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8 Deputy M. Tadier of the Minister for Health and Social Services regarding the continued employment of a Pain Consultant following comments made to the media regarding the use of medicinal cannabis: [OQ.15/2019]

Further to comments made to the media by a leading pain consultant reported on 19th November 2018 regarding the use of medicinal cannabis, is it the Minister's assessment that consultants who indicate they will not act in accordance with the decisions of the States Assembly should remain in the employment of the States of Jersey?

The Deputy of St. Ouen (The Minister for Health and Social Services):

The proposition adopted by the Assembly was permissive and not mandatory. It allowed all medical professionals with the right to prescribe medicines the option to prescribe cannabis-derived medicinal products. For centuries the concepts of clinical autonomy and professional independence have underpinned the practice of medicine in the western world. If I interpret the question correctly, it now appears the questioner considers medical professionals should prescribe under direction of this Assembly or risk their continued employment should they not do so. It has been suggested in the past that there has been a bullying and harassment culture in some parts of the States administration. As States Members, I am sure we will look forward to the imminent launch by the States Employment Board of its bullying and harassment policy. I trust Members will join me in condemning any suggestion that we should impose direction on our medical staff in the way they exercise their professional judgments in the best interests of their patients. The decision on whether or not it is clinically appropriate to prescribe a cannabis-based product must rest with our medical professionals and not States Members. Medical professionals should not feel their employment is at risk if they exercise their clinical judgments in a way that might not meet with the approval of certain States Members. Rather, I hope States Members would share with our medical professionals a desire to seek out good research and proven evidence for the effective use of cannabis in medicine.

3.8.1 Deputy M. Tadier:

There is clearly a difference between us saying or the Minister saying: "We expect you to prescribe" and a specialist saying: "I will not prescribe under any circumstances this medicine, even though I am allowed to", which is the current state of affairs. Let us put this in context. The Minister opposed the move to allow all G.P.s (general practitioners) to be able to prescribe medicinal cannabis saying that we did not need to because he wanted specialists only to be able to prescribe it. In his comments he said: "Legislation is currently being drafted, which would enable certain specialists, including this specialist in question, in Jersey to legally prescribe quality-assured cannabis-derived medicinal products." He was drafting a law to allow his specialist to be able to do that. It surely must put the Minister in a difficult position when we have pretty much the only one that I can see in Jersey who had the ability to prescribe it saying: "I will not prescribe it, even though the law now allows me to." That is overstepping the mark about permissiveness. He has become political and surely it is time for him either to be reined-in or to be got rid of. Can the Minister comment on that differentiation between permissiveness and insubordination from what is, effectively, a States employee?

The Deputy of St. Ouen:

I consider the Deputy's remarks appalling. He is passing comment on the professional judgment of a gentleman who has spent many years in Jersey addressing difficult issues that Islanders suffer when

they are trying to manage their pain and he is doing so in the best interests of his patients. What he has said is, having looked at the professional guidance available to him issued by royal colleges, that he does not envisage being able, within his professional guidance, to administer cannabis-based medicines at the moment. But he has also said that he is willing to investigate the possibility of clinical trials taking place with the patients under his care, should they wish to join any trials, and that is what is happening in the U.K. now. Because those same professional guidelines are being considered by U.K. consultants who are equally in a position where they feel that there is insufficient evidence and clinical trials at this stage to start prescribing against their better judgments. This House, this Assembly, I believe, should support our clinical professionals in seeking to develop that evidence base so that our Islanders can take advantage, if there should be found to be a medicinal case for the use of cannabis. I should also mention that these products and cannabis-based medicines are used and are being prescribed for certain conditions. I think the Deputy's question revolves around a particular element of pain control but cannabis-based medicines are used to treat epilepsies and used, in some cases, for neurological conditions, such as M.S. (multiple sclerosis) and for persons receiving chemotherapy treatments. In all of those I think there is a far greater evidence base for the use of cannabis-based medicines and, therefore, the medicines are being prescribed in those sorts of cases.

3.8.2 Deputy M.R. Higgins:

As it appears that the consultant is trying to thwart what the States was trying to achieve, which was to give pain relief to those who are suffering, will the Minister now support allowing G.P.s to prescribe these medicines if the consultants are not prepared to?

The Deputy of St. Ouen:

It is the case that G.P.s are permitted to prescribe, should they choose to do so. That is what the Assembly decided upon and that is the order that I signed and came into force on 1st January. Every person with the right to prescribe medicines, which would include consultants or G.P.s and some prescribing nurses, have that power, should they think it clinically appropriate to prescribe in that way.

3.8.3 Deputy R.E. Huelin of St. Peter:

I was delighted to hear that the pain consultants would entertain the idea of clinical trials. May I please request that the Minister and myself and my 2 parishioners, who are in chronic pain on every single minute of every single day, meet with the pain consultant and yourself with a view to starting a clinical trial or these 2 volunteering to be clinical trialists? I am not sure if guinea pigs is right.

[11:45]

The Deputy of St. Ouen:

I am very willing to meet with the Deputy. Any clinical trial would be not solely a Jersey trial; it is likely to come from a U.K. teaching hospital or a university and we would seek to join in in some way, so that is being investigated. But, certainly, I will meet with the Deputy should he wish.

3.8.4 Deputy M. Tadier:

It simply does not make sense for the consultant to say: "On the one hand I am not going to prescribe these products because my professional guidelines do not allow me to" but at the same time saying: "But I am going to be doing trials for which I will need to prescribe medicinal cannabis" and the 2 are mutually contradictory. Will the Minister confirm that his comments, again issued to P.113, say that consultants must make decisions on prescribing cannabis-based products on

medicinal use on a case-by-case basis? What we are having here is not a case-by-case basis methodology adopted by a consultant but a blanket statement to the media saying: "I will not issue these because my professional guidance does not allow me to", even though the professional guidance is out of date and is wrong.

The Deputy of St. Ouen:

It was a rather rambling question. I am not too sure exactly what the Deputy is asking me to respond to. Of course, any medical practitioner would be considering the best interests of the patient before him at any one time. Should that practitioner consider that the prescribing of a cannabis-based medicine is appropriate in that case, notwithstanding professional guidance, then the medical practitioner would be at liberty to prescribe and would do so because he considers it to be in the patients' best interests. But it is a heavy burden to discharge, to go against your professional guidance, to embark upon something that is not yet proven or supported by clinical trials or evidence-based but we can understand from a professional point of view that professional guidance would carry great weight with any professional. But, of course, the question is always: "What is the best for my patient?" That is how I am confident that our practitioners would proceed.