CE

Medical Marijuana: A Primer on Ethics, Evidence, and Politics

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ABSTRACT

Controversy in the United States about the decriminalization of cannabis to allow health care providers to recommend it for therapeutic use (*medical marijuana*) has been based on varying policies and beliefs about cannabis rather than on scientific evidence. Issues include the duty to provide care, conflicting reports of the therapeutic advantages and risks of cannabis, inconsistent laws, and even the struggle to remove barriers to the scope of practice for advanced practice registered nurses. This article reviews the ethics, evidence, and politics of this complex debate.

Keywords: advanced practice registered nurse scope of practice, advocacy, barriers to advanced practice registered nurse practice, cannabis, compassionate care, criminalization, decriminalization, gateway drugs, marijuana, medical marijuana, palliative care, paternalism, patient autonomy, therapeutic cannabis

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This CE learning activity is designed to augment the knowledge, skills, and attitudes of nurse practitioners (NP) and assist in their understanding of the legal underpinnings of prescribing medical marijuana.

At the conclusion of this activity, the participant will be able to:

A. Describe the ethical/scientific controversy of therapeutic use of marijuana in the US
B. Describe the political history/current policies/laws in the US on medical marijuana
C. Identify implications of medical marijuana status in the US for NP practice and patient care

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Advanced practice registered nurses (APRNs) and other caregivers in the United States face complex circumstances with the decriminalization of medical marijuana, the inconsistent reports of its advantages and risks, the needs of patients, and current trends. Today's society appears to be shifting from the view that medical marijuana is a criminal issue to seeing it as a health care issue. When practitioners discuss *medical marijuana*, they are generally talking about using marijuana, or cannabis, for palliative care. Since marijuana has been criminalized in the US, the discussion about its use in patient care most often arises where it is illegal not only under federal law but also state laws and when no alternative therapy has effectively relieved the suffering of a patient.

The goal of palliative care, also called "comfort care" or "compassionate care," is to improve the quality of life for a patient by preventing or relieving symptoms of disease or the side effects of treatments. Palliative care includes counseling and addressing symptoms, such as fatigue, nausea, insomnia, and pain. The nursing profession views palliative care, and specifically the relief of pain, as a patient right. Pain management is a core competency in nursing.[1] The American Nurses Association (ANA) Code of Ethics and position are clear. "Nurses should be competent in the care of patients throughout the continuum of life. This includes the obligation for nurses to help manage pain and other distressing symptoms for patients with serious or life-limiting illness."[2]

Both physicians and nurses have been criticized for undertreating pain.[3,4] The position statement of the American Society for Pain Management in Nursing on this duty is unambiguous: "Nurses and other health care providers must advocate for optimal pain and symptom management…"[5]

Medical marijuana is a volatile topic, but as the national debate grows, the need for APRNs to be informed about it also grows. This article provides a description of the ethics, evidence, law, and politics surrounding the controversy about access to cannabis for the relief of intractable patient symptoms in the US.

BACKGROUND

The debate about medical marijuana arises not so much from the science of medicine as it does from our culture, history, conflicting values, and politics. The issue is not obvious. Most medicines come from plants. Why is this plant so stigmatized? Is it more dangerous than the poppy that is imported for most legally prescribed narcotics? What is the public health threat of cannabis? Must patients endure pain, nausea, and so on for the "greater good"? This debate creates an ethical dilemma for some of today's primary care APRNs, especially in states where the distribution and possession of medical marijuana, also referred to as therapeutic cannabis, are illegal.

The position of the ANA has been clear and consistent on the issue of access to marijuana for therapeutic use. In 1996, the ANA advocated support for the education for registered nurses and controlled trial research regarding the therapeutic efficacy of cannabis. In 2003, the ANA House of Delegates went on record as supporting nurses' "ethical obligation to be advocates for access to healthcare for all" including patients in need of "marijuana/cannabis for therapeutic use."[6] In December 2008, the ANA reiterated their support of therapeutic cannabis (medical marijuana).[7] Informed input from APRNs into the policy and law-making process during this time of critical change is key to expanding APRN responsibilities in practice.

THE ETHICAL DEBATE

The underlying ethical debates in the push and pull to permit access to cannabis for therapeutic use in the US rely on ancient ethical virtues and can create a classic "ethical dilemma" in which both sides have ethical arguments to support opposing conclusions. *Nonmalfeasance* is the ethical virtue that means "First, do no harm," a phrase often attributed to the ancient Hippocratic Oath. *Beneficence* is the virtue that can be described as to "do all the good you can." Those who focus on possible side effects of marijuana may argue nonmalfeasance. Those who see the unrelieved suffering of a patient and who intervene to change laws denying that patient access to therapeutic marijuana are often driven to do so by a strong value of beneficence.

Those who highly value *paternalism* find in it the basis for opposing the medical use of marijuana. Paternalism means protecting those with less knowledge or ability from themselves, much as a parent protects