

Medical Marijuana

As a Hospice and Palliative Medicine Physician, I sometimes struggle to find effective ways to relieve a person's suffering associated with their illness and/or the effects of treatment for that illness: intractable nausea, often associated with chemotherapy for advanced cancer; anorexia-cachexia syndrome with associated weight loss due to HIV/AIDS or advanced cancers; neuropathic pain syndromes associated with post-treatment [chemotherapy, surgery, radiation] or related to neuro-degenerative conditions such as MS; some poorly understood pain syndromes such as fibromyalgia, RSD/CRPS, etc. one of my primary responsibilities is to have as large a "tool box" as possible to be able to address any situation that arises so that an individual is not left to suffer. Unfortunately, not every individual reacts or responds in the same way. People who are intolerant of opiates often struggle to find relief from intractable pain. Neuropathic pain is complex and often resistant to available treatments. Intractable nausea or anorexia/cachexia create significant suffering and severely impact quality of life.

Many individuals seek relief for their symptoms by self-medicating with illicit marijuana. They frequently report significant improvement in their symptoms, however, there is no standardization of dosing or delivery to be able to advise them from a medical perspective. The current illegal status does add some additional stress/distress for these individuals.

Unfortunately, there is limited high quality medical/scientific evidence to fully guide decisions on these issues. Many studies are small in size [in terms of the number of patients studied] and they are

occasionally contradictory. There are also no studies comparing marijuana with ondansetron or olanzapine for nausea to be able to assess efficacy and safety on either side. The case of olanzapine in particular is of relevance. Olanzapine is an atypical anti-psychotic that is approved for use in schizophrenia and bipolar disorder. It also has very important and unique anti-nausea benefits [combined with low dose dexamethasone for nausea due to chemotherapy]. It was effective in off-label use and is now a recommendation. The discovery of specific protein receptors (CB1 and CB2) and increased awareness of the endocannabinoid system, keep open the real sense of potential and targeted value for marijuana, it's active components and synthetic derivatives. Particularly intriguing are the potential neuro-modulatory and anti-inflammatory activity suggesting benefit in chronic inflammatory states and peripheral/central neuralgic states [ie. MS, ALS, post-stroke, Parkinson's, RSD/CRPS, Fibromyalgia, etc].

I support the legalization of marijuana for medical purposes. I would consider it as a possible 2nd or 3rd line option for certain pain situations; a 1st or 2nd line option for nausea and anorexia/cachexia; and a 2nd or 3rd line option for neuropathic conditions. I would also strongly support more scientific study to establish dosing, delivery and safety guidelines.

Ric A. Baxter, MD FAAHPM

Director of Palliative Care Services

St. Luke's University Health Network