



College of Physicians and Surgeons of British Columbia

Practice Standard

Cannabis for Medical Purposes

Effective:	November 14, 2016
Last revised:	November 8, 2018
Version:	2.2
Next review:	November 2021
Related topic(s):	Sale and Dispensing of Drugs by Physicians , Complementary and Alternative Therapies , Safe Prescribing of Opioids and Sedatives

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

This practice standard applies to the utilization of cannabis for medical purposes, and does not apply to recreational use which has now been legalized in Canada.

COLLEGE'S POSITION

Few reliable published studies are available on the medical benefits of cannabis. The amount of active ingredients in cannabis varies significantly, depending on the origin and method of production of the substance.

Physicians are advised that they should not prescribe any substance for their patients without knowing the risks, benefits, potential complications and drug interactions associated with the use of that agent. Physicians may be the subject of accusations or suggestions of negligence, including liability if the use of cannabis produces unforeseen or unidentified negative effects.

Cannabis is generally not appropriate for patients who:

- a. are under the age of 25
- b. have a personal history or strong family history of psychosis
- c. have a current or past cannabis use disorder
- d. have an active substance use disorder
- e. have cardiovascular (angina, peripheral vascular disease, cerebrovascular disease, arrhythmia) or respiratory disease
- f. are pregnant, planning to become pregnant or are breastfeeding

The College recognizes that there are sometimes circumstances in medical practice where exceptions to strong relative contraindications may be appropriate. When physicians utilize a therapeutic agent despite strong relative contraindications, the standard of care mandates detailed documentation of their rationale.

In Canada, a person with a medical authorization for cannabis document provided by a physician may access cannabis by registering with a licensed producer, or by registering with Health Canada to produce a limited amount for their own purposes or by designating someone else to produce it for them.¹ The authorization document must be completed annually if the patient continues to receive cannabis for medical purposes.

The medical document authorizing a patient access to cannabis must include the following:

- a. the physician's given name and surname, business address and telephone number, the province in which they are authorized to practise and the number assigned by the province to that authorization and their facsimile number and email address (if applicable)
- b. the patient's given name, surname and date of birth
- c. the address of the location at which the patient consulted with the physician

¹ See College of Family Physicians of Canada "Authorizing Dried Cannabis for Chronic Pain and Anxiety" September 2014

- d. the daily quantity of dried cannabis, expressed in grams, that the physician authorizes for the patient
- e. the period of use, expressed as a number of days, weeks or months which must not exceed one year

The College considers the medical document authorizing patient access to cannabis to be equivalent to a prescription. Physicians must not charge patients or licensed producers of cannabis for completing the medical document, or for any activities associated with completing the medical document, including, but not limited to: assessing the patient; reviewing his/her chart; educating or informing the patient about the risks or benefits of cannabis; or confirming the validity of a prescription in accordance with the Cannabis for Medical Purposes Regulations.

Given the paucity of evidence to support the use of cannabis for medical purposes, physicians who choose to provide a document related to the authorization of cannabis for medical purposes shall:

1. Document a comprehensive medical assessment of the condition to be treated with cannabis, including a history, physical examination and investigations, as appropriate.
2. Document that conventional therapies for the condition for which the authorization of cannabis for medical purposes was provided have been attempted to assist the patient in the management of his/her medical condition and have not successfully helped the patient.
3. Assess the patient for addiction and/or risk of addiction. For the latter, use a validated addiction risk tool and retain a copy in the patient record.
4. Discuss with the patient the risks of using cannabis and record in the patient's medical record that a discussion occurred.
5. Review the patient's PharmaNet information prior to issuing an authorization for cannabis for medical purposes and in any reassessment of patients receiving cannabis for medical purposes.
6. Retain a copy of the document provided for the authorization of cannabis for medical purposes in the patient's medical record.
7. Include processes to identify any misuse/abuse/diversion by the patient in any reassessment of patients receiving cannabis for medical purposes.
8. Not sell or dispense cannabis for medical purposes to any patient.
9. Not complete a document for the authorization of cannabis for medical purposes for a patient unless the physician
 - a. has a longitudinal treating relationship with the patient, or
 - b. is in direct communication with another physician or nurse practitioner who has a longitudinal treating relationship with the patient and both are in well-documented agreement with the issuance of a document for the authorization of cannabis for medical purposes.²

The physician who is authorizing cannabis for a particular clinical indication should be primarily responsible for managing the care for that condition and following up with the patient

² See Access to Cannabis for Medical Purposes Regulations SOR/2016-230

regularly.³ Assessment and authorizing cannabis as a stand-alone service is considered suboptimal.

Although the authorization of cannabis for medical purposes is valid for up to one year, patients using cannabis for medical purposes should be clinically reassessed as to the appropriateness of treatment by their physician at least once every three to six months.

It is important to ensure that patients understand that potential side effects of cannabis, such as sedation or cognitive impairment, can impact their safety. Health Canada has stated that driving, operating heavy equipment, or other activities involving alertness and coordination may be unsafe for up to 24 hours following a single consumption, depending on the dosage, the delivery route, and the patient's age and other health factors. It is important to discuss with patients that their reactions to the substance and to different formulations are individual, and that it is important to go slowly with the treatment until a stable, effective dose is reached. A similar caution should be provided to any patient in a safety-sensitive occupation.

Through its library service, the College is providing registrants with access to appropriate reference material to guide them in making informed decisions on the risks and benefits of cannabis for medical purposes as they seek to provide appropriate evidence-based care to their patients.

REFERENCES

Canada. Department of Justice. Marihuana for medical purposes regulations - Repealed, SOR/2016-230, s. 281. [Internet]. Ottawa: Minister of Justice; 2016 Aug 24. 3 p.

Canadian Medical Association. CMA response: Health Canada's medical marihuana regulatory proposal - submitted to the Office of Controlled Substances Health Canada [Internet]. Ottawa: Canadian Medical Association; 2013. 7 p.

College of Family Physicians of Canada. Authorizing dried cannabis for chronic pain or anxiety - preliminary guidance [Internet]. Mississauga, ON: College of Family Physicians of Canada; 2014. 28 p.

College of Physicians and Surgeons of Ontario. Policy statement #18-6: Marijuana for medical purposes [Internet]. Toronto: College of Physicians and Surgeons of Ontario; 2016 Dec. 8 p.

Government of Canada – Health [Internet]. Ottawa: Government of Canada; [updated 2017 Aug 14]. Cannabis for medical purposes; 2017; [2 screens].

Government of Canada – Health [Internet]. Ottawa: Government of Canada; [updated 2016 Aug 24]. Accessing cannabis for medical purpose; 2016. [1 screen]

Health Canada. Information for health care professionals: cannabis (marihuana, marijuana) and the cannabinoids [Internet]. Ottawa: Health Canada; 2013. 152 p.

³ See College of Family Physicians of Canada “Authorizing Dried Cannabis for Chronic Pain and Anxiety” September 2014, recommendation 13