

Navigating the Haze: Delivering Patient-Wanted Care Amidst the Uncertainty of Medical Cannabis

Michael Chen, MD

The air was crisp, the clouds reflecting a fiery glow from the rising sun as the chairlift carried me up the silent mountain. At the summit, I assessed the empty slope below. As a ski racer, I started training at dawn, long before the lifts opened to the public. Each of my thousands of runs a season was a lesson in rapid assessment and adaptation. Some days, a dense fog would settle on the mountain, obscuring the path and demanding absolute trust in my preparation and instincts. This is the art of navigating uncertainty, a skill I learned on the slopes that I now apply daily in family medicine—a field defined by incomplete information and the profound responsibility of guiding others.

This uncertainty is certainly palpable when it comes to medical cannabis. I served on Utah's Medical Cannabis Compassionate Use Board, where I witnessed this landscape up close. The Compassionate Use Board was created to navigate the uncertainty around medical cannabis and operates on a case-by-case basis, reviewing petitions for patients whose conditions are not explicitly listed by law but who may still benefit

• • •

Author affiliations: Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin (Chen).

Corresponding author: Michael Chen, MD, FAAFP; Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health; 610 N Whitney Way, Suite 200, Madison, WI 53705; email michael.chen@fammed.wisc.edu; ORCID ID 0009-0008-6327-3352

from its use. This process, guided by seven clinicians from different specialties, acknowledges that rigid guidelines are insufficient when evidence is limited and that a deliberate, individualized approach is necessary. This work has highlighted the central tension physicians face: patient-reported benefits often coexist with a lack of definitive clinical trial data.

This seeming contradiction poses a fundamental challenge to our daily clinical practice. In an age where patients often arrive with their own information from varied and sometimes unreliable online sources, it is no longer enough to be “patient centered.” As Dr Singh points out in his narrative, we must strive for a “patient-wanted” approach.¹ And when evidence is hazy—as it is with medical cannabis—our ability to build this relationship is paramount.

First, we must practice with intellectual humility and embrace the **patient as an expert**. This approach echoes Sir William Osler's timeless advice: “Listen to your patient, he is telling you the diagnosis.” In the context of medical cannabis, the “diagnosis” is not just a disease label but a deeper understanding of the patient's suffering and what might alleviate it. My experience has shown that many patients turn to medical cannabis after exhausting conventional treatments, and they possess a deep, experiential knowledge of their condition that sometimes has not been “heard” by their clinicians. Truly listening to and valuing this expertise transforms the clinical encounter from a top-down directive into a mutual exchange, building the trust required to be a “patient-wanted” physician.

Second, this humility leads directly to **shared**

decision-making. The goal is not to provide a simple “yes” or “no” but to facilitate a collaborative conversation. This involves transparently discussing the limits of our knowledge. The clinician's role is to discuss potential benefits—such as improved quality of life—alongside the known risks, lack of evidence, and practical barriers, such as cost and legal issues. Trust is built through this collaborative process. Eliciting the patient's goals and co-creating a plan that integrates both the evidence and the patient's expertise is central to patient-wanted care.

Third, **harm reduction** can be a primary goal. Given that patients may seek out cannabis regardless of our approval, our role is to help them do it as safely as possible. An open, nonjudgmental dialogue about harm reduction encourages honest disclosure from our patients, which is essential for comprehensive and safe care. Patients often value our professional guidance, and our ability to provide it makes us “patient-wanted” clinicians.

Medical cannabis serves as a powerful and timely case study for a timeless challenge in medicine. By embracing humility, shared decision-making, and harm reduction, we do more than just manage a difficult clinical scenario. We become the kind of compassionate and effective physicians that patients genuinely want and trust—especially when the path forward is hazy.

Financial disclosures: None declared.

Funding/support: None declared.

REFERENCE

1. Singh G. Shifting from ‘patient-centered’ to ‘patient-wanted’ approach. *WMJ*. 2025;124(1):5.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 2379-3961) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2025 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.