# On-Demand Clinical News

## The Use of Medical Marijuana in Hospice and Palliative Care

*By Kiran Hamid, RPH.*

Cannabis (marijuana) has recently garnered significant national attention as more states vote to legalize both medicinal and recreational forms of the substance. Cannabis use in end-of-life care is being sought increasingly by patients, and organizations are caught between strict federal regulations and waning state laws. Currently there are 33 states that have legalized marijuana's medical use and some have recognized its recreational use as well. However, federally, it is still a Schedule I substance.

***Cannabinoids and the Endocannabinoid System***

Cannabis exerts its effects on the body by interacting with the endocannabinoid system, which consists of cannabinoid (CB) receptors. There are two main CB receptors in the body, the CB1 and the CB2 receptor. CB1 receptors can mainly be found in the brain and spinal cord, whereas the CB2 receptors are mostly located in the periphery. More than a hundred cannabinoids have been identified in the marijuana plant. Of these, tetrahydrocannabinol (THC) and cannabidiol (CBD) have been studied most extensively. THC is thought to interact mostly with the CB1 receptor, whereas CBD seems to have an effect on both the CB1 and CB2 receptors. Furthermore, cannabis can be divided into two primary species: indica and sativa. Indica strains are more CBD dominant, so it binds to CB1 and CB2 receptors, causing increased mental and muscle relaxation. The sativa strain is more THC dominant, and is more commonly used for recreational purposes.

***Medical Uses of Cannabis***

When a state approves the use of cannabis for medicinal purposes, the patient must meet certain criteria in order to be able to use medical marijuana. One of these criteria is a qualifying condition. There are many qualifying conditions for which several states have approved the use of medical marijuana, but evidence that marijuana is actually effective for these conditions is limited. It's thought that cannabis may play a role in many neurodegenerative diseases, including Parkinson's and Huntington's disease. Studies have found that cannabis helps improve patient reported symptoms of spasticity and pain associated with multiple sclerosis.

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## *A Review of the Recently Updated Clinical Practice Guidelines For Quality Palliative Care*

*By Brett Gillis, Pharm.D.*

The Clinical Practice Guidelines for Quality Palliative Care were updated in 2018 to their 4th edition. The intent was to create "a blueprint for excellence by establishing a comprehensive foundation for gold-standard palliative care for all people living with serious illness, regardless of their diagnosis, prognosis, age, or setting." The updated guidelines expand on the eight core domains of palliative care from the previous edition and include clinical and organizational strategies, screening and assessment elements, practice examples, tools and resources. The guidelines were revamped by the National Consensus Project for Quality Palliative Care under the auspices of the National Coalition for Hospice and Palliative Care, which is comprised of 16 national organizations with extensive expertise in hospice and palliative care. The guidelines have been endorsed or supported by more than 80 national organizations, and the complete findings of this study, including a full PDF version, are available online: https://www.nationalcoalitionhpc.org/ncp/.


**Celebrate With Us in March**
**Social Worker's Month**

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***Key Domains and Updates to Each:***

Screening and assessment for each domain should be documented, and written and verbal recommendations for managing symptoms should be provided as part of holistic ongoing care.

| Domain 1: Structure and Processes of Care |
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| • Palliative care should be integrated into all appropriate settings, delivered by all clinicians, and supported by specialists as part of an interdisciplinary team (IDT).<br>• An initial comprehensive palliative care assessment, subsequent palliative care plan, and data-driven continuous quality improvement plan should be developed, implemented, and updated.<br>• Processes should be defined to ensure access, quality, and continuity of palliative care (especially during transitions in care).<br>• Funding for long-term stability, sustainability, and growth should be secured. |
| Domain 2: Physical Aspects |
| • Pain and symptom management should endeavor to relieve suffering and improve global quality of life as defined by the patient/family. |
| Domain 3: Psychological and Psychiatric Aspects |
| • A social worker should assess and support global mental health issues, provide emotional support, and address emotional distress and quality of life issues.<br>• Treatment should encompass emotional, psychological, and existential distress as well as mental health disorders. |
| Domain 4: Social Aspects |
| • Global factors that affect patient and family quality of life and well-being should be identified and addressed.<br>• Social supports, relationships, resources, care environment, safety, and appropriateness should be considered when addressing family and social dynamics. |
| Domain 5: Spiritual, Religious, and Existential Aspects |
| • Spiritual needs are usually managed by or in collaboration with a chaplain.<br>• Existential aspects encompass overall hopes, fears, and feelings (including the lack thereof).<br>• The patient's spiritual background, beliefs, preferences, values, rituals, and practices should be considered.<br>• The clinician's spiritual views should not be imposed on the patient. |
| Domain 6: Cultural Aspects |
| • Culture and customs are a complex interpersonal experience and may include self-identified: race, ethnicity, gender identity/expression, sexual orientation, immigration or refugee status, social class, religion, appearance, and/or abilities.<br>• Care should respect the patient and family's global cultural beliefs, values, traditional practices, language, health literacy, and communication preferences.<br>• Clinicians should practice cultural humility and celebrate diversity.<br>• The degree to which patients and families wish to be included should be part of a culturally sensitive plan. |
| Domain 7: Care of the Patient Nearing the End-of-Life |
| • The IDT should include professionals with training in the different aspects of end-of-life care (symptom management, communications, transitions in care, and grief and bereavement).<br>• End-of-life care should be anticipated and planned prior to reaching this stage. |
| Domain 8: Ethical and Legal Aspects |
| • Applicable law, current professional standards, and core ethical principles should be practiced: patient autonomy, substituted judgment (when the patient is unable or unwilling to make own decisions), beneficence (treating to provide maximum benefit), justice, and nonmaleficence (doing no intentional harm). |

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Additionally, cannabis can play a role in treating chemotherapy-induced nausea/vomiting. Marinol® (dronabinol) is a synthetic THC derivative that is FDA approved for the treatment of chemotherapy–induced nausea/vomiting. It also has indications to treat anorexia in AIDS patients. However, since it is a THC derivative, its most frequently reported adverse effect is euphoria.

It is also thought that cannabis may be effective for pain management. Interestingly, there is some evidence that shows cannabis may be effective for refractory neuropathic pain in cancer and in patients with multiple sclerosis. Cannabis also appears to have a role in seizure management. In 2018, Epidiolex®, the first US-approved drug made solely from plant-grown cannabis, was approved for specific rare types of epilepsy.

***Routes of Administration***

The most widely known method of taking cannabis is by smoking it. Smoked cannabis results in a very quick onset of action, however it is irritating to the bronchial mucosa, and dosing is erratic and inconsistent. What's becoming more popular now is taking cannabis by vaporization. This route also provides a quick onset of action, but without the combustible material that is used with smoked marijuana. Cannabis by vaporization also tends to have more consistent dosing. Taking cannabis orally is also very popular, and there are many ways that it is available, including oils, capsules, and even baked goods. Onset of action is much slower when compared to other routes, and absorption is variable. Topical use of marijuana has been increasing in popularity somewhat, but there is not a lot of evidence to support its absorption by this route. It may be better for local use rather than using it for systemic effects.

***Laws and Regulations Concerning Cannabis Use***

Although many states have started to legalize marijuana for medical use, it is still classified as a Schedule I substance at the federal level. Therefore, as a hospice organization, it is illegal to furnish patients with cannabis. If your patient is taking marijuana for medical purposes, it should be documented and the patient should be offered evidence-based information regarding medical marijuana, but it cannot be provided by the hospice. In those states where medical marijuana is legal, only physicians that are specially certified by the state are able to recommend this substance for their patients who meet certain criteria. Prescribers cannot prescribe marijuana. It is understandable that some hospices may wish to pay for the patient's medical marijuana, as it is providing comfort. However, marijuana is a cash-only market, which makes payment difficult, and government reimbursement should not be used to compensate the patient for it.

Within facilities, laws regarding medical marijuana use, storage, and administration can depend on state laws and also individual facility policies – it may even depend on what type of facility it is. Many nursing homes, for example, are regulated and funded by the federal government, and are concerned that non-compliance with federal law by allowing cannabis may result in loss of funding. Assisted living communities, in comparison, are not federally regulated, which lowers such barriers.

The past several decades have shown an increase in the use of medical marijuana. As a growing number of states vote to legalize its medicinal use, there is hope that there will be more research done to show its evidence based use and to further define its role in hospice and palliative care.

**References:**

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Palliative care is appropriate and beneficial for all patients at any stage of serious illness and in any care setting. The updated guidelines are intended to encourage and guide all organizations and all clinicians (including primary care clinicians) across the care continuum. A collaborative interdisciplinary approach within and between all providers is recommended to ensure access, quality, and continuity of palliative care, regardless of the patient's setting, diagnosis, prognosis, or age so that "all clinicians and care settings improve access to all patients in need of palliative care, from the point of diagnosis throughout the illness or eventual death of the patient."

**References:**


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## Upcoming Lunch-and-Learn Presentations

**March: Use of Ketamine for Pain Management in Hospice Care**
Presenter: Karen Bruestle Wallace, PharmD, CGP
Dates: Tuesday, March 12, 2019 at 3:00PM ET; Wednesday, March 13, 2019 at 12:00PM ET

**April: Tools for Managing Pain in Infants and Children**
Presenter: Beth Vogel, MN, MPH, RN, PNP, CHPPN
Dates: Tuesday, April 9, 2019 at 3:00PM ET; Wednesday, April 10, 2019 at 12:00PM ET

RSVP by contacting Suzanne Stewart, Lunch-and-Learn Coordinator, at:
1-800-662-0586 ext. 3303 or sstewart@procarerx.com

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1267 Professional Pkwy., Gainesville, GA 30507

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