

EXTRACT



Illinois physician talks cannabis medicine and medical culture in the US

Emily Gray Brosious



(Photo credit: Emily Gray Brosious)

Medical cannabis and the medical community: Q&A with Dr. Jonathan Spero, M.D.

It's been just over six months since Illinois' medical marijuana pilot program became operational, and patient numbers are still well below initial expectations.

One reason for the low patient numbers is due to a relatively limited list of conditions that qualify for medical cannabis treatment in the state. However, Illinois lawmakers have just approved a program expansion to include more conditions. This should increase patient numbers provided Gov. Bruce Rauner signs off.

But another issue acting as an obstacle to program growth is that many doctors just aren't willing to recommend cannabis as treatment to patients, even to patients who

legally qualify for medical marijuana in Illinois.

Extract recently sat down with Dr. Jonathan Spero, M.D. at The Healing Clinic, a medical marijuana clinic and patient advocacy center in the Chicagoland area.

Spero has practiced both internal and emergency medicine, and is the CEO of InHouse Physicians, which provides integrative medicine and employee health solutions to major corporations. He's also part of a relatively small pool of physicians in Illinois who are willing to recommend medical cannabis to patients.

We asked Spero to tell us a bit about his work and share some insight into the evolving relationship between medical cannabis and the medical community in the United States.

Extract: How did you get involved in the medical cannabis space?

Jonathan Spero: To be honest with you, when I first started, I had a few doubts.

I equate it to that info commercial where they have a cleaning solution that can clean your couch, and it can clean your car, and it can clean your carpet, and your refrigerator and your bathroom. And I thought, "It can't be beneficial for all those different conditions; how could it possibly help everything?"

So I was a little skeptical when I came on board. I knew it was good for pain and anxiety, and everything else I wasn't sure about yet.

E: What have you learned about medical cannabis since then?

JS: After doing some reading and research and meeting with thought leaders, I started seeing patients that were already using cannabis, and I started to realize that this was the real deal — that medical cannabis has an important place in the field of medicine.

I was very, very surprised at how effective it is at treating so many different conditions.

I always tell my patients now that if cannabis had never been discovered, and then in 2015 a botanist went to the Amazon and happened to come across the cannabis plant, that they'd probably get a Nobel Prize for medicine because it's that powerful of a pharmaceutical.

E: What are the most rewarding aspects of working in the medical cannabis space as a physician?

JS: First of all, it's a lot of fun to do this because you're working with something patients have been told they can't have, and it really helps them.

Like 90 percent of the patients that come in here are what I call "train wrecks." They're patients with multiple chronic conditions, and they've gone through the entire medical system and the medical system fell short. So they're still having symptoms, they're still having breakthrough seizures. They're still in chronic pain. And they're looking for something.

And most of the patients want to get off of their narcotics, which is refreshing for me, because I was an emergency room physician for 15 years. They want to use cannabis instead of narcotics, which is very unusual to hear.

We're just starting to do these six month follow-ups, where patients are coming back in. And they're starting to give us feedback of how it's helping them, and I have so many anecdotal stories.

I have two Crohn's patients that have gotten off their specialty drugs that are costing them \$6,000 a month, with lots of side effects, when they got on cannabis.

I've seen Parkinson's patients who are now able to speak again and talk because of

cannabis. I could go on and on; there are endless examples.

E: Are you in the minority of your field, in terms of understanding the medical benefits of cannabis?

JS: I think most physicians have heard about medical marijuana, but I would say I'm in the minority as being a proponent of it and being knowledgeable about it now.

E: Why do you think that is?

JS: Medical cannabis just wasn't taught in medical school, and there are only a few select medical schools now that are actually talking about the physiology of cannabinoids.

The second most densely populated neuroreceptor in your brain is a cannabinoid receptor. It's right there with serotonin, with dopamine, with all the other neurotransmitters that we hear about all the time. Yet for some reason it's not being taught in medical school.

It just makes no sense that we have this big blind spot. There are other reasons beyond the science that it's not being taught.

The American Medical Association is giving hints that it's becoming more open to medical cannabis, but in general, it's always been a political topic.

E: Why are you so open-minded about medical cannabis?

JS: I've gone through 20-plus years of my own chronic medical issues, and as a physician, I've seen the shortcomings of medicine. I've been a patient of alternative medicine for a few years now, so I'm probably just more open to it than most physicians.

E: What are the biggest obstacles for physicians who want to get involved in medical cannabis in Illinois?

JS: There are no obstacles. The only obstacles are self imposed ones – concerns around the legality of it, the liability and their lack of knowledge of the efficacy of the product. They are primarily self-imposed myths.

There is nothing illegal about certifying qualified patients in Illinois. There could be theoretical liability, but it's relatively negligible, and if you actually do the research and go look at the data, there's enough data to support what's going on.

E: Do you think the larger medical community will warm up to medical cannabis?

JS: I think it's a long road to acceptance in the medical community.

Physicians, in general, do not believe or think something exists until there are double-blinded studies – big controlled studies – they just ignore it. It's almost as if it doesn't exist, unless they have that information.

So they are going to be very resistant until we get that research. And I think we're talking another decade or so before the medical community is on board.

E: Why so long?

JS: The problem in the United States is that the product [cannabis] is difficult for researchers to get access to.

So they can do small studies – you know, 20, 30, 40 people – but the kind of studies that can be published in the New England Journal of Medicine, that all the doctors read, are looking at thousands of patients. And the product is just not available. The

U.S. government is not making it available.

So the research is being done in Europe and in Israel, and as more and more research comes out, the research will support the benefits.

E: What do you think the future of medical cannabis looks like in the U.S.?

JS: We're already seeing incremental progress here in Chicago's medical community.

For example, some of the largest, most well-respected medical institutions in the area are starting to refer patients to us [at The Healing Clinic]. So even though they aren't willing to recommend medical cannabis directly to their patients, they're willing to refer them to us, which is promising.

If the wider medical community does embrace medical cannabis in a few years, I think it will only be for limited uses, and it will probably be centered more around pill-form pharmaceuticals, versus the plant.

That's the other thing that's hard, is that the pharmaceutical companies are not investing in the plant. They are investing in the molecules that they can patent. And they are the ones that have the money to do the studies, which can cost hundreds of millions of dollars.

**This interview has been edited for length and grammar*

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