Capsule Commentary for Azcarate et al., Medical Reasons for Marijuana Use, Forms of Use, and Patient Perception of Physician Attitudes Among the US Population

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As a growing number of jurisdictions liberalize access to cannabis, healthcare providers will increasingly need to consult with patients about their cannabis use. Given overlapping patterns of cannabis use for medical and recreational purposes,¹ physicians need to better understand varied reasons and factors for using cannabis to treat symptoms of a particular condition or for other non-medical purposes.

Using a nationally representative survey, Azcarate et al.² assess adults' motivations for and perceived physician attitudes toward medical cannabis use. They find a majority of respondents use cannabis medicinally to treat commonly co-occurring conditions of anxiety, insomnia, and chronic pain—findings congruent with surveys of medical cannabis patients³—despite relatively sparse evidence of cannabis' therapeutic value for some of these conditions.⁴ About nine out of ten respondents who informed their doctor reported their physician to be supportive or neutral as to their cannabis use. Since patients may be more willing to divulge their cannabis use if they perceive healthcare providers to be non-judgmental or supportive, these findings likely overstate physician acceptance about cannabis use generally and specifically about its use in treating a patient's medical condition.

Discussing an individual's cannabis use is an important first step for healthcare providers to assess patient health and establish an appropriate treatment plan. But there are many other factors that providers may need to know—such as route of administration, dosing, cannabinoid profile, and therapeutic effects. Knowing these other dimensions can help physicians shape patient behaviors, encouraging less harmful modes of

use, and mitigating problematic consumption patterns. Therefore, it is troubling that nearly half of respondents in Azcarate et al.'s survey either did not have a physician (21%) or did not inform their physician about their cannabis use (26%), with respondents living in a state with legalized medical cannabis more willing to inform their physician. For the former, barriers to medical care may mean cannabis is the only treatment they are receiving. For the latter, stigma surrounding cannabis may preclude the opportunity to engage patients in discussion to fully appreciate potential risks or existing evidence of effectiveness.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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