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Research paper

Medical cannabis: An oxymoron? Physicians' perceptions of medical cannabis

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ABSTRACT

Background: Medical cannabis policies are changing in many places around the world, and physicians play a major role in the implementation of these policies. The aim of this study was to gain a deeper understanding of physicians' views on medical cannabis and its possible integration into their clinic, as well as to identify potential underlying factors that influence these perceptions.

Methods: Qualitative narrative analysis of in-depth interviews with twenty-four Israeli physicians from three specialties (pain medicine, oncology and family medicine).

Findings: Physicians disclosed contrasting narratives of cannabis, presenting it as both a medicine and a non-medicine. These divergent positions co-existed and were intertwined in physicians' accounts. When presenting cannabis as a non-medicine, physicians drew on conventional medicine and prohibition as narrative environments. They emphasized the incongruence of cannabis with standards of biomedicine and presented cannabis as an addictive drug of abuse. In contrast, physicians drew upon unconventional medicine and palliative care as narrative environments while presenting cannabis as a medicine. In this narrative, physicians emphasized positive hands-on experiences with cannabis, and pointed to the limits of conventional medicine.

Conclusion: Physicians did not have a consolidated perspective as to whether cannabis is a medicine or not, but rather struggled with this question. The dualistic narratives of cannabis reflect the lack of a dominant narrative environment that supports the integration of cannabis into medical practice. This may in turn indicate barriers to the implementation of medical cannabis policies. An awareness of physicians' views and the different levels of their willingness to implement medical cannabis policies is essential for policy developments in this evolving field.

Medical cannabis regulations have been evolving around the world in recent decades (Wilkinson, Yarnell, Radhakrishnan, Ball, & D'Souza, 2016), and Israel is at the forefront of this development (Mechoulam, 2015). As medical experts, physicians are active participants in the shaping of regulations and in the associated public debate (Kleber & Dupont, 2012). Moreover, they hold a dominant role in the implementation of medical cannabis policies by issuing or recommending licenses to patients. Given the emergence of medical cannabis policies and the key role of physicians in the implementation of such policies, the objective of this study was to gain a deeper understanding of physicians' views of medical cannabis and its possible integration into clinical practice.

Background

Cannabis has been used for different purposes throughout history; even before medicine was established as a discipline, cannabis was used to treat various medical symptoms (Zuardi, 2006). However, around the turn of the 20th century the medical use of cannabis became less popular due to regulations that required standardization and to the emergence of new synthetic pharmaceuticals (Frankhauser, 2008; Pisanti & Bifulco, 2017).

In addition, by the 1930s cannabis had become subject to federal regulations in the U.S., which eventually prohibited its use (Bonnie & Whitebread, 1970). The prohibition was accompanied by moral demonization of cannabis, as it was presented to the public as a harmful drug associated with crime and insanity (Ferraiolo, 2007). The demonization of cannabis, and support for prohibition of cannabis, was

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partly achieved by associating cannabis use with marginalized groups in society, such as Mexicans and African-Americans (McWilliams, 2001). Laws of prohibition propagated in the U.S. and around the world, and cannabis was ultimately classified under the U.N. conventions of 1961 and 1972 as a Schedule I drug – a dangerous substance with no medicinal value (Bewley-Taylor, 2003).

The strict punitive approach towards cannabis use, together with its classification alongside highly potent substances, such as heroin and cocaine, further contributed to the negative stigma associated with cannabis. Indeed, laws and regulations are strong forces behind the shaping of a negative public image of cannabis (Rubens, 2014; Szaflarski & Sirven, 2017). Thus, current policies – of prohibition and criminalization of cannabis – may contribute to sustaining the social classification of cannabis use as a deviant behavior, as well as perceptions of cannabis users such as criminals, addicts and altogether "abusers" (Ferraiolo, 2007). In addition, medical and epidemiological studies on cannabis have traditionally focused on its potential harms, such as schizophrenia and addiction (Hall & Degenhardt, 2009; Moore et al., 2007). Studies have shown several adverse effects of cannabis use, both physical and mental (Hall, 2015; Hall & Degenhardt, 2014), and the medical community has specified pathologies that are associated with cannabis use (Hasin et al., 2013).

Notwithstanding, in recent years there has been a shift in cannabis policies around the world, such that more and more jurisdictions allow legal access to medical cannabis. These regulatory changes might be associated with a change in the perception of cannabis – from a harmful and illegal substance to one that has medical properties. Indeed, recent changes in media reports and changing trends in social media propose a change in the attitudes towards cannabis (Sznitman & Lewis, 2015, 2018; Thompson, Rivara, & Whitehill, 2015). On the other hand, medical cannabis users may be vulnerable to stigmatization (Belle-Isle et al., 2014; Bottorff et al., 2013; Satterlund, Lee, & Moore, 2015), and the use of medical cannabis remains highly controversial.

Across all the different regulatory systems around the world, physicians play a major part in the implementation of medical cannabis policies. However, only a few studies have examined physicians' perspectives on medical cannabis. While several of these studies have shown that physicians, in general, are skeptical towards medical cannabis (Charuvastra, Friedmann, & Stein, 2005; Doblin & Kleiman, 1991; Kondrad & Reid, 2013; Michalec, Rapp, & Whittle, 2015), other studies reported supportive opinions (Carlini, Garrett, & Carter, 2015; Uritsky, McPherson, & Pradel, 2011). Two surveys among Israeli physicians found partial acceptance of medical cannabis, but also a lack of knowledge and a low level of confidence for recommending it to patients (Ablin, 2016; Ebert et al., 2015). A recent qualitative study conducted in the U.S. found that oncologists' beliefs regarding medical cannabis ranged from strong acceptance of medical cannabis to reservations due to lack of evidence and standardization (Braun et al., 2017). The objective of this study was to gain a deep understanding of physicians' views on medical cannabis and its possible integration into their clinics, as well as to identify potential underlying factors that influence physicians' perceptions.

Conceptual and analytical framework

Our analysis is informed by Socio-narratology (Frank, 2010), which suggests that people use narratives and language to facilitate their management of thought and action. Narratives are structured resources that people use to disclose meaningful information to others while additionally guiding intentions and actions. As argued by Frank (2010), every individual develops a narrative identity over his life course, which predisposes him to use and endorse specific narrative structures. Narratives thus represent a personal perception of one optional reality, so that "every way of seeing is also a way of not seeing" (Burke, 1984, p. 49).

Narratives are structured templates that are shaped in response to the social environment and they situate people in groups. Over the course of their education and through their medical career, physicians develop specific narrative structures that define the identity, values and scope of the medical practice (Coburn & Willis, 2000; Foucault, 1994; Freidson, 1988). As noted by Gubrium and Holstein (2008), narratives exist within a 'narrative environment' that dictates which stories are told and how they are told. The narrative environment may be a physical one (e.g. a medical setting such as a hospital), but could also be considered as a broader socio-cultural environment. Such narrative environments encourage and support specific narratives and perceptions, while devaluating others (Gubrium & Holstein, 2008). In order to reach a better understanding of physicians' views on medical cannabis and the underlying factors that influence physicians' perceptions, the current study set out to identify the narrative environments that inform, support and shape the medical cannabis narratives presented by physicians in in-depth interviews.

Method

The study was approved by the Institutional Review Board of the Faculty of Social Welfare & Health Sciences, University of Haifa (#70/14). The purposive sample comprised of 24 Israeli physicians who were specialists or currently specializing in oncology, pain medicine, and family medicine. These specialties were selected in order to represent physicians who regularly encounter cancer and chronic pain patients – who jointly make up the majority of licensed medical cannabis patients in Israel.

Potential participants were identified through the professional network of the researchers, as well as through official websites of Israeli hospitals and HMOs, and invitations were sent by email. Physicians who did not reply were sent a second email, followed by a phone call to their office if they did not respond. Additional participants were recruited through snowball techniques. The sample included physicians from various geographic areas in Israel, working in different settings, in a range of positions and professional stages, including one hospital manager and a few heads of units and departments, as well as interns. The average seniority of participants was 19 years, and most physicians (n = 22) had experience with recommending medical cannabis. The characteristics of the sample are presented in Table 1.

Table 1
Sample characteristics.

Participant's number	Gender	Seniority (years)	specialty	Recommended medical cannabis
1	female	17	family	✓
2	female	22	pain	✓
3	male	30	pain	✓
4	female	18	oncology	✓
5	male	21	family	✓
6	make	7	pain	✓
7	male	13	family	✓
8	male	33	pain	✓
9	male	30	oncology	✓
10	female	3	oncology	✓
11	male	28	family	X
12	female	6	oncology	✓
13	female	4	pain	✓
14	male	12	pain	✓
15	male	22	family	✓
16	male	10	oncology	✓
17	male	22	family	✓
18	male	28	oncology	✓
19	male	12	family	✓
20	female	24	oncology	✓
21	male	33	family	X
22	male	19	oncology	✓
23	male	30	family	✓
24	male	16	oncology	✓