

# Medical Regulatory Authorities

presentation at the  
Cannabinoids in  
Clinical Practice  
Conference

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5 April 2107*



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Medical Regulatory  
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# Objectives



Participants will:

1. understand the position of FMRAC and its members on cannabis for medical purposes;
2. appreciate the nuances in the guidance provided to physicians; and
3. consider the interface between cannabis for medical purposes and cannabis for recreational use.

# Overview



- FMRAC and medical regulation
- Historical landscape
- Quandaries
- Regulatory guidance
- New interfaces
- Challenges ahead

# FMRAC



## Mission

*To advance medical regulation on behalf of the public through collaboration, common standards and best practices.*

- FMRAC is not a regulatory authority
- FMRAC has no authority over its members

## Members

*13 provincial and territorial medical regulatory authorities*

# Medical Regulation



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- the practice of medicine is regulated by each province and territory
- medical regulatory authorities have statutory authority and exercise their duty in the best interest of the public
- the focus is patient safety

# Historical landscape

**2004**

- Marihuana (with an “h”) for Medical Purposes
- “FMRAC strongly believes that the practice of medicine should be evidence-based, and that physicians should not be asked to prescribe or dispense substances or treatments for which there is little or no evidence of clinical efficacy or safety.”
  - Still in effect today
  - Dosage? What dosage?

# Historical landscape (cont.)

## *2011 Proposed Improvements to Health Canada's Marihuana Medical Access Program*

**physicians confirming a medical diagnosis  
to physicians issuing an “authorization”**

FMRAC at its most active on this file:

- not a medical intervention
- the lack of evidence = a significant and grave concern
- considerable evidence re drug dependency on marihuana
- Health Canada should not put physicians as gatekeeper for access to marihuana for medical purposes

# 2011 - 2012

- the resulting conflict could put many licensed physicians at risk with MRAs, as MRAs have no choice but to continue to advise licensed physicians to exercise extreme caution;
- physicians and their family members could be at risk of personal danger



# Counter proposal

Three options put forth (everything else having been deemed inappropriate):

- a) retain the status quo, i.e., the physician can only confirm a medical diagnosis;
- b) treat marihuana as any other prescribed drug, i.e., requiring research, a legitimate producer and an approved prescribed drug distribution process; and
- c) legalize the use of marihuana.

# Need for research

- the expert panel should be convened and, only once supporting evidence has been accumulated (if ever), should any changes to this program be envisaged; and
- if this is a product that must be distributed, pharmacists should be doing the dispensing

# Tour de pays (examples)

## CMQ – Guidelines

<http://www.cmq.org/page/en/cannabis-a-des-fins-medicales.aspx>

- The use of cannabis for medical purposes is not a recognized treatment.
- An unrecognized treatment can only be used within a research framework.

# Tour de pays - CPSBC

## A standard

<https://www.cpsbc.ca/files/pdf/PSG-Cannabis-for-Medical-Purposes.pdf>

Physicians are advised that they should not prescribe any substance for their patients without knowing the risks, benefits, potential complications and drug interactions associated with the use of that agent. Physicians may be the subject of accusations or suggestions of negligence, including liability if the use of cannabis produces unforeseen or unidentified negative effects.

# Tour de pays - CPSA

## A standard of practice

<http://www.cpsa.ca/standardspractice/cannabis-for-medical-purposes/>

Health Canada has approved the use of **cannabis** for medical purposes.

Physicians have the choice to treat or not to treat their patient's medical condition or symptom(s) with **cannabis**.

# Tour de pays - CPSS

## Information about expectations

[http://www.cps.sk.ca/imis/CPSS/CPSS/Programs\\_and\\_Services/Medical\\_Marijuana/Medical\\_Cannabis.aspx](http://www.cps.sk.ca/imis/CPSS/CPSS/Programs_and_Services/Medical_Marijuana/Medical_Cannabis.aspx)

- **Physicians can only prescribe medical cannabis if they are the primary treating physician for the condition for which it is being prescribed.**
- Physicians are being placed in a difficult position by being expected to make decisions whether to provide a “medical document” to patients when there is insufficient information available about risks, benefits, dosages, strengths, etc. to allow physicians to practice evidence-based medicine. Cannabis is a substance which is not subject to any of the regulatory controls which are required of all other drugs to become approved for medical use in Canada.

# Tour de pays - CPSO

## Position statement

<http://www.cpso.on.ca/cpso/media/documents/policies/policy-items/marijuana-for-medical-purposes.pdf>

It is the College's position that the medical document required under the ACMPR is equivalent to a prescription. Physicians who prescribe marijuana must comply with the expectations set out in this policy as well as the expectations and guidelines for prescribing that are set out in the College's Prescribing Drugs policy.

# Tour de pays - CPSNS

A professional standard

<https://cpsns.ns.ca/wp-content/uploads/2017/12/Authorization-of-Marijuana-Medical-Purposes.pdf>

The College considers the authorization of marijuana for medical purposes to be a clinical act and insured service.



# Tour de pays - CPSNL

A guideline

[https://www.cpsnl.ca/WEB/CPSNL/Policies/Advisory\\_and\\_Interim\\_Guideline\\_-\\_Medical\\_Marihuana.aspx](https://www.cpsnl.ca/WEB/CPSNL/Policies/Advisory_and_Interim_Guideline_-_Medical_Marihuana.aspx)

The College strongly discourages physicians from dispensing marihuana to their patients.

# Tour de pays - CPSM

## By-law 26

A member may not be legally or beneficially involved in any way with a licensed producer and may not directly make any application to become a licensed producer.

# Interfaces and complexities

- a) Quantities “authorized”
- b) Purchased cannabis vs. product grown by or on behalf of the patient
  - dosage vs. quantity of plants allowed
- c) Cannabis for medical purposes vs. cannabis for recreational use
  - alcohol

# Revisiting our concerns

**Lack of evidence off effectiveness and safety  
and**

**Evidence of drug dependency**

- STILL AN ISSUE TODAY
- NEED TO BALANCE THIS WITH HEALTH CANADA REGULATIONS AND PATIENT AUTONOMY
- RESEARCH PROTOCOLS
- DOSAGE ISSUES

# Revisiting our concerns

## Not a recognized medical treatment or intervention

- PHYSICIANS HAVE THE CHOICE TO TREAT OR NOT TO TREAT WITH CANNABIS
- PROCEED WITH CAUTION
- BE AS INFORMED AS POSSIBLE
- BEHAVE AS IF PRESCRIBING ANY OTHER DRUG
  - Patient-physician relationship
  - Any interactions
  - Assessment of addiction risks

# Revisiting our concerns

**Physicians should not be the gatekeepers for access to marihuana for medical purposes**

- DO NOT DISPENSE
- DO NOT BECOME, or be associated with, A LICENSED PRODUCER
- AUTHORIZATIONS ARE A CLINICAL ACT AND AN INSURED SERVICE

*Thank you*

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