription drug abuse. Registered Nurses support the inclusion of medical marijuana into the Prescription Drug Monitoring System so that this medication can be strictly monitored and tightly controlled.

Finally, because the FDA has not taken up the issue of reclassifying medical marijuana as a Schedule II or III drug, I would strongly advocate that all healthcare providers work together to support this change in schedule and allow extensive research to be conducted in the United States which can now only be done with federal approval. More research is desirable, but we know enough right now to know that it can and it has worked for

some patients. Let's do the right thing for our patients and pass a bill that is tightly controlled, strictly enforced and medically prescribed.

Thank you for the opportunity to share my testimony with you today. I would be glad to entertain any questions.