

The Changing Nature of My Practice

By Christine Paoletti, MD

When I originally began issuing cannabis approvals in my office, I did so in the evenings — under cover of darkness — to individuals who had obtained my name from the California NORML website. I deliberately separated the cannabis users from my OB/Gyn patients, whom I saw during the day.

This imposed segregation, however, has been dissolving over time. Both groups of patients are now seen throughout the day and often meet and interact in the waiting room. I am finding that, whether it be one of my more “natural-minded” patients, or an outwardly conservative one, the suggestion of considering cannabis as an adjunct to their current therapy, when appropriate, is extremely well-received.

I became a cannabis specialist quite by accident. I had attended medical school at the University of California at Irvine, graduating in 1973. After a residency at UCLA, I had my own solo OB/Gyn practice. I became active in teaching residents, took extra call nights in the emergency room at UCLA/Santa Monica Hospital, and held the position of assistant to the only high-risk obstetrician. I was “on call” 24 hours a week, seven days a week, for 365 days a year.

In 2005 I made a decision to change my life, be with my family, and give quality time to the patients in my practice. I dropped all other medical activities and all insurance plans.

Enter Medicann

To help support me through this transition, one night I answered an ad on Craigslist: “Doctor wanted, flexible hours.” It turned out to be from Medicann, a

chain of clinics overseen by John Talleyrand, MD, that specialized in issuing cannabis approvals.

Out of pure curiosity — and over the objections of my husband, Colin — I decided to give it a try. I was quite certain that I could not do this kind of work and did not expect to finish my first day at the Medicann clinic in Long Beach.

I was really surprised by what people said medical cannabis did for them. I still remember, in particular, a man who was suffering from severe inoperable achalasia (failure to pass food into the stomach). He was unable to keep any food down without first smoking cannabis. It suppressed the nausea/vomiting and also relaxed the tone of muscles in the lower esophagus. Obviously cachexic, he was frantic because, in order to keep part time custody of his children (his wife reported him as a drug abuser), he needed to have a letter and was not sure if he qualified. He actually broke down into tears when he received his letter. I was sold. This was real.

At the Medicann clinic I saw individuals — mostly men — who had rarely spent more than a few minutes with a doctor who cared about them. Compared to the sophisticated female professionals whom I saw in my private practice, these cannabis patients were, for the most part, poor and many were disabled. Although less well educated, they tended to be intelligent, insightful, honest, respectful and immensely grateful for the information that I was able to give them. Sure, there were the teenagers who drove down from Bakersfield to get letters (which I did not give them, by the way); but this type of patient was far less common than the media would have us believe.

I had no doubt that I was filling a genuine need. I left Medicann in July, 2005, having decided to issue cannabis approvals on my own. But I still thought of

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cannabis users as being in a category of their own, distinct from the OB/Gyn patients I saw by light of day. That was then, as the saying goes.

Today I had a 60-year-old new OB/Gyn patient — who I took to be very conservative — asking for any ideas for supplements or diet changes which would help with her newly diagnosed glaucoma. She was frustrated that her ophthalmologist, who had recently broken the news to her, did not have any suggestions in this regard.

I briefly considered the options, took a deep breath, and said, “Well, you know, cannabis helps prevent the increases in intraocular pressure seen with glaucoma. Apparently even the federal government thinks so, since they are still mailing cannabis to patients in their investigational new drug program.”

Silence... A look of disbelief... and finally a big smile on the patient’s face as she began describing what a great time she and her husband had when using the Volcano vaporizer.

Even longstanding patients in my practice, who had always believed that they could not mention cannabis to me, are now relieved when they realize that they can be totally honest with me about

everything.

One patient, who for years had been elusive about her profession, turns out to be a dispensary owner. Two others are planning on starting dispensaries.

Being an advocate of medical cannabis use has really opened up a new dimension to my practice and allows me to take more accurate social histories. I think that it’s fear of rejection, fear of insurance complications, and fear of telling anyone that you’re breaking the law that generally stops patients from telling their doctors about their cannabis use.

At first I was very hesitant to suggest medical cannabis as an option to my OB/Gyn patients, but there began to be times when I could think of no other solutions to my patient’s problems. Often I have felt that I was up against an impossible situation when highly anxious patients with terrible insomnia and resultant fibromyalgia claimed that they had tried “everything” to help them feel better or to sleep. Under these circumstances, I have been known to comment that the two substances known to induce a normal sleep cycle — cannabis and GHB — are considered illicit.

The importance of keeping an open mind about who might be receptive to discussing cannabis use was reinforced for me recently, when one of my old patients, L., returned for an exam, after a long absence. I had originally seen her 18 years ago. She had moved to New Mexico and now she was back in Los Angeles.

On her initial visit L. had asked, out of sheer desperation, for a pregnancy termination because of unrelenting nausea and vomiting from a pregnancy that she had previously wanted very much to keep. She said that her severe case of hyperemesis had not responded to all the conventional treatments (and even some controversial treatments).

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Apparently, somewhere during our interaction that day, I told L. a “story” (as I often do) about a patient who had a similarly unbearable pregnancy and was planning to have an abortion when she discovered that cannabis worked as an anti-emetic. I told L. that although I would not have directly recommended cannabis to this patient, I was glad that she had finally been relieved of her nausea. I added that I had never read about, heard of, or witnessed any complications from smoking cannabis during pregnancy.

L. finished her visit all those years ago, and nothing more was said about the termination. At the time, I really had no idea how she would or did take my story, since she did not seem to be the cannabis-smoking type.

During her recent return visit she pulled out a photo of a handsome 17-year-old boy who would soon be leaving for college. “Look,” she said. “He would not be here today if it had not been for your ‘story’ about marijuana use for nausea.”

Rather than the cannabis recommendations being an addendum to the practice as they originally were, they are now an integral part of my repertoire of potential treatments that are available to the people for whom I care.

I have been consistently pleased by the diversity of women who have accepted cannabis for medical reasons. I am no longer hesitant to mention it as an option, when appropriate, and I make no more assumptions about the type of person who is receptive to the idea of using cannabis as medicine.

It turns out that my interest in cannabis may be a boon to my OB/Gyn practice. Yesterday I saw a new hormone-balancing patient in her sixties who had made an appointment because she saw that I was a cannabis advocate. She had searched the web for doctors who specialize in natural hormone replacement, and was debating between myself and another practitioner. When she Googled my name and saw my Cannadvice site, there was no doubt in her mind about coming here for her care.

Christine Paoletti, MA, MD, FACOG practices medicine in Santa Monica.



CHRISTINE PAOLETTI, MD

The Wearing of the Green



DONALD TASHKIN, MD, checks out a green hemp shirt presented to him by Christine Paoletti and Jeffrey Hergenrather on behalf of the Society of Cannabis Clinicians. The renowned UCLA pulmonologist gave a talk at the SCC’s winter meeting on the impact of cannabis smoking on the lungs. His findings in a nutshell: cells are damaged but don’t become cancerous. COPD is not made worse.