Medical Cannabis: An Oxymoron?

Discourse Analysis of Qualitative Interviews with Israeli Physicians

Yuval Zolotov, PhD candidate
Dr. Sharon Sznitman

School of Public Health
University of Haifa

THE

PHARMACOPŒIA

OF THE

UNITED STATES OF AMERICA.

BY AUTHORITY OF THE

NATIONAL MEDICAL CONVENTION,

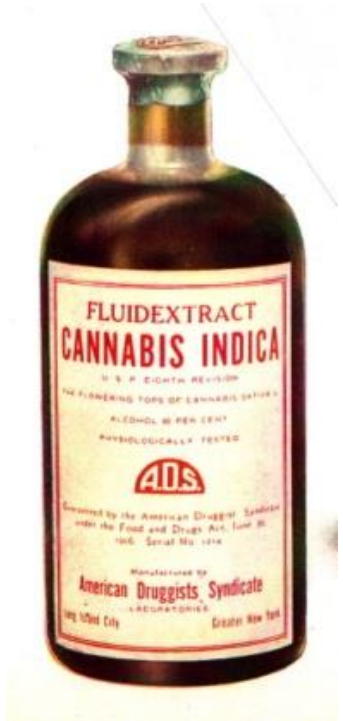
HELD AT

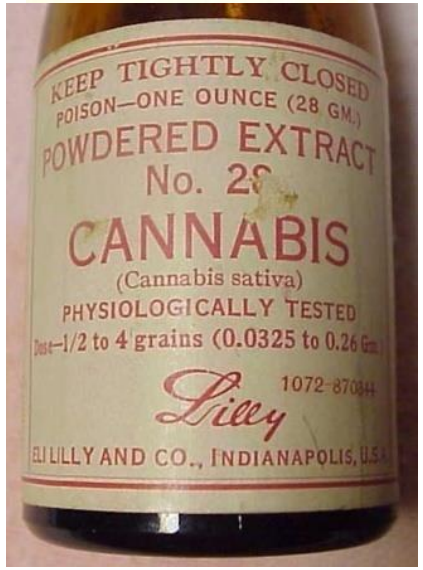
WASHINGTON,

A. D. 1850.

PHILADELPHIA:
LIPPINCOTT, GRAMBO, & CO.
SUCCESSORS TO GRIGG, ELLIOT, & CO.
1851.

W





ERIGERON HETEROPHYLLUM. *Various-leaved Fleabane.*

The herb of Erigeron heterophyllum.

ERIGERON PHILADELPHICUM. *Philadelphia Fleabane.*

The herb of Erigeron Philadelphicum.

ERYNGIUM. *Button Snakeroot.*

The root of Eryngium aquaticum.

ERYTHRONIUM. *Erythronium.*

The root and herb of Erythronium Americanum (Bigelow, *Amer. Med. Botany*).

EUPHORBIA COROLLATA. *Large-flowering Spurge.*

The root of Euphorbia corollata.

EUPHORBIA IPECACUANHA. *Ipecacuanha Spurge.*

The root of Euphorbia Ipecacuanha.

EXTRACTUM CANNABIS. *Extract of Hemp.*

An alcoholic extract of the dried tops of Cannabis sativa—variety *Indica*.

Background

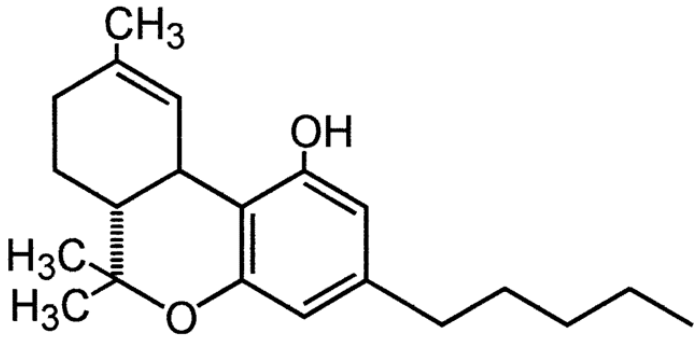
<u>During the 20th century</u>

- Outlawed throughout the world
- UN conventions of 1961, 1972
- Schedule I drug

Background

<u>Scientific findings on cannabis</u>

- Isolation of active compounds (cannabinoids)
- Cannabinoid receptors
- The endo-cannabinoid system



∆-9-tetrahydrocannabinol (THC)

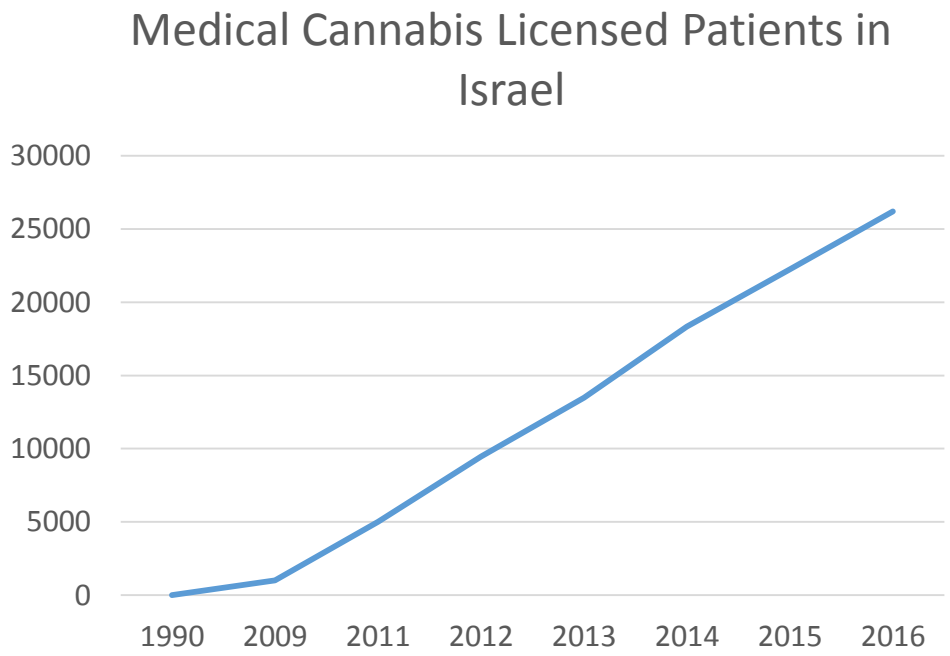
Mechoulam and Ga'oni, 1964

Background

- Changing policies

U.S. (25 states & DC), Canada, The Netherlands, Israel, Czech Republic, Germany…

Medical cannabis in Israel



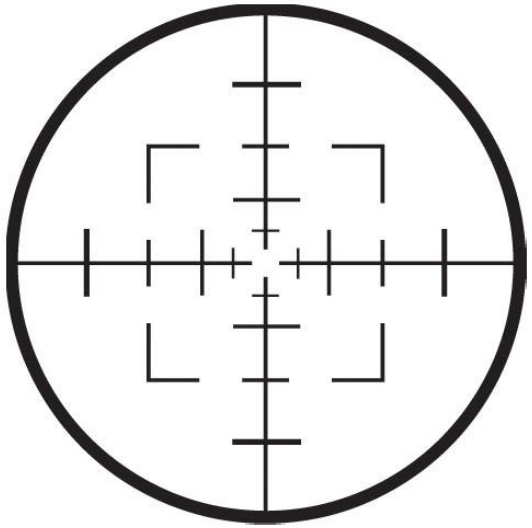
Background

Physicians' dominant role

- Direct authorization
- Medical recommendation

- Controversial and negative views towards medical cannabis (Charuvastra et al., 2005; Kondrad and Reid, 2013; Michalec et al., 2015; Carlini et al., 2015; Uritsky et al., 2011)

Objective



To understand the views and experiences of Israeli physicians with the recent introduction of medical cannabis into their professional domain.

Methods

- Sample – 24 Israeli physicians of 3 specialties: Oncology (n=9)
  Pain medicine (n=6)
  Family medicine (n=9)

- Interviews – semi-constructed, open-ended questions

  What advantages/disadvantages do you see
  in recommending medical cannabis to your patients?

- Data Analysis – free coding, iterative process of merging, defining and re-defining content areas. Interaction between text and context.

Results

Cannabis as a non-medicine

Cannabis as a medicine

Results – **Cannabis as a non-medicine**

<u>Clashes with the biomedical model</u>

- Lack of standardization
- Lack of scientific evidence

(randomized control trials)

- Smoking

"There are different varieties, and we don't know which is better for what. We don't know what is the ideal amount of THC and CBD for various conditions, so there's not enough research, not enough good strong, hard evidence, which is what doctors need. We need strong evidence. We need to know that when we are giving a certain drug, we are going to give it in a certain concentration because we want to receive a certain effect, with expected side effects and so on."

Physician no.3, pain physician

Results – **Cannabis as a non-medicine**

- Medical education
- Ambivalence
- Institutional point of view

"In our medical education they taught us not to give something which did not have quality control performed on it, with the necessary double-blind research, with results which are either statistically significant or not. This is how we learned that medicines are approved... This is what we were taught, and we also have our prejudices. This is what we've learned, cannabis is poisonous and addictive, and it's hard, hard to get it out of ... I prescribe [other medications] by myself. And much more freely than I would have prescribed cannabis. That's it. A fact. And I am willing to be persuaded that it's not true. Especially after I heard Mechoulam, Professor Raphi Mechoulam, Professor Mechoulam. I heard him several times, two or three times. I was very impressed."

Physician 19, family physician

Results – **Cannabis as a non-medicine**

Moralizing discourse

- Recreational addictive drug
- Moral gatekeeping
- Legalization and diversion

"We know that they sell it."

Physician no.11, family physician

I see my patients – once they started to use cannabis they would never stop. Why should they? They feel good, they smoke, they're high. They haven't solved anything… I think this is wrong medically. It's the easiest way. So we can also inject a bit of heroin, or give them cocaine or ecstasy. Why not ecstasy? It gets you high"

Physician no.11, family physician

"There is a social wave of people that bought cannabis all the time, and now it is a festive opportunity for them to legalize it. "

Physician no. 25, family physician

Results – **Cannabis as a non-medicine**

Moralizing discourse

- Patients – fake, criminals
- Drug addicts, pot-heads
- Demanding patients
- Hard interactions

"A drug addict, who had cancer very long time ago came to our pain clinic on this "ticket" of oncology patient, and asked to receive cannabis. His treatments were long since ended, he doesn't suffer from pain, and when I told him that he is not eligible, he started to scream and to go wild and to threaten. And this is one of the cases which ended with the police."

Physician no.6, pain physician

Results – **Cannabis as a medicine**

Clinical experience

- “Real-life evidence”
- Trusting patients’ reports

"As time goes by, when I see a patient who used it, and nothing bad happened and it helped him, so I will use it with other patients more freely… I can still give it more easily when I see for myself, and as I acquire my experience… if it helped this one, so it might also help the other one. This is my own evidence".

Physician no.9, family physician

Results – **Cannabis as a medicine**

Limitations of the biomedical model

- Critical views on EBM
- Comparison to conventional medications

"With medical cannabis there's also the chance to decrease the amount of other medications that a patient receives, some of them that have more side effects so this is, this would be an indirect advantage of using cannabis – to decrease use of other medications with their side effects"

Physician no.3, pain physician

"We are dealing with these question regarding a lot of medications. To what extent is there a connection between the surrounding in which that research was done and the treatment surrounding where I am working now? So in this sense there is evidence [on medical cannabis]. For sure reasonable that is to say."

Physician no.5, family physician

Results – **Cannabis as a medicine**

Compassion and palliative care

Limits of curative medicine

Uncontested diagnosis
Rigid suffer

↓

"Real" patients

"Since I'm in oncology I became much easier on the trigger with palliative medications. Not only with cannabis but also with opioids. When you understand how much those patients suffer, then many of the concerns about side-effects, like addiction, are not so relevant. I don't care. If a patient with metastatic cancer gets addicted, I don't care. If it helps him, so even if he would have these side-effects, I am not very concerned".

Physician no.12, oncologist

Discussion

- Dual perception of cannabis

Biomedical discourse

- Jurisdictional justifications (Gieryn, 1983)
- Reinforcing professional authority (Goldenberg, 2006; Rodwin, 2001)
- Similarity to CAM in Israel (Mizrachi et al. 2005; Shuval et al. 2002)

Discussion

- Moralizing discourse
- Stigmatization of patients (Lucas 2009; Pedersen and Sandberg, 2013; Bottoroff et al. 2013; Satterlund et al. 2015)
- Evidence might not enough

Discussion

- Educational needs
- Future policy developments

Acknowledgments

- Academic supervisor: Dr. Sharon Sznitman
- Dr. Simon Vulfsons – Head, Pain Relief Unit, Rambam Medical Center
- National Institute for Health Policy Research (Israel)
- Research Authority, University of Haifa

Thanks for your attention

Anesthesia Department
Pain Relief Unit

Dear patients:
Cannabis-FREE clinic

Emek Medical Center (Afula)

Sample

- Physicians who have gone public with positive views on medical cannabis
- Colleagues of the collaborator physician
- Head of departments/units
- “others”

- Snowball sampling

Strengths and Limitations

- Primary data on the barriers of the integration

- Israeli sample only