

THE SOCIETY OF CANNABIS CLINICIANS
PRACTICE STANDARDS FOR CANNABIS APPROVALS

Revised and Adopted on March 11, 2016

Clinical Encounters

Initial and follow-up clinical encounters are performed in-person when possible. Remote or telemedicine visits are for patients with no local access or for patients who have difficulty traveling to a cannabinoid specialist. The doctor should allow enough time for the complexity of the visit.

Supporting Evidence

The clinician should be familiar with the research supporting the use of cannabis-based medicine for the specific diagnosis. A decision to recommend cannabis must be supported by the patient's subjective history, physical exam, and review of medical records if available. A standard of care medical workup should be performed before providing a de novo diagnosis. The clinician should adhere to local regulations regarding qualifying conditions and other requirements for cannabis approvals.

Clinical Decision Making

The potential risks and benefits of treating with cannabis should be evaluated, discussed with the patient, and compared to the risk/benefit considerations of conventional treatment.

Documentation

Documentation of the cannabis consultation should conform to standards applied to any medical visit including the patient's presenting complaints, medical history, response to previous treatments, cannabis use history, mental health and substance abuse history, and current medications. The documentation should include

relevant physical exam findings, explanation of the medical decision-making supporting recommendation of cannabis, specific goals of treatment, and a plan for the patient describing suggested cannabis dosing and delivery methods.

Informed Consent

The patient must be made aware of the limited clinical data on the medical use of cannabis, the potential lack of regulation in cannabis production, the potential risks of using a non-FDA approved federally controlled substance. The SCC recommends the use of a signed informed consent and release of liability form.

Treating Minors

The clinician must obtain informed consent for treatment of a minor by the patient's legal guardian and must carefully consider any additional risks associated with cannabinoid use during development.

Patient Education

The clinician is encouraged to provide the patient with educational material to facilitate safe and effective use of medical cannabis.

Follow Up

Patients should be required to follow up for monitoring of their cannabis use and evaluation of the treatment's efficacy at least once annually, and more frequently depending on the individual case.

Professional Communication

The clinician declares a willingness to communicate with other healthcare providers, law enforcement, attorneys, public health officers, etc. to verify the validity of the cannabis recommendation and to collaborate in the care of the patient.

Disclosure

The clinician must clearly disclose to the patient any professional or financial relationships in the cannabis industry that may present a conflict of interest. The SCC recommends obtaining a medical ethics consultation before entering into any professional relationships that might present conflicts or confluences of interests with patient care. The clinician agrees to abide by accepted standards of medical ethics.

Continuing Education

The clinician agrees to pursue relevant continuing education and communicate with colleagues in the emerging field of cannabinoid medicine in order to stay up to date on best practices.