Cannabis Research & Education Available to USA Physicians (1850-2017)
The Dilemma of Delivering Compassionate Access While Under It's Prohibition

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Cannabis was a commonly used legal medication that was part of the set of medications used by physicians in the 1800s. Physicians wore the white hats, because they were independently assisting their patients with health concerns. Physicians did not operate under the control of institutions and corporations; and were free to make independent decisions regarding patient care and the use of medications.

"By 1850, marijuana had made its way into the *United States Pharmacopeia* [an official public standards-setting authority for all prescription and over-the counter medicines], which listed marijuana [Cannabis] as treatment for numerous afflictions, including: neuralgia, tetanus, typhus, cholera, rabies, dysentery, alcoholism, opiate addiction, anthrax, leprosy, incontinence, gout, convulsive disorders, tonsillitis, insanity, excessive menstrual bleeding, and uterine bleeding, among others. Patented marijuana tinctures were sold…" [1.]

During a congressional hearing on May 4, 1937 while the United States Congress considered passing *The Marihuana Tax Act* which proposed stiff regulation of cannabis, the American Medical Association opposed this proposed legislation; and supported more research on medical cannabis. At that point, cannabis had been in the US medical pharmacopeia for 87 years.

"The last witness to be heard was Dr. William C. Woodward, legislative counsel of the American Medical Association (AMA). He announced his opposition to the bill… [and] sought to dispel any impression that either the AMA or enlightened medical opinion sponsored this legislation. Marihuana, he argued, was largely an unknown quantity, but might have important uses in medicine and psychology. … There is nothing in the medicinal use of Cannabis that has any relation to Cannabis addiction. I use the word 'Cannabis' in preference to the word 'marihuana', because Cannabis is the correct term for describing the plant and its products. The term 'marihuana' is a mongrel word that has crept into this country over the Mexican border and has no general meaning, except as it relates to the use of Cannabis preparations for smoking… To say, however, as has been proposed here, that the use of the drug should be prevented by a prohibitive tax, loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis." [2.]

The Marihuana Tax Act was passed in 1937, criminalizing possession of cannabis except for people who had a prescription from a physician. Physicians slowly turned away from the use of cannabis because of the complex requirements mandated in the law. It was just easier to use drugs produced by pharmaceutical companies. "Marijuana was removed from the US Pharmacopeia in 1942, thus losing its remaining mantle of therapeutic legitimacy". [3.] Science education derived from government institution's supported research abruptly ceased.

An insidious consequence of Cannabis' prohibition later evolved that continues to perseverate and confound the education of physicians. The *Controlled Substance Act of 1970* (CSA) defined a "scheduling" of drugs, wherein Cannabis was and continues to be categorized as a Schedule 1 prohibited substance. This designation is defined by satisfying the following three criteria: *1- It has no known medical use; 2- It brings a high potential for abuse; and 3- It has a lack of accepted safety under medical supervision.*
Upon the discovery of Cannabis' mechanism of action in the early-1990's, sufficient clinical research has since revealed a better understanding of its relative safety and efficacy to challenge its Schedule 1 classification.

Pernicious impediments to education perseverate as Cannabis continues to be regarded as an illegal prohibited substance. In order to secure their licenses to practice medicine in the United States; upon being conferred either an allopathic or osteopathic degree, physicians must demonstrate proficiency by passing a "National Board Examination". Medical schools regard their student's successful performance on this test as an important measure of their institution's academic curriculum; and are not inclined to teach content if it is not relevant to a student's successful performance on these metrics. Despite significant support of clinical research evidencing Cannabis' currently known medical uses, its classification has nevertheless remained unchanged since 1970. As long as the CSA continues to regard Cannabis as a substance having no known medical use, any practical understanding of Cannabis either as a well-referenced classic or contemporary medicine continues to be undermined from inclusion within any new physician's required education.

Considering the past quarter century's advance of endocannabinoid scientific knowledge; in of itself, any institutional failure to provide education about Cannabis' potential therapeutics should evoke bioethical objections. Medical - legal ethics positions long held by the American Medical Association have seen futile attempts to guide the legislative process in the United States. Bioethics seems to be a more constructive way to approach the controversies surrounding medical Cannabis that continue to undermine and threaten the academic integrity we count on to ensure safe and efficient healthcare.

As physicians, we have always been advocates for healthcare on behalf of our citizen patients. As the democratic process reveals evolving mandates concerning Cannabis, we are in a position as researchers and educators to responsibly assist with implementing, and not hindering the advance of science.

With respect to what is known and needed to advance knowledge concerning cannabinoid medicine:

1. We know that evidence-based research data indicates that Cannabis can provide tolerance to stressors, particularly pain. Appreciating that pain perception may not only be physical, but often reveals its psychological and/or spiritual components is germane to human(e) healthcare.
2. We know that evidence-based research data indicates that Cannabis' chemicals may negatively influence adolescent brain development.
3. We still need to know more about Cannabis' safe and effective dosing of its chemicals on humans.
4. We still need to know about its long-term effects involved with down-regulation of the human endocannabinoid receptor system.

References

1. “Medical Marijuana Law,” Richard Glen Boire, JD and Kevin Feeney, JD, 2007, retrieved from ProCon.org, Historical Timeline – Medical Marijuana, last updated on: 8/13/2013. Unless noted, references are “ProCon.org; Historical Timeline”:
http://medicalmarijuana.procon.org/view.timeline.php?timelineID=000026

2. William C. Woodward, MD, Statement to the US House of Representatives Committee on Ways and Means (260 KB), May 4, 1937, from “The Federal Prohibition of Marihuana,” Michael Schaller, PhD, Journal of Social History, Autumn 1970, retrieved from ProCon.org, Historical Timeline.

3. American Medical Association (AMA) “Report 10 of the Council on Scientific Affairs,” 1997, Journal of Social History, Autumn 1970, retrieved from ProCon.org, Historical Timeline.

About the Author

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