

Quebec hospitals allow inpatient use of weed

Montréal's Jewish General Hospital is set to announce plans to allow inpatients with a valid prescription to take dried cannabis in their hospital room. The move comes just three weeks after Centre Hospitalier Universitaire de Sherbrooke (CHUS), in Quebec, became the first hospital in North America to formally allow palliative care patients to consume medical marijuana in their rooms.

In January, CHUS's management decided a new policy was needed when inpatient Charles Bury, who had advanced liver cancer, asked if he could vaporize marijuana in his room. Cannabis was not on the hospital's list of approved drugs, but the administration gave Bury a temporary exemption while they worked on a new policy.

Bury told CBC, "I'm dying from cancer so there was no reason not to do any of this." Bury died Feb. 1.

CHUS formed a committee to review the science and ethics of using cannabis in palliative care and devised a policy, which was unanimously approved by the 650 members of the hospital's Council of Physicians, Dentists and Pharmacists June 16. Patients must provide their own vaporizers and are responsible for looking after their own prescribed cannabis.

"By law we are here to help to maintain and promote and heal patients," says Dr. Serge Lepage, president of the council. "So in the process, if at one point marijuana has to be used, we should be there for the patient."

At Montréal's Jewish General Hospital, palliative care doctors have been prescribing dried cannabis to cancer patients in their outpatient practices, but have been limited to synthetic can-

nabinoids when treating inpatients. That is set to change; the hospital's pharmacy department is finalizing a statement on a new policy that should be in place by the fall, said Dr.



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Patients at Montréal's Jewish General Hospital who take marijuana in their rooms will use special vaporizers that eliminate both smoke and smell.

Michael Dworkind, director, Palliative Care Home Care.

Under the new rules, all patients with a valid prescription, not only those in palliative care, will be able to take dried cannabis in their hospital room. The cannabis would be held by the hospital's pharmacy department under the same controls as opioids and issued to the patient as specified by their prescription.

The hospital will provide special vaporizers that, in addition to creating no smoke, will filter out the cannabis smell. As at CHUS, a designated area on the grounds, away from tobacco smokers, will be made available for ambulant patients who prefer to smoke cannabis in the traditional way.

Dworkind says that prescribing cannabis has permitted him to roughly halve the amount of opioids being prescribed to palliative care patients. "We see better pain reduction with fewer of the opioid side effects such as constipation, nausea and lethargy. What's particularly interesting is that opioids aren't very effective in neuropathic pain, but cannabis is, a benefit unknown to many practitioners.

Of course we get the additional benefit of appetite stimulation, nausea prevention, anxiety reduction, three benefits of which our palliative care patients are in dire need."

Health Canada predicts that the number of legal medical marijuana users in Canada will increase from 40 000 today to 400 000 by 2024. But Dworkind predicted that cannabis will remain a rare prescription at the Jewish General Hospital. "It's going to be exceptional."

Dr. Marcia Gillman, who also works in palliative care at the Jewish General Hospital, says she has found patients surprisingly open to using medical cannabis. "They used to come forward and say 'my nephew suggested ...' or 'my son told me ...,' but I've been more proactive in the past year or two in suggesting it myself."

Gillman says she looks forward to prescribing dried cannabis instead of synthetic cannabinoids, which she finds to be less effective. "I just think it's unethical and unlawful to deny patients access to a therapy that may have been working for them before admission." — Owen Dyer, Montréal, Que.

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