

Medical Marijuana and Pain Management: The Physician's Catch 22

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Submitted: 23 Nov 2016; Accepted: 12 Dec 2016; Published: 17 Dec 2016

Abstract

In this paper, concerns connected to the usage of marijuana in treating patients are extensively analyzed. It is revealed that physicians have been in conflict with the federal government as to whether to use cannabis for medical purposes or if they should consider prescribing other drugs. A large percentage of physicians admit that marijuana could be an effective drug in treating patients, especially those with acute pain, nausea, AIDS, muscle spasms, and cancer, among other ailments. However, patients and physicians are scared of the strict laws that criminalize the use of marijuana for medical and recreational purposes. Physicians are also reluctant to discuss the risks of marijuana, even though they might consider recommending it for treatment. The federal government criminalized marijuana because it is highly addictive and poses a danger to the health of an individual. Although marijuana could be incorporated into treating patients suffering from several medical complications, it is critical to support further research that would reveal the guidelines that physicians must follow in ensuring that patients benefit from this kind of treatment.

Medical professionals have presented substantial evidence in support of incorporating marijuana in pain management. In medical research, the therapeutic benefits of herbal cannabis have been noted to be that marijuana has analgesic capabilities, and it could be applied in the medication of patients undergoing pain, helping them in the recovery process. Also, marijuana could be used in relieving anxiety and can effectively treat post-traumatic stress disorder, inflammatory bowel complication, and migraines. Indeed, some states in the U.S. have enacted legislation that allows marijuana to be administered for medical purposes [1]. Washington, Colorado, Alaska, and Oregon allow the use of marijuana for recreational purposes, and voters in Nevada and California have recently voted to permit recreational use as well. Perceptions of the laws restricting marijuana use changed when these states learned the medicinal value of cannabis sativa. It should be noted that the harmful effects of marijuana smoking have been well-documented. In fact, this is the reason it has been difficult for all states in the U.S. to allow marijuana smoking for recreational and medicinal purposes [2]. Nonetheless, medical practitioners need to accept that marijuana is an effective drug that could help patients undergoing intense pain. Furthermore, several studies have documented the usefulness of cannabis in treating cancer and other chronic diseases [3]. Additionally, it could be useful in treating mania, depression, or both. However, the medical benefits have not been comprehensively studied, except the U.S. Food and Drug Administration (FDA).

However, the medicinal value of herbal cannabis is accepted reluctantly in the United States. In fact, some organizations have

been fighting against the legalization of marijuana smoking in Colorado and Washington, stating that such moves encourage drug abuse.

It should be noted that people who use marijuana face stigmatization. In hospitals and rehab centers, it is evident that marijuana addicts are struggling to fight off cannabis addiction [4]. It is not reasonable for medical personnel to promote a drug that would have severe effects if it is not controlled. The intriguing question is how cannabis smoking can be regulated, considering that it can lead to serious addiction problems. As such, society would not embrace the idea of smoking marijuana as a pain reliever if it has negative implications such as substance abuse and severe mental impairment. In some instances, the use of marijuana has led to mental impairment. However, medical research has supported the idea that patients who use cannabis mostly experience dry mouth and a high. It is essential to note that marijuana smoking reduces pain, causes sleep, and keeps a patient in a happy mood. However, this can only be possible if marijuana is administered in the right dosage [5].

Society expects that an individual should prioritize caring for their health and well-being. As such, people should avoid drugs that have a negative implication for their health. Considering what has been said about marijuana, it does not make sense for physicians to support this drug, even though it could be essential for patients in pain. An individual who smokes marijuana is equated to someone who does not care about his or her well-being. Some patients still have to question the effectiveness of cannabis as a medical

drug, even though physicians prescribe it for helping patients with poor sleeping patterns, bad mood, and pain [6]. For this reason, people have been skeptical about using marijuana for medical purposes. In fact, some states enacted laws criminalizing smoking marijuana. This legislation is necessary to control the health of individuals, and substantial fines and heavy sentences are issued to people who break these regulations. This situation is the reason it has been difficult for physicians to encourage the use of medicinal marijuana [7].

It does not bode well with societal expectations, and it sounds awkward that people working in hospitals should promote marijuana smoking. Smoking marijuana has long been known as a crime, and it is punishable in most states in the U.S. Parents in the United States have been strict with their children, telling them to avoid smoking marijuana [8]. As such, it becomes difficult to convince these individuals that smoking marijuana could help them in relieving pain. People tend to dwell on the adverse effects of the drug, and this has been well-captured in several pieces of literature [5]. This situation is the reason why administering marijuana as a medicinal drug is not widely supported in the United States. The United States has instituted laws that criminalize marijuana selling, and smoking of the drug in public is prohibited. Some states in the United States have legalized the use of marijuana for recreational purposes [6]. However, they require nurses in these states to understand the laws regarding the prescription of marijuana [3].

Moreover, the United States does not support the idea of using marijuana in managing pain among patients, especially those in acute care settings. The organization argues that several interventions could be better than marijuana. As such, it has encouraged physicians to look at the alternatives available, as opposed to prescribing marijuana to patients in intense pain. The United States has funded several drives against drug abuse. Marijuana is always the top drug in these movements because it falls among drugs that youths are likely to harm.

Therefore, the aim is to discourage people from smoking marijuana and encourage them to stay away from other drugs and alcoholic drinks. Because of these actions, it has become difficult for people to accept that smoking marijuana is healthy. The U.S. government moved with urgency to institute laws to control marijuana smoking. The move leaves physicians stranded on whether to prescribe marijuana as a pain reliever, even though past studies have identified the value of marijuana in controlling pain in patients. Experts in the health sector have been reluctant to oppose the move by the United States to oppose the use of marijuana. In fact, the laws led to the enactment of more stringent laws in controlling drug abuse, incorporating the usage of marijuana for medical intervention [4].

Some patients have been skeptical concerning the proper dosage of marijuana. It poses a difficult situation for physicians in directing the required dosage, considering the high chances of overdosing on marijuana, which is common in patients. Additionally, no federal oversight of purity or content has been identified, meaning

that people are in the dark regarding the substance of cannabis. In fact, questions are raised because many individuals may not know the active ingredients of marijuana, and the research has not been clear on this topic. There have also been concerns about increased clinical availability of herbal cannabis, which could be detrimental to the personal health of an individual. It is dangerous for patients who may end up fighting an addiction of marijuana, especially in convincing them that they do not have to smoke the drug after the pain has eased. When herbal cannabis is available in pharmacies, youths are at risk of abusing this medication. Patients may also continue using the drug long after the pain has disappeared, leading to additional medical complications [3]. For a drug associated with severe medical complications, it becomes difficult to convince people that choosing marijuana is the best choice in relieving pain in patients. In the past, studies have noted complications such as orthostatic hypotension. Another study strongly indicated that people who smoke marijuana for one hour are at risk of myocardial infarction [1]. It is thus essential for both sides to come into agreement, providing detailed recommendations along similar lines. For instance, the use of marijuana in relieving pain could be effective if more funds are invested in pain-related cannabis research [4]. Medical personnel should be involved in the research of herbal cannabis, which is possible through the broadening of pain conditions, as well as actively participating in increasing pain condition research in phase-three trials. Besides, the situation could change if regulatory restrictions, which are known to impede research, are eliminated. In fact, researchers must consider rescheduling the research to schedule one drug. The government needs to consider improving access to high-quality cannabis for research, enabling diverse strains and derivatives, making it easier to determine cannabinoid content ratios. Importantly, states should collect individual- and population-level data, as it would make it simpler to understand different health outcomes, as well as the health implications of using cannabis in pain management.

Currently, most states have not collected individual-level health data on the usage of marijuana, including important details uncovering how marijuana works. It also provides details on unexpected complications, giving reasons why certain medications have to be stopped because administering these drugs does not have a positive impact on the health of the patient. Argues that if medical personnel in the United States were organized in researching marijuana, the myths surrounding the harmful effects of marijuana would be addressed [9]. Such a study would provide important details helping physicians to learn about the health impacts of using marijuana. In the past, researchers have emphasized that treatment can only be effective if there is quality control in the production and dispensing of cannabis. This situation is vital in ensuring that medical benefits are not compromised. As documented by Wilkinson et al. the legalization of marijuana for therapeutic modality requires strict quality control, with the known constituents clearly identified. Notably, medication avenues should be opened, providing a chance for marijuana to be dispensed by pharmacists, in particular, those who acquire medicinal grades of cannabis from sources with adequate quality control. Such a move would eliminate the blurred lines that exist between therapeutic

marijuana and recreational marijuana [4].

The government may come up with legislation that limits physicians and patients from using marijuana for medicinal purposes. This action is likely to interfere with the relationship between patients and doctors. The interaction between the physician and patient improves the quality of care accorded to the patients, as doctors work on relieving pain in patients. In some cases, the government may come up with legislation that guides accepted interventions, and in some cases, the government imposes restrictions on the medicine that could be used in treating patients [6]. It is expected that the dose administered should not be harmful to the patient or lead to death.

According to the law, physicians should not be involved in activities that may cause harm to the patient. A desirable law is one that gives the patient the ability to consent to use marijuana in their treatment, especially when the patient deems it fit to ease the pain. In the case of an underage patient, the parent should be allowed to make the decision on their behalf [10]. The physician's role is to disclose information on marijuana treatment options, advising the patient on the right dosage and the right time to use herbal cannabis. Previous findings have revealed the advantages of using marijuana in easing pain and have also pointed out the negative effects of allowing marijuana to be used in treating patients suffering from acute pain. Formal drug approval techniques provide physicians with the information necessary to form an analysis, putting into consideration the risks and benefits for a certain patient, through examining issues such as safety and efficiency of the treatment offered. In this respect, the biggest concern is not to prohibit physicians from administering medicinal marijuana, but rather controlling the treatment process to ensure that the drug is not misused. Importantly, physicians should demonstrate a willingness to provide the essential guidelines for this treatment to the patient [1].

In the past, reservations have been posed as to the effectiveness of FDA rules in controlling the application of cannabis in treating patients. Initially, questions have been raised about the safety measures of using marijuana in treating patients. Some scholars have argued that the evidence provided regarding the harmful effects of drugs is not substantial. However, the adverse effects of marijuana have been widely discussed, at the expense of the usefulness of this medication in treating patients [8].

The harmful effects of cannabis sativa are widely known, as opposed to its usefulness as a medicinal drug. On this account, it would be necessary for the FDA to evaluate the risks and benefits of using a medication that has been marred by controversy. Indeed, the efforts of government officials to frustrate the use of marijuana in medical research and the treatment of patients are baffling [2]. The government should reconsider its stance because marijuana has proven that it could be used in treating cancer patients [6]. Besides, HIV/AIDS patients could benefit from marijuana, especially patients who have learned of their HIV status and who find it hard to accept that they have to accept to live with the

medical condition. Indeed, the proper use of marijuana is essential in the medication process. Given its addictive nature, physicians should only prescribe enough drugs to be used in treatment. It is proposed that pharmacies should shelve medical marijuana that contains codeine and morphine and encourage patients to use these drugs according to prescriptions [11].

Even though 40 states have legalized the use of cannabis as a medicinal drug, federal laws consider marijuana an illegal substance. The federal government regulates illicit drugs through the Controlled Substance Act (CSA). The Act does not recognize differences between the medical and recreational use of cannabis. Instead, individuals who possess, cultivate, or are involved in the selling and distribution of marijuana may face prosecution for going against the stipulations of the Act.

As documented by Goldsmith et al. marijuana is grouped under controlled substances, which means it is similar to drugs such as cocaine and heroin. In the United States, the federal government classifies drugs in a schedule, and this is based on the potential of abusing a particular drug or evaluating its medicinal value. The CSA classifies cannabis as a Schedule 1 drug, based on the assumption that marijuana is highly addictive and has no medicinal value. According to federal laws, doctors should not prescribe cannabis for medicinal use [12].

Federal cannabis laws are stringent, and individuals found in possession of marijuana face a substantial penalty [13]. Federal statutes refute the medicinal value of marijuana, claiming that the drug is harmful to the health of human beings. In some previous rulings, federal judges have insisted that medical issues should not be cited as a defense. It should be observed that these laws apply to the United States, meaning that these statutes cover states such as Colorado, Washington, Oregon, and Alaska. In 2016, federal agencies designed guidelines and other policy memoranda, significant in managing conflicts between federal and state laws, connected to the use of medical marijuana [11].

From 1975 to 1992, the U.S. government worked on legislation that would make it easier for patients to use herbal cannabis in recuperation from several medical complications. The laws approve the use of marijuana for medical and recreational use. However, it should be according to the Investigation New Drug (IND) program guidelines. Eight U.S. states entered into an agreement to legalize the use of medical cannabis, in line with the stipulations of IND. However, few patients demonstrated willingness to use marijuana for medical purposes. Later, after the 1970s, the Reagan administration came up with laws that would hinder patients from using marijuana for medicinal purposes. This action was a game-changer and led to more frustrations in the process of accepting marijuana in hospitals. In the recent past, the Obama administration claimed that it would not punish individuals using marijuana in states that had legalized its use for the recreational purpose. On this account, physicians in these states were free to prescribe marijuana as a drug that would help patients in their recovery processes.

Other states in the U.S. have used medical necessity as an excuse, in a bid to defend themselves whenever they are accused of recommending a highly addictive drug to treat patients. Critical medication decisions have been made based on these laws, considering that the wellness and safety of patients are paramount. It should be noted that patients who get marijuana from illegal markets, without the recommendation of physicians, should be punished [1].

In 1990, marijuana advocates pushed for a referendum that would allow legalization of marijuana for medical purposes. This consequence is after it was clear that the federal IND program had failed in its mandate to control the use of cannabis for treatment. It was necessary to work with the citizenry in implementing new laws. Following these changes, patients had the freedom to use herbal cannabis in managing their medical complications. In the 1966 referendum, Californians voted for using marijuana in hospital setups and in managing pain among patients. Approximately 56% of Californian voters were in support of the referendum. As such, the state of California had to work with the health care department in the state to ensure that the prescription of herbal cannabis is safe. In this regard, patients were given the ability to use marijuana for medication [3].

A large percentage of physicians claimed that herbal cannabis was effective in treating patients experiencing nausea, weight loss, pain, and muscle spasms. Furthermore, cannabis sativa would also be used in conditions where the patient is seriously ill, and the physician deems it fit to administer herbal cannabis. Nonetheless, the elaboration on the suitability of this treatment was up to the doctor to decide. This way, the doctor would advise the patient if it was necessary to incorporate marijuana into their treatment. Twenty-three U.S. states enacted laws to allow the medical use of the marijuana, legislation that has been in place since 1966. Some of the laws on the medicinal use of marijuana have been passed through referenda, and others have been affected by legislative acts. In California, marijuana was legalized to treat patients with different medical complications as long as physicians do not go against the stipulated laws. It is critical to remember that the legislation on the use of medicinal marijuana is dissimilar across different states. Several factors have to be considered before marijuana is administered for therapeutic use. Some of the factors include the type of illness, how marijuana is acquired from the market, and how patients use the drug [1].

It is worth noting that different states have posted different results in approving by physicians the use of marijuana. In some states, the medicinal use of marijuana is confined to the previous statistics on the efficacy of herbal cannabis. The legislation in some states limits physicians in using marijuana to managing patients with cancer aids and stimulation of appetite. Some states do not have limitations on how the doctor uses marijuana for medical purposes. As a result, the physician decides if the medical complication warrants the prescription of marijuana. In some jurisdictions, the physician is required to examine the state of the patient before sanctioning the use of marijuana in treatment. It is probable that

the doctor will advise the patient concerning the risks of using marijuana in their treatment [7].

It is argued that the use of herbal cannabis in treatment should be done in line with the stipulated guidelines. In administering treatment, physicians should ensure that they provide empathetic treatment to patients [9]. In other words, physicians need to choose an intervention that is not harmful to the life of the patient. In this respect, a procedure should be in place to limit the adverse effects of using marijuana in managing pain among patients. There is no concrete evidence pointing out the efficacy or risks of herbal cannabis; it would be ideal for physicians to caution patients about the known dangers of using herbal cannabis. The threats posed by using marijuana have been widely discussed by scholars [10]. Most of these studies have analyzed the adverse effects of smoking marijuana for recreational purposes. It would be crucial for patients to consent to marijuana treatment. This action should happen after physicians have provided comprehensive information to patients, to enable them to understand the risks of using herbal cannabis. In other words, the administering of herbal cannabis should be in line with the physicians' ethical obligations [9].

It is worth remarking that the scarcity of scientific evidence has been a great concern for physicians, and this has led to distress to nurses in convincing patients to accept using marijuana in their treatment. Some medical practitioners have fears that, in prescribing herbal cannabis, it may be difficult to control the medication, and it could lead to their prosecution. As Kondrad and Reid point out, it is difficult for physicians to monitor the use of marijuana for medication, especially for patients who have to recuperate at home and in other places far from doctors. Also, it is challenging to control addiction problems. This situation is a great concern, given the several health risks linked to smoking marijuana, such as respiratory complications. Essentially, medical practitioners' recommended therapy should be in line with sound scientific study, through outlining the efficacy and safety of marijuana. In this respect, before physicians support using herbal cannabis in managing pain and other illnesses, described pharmacotherapy standards should be met. Presently, doctors administering herbal cannabis are yet to fulfill these requirements [7]. The absence of this crucial knowledge of effective dosing, as well as the lack of information on the actual benefits of herbal cannabis, needs to be investigated. On this account, proper guidelines should be set up outlining a desirable intervention for physicians should they recommend marijuana medication.

As Davis et al. discuss, the process can only be effective if physicians understand their responsibility in caring for patients. This process shows that doctors are more concerned about patients' wellbeing. In the United States, the law stipulates that doctors have to accept responsibility for the patients instructed to take herbal cannabis. Some states have passed legislation that specifies the dosing procedure, duration, and frequency of using marijuana for medicinal purposes [10]. It is important that these form the basis of therapy, given the fact that marijuana is a drug that could lead other medical complications if its use is not monitored. Indeed, patients

may not be in a position to control this medication, meaning it is essential to work with physicians in ensuring that the adverse effects of marijuana smoking do not interfere with treatment. The adoption of marijuana in medication, especially in pain management, is centered on providing the needed care to patients [8]. It is essential to remember that, currently, the sanctioning of herbal cannabis for therapy is done by a small percentage of medical practitioners in the United States. For instance, in Colorado, only 15 physicians issued approximately 50% of recommendations, which advocate the application of herbal marijuana in treating patients in hospitals. Indeed, motives surrounding these medical behaviors require further evaluation, considering the ethical issues surrounding the use of marijuana for medical purposes. Recently, it was revealed that physicians lack confidence in administering cannabinoids [7]. Also, these physicians lack the competence to advise patients in using herbal marijuana in treating medical complications. In Colorado, 19% of physicians recommended medical marijuana, whereas 92% claimed that more education is necessary to reinforce the skills and competence of physicians. Similar studies in Canada documented the declining confidence in doctors, after an evaluation of their skills regarding the use of medicinal cannabis in hospitals. As such, physicians can bolster their confidence if they have a chance to attend a program that aims to reinforce their knowledge and competence in incorporating marijuana into treatment.

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