

Last chance

I'm not a fan of cancer (or the Canucks either if I think about it). However, both of these have a way of affecting my life. The Canucks I can't do anything about (can anyone?) but I chose the Ride to Conquer Cancer as my fundraiser this year. This is a 2-day supported 250 km bicycle ride from Vancouver to Seattle.

Vascular disease remains the number one cause of mortality in North America, but often its victims are older and have lived a life of inactivity, overeating, and smoking. I don't think any other disease leaves the legacy of sorrow that cancer does. Its victims are often young healthy people in the prime of their lives. Their suffering and that of their families and friends is often beyond my comprehension. It is these stories of suffering that were shared during the ride that will stay with me forever. Despite my outwardly sarcastic and often insensitive exterior, I am a "feeler," and I wasn't on the ride for very long before I began to tear up. As we were gathered at the start in the Guildford Mall parking lot, four cancer survivors accompanied a riderless bike up the middle of the crowd. This bike represented all those who couldn't take part as they were currently fighting or had succumbed to this horrible disease. Good thing I was wearing sunglasses. This event is most amazing not for the bicycle riding, but for the more than 2000 people who bonded together, each affected by cancer in some way.

I met a father who had recently lost his infant son, a mother who had traveled from Alberta to support her son suffering from a brain stem tumor, a man who had lost his leg to childhood cancer bravely riding in memory of his father, and so many more.

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Cancer survivors proudly ride with a yellow flag on their bicycles. On the second day I was riding beside a young man with such a flag who shared his story with me. He had moved from Australia and was training for an Ironman marathon when he began to experience overwhelming fatigue. He was found to be dangerously anemic due to advanced colon cancer. He had wanted to do the ride last year but remained too ill from his chemo to participate. This year his major sponsors offered to double their donations if he was the first cancer

survivor to finish. Not only did he accomplish this goal, but he was met by his mother and sister who had traveled secretly from Australia to celebrate his ride. More tears.

On the first day I noticed that a young man riding beside me was clearly a huge cycling fan. He was decked out in the complete Garmin Transitions team uniform. (Garmin is an American professional cycling team based in Europe.) This young man had all the gear—jersey, shorts, helmet, shoe covers, even the team bike. Wait a second, his name is stenciled on his bike. You moron—that's because he is on the team. Amazed at my stupidity (I know none of you are) I listened to his story. Not chosen for the Tour de France squad, he had come back to BC to compete in some of the local pro races, but mostly to participate in the Ride to Conquer Cancer in honor of his brother, who died last year of a brain tumor. He even got a tattoo after his brother's death to remind him that you never know what's going to happen in life, so enjoy what you are doing and do it well. He had this tattoo placed on his inner left forearm so that it is ever-present when he races his bike.

These stories and many more have moved me to do my part to fight this disease, because as the tattoo reminded me, you never know when it is going to be your LAST CHANCE.

—DRR

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General Practice Services Committee

Medical marijuana

It is often problematic when patients request a particular medication, particularly when the clinician has reservations about the request. Examples in everyday practice include requests for sleeping pills and analgesics, or antibiotics for nonbacterial illness. However, for most of us, few requests generate more apprehension than a request for so-called medical marijuana. Despite this, BC still has the highest per capita use of medical marijuana in Canada.

In my opinion, medical marijuana is no more medical than so-called medicinal alcohol. In 2001, Health Canada delegated the responsibility for prescribing medical marijuana to physicians to treat serious illnesses unresponsive to conventional treatment. The criteria for accessing medical marijuana are relatively stringent. Access to medical marijuana can be obtained by completing Health Canada's Medical Practitioner's Form B1 or Form B2. Form B1 asks you to confirm that your patient has a malignancy or degenerative neuromuscular condition, on the premise that most physicians would consider this use of medical marijuana a type of palliative therapy. This form takes 5 minutes to complete. Form B2 is for those very unusual situations that do not fit the criteria for Form B1 and requires endorsement or completion of the form by a specialist. This form takes 10 to 15 minutes to complete. Far easier, however, is a form supplied by the BC Compassion Club Society (BCCCS), which is a series of check boxes and takes only a minute to complete. However, unless you are a pharmacologist specializing in cannabinoids, about the only statement that you can reasonably agree with (in accordance with the recommendations of the College of Physicians and Surgeons of British Columbia) is that "this patient has reported that his/her symptoms are helped by cannabis."

Most physicians are unaware that the BCCCS Practitioner's Statement does not grant patients a federal authorization to possess marijuana and does not protect your patient from prosecution. Practically, however, police are usually reluctant to prosecute a patient who has a physician endorsement for possession of marijuana. The BCCCS medical access forms are far less prescriptive than the federal access forms, hence their use by patients with conditions that are far from palliative and which include chronic headaches, anxiety, and even Axis I disorders. Requests from these patients can leave me truly baffled.

- Why would I recommend a substance that has over 60 different cannabinoids whose actions and effects I know nothing about?
- How can I recommend a substance that has no quantifiable strength?

- At what point does the function of a substance that is almost always used recreationally become medical?
- Why would the CMPA recommend that I have patients complete the release form for medical practitioners when endorsing marijuana? Will this really protect me against any claims?

In short, I, like most of you, will move heaven and earth to ensure the comfort of my patients in need of palliative care, even to the point of prescribing THC and, on occasion, completing the federal access form for medical marijuana. But to all the other patients wishing my endorsement to sail the misty, uncharted waters where I don't belong and don't want to be—don't ask me.

—WRV



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