SENATE JUDICIARY
EXHIBIT NO. 10
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BILL NO. SB 170

Testimony on SB 170
Senate Judiciary Committee
31Jan11

My name is Edwin L. Stickney. My Montana medical license #2687 was granted on examination by the Board of Medical Examiners on the 6th of April, 1955.

I practiced Family Medicine 5 ½ years in Broadus, 37 years in Miles City and 13 months in Billings before retiring in 1999. In 1968, I was president of the Montana chapter of the Academy of General Practice (the next year it became the American Academy of Family Physicians), and in 1986 I was president of the Montana Medical Association.

I strongly oppose SB 170. I think it misunderstands the reality of chronic pain and goes about trying to ensure that all physician recommendations for marijuana are valid in an unfair, even backwards way that in fact would set dangerous and unacceptable precedents.

About a year ago, we heard a great deal about the prospects of "big government death panels." What I don't understand is why it would make any sense at all, morally or medically, to create "big government pain panels" in which physicians who have never even met a particular patient would decide, over a webcam, whether decisions made by a doctor who HAS visited personally with the patient, are justified.

Remote webcam decisions have been part of the problem, and they won't succeed as a solution! Indeed, to be blunt, any physician who would willingly serve on the kind of "government pain panel" SB 170 envisions is a physician to whom I would never refer a patient.

I have studied the extensive published literature on marijuana's medicinal effects, and pain relief is perhaps the best documented benefit this natural plant can offer. My experience with patients strongly suggests that medical marijuana can allow a pain patient to reduce or eliminate the need for narcotics, resulting in a far higher quality of life and productive functioning. SB 170 would unfairly obstruct meaningful, needed relief for a great many Montanans – in effect punishing patients for the gross exploitation of the law by others (operators of so-called "caravan clinics").

It is shoddy "clinics" that legislators should stop, not the practice of conscientious medicine by physicians who adhere faithfully to the standards of practice policies of the Board of Medical Examiners.

SB 170 offends my professional sensibilities in another important way as well. It would dictate that pain patients must suffer the experience of failing to receive adequate treatment for a "reasonable" (but undefined) length of time before being eligible for a marijuana recommendation. But, in my judgment, there is no such thing as a "reasonable" period of time for requiring a patient to endure a treatment that is inadequate.

SB 170 would put state government in the middle of professional doctor-patient relationships in an unprecedented, unprofessional way. I fear it would establish a slippery slope leading inevitably to a broader range of intrusions, with people who have earned licenses to practice medicine having their judgment second-guessed or curtailed by legislators and bureaucrats who do not have the expertise to interfere at all.

I urge the Senate Judiciary Committee to reject SB 170.

Montana's medical marijuana law is making a very important and positive difference in the lives of all the cannabis patients I have met. The law deserves to be "fixed," not broken in a brand new, unprecedented way.

It would make far more sense to require that recommending physicians have AMA-approved education on cannabis science; that they meet personally and review medical records of any patient for whom they recommend cannabis; and that they adhere to all of the standards of practices policies that already have been designed carefully to ensure quality decision-making. This kind of approach would end the problems that have occurred without causing new problems and unnecessary suffering.