Self Administration of Medical Marijuana in Care Facilities

……Tackling the Ethical Dilemmas

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JEMH Conference, May, 2011

Objectives

- Provide a brief overview of the evidence / facts related to medical marijuana
- Explore a case utilizing the Jonson Four Quadrant Model
- Discuss possible options

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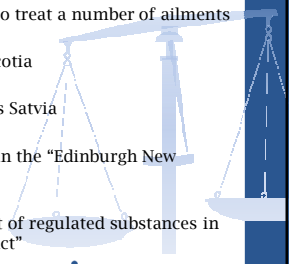
Cannabis/Medicinal Marijuana…….The History

- 2nd Century BC - Anesthetic for surgical procedures
- Ma-Yo (mixture of cannabis resin and wine)
- Persia 1155 AD (use of cannabis to treat a number of ailments
- 1606 Hemp was grown in Nova Scotia
- 1753 Received the name Cannabis Satvia
- 1794 Medicinal effects of Hemp in the "Edinburgh New Dispensary"
- 1929- Marijuana added to the list of regulated substances in the "Opium and Narcotics Drug Act"



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Medical / Adverse Effects of Marijuana on the Body

- Effects after a few minutes (smoked), and within 30-120 minutes when taken orally……..Effects last 2-6 hours
- Delta-9-tetrahydrocannabinol (THC)
- Potency has increased from 1%-over 30%.
- Hashish oil up to 50%Dependence and withdrawal syndromes
- Increased risk of MVA
- Increased risk of respiratory function and risk for cardiovascular disease (especially when used with tobacco
- Decreased motivation
- Detrimental effects on the developing brain including increased prevalence of psychosis and schizophrenia (use in adolescence and early adulthood)

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Relieve Symptoms/Not to Cure Disease

- Analgesic effects equivalent to 60 mg codeine
- Some antiemetic effects (nausea due to chemotherapy) -also decrease to some neuropathic pain
- Effects in treating HIV/AIDS related weight loss
- Clinical trials have decreased muscle spasticity in patients with MS
- Treatment of glaucoma and intraocular pressure (effects only last a few hours)

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Medical Marijuana in Canada

In 2001- Health Canada established guidelines for the "legal" use of marijuana for medical purposes

Two Primary categories for applicants:
1) Compassionate end of life care and for those patients with MS, spinal cord injury/disease, HIV/AIDS, cancer pain, seizures due to epilepsy

2) Debilitating symptoms due to a serious medical condition other than 1, and other treatments have failed

- Person needs to supply 2 declarations (one from self and another from treating physician)
- Physicians need to openly communicate benefits and risks to patients

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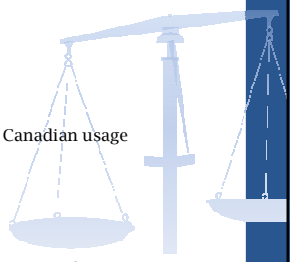
Use of Cannabis in British Columbia

Canadian Alcohol and Drug Use Monitoring Surveys (CADUMS)

- Lifetime use in BC- 47.20%
- Use in the past 30 days- 9.1%
- Lifetime use in IHA- 48.3%
- Use in the past 30 days- 9.8%
- Consistently second to alcohol in Canadian usage



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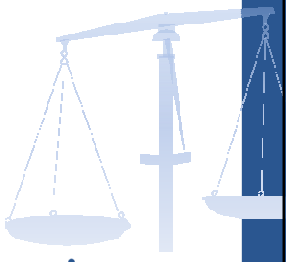
A Checklist of Ethical Foci

- The Four Quadrant Method
  (popularized by A.R. Jonson; M. Siegler; W.J. Winslade)
  - Medical Indicators
  - Patient Preferences
  - Quality of Life
  - Contextual Features



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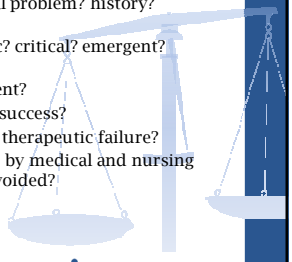
Medical Indicators

- **The Principles of Beneficence and Nonmaleficence**

1. What is the resident's medical problem? history? diagnosis? prognosis?
2. Is the problem acute? chronic? critical? emergent? reversible?
3. What are the goals of treatment?
4. What are the probabilities of success?
5. What are the plans in case of therapeutic failure?
6. How can this resident benefit by medical and nursing care, and how can harm be avoided?



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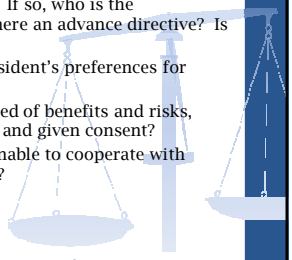
Patient Preferences

The Principle of Respect for Autonomy

1. Is the resident mentally capable and legally competent? Is there evidence of incapacity? If so, who is the appropriate surrogate or is there an advance directive? Is there concerns about this?
2. If competent, what are the resident's preferences for treatment?
3. Has the resident been informed of benefits and risks, understood this information, and given consent?
4. Is the resident unwilling or unable to cooperate with medical treatment? If so why?



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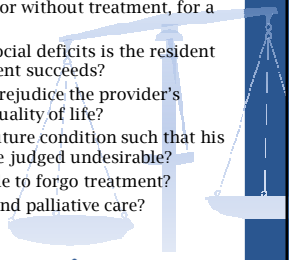
Quality of Life

The Principles of Beneficence, Nonmaleficence and Respect for Autonomy

1. What are the prospects, with or without treatment, for a return to normal life?
2. What physical, mental, and social deficits is the resident likely to experience if treatment succeeds?
3. Are there biases that might prejudice the provider's evaluation of the resident's quality of life?
4. Is the resident's present or future condition such that his or her continued life might be judged undesirable?
5. Is there any plan and rationale to forgo treatment?
6. Are there plans for comfort and palliative care?



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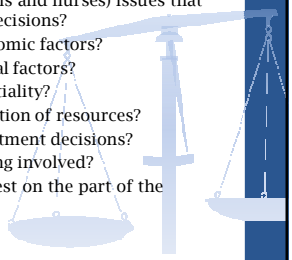
Contextual Features

The Principles of Loyalty and Fairness

1. Are there family issues that might influence treatment decisions?
2. Are there provider (physicians and nurses) issues that might influence treatment decisions?
3. Are there financial and economic factors?
4. Are there religious or cultural factors?
5. Are there limits on confidentiality?
6. Are there problems of allocation of resources?
7. How does the law affect treatment decisions?
8. Is clinical research or teaching involved?
9. Is there any conflict or interest on the part of the providers or the institution?



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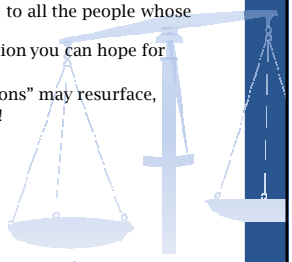
Goal / Options

- Consensus on what is reasonable
- If your actions look reasonable to all the people whose opinions matter,
  …..that maybe all the justification you can hope for
- Understand the "ethical questions" may resurface, and require further discussion!



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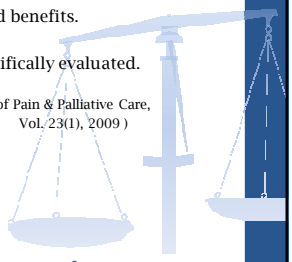
Balancing Risk / Benefit

The linchpin for medical decision-making is not risk
– for no treatment is without risk -
but the balancing of risk and benefits.

Both must be carefully and scientifically evaluated.

(Peter J. Cohen, Journal of Pain & Palliative Care, Vol. 23(1), 2009)



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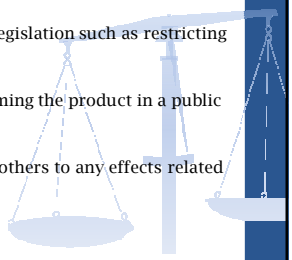
Health Canada Marijuana Medical Access Reg.

- The MMAR allows possession only…does not indicate where the holder of an authorization to possess may use
- …required to abide by all other legislation such as restricting smoking in public places
- …also HC advises against consuming the product in a public place
- …HC recommends not exposing others to any effects related to secondary smoke



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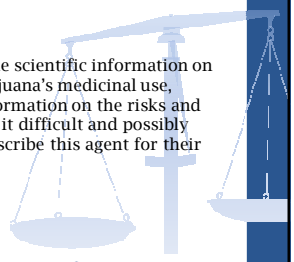
College of Physicians and Surgeons of BC

The BC College Position:

- The lack of availability of credible scientific information on the indications for smoked marijuana's medicinal use, together with the absence of information on the risks and benefits of this substance, make it difficult and possibly dangerous, for physicians to prescribe this agent for their patients.



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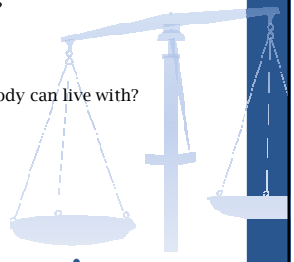
Reflection…so what are the facts?

- Who are the interested parties?
- What do they want out of this?
- What are their entitlements?
- Is there a solution that everybody can live with?



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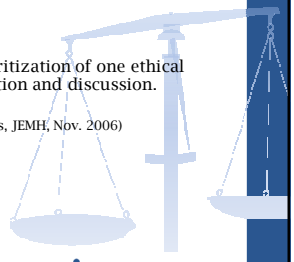
Seeking Clarity in the Grey

The Ethics of acting ethically are less complex when an issue presents a "right" or "wrong", black or white solution.

In many grey areas, however, prioritization of one ethical value over another requires reflection and discussion.

(Bernard Dickens, JEMH, Nov. 2006)



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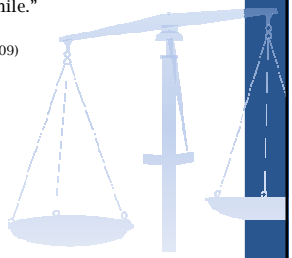
In summary

- "The clinician cannot go far wrong who gets alongside the patient and has an open-ended conversation about what is happening and what should, in his or her opinion, be done, in the light of the thought that the outcome should be one that the patient will consider worthwhile."

(Grant Gillett, 2009)

Thank You!

Questions?



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