

# **Cannabis Dosing in Hospice and Palliative Care Settings**

A Patient-Centered Approach to Cannabis Use in Hospice and Palliative Care

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Prepared by Compassionate Oregon

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## Cannabis Dosing in Hospice and Palliative Care Settings

Cannabis dosing for end-of-life care, particularly in hospice settings, requires careful consideration to maximize comfort while minimizing side effects. The protocol typically involves a patient-centered approach, taking into account the individual's medical history, symptoms, and prior experience with cannabis. Here's an overview:

### 1. Assessment and Initiation:

- **Patient Evaluation:** Begin with a comprehensive assessment of the patient's condition, including pain levels, anxiety, appetite, sleep disturbances, and overall quality of life. Consider any prior use of cannabis and tolerance levels.
- **Starting Dose:** For cannabis-naive patients, start with a low dose to avoid unwanted psychoactive effects. A typical starting dose might be 2.5 - 5 mg of THC, especially when administered orally (e.g., oils, tinctures, or edibles). For patients who have experience with cannabis, dosing should start with how much and how often the patient may already be using cannabis.
- **CBD Consideration:** CBD is often included to mitigate THC's psychoactive effects and provide additional relief from anxiety, inflammation, and pain. A balanced ratio like 1:1 (THC) is commonly used, but this can be adjusted based on patient response.

### Common Methods of Cannabis Administration in Hospice Care:

- **Oral Administration:**
  - **Tinctures:** Liquid cannabis extracts that can be placed under the tongue for rapid absorption or mixed with food or drinks.
  - **Capsules:** Pre-measured doses of cannabis in pill form, offering a convenient and controlled method of ingestion.
  - **Edibles:** Food products infused with cannabis, such as gummies, cookies, or lozenges, providing a discreet and palatable option for patients.
- **Topical Application:**
  - **Creams and Lotions:** Cannabis-infused topicals applied directly to the skin, used primarily for localized pain relief or to address symptoms like muscle spasms.
- **Sublingual Administration:**
  - **Sublingual Strips or Sprays:** Thin strips or sprays placed under the tongue for quick absorption into the bloodstream, offering a fast-acting alternative to oral ingestion.
- **Transdermal Patches:**
  - **Patches:** Adhesive patches that deliver a controlled dose of cannabis through the skin over an extended period, ensuring consistent symptom relief.

### 2. Titration:

When considering how much and how often cannabis should be administered, a patient in end-of-life care who is being administered opioids may, at some point, be given access to control over their medication, i.e., a patient-controlled analgesia pump. This is the same dynamic we must consider when evaluating how much and how often cannabis is to be administered and how that use is to be accommodated and/or administered by facility staff or an independent care management organization should a patient no longer be able to use cannabis independently.

- **Gradual Increase:** Gradually increase the dose as needed based on patient tolerance and symptom relief. For example, increase THC by 5 mg increments until the desired effect is achieved with minimal side effects. In severe pain management, doses of THC or CBD as high as 500 mg may be necessary.
- **Administration Routes:**
  - **Inhalation: (Smoking/Vaporization):** Provides rapid relief, often used for breakthrough symptoms like sudden pain or nausea. Start with one or two inhalations, waiting 15 minutes before considering more. (Statute allows for smoking “if the medical marijuana administered under this subsection is smoked, adequate ventilation must be provided.” (ORS 475C.892)
  - **Edibles:** Offers longer-lasting relief, with effects typically felt within 1 hour and lasting up to 6 hours or more. Oral dosing allows for steady symptom control.
  - **Topicals:** Useful for localized pain or muscle spasms, though they do not provide systemic relief.

### **3. Symptom-Specific Dosing:**

- **Pain Management:** Higher THC doses may be necessary for significant pain relief. The ratio of THC to CBD might vary depending on pain intensity, with some patients requiring higher THC concentrations.
- **Anxiety and Agitation:** CBD-rich formulations are often preferred due to their calming effects without the psychoactive high. Doses might range from 10-20 mg of CBD, with adjustments based on patient response.
- **Appetite Stimulation:** THC is known to stimulate appetite and may be used in smaller, more frequent doses to encourage eating.
- **Sleep Disturbances:** Higher doses of THC, or THC-dominant strains, can help with sleep, often administered in the evening to promote restfulness.

### **4. Monitoring and Adjustments:**

- **Side Effect Management:** Monitor for side effects like dizziness, dry mouth, sedation, or paranoia, especially when increasing THC doses. Adjust dosing or ratios as needed.
- **Regular Review:** Reassess the patient’s condition regularly, making dosing adjustments to address changing symptoms or declining health.

### **5. Caregiver Involvement:**

- **Education:** Caregivers should be educated on proper dosing, signs of overmedication, and how to administer cannabis in different forms.
- **Support:** Caregivers should also monitor the patient’s response and report any concerns to healthcare providers.

### **6. Legal and Ethical Considerations:**

- Ensure that the use of cannabis is compliant with local laws and regulations, particularly in hospice settings.
- Maintain open communication with the healthcare team to integrate cannabis use into the overall care plan effectively.

This protocol is flexible and should be tailored to each patient's specific needs, with a focus on enhancing comfort and quality of life in their final days.

**Facility Protocols and Patient Rights:**

- **Protocols:** Healthcare facilities must establish protocols for the safe administration of cannabis, ensuring that it is stored securely, and that the administration process does not interfere with the facility's operations or other patients' care.
- **Patient Responsibility:** While facilities must allow the use of medical cannabis, they are not required to provide it. Patients or their caregivers are responsible for obtaining and bringing the cannabis to the facility.
- **Staff Involvement:** Healthcare staff may assist with the administration of cannabis and are protected by statute in this administration depending on the facility's policies, but they are not required to do so. The law provides legal protection for staff who follow the established protocols.

\*Special consideration should be extended for those patients that have already been using cannabis and may be using as much as 500mg twice daily, or more specifically, using cannabis throughout the day to mitigate symptoms.

\* For millennia, the primary delivery modality for cannabis has been smoking and as noted above, statute provided an allowance for this. Cannabis infused tinctures were once widely available and have once again gained in popularity in today's retail market.

Studies have been done comparing the negative effects on the respiratory and pulmonary system from cannabis and although counterintuitive due in part to the frequency one inhales cannabis vs. how many cigarettes might be smoked in a day, cannabis does not appear to pose the same risk of or link to lung cancer as tobacco.