MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 2-16

INTRODUCED BY: Addictions Committee

SUBJECT: Medical Cannabis Physician Recommender Professionalism Standards

Whereas, the state of Maryland has legalized physician recommendation for medical cannabis for certain patients for certain medical conditions and for certain medical purposes; and

Whereas, the American Society of Addiction Medicine (ASAM) has set forth guidelines for physicians in the gate-keeping role of authorizing marijuana use; and

Whereas these guidelines ensure that physicians are able to have good-faith discussions with patients, without such topics being considered illegal or unprofessional; and

Whereas these guidelines adhere to the established professional tenets of proper patient care and include recommendations to develop a treatment plan, provide informed consent, periodically review the treatment’s efficacy, consult with other clinical colleagues, as necessary and keep records that support the clinical decision to recommend the use of cannabis; and

Whereas, these guidelines also ensure the physician has a bona fide patient-physician relationship with the patient, ensure that the issuance of recommendations is not a disproportionately large aspect of their practice, and ensure the physician has adequate training in identifying addiction and unhealthy substance use; therefore be it

Resolved, that it be MedChi’s policy adapted from the American Society of Addiction Medicine medical cannabis professionalism standards for physician recommenders as follows:

a. Are able to have good-faith discussions with patients without conversations on such topics between clinicians and patients being considered illegal or unprofessional acts.

b. Adhere to the established professional tenets of proper patient care, including
   i. History-taking and good faith examination of the patient;
   ii. Development of a treatment plan with clinical objectives;
   iii. Provision of informed consent, including discussion of potential adverse drug effects from use;
   iv. Periodic review of the treatment’s efficacy;
   v. Consultation, as necessary, with other clinical colleagues; and
   vi. Proper record keeping that supports the clinical decision to recommend the use of cannabis.
c. Have a bona fide patient-physician relationship with the patient, i.e., should establish an ongoing relationship with the patient as a treating physician when there is not a pre-existing relationship, and should offer recommendations regarding the use of marijuana within the context of other indicated treatment for the patient’s condition; they should not offer themselves to the public as solely a permit authorizing individual;

d. Ensure that the issuance of “recommendations” is not a disproportionately large aspect of their practice;

e. Have adequate training in identifying addiction and unhealthy substance use.

As amended and adopted by the House of Delegates at its meeting on April 17, 2016.