

# MR. ATTORNEY GENERAL, LISTEN TO the DOCTORS AND PATIENTS on MEDICAL

#### John Ashcroft, Meet a Cancer Victim

**MARIJUANA** 

I want A.G. Ashcroft to leave his desk, come into the chemotherapy suite and participate in the real consequences of his choices. I want him to meet the bald, frail woman lying in the hospital bed next to mine in the chemotherapy suite. I want this 70-year-old woman to ask him the same medical question she asked me.

Because I was a cancer patient receiving chemotherapy at the same hospital where I worked, the women with whom I shared the suite quickly surmised that I was also a doctor. The clues were obvious: the colleagues dropping by, the "doctor" salutations from co-workers and the odd coincidence that one of my suite mates was also one of my patients.

I braced myself for this woman's question, both wanting to make myself available to her but also wishing that the world could forget that I was a doctor for the moment. After receiving my cancer diagnosis, dealing with surgery and chemotherapy and grappling with insistent reminders of my mortality, I had no desire to think about medicine or to experience myself as a physician in that oncology suite. And besides, the chemotherapy, anti-nauseants, sleep medications and prednisone were hampering my ability to think clearly.

So, after a gentle disclaimer about my clinical capabilities, I said I'd do my best to answer her question. She shoved her IV line out of the way and, with great effort and discomfort, rolled on her side to face me. Her belly was a pendulous sack bloated with ovarian cancer cells, and her eyes were vacant of any light. She became short of breath from the task of turning toward me.

"Tell me," she managed, "Do you think marijuana could help me? I feel so sick."

I winced. I knew about her wretched pain, her constant nausea and all the prescription drugs that had failed her some of which also made her more constipated, less alert and even more nauseous. I knew about the internal derangements of chemotherapy, the terrible feeling that a toxic swill is invading your bones, destroying your gut and softening your brain. I knew this woman was dying a prolonged and miserable death.

And, from years of clinical experience, I - like many other doctors - also knew that marijuana could actually help her. From working with AIDS and cancer patients, I repeatedly saw how marijuana could ameliorate a patient's debilitating fatigue, restore appetite, diminish pain, remedy nausea, cure vomiting and curtail down-to-the-bone weight loss. I could firmly attest to its benefits and wager the likelihood that it would decrease her suffering.

Still, federal law has forbidden doctors to recommend or prescribe marijuana to patients. In fact, in 1988 the Drug Enforcement Agency even rejected one of its own administrative law judge's conclusions supporting medicinal marijuana, after two full years of hearings on the issue. Judge Francis Young recommended the change on grounds that "marijuana, in its natural form, is one of the safest therapeutically active substances known to man," and that it offered a "currently accepted medical use in treatment."

Doctors see all sorts of social injustices that are written on the human body, one person at a time. We see poverty manifest as a young father who suffered a stroke because he could not afford cholesterol-lowering medications.

We see racism and sexism evident in the dearth of research that could specify whether our hypertensive patient might respond differently to standard treatments based on white male norms. We see the desperate and damaged homeless arrive in emergency rooms to receive health care on a crisis-to-crisis basis that rarely ever offers cure.

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These social injustices are gargantuan problems that cannot be fixed in the clinic, and their remedies can only come from broad public reform. But this one the rote denial of a palliative care drug like marijuana to people with serious illness - smacks of pure cruelty precisely because it is so easily remediable, precisely because it prioritizes service to a cold political agenda over the distressed lives and deaths of real human beings.

The federal obsession with a political agenda that keeps marijuana out of the hands of sick and dying people is appalling and irrational. Washington bureaucrats - far removed from the troubled bedsides of sick and dying patients - are ignoring what patients and doctors and health care workers are telling them about real world suffering. The federal refusal to honor public referendums like California's voterapproved Medical Marijuana Initiative is as bewildering as it is ominous. Its refusal to listen to doctors groups like the California Medical Association that support compassionate use of medical marijuana is chilling.

In a society that has witnessed extensive positive experiences with medicinal marijuana, as long as it is safe and not proven to be ineffective, why -shouldn't seriously ill patients have access to it? Why should an old woman be made to die a horrible death for a hollow political symbol?

I want Attorney General Aschroft to wipe the vomit off this woman's chest, help lift her belly so she -doesn't hurt as much when she rolls onto her back, and explain straight to her grimacing face why she -can't try marijuana. I want him to tell me why it does not matter to him that almost every sick and dying patient I've ever known who's tried medical marijuana experienced a kinder death. Face to face, I want him to explain all these things to her and to me and to the heartbroken family who is standing by.

Note: Kate Scannell is an Oakland-area doctor who is co-director of the Northern California Ethics
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This article can be found at:
http://www.mapinc.org/media/388

This information provided by the Mercy Center of Salem (MCRC- Medical Cannabis Resource Center) 1695 Fairgrounds Rd., Salem, Oregon, 97303.

Phone 503.363-4588 or visit: pdxnorml.org/orgs/mcrc

## What you can do about it

Well, one thing is End Cannabis Prohibition - the War on Some of the Potheads. Register, Vote and get EVERYBODY you know to do so as well. Get Involved. Seek out and Join Up with like minded individuals and groups in your community in this and other actions. Host events and parties where the main purpose is to Write, Call, Email, Visit ... communicate in every way possible to/with-

- Congress, Attorney Generals Office, DEA, Drug Czar, Newspapers, Organizations, Businesses, Family, Friends ... Enemies. Everyone!

At the least, Demand an end to destruction of medical research, an end to the raids on activist leaders, a cessation of the lie that cannabis has no medical value whatsoever and an overall respect for state rights.

### How can I help implement medical cannabis?

- 1. Tell everyone (see above) about your anecdotal experience (what happen to your body in your own words) when you use marijuana medically especially as opposed to other drugs you've taken.
- Educate and prepare yourself so you can properly share the information with people that think they are opposed.
   Join up with groups currently engaged in this and get others involved.
- 3. Don't flaunt your medical marijuana usage. Be considerate and use responsibly as you would any other medicine. Medicating should be personal.

#### Web sites to visit:

The OMMA Webpage > www.omma1998.org <

Contigo-Conmigo > http://www.or-coast.net/contigo/ <

1999 Institute of Medicine/National Academy of Sciences Report "Marijuana And Medicine: Assessing The Science Base" By Janet E. Joy, Stanley J. Watson, Jr. And John Benson Jr., Editors >www.nap.edu/catalog/6376.html<

#### Books to get and read:

Marijuana Medical Handbook by Rosenthal, Gieringer and Dr. Mikuriya, "A Guide to Therapeutic Use". ISBN#0-932551-16-5 \$16.95

<u>Is Marijuana The Right Medicine For You?</u> By DR's Zimmerman, Bayer and Crumpacker, ISBN#0-87983-906-6 (Keats 1998)

<u>The Emperor Wears No Clothes</u> By Jack Herer, The Original Hemp Bible. ISBN#1-878125-02-8 \$24.95