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Attitudes and experiences about medical cannabis in palliative care patients and caregivers in Thailand: a qualitative study

Abstract

Background: Although cannabis has been introduced to alleviate symptoms in palliative care patients for decades, research on the attitudes and experiences of patients and their caregivers regarding its use remains limited. This qualitative study explores their perspectives on this newly legalized treatment option.

Methods: A purposive sample of 20 participants (12 patients, 8 caregivers) visiting cannabis or palliative clinics (May–November 2023) were interviewed face-to-face using semi-structured questions. Interviews were recorded, transcribed, and analyzed thematically until saturation was reached. Triangulation techniques ensured data credibility.

Results: Six major themes were identified: 1) attitudes toward medical cannabis, with some viewing it as medicine and others as an illegal drug; 2) reasons for medical cannabis use, mostly used for symptom relief, with some hoping to cure diseases; 3) sources of information, from cannabis users, healthcare providers, and the internet; 4) issues of support, family and physicians being a major role influencing patients' decisions to use cannabis; 5) barriers, access being impeded by the perspectives of some physicians and social judgment; and 6) medical outcome perception, effects of medical cannabis varied considerably between individuals.

Conclusions: While some patients and their caregivers consider medical cannabis as an alternative drug, concerns about social judgment, attitudes about illegal drugs, safety concerns, and a reluctance among healthcare providers to discuss or recommend cannabis, remain barriers to access. Information from this study could in part be used for healthcare professionals to consider the use of cannabis in these patients.

Palliat Med Pract

Keywords: medical cannabis, palliative care, caregiver, qualitative study, attitudes, experiences

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Palliative Medicine in Practice
Copyright © 2024 Via Medica, ISSN 2545–0425, e-ISSN 2545–1359
DOI: 10.5603/pmp.100055

Received: 2.04.2024 Accepted: 26.06.2024 Early publication date: 24.07.2024

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Introduction

Recommendations for the use of cannabis in various medical conditions have been increasing recently [1–3]. This is as evidence has demonstrated the benefits of cannabis in patients with pain, nausea, anorexia, muscle spasticity, and depression [4–6]. Cannabis produces a variety of chemical compounds called cannabinoids, of which over 100 have been identified [7]. Concerning medical cannabis, delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are among the most frequently used chemical compounds [3]. THC is the primary psychoactive compound in cannabis, responsible for the “high” sensation associated with recreational marijuana use. However, THC also demonstrates analgesic, antiemetic, and appetite-stimulating properties, making it potentially beneficial for palliative care patients [7]. CBD, on the other hand, is non-psychoactive and does not produce a “high”. CBD is increasingly recognized for its potential therapeutic effects, including reducing anxiety, inflammation, and pain [7].

Cannabis has been introduced as a treatment to alleviate symptoms in palliative care patients for a few decades [8]. Strong evidence has indicated the benefits of cannabis use to alleviate disturbing symptoms in cancer patients receiving palliative care [9]. In Thailand, cannabis has been legalized for medical purposes, including in palliative care [10–12]. While opioids, *e.g.*, morphine, have been the primary choice for controlling severe pain in palliative care settings, there is growing interest in exploring medical cannabis as an adjunctive therapy to conventional palliative care treatments.

Since 2020, Lampang Hospital has made THC and THC:CBD 1:1 available at the palliative care clinic for advanced cancer patients with disturbing symptoms. All THC and THC:CBD 1:1 have been prescribed in palliative care patients by physicians concerning the medical indications, to relieve disturbing symptoms and enhance overall quality of life. Despite supportive evidence, information about attitudes and experiences about medical cannabis in palliative care patients and their caregivers is still minuscule. The study aims to explore attitudes and experiences with medical cannabis in palliative care patients and their caregivers.

Methods

Study design and participants

This research was conducted in a phenomenological qualitative [13] manner to explore the attitudes and experiences of patients and their caregivers about the use of medical cannabis. This study purposively

sampled either patients, aged 18 or above or their caregivers who visited a cannabis clinic or palliative clinic at Lampang Hospital from May to November 2023. Participants were excluded if they did not speak Thai or were unable to participate in the interview until the end.

Data collection

The consent form was provided to the samples before the interview. Face-to-face semi-structured interview was conducted with all interviewees in a private room approximately 20 minutes per person. The interview guide, consisting of open-ended questions, focusing on patients’ attitudes and experiences about received information, supports, and side effects concerning cannabis use, was developed by the authors, and validated by a palliative care specialist and a research methodologist.

During the interviews, audio recording and note-taking were applied. Transcription of the interview data was carried out afterward. To ensure confidentiality, the first author assigned code numbers to the data, replacing any identifying information about the patients. Method triangulation and data triangulation techniques were employed, using multiple sources of information including direct observation and interviews with both patients and caregivers, to increase the credibility [14, 15].

Data analysis

Collected data were categorized into themes using the thematic analysis [16]. Data gathering and analysis continued until the data saturation occurred, which was determined using the code frequency counts technique [17, 18]. Through investigation triangulation, the authors reviewed and discussed the results together, leading to the development of themes [14].

Ethical issues

This study was approved by the institutional review board of Lampang Hospital, Lampang, Thailand (EC 039/66). This study was conducted by the Declaration of Helsinki.

Results

A total of 20 people were interviewed, including 12 patients and 8 caregivers. The characteristics of the samples are shown in Table 1.

Table 2 demonstrated the results of the interviews, which were summarized into 6 themes: attitude toward medical cannabis, reasons for medical cannabis use, source of information, issue of support, barrier, and medical outcome perception.

Table 1. Patient and caregiver characteristics

Characteristics (n = 20)	No.	[%]
Males	9	45.00
Source of information		
Patient	12	60.00
Caregiver	8	40.00
Patient age — mean (SD)	59.25 (7.78)	
Education level		
Elementary school	12	60.00
High school	5	25.00
Diploma or above	4	20.00
Primary cancer		
Prostate cancer	7	35.00
Hepatobiliary tract cancer	4	20.00
Stomach cancer	3	15.00
Breast cancer	2	10.00
Rectum cancer	2	10.00
Gynecologic cancer	2	10.00
Current cannabis use	14	70.00
Duration of cannabis use		
0–3 months	12	60.00
4–12 months	1	5.00
> 12 months	7	35.00
Palliative performance scale		
PPS > 60	13	65.00
PPS 40–60	2	10.00
PPS < 40	5	25.00

SD — standard deviation; PPS — palliative performance scale

Attitude of medical cannabis

Participants expressed a mix of views on medical cannabis. Many saw it as a potential therapeutic agent (subtheme: *Medical product*). However, some held negative associations with addiction and illegal drugs, creating stigma and hindering use (subtheme: *Illegal drugs*). Concerns arose regarding its safety due to limited medical history (subtheme: *Safety concerns*). While some believed it was safe, others worried about long-term risks, especially with increased dosage.

Reasons for medical cannabis use

Decisions to use medical cannabis varied. Some patients followed recommendations from trusted individuals, including cannabis users who shared positive experiences like improved sleep and well-being (subtheme: *Others' suggestions*). Most palliative care patients understood their conditions were incurable. They often held onto hope for a cure or disease

control, using medical cannabis as a last resort (subtheme: *Last resort for palliative patients*). Patients with persistent symptoms like pain, fatigue, and insomnia found hope in its ability to alleviate these issues and improve quality of life (subtheme: *Hope to relieve symptoms*).

Source of information

Many patients and caregivers trusted cannabis users' recommendations, valuing their firsthand experiences (subtheme: *Insights from cannabis users*). The information received was often positive, focusing on improved sleep, appetite, and overall well-being. While some received information from healthcare providers, it was typically balanced, clarifying that cannabis is not a cure for cancer and outlining both potential benefits and risks with guidance on usage (subtheme: *Information from healthcare providers*). Patients also accessed information through various channels like the Internet, books, and videos (subtheme: *Internet and other*).

Issue of support

Family played a crucial role in influencing decisions. Their support included recommending medical cannabis and sharing gathered information. Families often held onto hope for improvement with this treatment (subtheme: *Role of family support*). Doctors often remained neutral or supportive regarding medical cannabis requests. Instead of actively opposing, they often provided information relevant to the patient's condition and even facilitated access (subtheme: *Doctors' information about cannabis as an alternative*).

Barrier

Negative societal perceptions of medical cannabis, despite its established applications, influenced initial engagement for both patients and their support networks (subtheme: *Social judgment*). Healthcare providers also presented barriers. Some doctors held negative views on medical cannabis, concerned about potential addiction and preferring to prescribe morphine (subtheme: *Doctor barrier*). This made accessing medical cannabis challenging. Additionally, some patients reported having to be in severe conditions before doctors would even consider medical cannabis as a treatment option.

Medical outcome perception

While some patients reported positive experiences like improved appetite, sleep, and symptom management (subtheme: *Perceived benefits*), others experienced adverse effects like palpitation, dizziness, and excessive sleep (Subtheme: *Side effects*).

Table 2. Theme and subthemes from interviews

Theme	Subtheme	Exemplar Quotes
Attitude of medical cannabis	Illegal drugs	"It depends on the patient's willingness to accept this because the stigma associated with drug addiction can make it difficult for patients to admit that" (P1)
	Medical product	"Medical cannabis is a medicine that can treat cancer and other diseases. It can also relieve pain" (C2) "[Cannabis] is a drug, an herbal medicine" (C7)
	Safety concern	"I think it is safe, but I have only used it once. I cannot comment on the long-term effects" (P11) "It is not dangerous because we did not use a large amount. We used only a small amount" (P5)
Reasons for medical cannabis use	Others' suggestions	"There is a claim that cannabis is beneficial. I purchased it in the same way as the person who had given it to me as a gift. I tried any product that they said was good" (P3)
	Last resort for palliative patients	"Father is in pain and suffering [...]. If other people have tried something and it worked, we want our father, who is in a severe condition, to get better" (C7) "Let's try it. Let's see if it will be good. There is nothing to lose" (P11) "[I] hoped that it will help to slow down the cancer progression. It is not expected to be 100% effective, as chemotherapy. However, I am elderly and content to live for a few more years" (P4)
	Hope to relieve symptoms	"I expected that it would help me eat a lot and sleep well when applied before bed. It is not expected to cure, but to relieve" (P9) "[Patient] had been experiencing severe pain that over-the-counter pain medication was not effective. So, he decided to try medical cannabis in the form of sublingual drops" (C5)
Source of information	Insights from cannabis users	"He learned about it from his friend [...]. His friend said he slept well, felt good, and ate well. Now, the friend who used cannabis is back to his normal self" (C4) "I learned about it from patients who had used it and had improved, and they told others that it would help relieve pain" (P10)
	Information from healthcare providers	"I received information from this hospital from a female doctor at the cannabis clinic" (C2) "We obtained [information] from the cannabis and pain clinic. We were afraid to obtain it from other sources or buy it [medical cannabis] from outside sources" (P5) "The doctor told us that cannabis does not cure cancer, but it can help with sleep and pain" (P4)
	Internet and other	"[I] read a lot of information from [internet], including those from foreign sources" (P1) "[I] read the books that my son bought for me on the topic of cannabis for cancer treatment" (C6)
Issue of supportive	Doctors' information about cannabis as an alternative	"[The doctor] does not support or oppose the claim that cannabis can cure cancer. They suggest that it should be tested to see if it is effective" (C4) "The doctor did not prohibit us from using it if we wanted to. However, the doctor also told us that cannabis does not cure cancer, but it can help with sleep and pain" (P4)
	Role of family support	"We try [medical cannabis] because my father's condition was already terminal. We wanted to do everything we could for our father, so we decided to try it. We hoped that it would improve his condition and prolong his life for at least 2–3 months" (C7) "I consulted [using medical cannabis] with my family and my children. They were supportive [...]. I was not afraid because I felt that I had lived my life to the fullest" (P4)
Barriers	Social judgement	"[Cannabis] access is difficult because we were taught about cannabis as illegal drugs" (P1)
	Doctor barrier	"If the patient's condition is not severe, they may not be able to obtain it. The doctor will only prescribe it if the patient's condition is severe. Therefore, it is still difficult to access" (C7) "I am not sure why doctors are reluctant to prescribe medical cannabis. Maybe they're afraid of addiction. Some patients have said that the doctor prescribed morphine instead [of cannabis], but morphine made me vomit, so I did not want to take it" (P10)

Table 2. cd. Theme and subthemes from interviews

Theme	Subtheme	Exemplar Quotes
Medical outcome perception	Perceived benefits	"The main purpose [of cannabis use] is to relieve stress and help the patient sleep well. As a result, the patient does not call their grandchildren often when they are asleep. If the patient is not asleep, they will call their grandchildren which does not allow both the patient and the caregiver to rest" (C1)
		"I feel much better since using cannabis. I eat well and sleep well. I used to be very thin, but now I am gaining weight gradually" (C6)
		"Symptoms such as abdominal distension and bloating usually occur. However, after using cannabis, these symptoms improved significantly" (P3)
	Side effects	"It makes me feel dizzy. I can't move at all because I have never used it before. When I first started using it, it felt like I was drunk and couldn't move from my bed" (P1)
		"However, the patient experienced palpitations after taking the drops, so they stopped using them" (C5)
		"I experienced drowsiness and sleepiness. I slept more than usual. My mouth and throat were dry, but I did not vomit" (P6)

Discussion

Many palliative care patients had suffered from debilitating symptoms like fatigue, pain, discomfort, and appetite loss. Driven by hope for a cure or relief, some patients explored medical cannabis as a potential option. While this research has identified positive experiences associated with medical cannabis use, including symptom relief and improved quality of life, concerns regarding safety and long-term risks remain. This information can be valuable for healthcare professionals considering medical cannabis as a potential complementary or alternative treatment option for their patients alongside traditional pharmacotherapy.

Doctors play an important role in planning treatment for terminally ill patients, they can act as both a facilitator and a barrier to accessing medical cannabis. Ideally, doctors should provide balanced information on both the potential benefits and risks of medical cannabis compared to traditional pharmacotherapy, empowering patients and families to make informed decisions. For instance, opioids, the mainstay of severe pain management in palliative care, can be highly effective but also carry risks of adverse effects [19, 20]. Medical cannabis may offer an alternative or complementary approach to pain management, potentially allowing for a reduction in opioid dosage and thereby mitigating side effects [21, 22].

This study highlights the importance of collaborative patient–physician communication regarding medical cannabis in Thailand. While legal for medical use, its novelty necessitates shared decision-making, especially as patients may seek curative effects, whereas physicians prioritize symptom management. This aligns with research by Buchwald et al. [23], suggesting physician reluctance to discuss cannabis as

a treatment option. Future research exploring physician perspectives and the factors influencing cannabis prescription practices could offer valuable insights to improve patient care.

Despite legal acceptance for medical use, negative societal views associating medical cannabis with recreational drug use deterred some patients from exploring this option. Public education campaigns are needed to address these misconceptions and provide accurate medical information about the potential benefits and safety concerns of medical cannabis compared to traditional medications. This could shift the narrative towards the potential of medical cannabis to alleviate suffering in palliative care patients when used under medical supervision. Future research could delve deeper into the general population's attitudes toward medical cannabis to understand the complex social factors at play, including cultural beliefs, religious views, and legal restrictions.

The results of the study were affected by recall bias, particularly concerning cannabis use. Triangulation, a strategy utilizing diverse data sources (patient interviews and caregiver corroboration), was employed to mitigate this. Additionally, caregiver interviews provided corroborating evidence, strengthening the data and minimizing recall-related biases. This study employed a single-site design. Data obtained from a single clinic may not capture the full range of experiences due to geographical variations. These variations could encompass factors such as barriers to access, patient perspectives on medical cannabis, medication availability, expectations of treatment, and reported benefits and side effects [24, 25]. To address this limitation, future research should consider a multi-site design encompassing geographically diverse palliative care settings. This broader approach would

allow for a larger patient sample size and potentially provide a more comprehensive understanding of patient attitudes toward medical cannabis use.

This research focused on current and past users, it has revealed a knowledge gap regarding the perspectives of palliative patients who have never used cannabis. To address this knowledge gap, future research including non-users within the palliative population would offer a more comprehensive understanding of medical cannabis in this context.

Conclusions

This study revealed that palliative care patients and their caregivers appeared to consider medical cannabis as an alternative drug. Regarding this, social judgment, illegal drugs, safety concerns, and discomfort among healthcare professionals concerning their implementation remain barriers to access. Information from this study could in part be used for health professionals to consider the use of cannabis in these patients.

Article information and declarations

Acknowledgments

The authors extend their sincere gratitude to the staff of the Cannabis Clinic, Pain Clinic, and Palliative Clinic at Lampang Hospital for their assistance during the data collection process. The authors are grateful to Dr. Auswin Rojanasumapong for reviewing the interview guide.

Data availability statement

The datasets generated and/or analyzed during the current study are not publicly available, due to patients' privacy.

Ethics statement

This study was approved by the institutional review board of Lampang hospital, Lampang, Thailand (EC 039/66). This study was conducted by the Declaration of Helsinki.

Author contributions

All designed the research. Data collection, and interviews — KK; All analyzed and interpreted the data. All drafted the manuscript. All provided feedback and edited the manuscript. All authors read and approved the final manuscript.

Conflict of interest

The authors declare that they have no competing interests.

Funding

None.

Supplementary material

None.

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