Medical marijuana revisited

Fletcher concludes in his *CMAJ* editorial that because cannabis has not been through the regulatory approval processes required of pharmaceutical medications, doctors should not "be lulled into prescribing" medical marijuana.[1]

Currently, cannabis is commonly used in the treatment of many medical conditions. Health Canada's "Category 1" and "Category 2" conditions include multiple sclerosis, HIV/AIDS, epilepsy, cancer, severe arthritis, spinal cord disease/injury, Crohn colitis, fibromyalgia, migraines, posttraumatic stress disorder, and many others.[2]

With Health Canada predicting 400 000 Canadians will be using medical cannabis over the next decade,[3] more Canadian physicians will need to respond to the growing therapeutic need.

As a palliative care physician, I have patients desperately asking me for legal access to medical marijuana to help control pain, improve appetite, reduce nausea, increase energy and reduce insomnia and anxiety. Patients deserve safe and legal access to this ancient herbal treatment without the fear of criminal sanctions.

Physicians do need to be better educated about the dose–response effects and risk–benefit profiles of various cannabis products over and above the currently available pharmaceutical THC (delta-9-tetrahydrocannabinol) options (i.e., Cesamet [nabilone]). However, I believe that physicians should not be dissuaded from authorizing their patients to obtain legal access to medical cannabis.

Across Canada, there are medical cannabis dispensaries known as compassion clubs that are already providing patients with access to high-quality cannabis products. Under the proposed new Marihuana for Medical Purposes Regulations,[4] dispensaries will be required to further test their products for cannabinoid levels and contaminants, which will standardize and secure the process even more. This will undoubtedly improve the quality of life of many patients with chronic disease.[5]

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Memories of Dr. Joseph Roach

Seeing Dr. Roach mentioned in the *CMAJ* was wonderful.[1]

I was lucky enough to interact with him numerous times — when I was a medical student in Cape Breton, Nova Scotia, in the mid-90s and over a few years of my early career, just before he retired.

Dr. Roach had an incredible commitment to his community and to the profession of medicine. He was always a gentleman, and treated everyone with the same respect regardless of their position in life. His capacity for remembering his patients, their medical histories, drug regimens, family histories and relationships was incredible, even into his late years. His kindness, commitment and generosity are things we can all aspire to, even though very few of us will likely ever achieve anything close.

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Letters to the editor

In submitting a letter, you automatically consent to have it appear online and/or in print. All letters accepted for print will be edited by *CMAJ* for space and style. Most references and multiple authors' names, full affiliations and competing interests will appear online only. (The full version of any letter accepted for print will be posted at cmaj.ca.)

Correction

Clinical guidelines

In the clinical practice guidelines on screening for depression in adults, which appeared in the June 11 print issue of *CMAJ*,[1] the citations for the 5 studies identified in the systematic review were not included in the reference list and are provided here.[2–6] The studies were cited as references 19–23 in the text where Table 1 is first mentioned under Recommendations and in Table 1 itself. The remaining references are cited correctly in the text. A revised version of the guidelines is available at www.cmaj.ca/content/185/9/775/suppl/DC3.

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