Medical marijuana for children with cancer? What providers think

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A study published in Pediatrics examined interdisciplinary provider perspectives on legal medical marijuana use in children with cancer. It found that 92 percent of providers were willing to help children with cancer access medical marijuana. However, providers who are legally eligible to certify for medical marijuana were less open to endorsing its use.

While nearly a third of providers received one or more requests for medical marijuana, the lack of standards on formulations, dosing and potency was identified as the greatest barrier to recommending it. These findings reflect survey responses from 288 providers in Illinois, Massachusetts and Washington.

"It is not surprising that providers who are eligible to certify for medical marijuana were more cautious about recommending it, given that their licensure could be jeopardized due to federal prohibition," said co-author Kelly Michelson, MD, Critical Care physician at Ann & Robert H. Lurie Children's Hospital of Chicago, Associate Professor of Pediatrics and Director of the Center for Bioethics and Medical Humanities at Northwestern University Feinberg School of Medicine. "Institutional policies also may have influenced their attitudes. Lurie Children's, for example, prohibits pediatric providers from facilitating medical marijuana access in accordance with the federal law, even though it is legal in Illinois."

Pediatric oncology providers received frequent requests for medical
marijuana for relief of nausea and vomiting, lack of appetite, pain, depression and anxiety. Most providers considered medical marijuana more permissible for use in children with advanced cancer or near the end of life than in earlier stages of cancer treatment. This is consistent with the current American Academy of Pediatrics (AAP) position that sanctions medical marijuana use for "children with life-limiting or seriously debilitating conditions." Only 2 percent of providers reported that medical marijuana was never appropriate for a child with cancer.

The majority of providers (63 percent) were not concerned about substance abuse in children who receive medical marijuana. Their greatest concern was absence of standards around prescribing medical marijuana to children with cancer.

"In addition to unclear dosage guidelines, the lack of high quality scientific data that medical marijuana benefits outweigh possible harm is a huge concern for providers accustomed to evidence-based practice," said Michelson. "We need rigorously designed clinical trials on the use of medical marijuana in children with cancer."

Provided by Ann & Robert H. Lurie Children's Hospital of Chicago


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