"What seems evident is that cannabis is addressing the unmet clinical aims for many patients with intractable clinical problems, whether neuropathic, musculoskeletal, and cancer associated pain, arthritis, head injury, stroke, migraine, asthma, nausea, epilepsy, glaucoma, or long neglected areas of obstetrics and gynecology" - Ethan Russo MD

A Physician Can:

- Discuss, fully and candidly, the risks and benefits of medical marijuana.
- Recommend (or approve, endorse, suggest, or advise, etc.) in accordance with their medical judgment, marijuana for patient use.
- Record in their patient's charts discussions and recommendations of medical marijuana.
- Sign a government form or otherwise inform state or local officials that they have recommended medical marijuana for particular patients.
- Testify in court or through written declaration about recommending medical marijuana.
- Educate themselves about the medical benefits of medical marijuana, its various clinical uses and methods of ingestion.

A Physician Cannot:

- Prescribe medical marijuana; this includes writing a recommendation on an Rx form.
- Assist patients in obtaining marijuana.
- Cultivate or possess marijuana for patient use.
- Physically assist patients in using marijuana.
- Recommend marijuana without a justifiable cause.

Definitions
Section 3 (from the act)

(a) "Debilitating medical condition" means one or more of the following:
(1) Cancer, glaucoma, positive status for human immunodeficiency syndrome, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's Disease, nail patella, or the treatment of these conditions.
(2) A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia, or wasting syndrome, severe and chronic pain, severe nausea, seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.
(3) Any other medical condition or its treatment approved by the department, as provided by in Section 5(a)

(f) "Physician" means an individual licensed as a physician under Part 170 of the public health code, 1978PA 368. MCL 333.17001 to 333.17084, or an osteopathic physician under Part 175 of the public health code, 1978 PA 368, MCL 333.17501 to 333.17556

(h) "Qualifying patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.

(i) "Written Certification" means a document signed by a physician, stating the patient’s debilitating medical condition and stating that, in the physician’s professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient’s debilitating medical condition, or symptoms associated with that debilitating medical condition.
How Are Physicians Protected Under The Law?

Physicians Are Protected Under Federal Law:

The U.S. Supreme Court has ruled that doctors may discuss medical marijuana with their patients and may issue written recommendations for its use as part of a comprehensive treatment plan - Conant vs. Walters, 309 F.3d 629 (2002)

Also, Under Michigan Law:

A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by the Michigan Board of Medicine, the Michigan Board of Osteopathic Medicine and Surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, in the course of a bona-fide physician/patient relationship and after the physician has completed a full assessment of the qualifying patients medical history, or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.

Alternatives to Smoking Cannabis:

Capsules: Cannabis can be ground into a powder and placed into capsules for internal consumption.

Vaporization: A device that heats the plant material hot enough to release its therapeutic elements, but not hot enough to burn.

Food & Drink: Cannabis can be cooked into foods and added to beverages.

Tincture: Vegetable oil based cannabis tinctures may be applied to skin or mucous membranes.

What Is the Efficacy of Cannabis?

Research shows that medical marijuana has properties beneficial to all the conditions described in the new state law. Research also shows medical marijuana has therapeutic and palliative properties alleviating these debilitating conditions. Analysis has shown that there are dozens of compounds within cannabis that may have medicinal and therapeutic benefits including terpenes, flavinoids, carotenoids and phytosterol components. There is increasing evidence that the biological effects of cannabis are not produced by one unique compound, instead, the combination of many cannabis extracts is yielding pharmacological results greater than the sum of its individual parts. In this brochure, we will reference three of the many medically researched cannabinoids.

Cannabidiol (CBD): A major cannabinoid, it is non-psychoactive, but it does appear to have sedative effects. Research has shown it helps relieve convulsion, nausea, inflammation, and anxiety. A recently published review suggests an even wider range of use including treatment of Parkinson's disease, Alzheimer's disease, epilepsy, cerebral ischemia, diabetes and rheumatoid arthritis. There are also potential beneficial properties in its use as an anti-convulsant, and neuro-protectant, and it was found to be a more effective anti-inflammatory agent than aspirin. CBD was given to patients with dystonia disorders and all patients showed improvement by 20% to 50%. In another study, 50% of epileptics given treatment with CBD were free of convulsion, while another 37% showed partial improvement. Some patients that had incomplete responses to treatment for Tourette's syndrome noted significant amelioration with cannabis treatment. This effect may be related to its anti-reducing properties, but an antidysskinetic effect cannot be ruled out.

Cannabichromene (CBC): Is another non-psychoactive compound in cannabis and clinical evidence suggests CBC plays a role in the anti-inflammatory and analgesic effects of cannabis. One study found that its anti-inflammatory activity was superior to phenylbutazone and that it had strong antibacterial and anti-fungal qualities as well.

Another study has also shown it to have significant properties as an anti-depressant.

Cannabigerol (CBG): Like the other two compounds, CBG is also non-psychoactive, and has been found to lower blood pressure and causes a significant reduction in ocular tension with chronic administration, thereby bringing relief to glaucoma patients.

1 Mechoulamar; M Peters Murilo-Rodriquez (21 Aug 2007) “Cannabidiol: Recent Advances, Chemistry and Biodiversity” doi1002/cbdv200790147 PMID17712814
2 Antonio Zuardi "History of Cannabis as Medicine: A Review" Revista Brasileira de Psiquiatria 2006
3 D. Ryan, A. Drysdale, C. LaFourcade, R. Pertwee, B. Platt School of Medical Sciences, University of Aberdeen, U.K.
6 "Chronic Administration of Cannabidiol to Healthy Volunteers and Epilepsy Patients" Psychopharmacology, Vol 8 1981 No. 21 pp4175-4275
8 MA Elsohly "Biological Activity of Cannabichromene, and it's Homologs and Isomers" Journal of Clinical Psychology 1981 21:2835-2945
9 Musty RE "Natural Cannabinoids: Interactions and Effects" Medicinal Uses of Cannabis and Cannabinoids ISBN 0 85369 517 2
10 Colasanti BK, Craig CR, Allara RD "Intraocular Toxicity and Neurotoxicity After Administration of Cannabinol or Cannabigerol" PMID 6499952