



## Better Patient Outcomes Depend on Better Medical Marijuana Legislation

Two decades of State by State progression have resulted in legislation permitting the cannabis plant's access for patient use. Over that same time, industry has promoted assurances for legislation that enhance the cannabis plant's outcome.

More important than access *to the plant* or advancing *for the plant's* outcome, there is a critical need to advance and improve the patient's outcome as the single best measure of responsible healthcare.

All stakeholders benefit from proactively innovating legislation that improves the patient's outcome.

Until that happens, mainstream physicians will continue to reject being dictated their practice of medicine by non-medical legislators influenced by industry stakeholders.

Even though national estimates indicate that nearly three million patients have accessed *medical* cannabis products, States have been short-sighted; unable to focus on a goal to improve patient outcome.

When a legislator decides to undervalue healthcare's continuous quality improvement processes and scrupulously neutral method standards, they will be Federally challenged to explain how a continued unfavorable patient outcome was permitted to occur. Consistent with all other proactive healthcare initiatives, improving patient outcomes using cannabinoids can be achieved in several ways. Four 'common sense' innovations that are straight-forward to legislate:

- Require industry to undergo accreditation processes for Continuous Quality Improvement (CQI) as is used in all other healthcare entities. This supports best practices; and will ultimately lower risk.
- Require "Terpene" along with "Cannabinoid" analyses that fully informs authorizing doctors and patients about the benefits and risks of a unique plant cultivar. This is essential to good outcomes;
- Adopt the Federation of State Medical Board (FSMB) or Society of Cannabis Clinicians' Practice Guidelines. This helps Boards of Medicine define a new healthcare science acceptable standards;

- Empower a DOH expert committee to review petitions and efficiently add or remove diagnoses.

Without these essential mandates, physicians, Departments of Health, and Boards of Medicine will continue to encounter problems with facilitating a legitimate patient's access to "medical" marijuana.

## **Facts of Medicine & Realities of Law**

By 2016, while marijuana remained Federally illegal, 28 States had already legislated their citizen's access for its medical use. When compared with a black market's potentially adulterated products, in States where a legitimate patient's access to medical cannabis was in effect, significant improvements from a burgeoning industry quickly advanced Cannabis to hybridize therapeutic plant strains; separate their bioactive chemicals into oils; and assure their plant product's quality.

Nevertheless, today's mainstream physician's reluctance to treat patients with Cannabis derives from its 1970 designation as a Schedule 1 substance; defined as having no accepted medical use, and a high potential for abuse as determined by the Federal Drug Enforcement Agency.

In January 2017, the prestigious National Academies of Science, Engineering and Medicine published "*The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*". Several evidence-based medical uses, as well as a relatively limited potential for abuse were cited.

### **Bioethics: Do the right thing; but.... "First, do no harm."**

As community-trusted thought leaders, licensed physicians throughout the United States have sought ethical guidance to answer this core question:

#### ***"Should a physician offer compassionate access to Cannabis while under its Federal prohibition?"***

Healers seek to morally justify their indisputably vital roles in patient care. Many doctors in Florida have become qualified to authorize their patient's access to medical marijuana. These physicians are ethically bound as healers to render compassionate patient care, and their mandated continuing medical education included this analysis of a common sense *bioethical* position:

***"Seeking relief from the physical, psychological or spiritual symptoms of disease is an instinctual force of human nature, and may contribute to medicinal use.***

***The treatment of intolerable symptoms is an honorable task that a society bestows upon its healers to provide humane relief."***

As moral individuals in service to their fellow human beings; medical, legal and governmental leaders should extend their visions to legislate for better patient outcomes.

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