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[Interview: Why medical cannabis should be used only in extreme cases \(3 min read\) \[1\]](#)

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Do you prescribe medical cannabis to your patients, and why?

Dr. Claude Cyr. I prescribe medical cannabis for a limited number of conditions and mostly for pain relief. But, for me, it still is a last resort medication, for example in cancer and palliative care. Patients sometimes come to my office asking for medical cannabis as a first line treatment for chronic non-cancer pain after having tried one or two other medications. They often haven't had physiotherapy or steroid injections or any other type of medication. So I send them back to their general practitioner and explain that they need to go through the algorithm that has been set by pain societies before considering cannabis as a treatment option. Once they have gone through the standard process for pain management, many patients are usually satisfied and don't even need medical cannabis.



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I'm a very conservative medical cannabis prescriber because of the lack of guidelines for physicians.

Claude Cyr, Family physician in Montreal, Canada, and Associate Researcher for the Quebec Cannabis Registry

What problems do you see with medical cannabis?

Cyr. One of the major obstacles to using medical cannabis right now is that every physician seems to have his or her own personal opinion. There is no medical regulatory authority in Canada that recognizes medical cannabis right now. So, many doctors who prescribe it are like pioneers and rebels out there, in a manner of speaking. I'm a very conservative medical cannabis prescriber.

One reason for this is the lack of guidelines. Right now, they do not tell us how to properly dose and choose which patients will benefit the most from medical cannabis. Now that Sandoz Canada has teamed up with a cannabis producer, they can provide the background to make these products a lot more accessible for physicians who want precise dosages. And I think this is very good news for pharmacists as well. If Sandoz Canada can make precise formulations, pharmacists will want to work with them and so will physicians.

Based on your experience with your patients, does access to medical cannabis improve lives?

Cyr. Oh, absolutely. There is no doubt in my mind. But there is a danger here of using personal experiences with your patients as the basis for general recommendations for medical cannabis. We simply need more than just empirical evidence. But I believe it is already extremely helpful for certain people in certain circumstances. I've had patients telling me – and this is a recurring theme in many patients with chronic conditions – that medical cannabis has had a really positive impact on their quality of life. The one comment I keep hearing is 'I have my life back.'

I think there are probably thousands of people right now in Canada who would benefit from medical cannabis but can't access it because their physicians are either too afraid or skeptical. Also, patients who are really sick, elderly patients or people with difficulty finding someone to advocate for their condition will have access problems. On the other hand, there are probably thousands of people who shouldn't be getting medical cannabis because there are better treatment options available for them. This is a very strange situation we're in. But things may be about to change.

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