Correspondence

Cannabis-Related Illness in Missouri Emergency Rooms

Following passage of medical marijuana in Colorado, there was an increased incidence of cannabis related illnesses seen in Colorado emergency departments. (ED) This increased even more dramatically when Colorado made recreational high THC cannabis legal. 1,2 Recreational marijuana also brings with it numerous social, educational, law-enforcement, vehicle accidents/ DUI and other health problems including homelessness.² With the legalization of medical marijuana in Missouri, we have personally observed an increased incidence of ED initial and repeat visits and hospitalizations for marijuana complications especially cannabis hyperemesis. If this is typical of Missouri EDs, as we think it is from discussion with other physicians, it will strain hospital and ED physician resources to provide care for Missourians with non-marijuana related accidents and illnesses. To document the adverse effects of medical marijuana,² we hope that medical researchers will study the increase of marijuana related ER visits and hospitalizations in 2020 versus three to five years ago when access to marijuana was more restricted.

References

- 1. Randall K, Hayward K. Emergent medical illnesses related to cannabis use. Missouri Medicine 2019;116:239-241
- 2. Rocky Mountain High Intensity Drug Trafficking Area Program. The legalization of marijuana in Colorado: The Impact Volume 6 September 2019. Executive Summary Missouri Medicine 2019;116:450

Lancer G. Gates, DO, Hospitalist North Kansas City, Missouri MSMA Member since 2003 Shelley H. Bridgford, MD, Emergency Medicine North Kansas City, Missouri

Editor's Note

This correspondence was received prior to the COVID 19 Pandemic crisis. Reports received by the Editor from Colorado ERs indicate that the increased ER burden from medical/recreational marijuana users¹ has disproportionally increased; that chronic marijuana users may be more suspectable to the COVID 19 virus; and this marijuana user burden is interfering with the ability to treat non-marijuana users. (emails Finn Marijuana Study Group March, 2020)

Warning the Medical Community and Public on the Dangers of Medical Marijuana

After reading the January/February 2020 Missouri Medicine editorial on the legal marijuana issue, I'm proud to have known you since our Mexico, Missouri, high school days. I'm extremely thankful of your lifelong devotion to providing thoughtful, detailed, and researched information to the medical community and general public on the dangers of various substances disguised as "medicine." More is needed; so many remain under informed or misinformed especially among the media. Your editorial will also provide solace to those whose lives or the lives of family members have been permanently affected in drastic, dramatic, and deleterious ways. You and your colleagues of like mind and devotion are doing God's work on earth. Keep it up!

Michael J. Pohlmeyer Former Mayor, Redding California

Court Releases Physician Imprisoned For His Medical Opinions/Diagnoses

HB: 4836-1455-1735.1

In the November/December 2019 issue of *Missouri Medicine*, I wrote an article concerning potential criminal and civil liability based on a physician's medical opinion. In my article, I discussed the case of *U.S. v. Paulus*, 894 F.3d 267 (6th Cir. 2018). The *Paulus* case involved a cardiologist convicted by a jury of healthcare fraud for performing unnecessary stenting procedures when angiograms showed only minimal blockage. In that case, the question before the Sixth Circuit Court of Appeals was whether a medical opinion could ever be false (the lower court had determined they could not). The Sixth Circuit concluded that a medical opinion could be false if there was evidence that the doctor repeatedly and systematically saw one thing on an angiogram but consciously wrote down another.

In *Paulus's* case, testimony from three expert witnesses called by the prosecution supported a conclusion that he had repeatedly and systematically overestimated arterial blockage. One expert had reviewed 250-300 procedures and concluded that 62 of them (or 20.6%-24.8%) were unnecessary. The other two experts each reviewed less than 20 procedures. One of those experts concluded that 100% of the procedures he reviewed were unnecessary, and the other determined that 50% of the procedures he reviewed were unnecessary.

After the case was remanded by the Sixth Circuit for further proceedings, *Paulus* discovered that the prosecution