

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 2-16

INTRODUCED BY: Addictions Committee

SUBJECT: Medical Cannabis Physician Recommender Professionalism Standards

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1 Whereas, the state of Maryland has legalized physician recommendation for medical cannabis for  
2 certain patients for certain medical conditions and for certain medical purposes; and  
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4 Whereas, the American Society of Addiction Medicine (ASAM) has set forth guidelines for  
5 physicians in the gate-keeping role of authorizing marijuana use; and  
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7 Whereas these guidelines ensure that physicians are able to have good-faith discussions with  
8 patients, without such topics being considered illegal or unprofessional; and  
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10 Whereas, these guidelines adhere to the established professional tenets of proper patient care and  
11 include recommendations to develop a treatment plan, provide informed consent, periodically  
12 review the treatment's efficacy, consult with other clinical colleagues, as necessary and keep  
13 records that support the clinical decision to recommend the use of cannabis; and  
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15 Whereas, these guidelines also ensure the physician has a bona fide patient-physician relationship  
16 with the patient, ensure that the issuance of recommendations is not a disproportionately large  
17 aspect of their practice, and ensure the physician has adequate training in identifying addiction and  
18 unhealthy substance use; therefore be it  
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20 Resolved, that it be MedChi's policy adapted from the American Society of Addiction Medicine  
21 medical cannabis professionalism standards for physician recommenders as follows:

22 a. Are able to have good-faith discussions with patients without conversations on such  
23 topics between clinicians and patients being considered illegal or unprofessional acts.  
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25 b. Adhere to the established professional tenets of proper patient care, including

26 i. History-taking and good faith examination of the patient;

27 ii. Development of a treatment plan with clinical objectives;

28 iii. Provision of informed consent, including discussion of potential adverse  
29 drug effects from use;

30 iv. Periodic review of the treatment's efficacy;

31 v. Consultation, as necessary, with other clinical colleagues; and

32 vi. Proper record keeping that supports the clinical decision to recommend  
33 the use of cannabis.  
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1 c. Have a bona fide patient-physician relationship with the patient, i.e., should establish an  
2 ongoing relationship with the patient as a treating physician when there is not a  
3 pre-existing relationship, and should offer recommendations regarding the use of  
4 marijuana within the context of other indicated treatment for the patient's condition; they  
5 should not offer themselves to the public as solely a permit authorizing individual;

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7 d. Ensure that the issuance of "recommendations" is not a disproportionately large aspect  
8 of their practice;

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10 e. Have adequate training in identifying addiction and unhealthy substance use.  
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13 As amended and adopted by the House of Delegates at its meeting on April 17, 2016.