

Ethical Issues & The Use of Cannabis in Continuing Care

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Case: Mr. M.

You are a care provider in an assisted living facility where Mr. M. is a resident. Among other care needs including some cognitive impairment, Mr. M. suffers from limited mobility and chronic pain due to a previous back injury. He has managed reasonably well to this point, but his family is concerned about where things are headed. They have done some research and would like to try medical cannabis to see if Mr. M.'s pain can be better controlled. Mr. M. does not smoke, but is open to trying it both through vaping and through using an oil form added to his food. His current family physician is skeptical of any potential benefits and has concerns about possible interactions with Mr. M.'s current medications. She is discouraging the family from trying it.

Your facility does not have a policy regarding the use of medical cannabis and there are a number of concerns being expressed by staff including; where Mr. M. would be allowed to vape - assuming he's allowed to?, how to store it and keep it away from other residents?, and would they be required to help Mr. M. take it along with his other medications? Additionally, some staff members are very vocal about allowing “street drugs” to be used by the residents.

What should you do?

Where Are We At??



What Do We Know? (Highlights)



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- Medical Cannabis isn't ONE drug...
 - ✓ Perhaps as many as 100 active ingredients
 - ✓ CBD (including a number of different kinds)
 - ✓ THC

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- Most common cited medical uses:
 - ✓ Chronic pain management;
 - ✓ Symptom management (associated with cancer, HIV/AIDS, Crohn's, M.S.);
 - ✓ Perhaps certain kinds of seizures (including pediatrics).

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- We are in an “odd” place where currently the sourcing, dosing & delivery method is determined by the patient.
- We are in an “odd” place where the drug is being discussed recreationally as well as medically.

And what about medical cannabis
after legislation?

After Legalization?



After legalization, regions with data available reported:

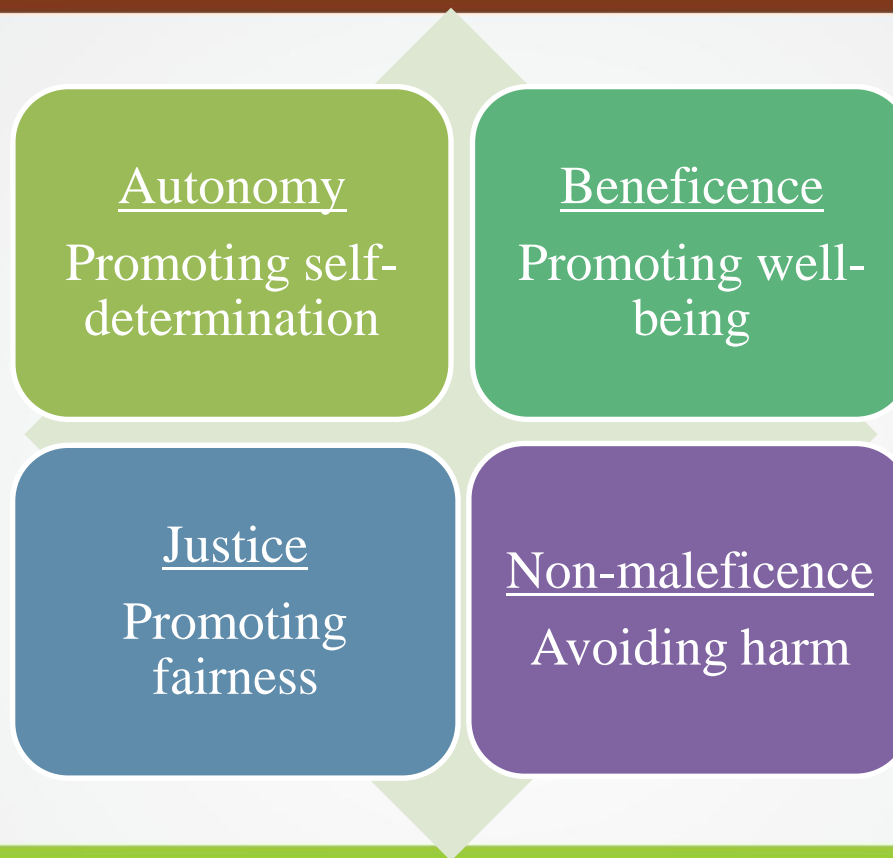
- The numbers of people who say they have used cannabis remained stable
- Alcohol and cigarette use decreased
- Disorders related to cannabis use increased
- Arrests for cannabis-related crimes decreased
- The number of drivers testing positive for THC increased
- Health care resource utilization associated with cannabis use increased

What about the Ethics?

- Clinical ethics is about determining the best or most justified thing to do. It is about asking the question “what should be done.”
- This involves uncovering and evaluating underlying values and principles which may be in conflict.
- The clinical ethics service is a resource for all AHS staff, physicians, patients, families and volunteers.



Making Ethical Decisions: Principles Considered



So what about Mr. M.?

So What Might Be An “Ethical” Response?



- Respect for a person’s autonomy...
 - A trust building endeavour.
 - Respects the patient’s choices while giving healthcare providers the opportunity to participate in their situation.
- Which can lead to a genuine conversation about possible benefits & harms.
 - Interactions, side effects, safety, and overall effectiveness.
 - On-going monitoring, openness to new research.
 - Openness to disclosing if things are not going well.
 - Recognize the subjectivity of these...

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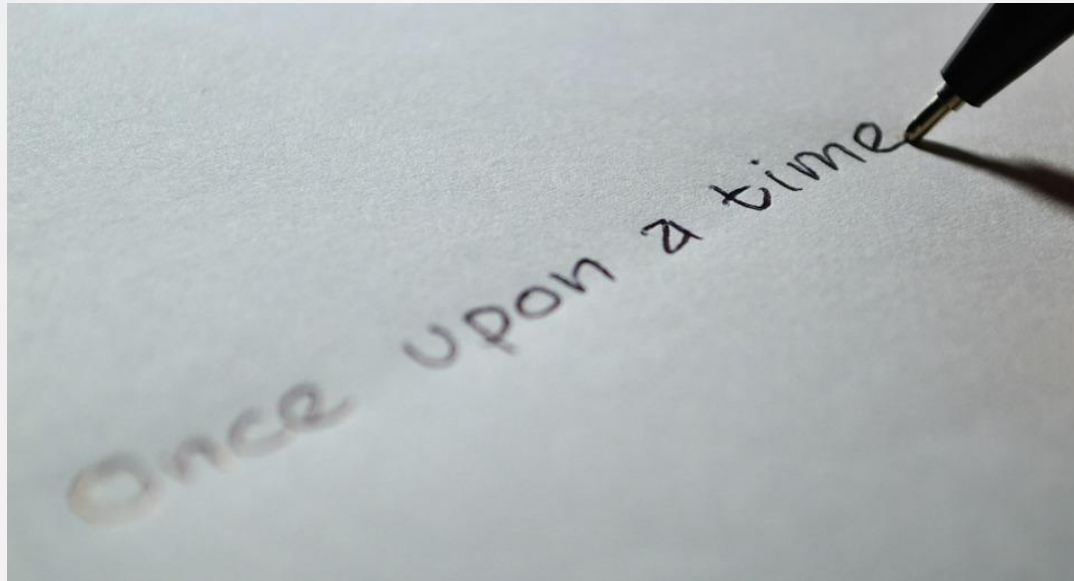
- Justice/Fairness...

Recognizes and addresses the possible stigma that can be present with (medical) cannabis use.

Again, builds and maintains trust between individuals and their care providers. Individuals trust when they believe providers are putting patient interests first.

And systemically, we need to address the issues around policy, practice, safety, sourcing, researching.

Our Narrative...





Some Resources...



- University of Calgary: Cannabis Legislation – A Policy Primer
- AHS Insite Page: Cannabis

Thank You!

