

Supplementary Table S2. Additional Reasons Influencing Decision Not to Register

Other reasons influencing decision NOT to register

Not enough evidence ($n=10$)

- There is no medical indication. If a medical indication can be clearly indicated, then the compound needs to be approved and followed by FDA
- Lack of scientific knowledge on how it works and who should use it
- Not enough data to say yes
- Lack of studies and clarity of policies
- In my field, there is very poor evidence base to support MMJ
- Mixed outcomes evidence and variable products + weak studies
- No evidence to support use (except possibly pediatric seizures)
- No medical indication for "pot" exists; THC is already available for many years. The Netherlands has extensive experience with recreational use of "pot" and physicians there never prescribe it
- It is currently not an appropriate therapeutic option
- I remain unconvinced of the value

Time-consuming, burdensome process ($n=8$)

- Not practical or affordable, therefore unrealistic
- The practical logistics/requirements of registering/maintaining are extremely burdensome
- Barriers to apply
- No more time in my life!
- I need to find time to finish the registration process
- Too difficult to deal with
- Minimal likelihood of use; process too complicated
- I took the medical marijuana webinar preparation, but then found out it cost \$5000 to begin

Not relevant to practice ($n=7$)

- Not really in my practice ($\times 5$)
- I don't prescribe medications, other than postoperative medicines
- My patients don't need it

Lack of Knowledge ($n=7$)

- Lack of knowledge
- Minimal knowledge
- I know nothing about it
- I wasn't aware of the option
- Not familiar enough yet
- Do not know how
- How to apply is unclear

Don't believe in legitimacy of MMJ ($n=5$)

- Cultural bias against it from 20th Century
- Dislike of use of marijuana
- Don't believe in using marijuana
- Medical Marijuana is in the same health category as medical alcohol
- 'Medical' marijuana is the way entrepreneurs are using to bring recreational marijuana to market, like physicians advertising cigarettes in the 1950s

Practice Considerations ($n=4$)

- Patients would beat down my door and malingering
- I do not wish to receive referrals for this specific issue
- Did not want to be on a registry where this right would then become a focus of the practice
- My patient cohort is one in which the advantages and disadvantages of MMJ are particularly challenging to sort through, and my employer is partially federally funded. Loss of federal funding would be a very bad thing

Safety Issues ($n=3$)

- Harmful effects of marijuana, especially on psychiatric illness onset and exacerbation
- There is more harm than benefit for patients
- Other medications better meet treatment goals with less side effects and fewer adverse issues

Legal ramifications ($n=2$)

- I think writing Rx's opens the physician up for unwanted lawsuits
- NY marijuana law criminalizes off indication prescribing as felony

Marijuana should be legal for recreational use ($n=1$)

Have not thought about it ($n=1$)

Open-ended responses were thematically categorized and quantified.
FDA, Food and Drug Administration; MMJ, medical marijuana; THC, tetrahydrocannabinol.

