



The Royal Australasian
College of Physicians

Opinion piece

Medicinal cannabis - a 'wicked problem'?

25 February 2015

A 'wicked problem', by definition, is one that is very tough to solve and just solving one aspect will uncover other serious issues, making solutions almost beyond reach.

Legalising medicinal cannabis in Australia, as many now propose, will solve one set of problems but create other serious issues. Yet, the key problems the community and doctors will face should medicinal cannabis become available have been largely overlooked in the public debate these past few months.

I understand families and carers who are desperate and are wanting to use medicinal cannabis for their loved ones, in the hope that it will help. My heart goes out to these people and others who are suffering with incurable cancer and other terminal illnesses, severe neurological diseases or chronic pain.

My job, and the job of all my colleagues, is to heal as well as to relieve suffering with all the methods at our disposal. Some believe the problem will be solved with the stroke of a pen on new legislation to legalise cannabis.

However, the Australian community and doctors will face a set of perplexing dilemmas. One obvious issue unsolved internationally is how should a doctor accurately prescribe medicinal cannabis for a patient?

There is no standard dose of cannabis – it's all trial and error. Worse, each plant can provide drug doses that are hugely different – so smoking it one time may work, another time it may fail and another time it may make you sick.

We know from countries where medicinal cannabis is legal, such as in Canada, that this is exactly the problem doctors face. Overseas, cannabis is currently being administered through everything from lollypops to vaporisers, and is even being applied topically.

There is currently very little research into what constitutes an appropriate or regular dose for specific conditions.

Cigarettes cause more harm and are more addictive than cannabis but they are not banned (whether we should insist the next generation is provided the opportunity to be smoke free is another debate worth having).

I agree cannabis for those who will not live long is not likely to cause much harm although it may make some patients feel awful. Then there's the question of whether medicinal cannabis should be given to children who may take it for years for chronic conditions and risk unmasking mental illness or psychosis and if smoked a higher risk of certain cancers.

Whenever doctors prescribe a medicine, we do so based on the evidence we are doing more good than harm; any and every drug can have side effects.

However we need to know when medicinal cannabis will help, and for many chronic conditions where it is being used, we just don't know. Would you want your doctor to prescribe a treatment if they had no idea whether it would be more help than a placebo, or if it could actually make you feel worse?

Doctors need to know which patients will benefit from medicinal cannabis and if it can really help them. We must ensure they get the right dose at the right time, and are given those doses safely.

Sadly, we don't have many of these answers right now and this is deeply frustrating to all doctors who treat patients that might, perhaps, benefit from medicinal cannabis.

If medicinal cannabis can be of use to people with clinical conditions, it will be doctors who prescribe its use. We are bound by the Hippocratic Oath to "first do no harm". If you are a patient, you would expect nothing less.

I am an optimist. Despite the difficulties, I am certain we will be able to find answers to the questions we currently have, and the public expects we will.

We need to resolve these problems urgently, which is why I am a strong supporter of the trials that have been announced in NSW.

They will help us establish the facts and start to provide the answers our patients and community need.

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