



Standard of Practice of Medicine for Authorizing Cannabis for Medical Purposes

Effective Date:

This Standard articulates the standard of practice and ethical requirements for all members using their clinical skill, knowledge, and judgment in authorizing cannabis for medical purposes.

Members are expected to educate themselves on authorizing medical cannabis, including clinical pharmacology, dosing, potential therapeutic uses, warnings, adverse effects and toxicity.

There is useful information in Health Canada's 2018 'Information for Health Care Professionals – Cannabis (marihuana, marijuana) and the Cannabinoids': <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html> - and in the College of Family Physicians of Canada's 2018 'Simplified Guideline for Prescribing Medical Cannabinoids in Primary Care: <https://www.cfp.ca/content/cfp/64/2/111.full.pdf>. Members are also expected to educate themselves respecting legal requirements for authorizing medical cannabis under the federal *Cannabis Act* and Regulations.

1. Every member is professionally responsible for each medical cannabis authorization they provide to a patient. In deciding whether to authorize medical cannabis, each member must exercise the level of clinical judgment expected by the profession.
2. A member must only authorize medical cannabis:
 - (a) for a patient under their professional treatment; and
 - (b) when the medical cannabis authorized is required for the condition for which the patient is receiving treatment.
3. Prior to authorizing cannabis for medical purposes, a member must:
 - a. make a diagnosis using the principles of good medical care set out in Part 2 of the Standards of Practice of Medicine;
 - b. ensure that other conventional therapies have been tried or considered for the patient's diagnosis;
 - c. advise the patient as to all material risks and benefits and the level of scientific evidence supporting the efficacy of the proposed treatment;
 - d. discuss any other drug use, including recreational cannabis use and the risk for diversion, particularly if authorizing growth;
 - e. advise that cannabis may cause impairment, including advising the patient of the dangers associated with driving, operating heavy machinery, performing safety sensitive tasks, and providing child or elder care while impaired¹; and

¹ Members are reminded that they must be aware of and comply with statutory reporting duties in the context of disease or disability, including a treatment regime, that is expected to cause impairment to any relevant authorities (e.g. the Registrar of Motor Vehicles).

- f. establish a plan for follow up and management.
4. In authorizing cannabis for medical purposes, a member must:
 - a. document on the patient record how the requirements of section 3 of this Standard are satisfied, including notation of:
 - i. relevant discussions with the patient,
 - ii. the clinical reasons for which the medical cannabis is authorized, and
 - iii. the rationale for the amount authorized, including if authorizing the patient to grow; and
 - b. make reasonable efforts to communicate with other members involved in the patient's care, including the patient's primary health care provider, as appropriate, and document same.
5. A member who authorizes medical cannabis must not:
 - a. be legally or beneficially involved with a licensed producer/dispenser other than for the purpose of providing expert opinion, independent and impartial education, or conducting clinical research approved by an ethics board;
 - b. be a licensed producer/dispenser;
 - c. have a clinical encounter with patients at the same premises of any licensed producer/dispenser; or
 - d. otherwise contravene the Conflict of Interest provisions in the Standards of Practice of Medicine.
6. A member must not under any circumstances dispense or provide medical cannabis to any patient.
7. A member must keep a separate log for all authorizations cannabis for medical purposes separate from the patient's chart. The log must include patient's name, PHIN, quantity and dosages, and name of licensed producer or grower. This log must be available for inspection by the College at any time.
8. A member who is treating a patient admitted in a health care facility, or resident in a personal care home, and who also has privileges therein, may order that the patient may use medical cannabis if the member is satisfied that:
 - a. the patient has previously been provided with an authorization to obtain cannabis for medical purposes by another member that continues in effect;
 - b. the order is limited to the amount of cannabis needed for the period of admission or residency; and
 - c. medical cannabis is required to ensure continuity of care respecting the diagnosis for which medical cannabis was authorized.
9. A member who is treating a patient admitted in a health care facility or resident in personal care home must comply with all sections of this Standard in order to authorize medical cannabis, including where a prior authorization has expired.
10. A fee must not be charged for completing a form for authorizing medical cannabis.