



The College of Physicians and Surgeons of Prince Edward Island

14 Paramount Dr.
Charlottetown, PE C1E 0C7
Phone: 902-566-3861 Fax: 902-566-3986
Website: www.cpspei.ca

SECTION	
POLICY NAME	Prescribing of Medical Marijuana
DESCRIPTION	<p>There is little verified scientific evidence supporting the use of the dried form of cannabis and whereas the dried form of cannabis "is not a medically recognized treatment¹," nor <i>is it an approved drug or medicine in Canada</i>², the legalized use of marijuana to treat symptoms of certain medical conditions currently presents physicians with a dilemma.</p> <p>Physicians must always strive to “Do no harm,” but with any treatment, including drug treatment, they must always balance the potential benefits with the potential side effects, and, as much as possible, prescribe only scientifically supported treatments.</p> <p>In situations where there is little scientific information about a particular treatment, there is both an increased difficulty, and an increased responsibility, placed on physicians to fulfill their ethical responsibility.</p> <p>Physicians contemplating the prescribing of marijuana for medical conditions</p> <ol style="list-style-type: none"> a) shall familiarize themselves with the relevant Acts and Regulations under the <i>Access to Cannabis for Medical Purposes Regulations (ACMPR) (2016)*</i>, the <i>Food and Drugs Act</i>, the <i>Narcotic Control Regulations</i> under the <i>Controlled Drugs and Substances Act</i> and the <i>Narcotic Safety and Awareness Act</i>; b) must also remain aware of any changes of prescribing information, both medical and legal; c) shall first make themselves aware of the positions taken by the Canadian Medical Protective Association and the Canadian Medical Association on this matter. <p>Physicians who have decided to prescribe marijuana to a patient shall be engaged in a physician - patient relationship and must abide by the following: The physician shall,</p> <ol style="list-style-type: none"> 1. Prescribe only for those potential indications listed on Health Canada's website. 2. Never prescribe for recreational purposes. 3. Shall only prescribe to residents of PEI and never via telehealth technology. 4. Document in patients medical records: <ol style="list-style-type: none"> a. that all the conventional therapies and other therapeutic options, which may include other forms of cannabinoids, for the condition being treated have been attempted to assist the patient in the management of his/her medical condition, and have not successfully helped the patient; b. that the patient has been informed that the treatment of disease and symptoms with marijuana has not been scientifically verified;

¹ College Des Medecins du Quebec, Guidelines concerning the prescription of dried cannabis for medical purposes. April 2014

² Minister of Health, Rona Ambrose, Ontario

	<ul style="list-style-type: none"> c. the discussion with regard to the legal requirement of the prescribing physician to report to the Highway Safety Division, if "in the opinion of the medical practitioner" there is a probability of impairment of the patient with respect to driving; (As per the Highway Traffic Act, Section 233. (1) <i>Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services, who in the opinion of the medical practitioner is suffering from a condition that may make it dangerous for that person to operate a motor vehicle.</i>) d. the discussion with regard to any known risks/benefits of the proposed treatment; e. the quantity of marijuana and length of prescription; f. details of any reassessment done on renewing a prescription, which shall include processes to identify any misuse/abuse/diversion by the patient. <p>5. Complete a written consent form with the patient including,</p> <ul style="list-style-type: none"> a. the discussion of the risks including potential risk of serious side effects; b. consent for the prescribing physician to notify the College of Physician and Surgeons of Prince Edward Island of the patient's name, patient's date of birth, patient's medical condition/symptoms, daily quantity prescribed, length of prescription, and the source of the marijuana (if known). <p>6. The prescribing physician shall notify the patient in advance that the patient's name and any other relevant details shall be provided to the College office to be kept on file, and that the prescribing physician and legal authorities shall be notified of any irregularities detected.</p> <p>7. The prescribing physician shall not accept delivery of marijuana on a patient's behalf, nor dispense to the patients.</p> <p>*Under the new ACMPR legislation passed in August, 2016, individuals with a medical document authorizing marijuana for medical purposes will now have three ways to access marijuana: 1) commercially available cannabis through a licensed producer/distributor, 2) producing a limited amount of cannabis for their own medical use or 3) designating someone else to produce it for them.</p>
<p>APPLICABLE LEGISLATION</p>	
<p>APPROVED BY:</p>	<p>Council of the College of Physicians & Surgeons of PEI November 30, 2016</p>
<p>REVIEWED:</p>	



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Physician Reporting & Consent Form for the Purposes of Prescribing Medical Marijuana

This document must be completed and signed by the Physician and applicant as defined in the Marijuana for Medical Purposes Regulations.

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Medical Condition/Symptoms that are the basis for this treatment:

Source of Marijuana/Licensed Producer (if known): _____

Daily Quantity of Dried Marijuana to be used by the Applicant: _____ gm/day
(as per Health Canada's Marijuana for Medical Purposes Regulations Recommendations)

Date and Length of Prescription: _____

Note: The period of use cannot exceed one year.

Physician's Full Name (please print) _____

Physician Business Address: _____

Telephone Number: _____

Email Address: _____

Other Jurisdictions Authorized to Practice in: _____

By signing this document, the physician and the applicant are attesting that the information contained in this document is correct and complete. By signing, the applicant consents to the release of this information to the College of Physicians and Surgeons of PEI.

Applicant's Signature: _____

Physician's Signature: _____

Date (dd/mm/yyyy): _____