Author's response to reviews

Title: Cannabis in Medicine: A National Educational Needs Assessment among Canadian physicians

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Author's response to reviews: see over
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The editor
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Dear sir/madam

Re: MS 7651083831342186: Cannabis in Medicine: A National Needs Assessment among Canadian Physicians

Thank you for your email dated 16 December 2014 and the excellent reviews of the above mentioned manuscript. We are pleased to respond to the issues raised, and below please find a point-by-point response to each item by the reviews. A revised version of the manuscript has been uploaded to the BMC submission process.

Reviewer 1.
I have some concerns about the survey methods. In particular it is not clearly stated which organizations distributed the surveys via email. Additionally, I understand that the response rate may be difficult to calculate, but I imagine it should at least be possible to find out how many people are on each of the email lists that were used to distribute the survey.

This information has been included in the Results section of the MS.

The other concern I have about the methods is that a very high percentage of physicians who responded to the survey had been practicing for 20 or more years. How does this percentage compare with the demographics of physicians overall in Canada? This should be explained in the manuscript.

We have obtained comparative data from the 2014 National Physician Survey and included this in the MS.

Finally, it would be important to compare these results with demographics of who is currently prescribing marijuana in Canada. Are such data available? If so, I would like to see a comparison between the GP/specialty breakdown of current prescribers versus survey respondents.

We agree this would interesting, but unfortunately these data are not available from Health Canada.
2) Minor Essential Revisions

The Results section of the Abstract is confusing as currently written. Please try to reword this section so that it is easier to understand.

We have removed the Likert data from the abstract and used quotation marks to signify the item results that were highlighted in the results section.

Reviewer 2.

BACKGROUND

Paragraph 1. It would be helpful for non-Canadian readers to understand the basic tenets of current Canadian legislation regarding the “authorizing” of medical cannabis, and how it differs from “recommending” and “prescribing.”

A short section explaining the Canadian medical cannabis regulatory context has been included in the introduction.

DISCUSSION

Page 10, paragraph 2. Is the second “discrepancy” necessarily a discrepancy? Is it not possible, or even probably, that some of these respondents had patients who received authorization for their CTP through another physician?

We agree. A statement to this effect has been added.

Page 10, paragraph 2, final sentence. The meaning of this sentence is unclear to me.

This sentence has been changed to read “The discrepancy between the prevalence of self reported use of CTP (48%) and the proportion of patients with legal access through Canada’s federal program (32%) has been reported previously in certain populations”. We hope that this is now clearer.

Page 10, paragraph 3. Your sources of physician mistrust include the stigma of the drug and the stigma of common diagnoses associated with requests for CTP. A third, and related, source of physician mistrust may lie in the demographic of medical cannabis users. In the United States, much, but not all, data suggests medical cannabis patients skew young, white, and male. It is certainly no coincidence that there is substantial demographic overlap with recreational users.

We have added a statement to this effect and references.

REFERENCES

Reference 10 appears to be no longer operational.

This has been corrected.
Discretionary revisions

KEYWORDS. Consider including “medical marijuana” and/or “medical cannabis,” which are popular search terms in the United States.

The term “medical marijuana” has been included.

ABSTRACT. In the Results section, the Likert scale is explained with regard to safety/warnings/precautions, but not with regard to risks. For the sake of uniformity, I would recommend either explaining the scale for both or simply removing the scale in the abstract.

The Likert scale anchors have been removed for simplicity.

METHODS.

General questions. How much time would it have taken respondents to complete the survey?

The survey took between 10-15 minutes. This has been included.

Paragraph 1, line 2. Organizations are not people, so “… organizations who…” would be more correctly expressed as “… organizations, which…”

This has been corrected.

Paragraph 1, line 3. What were these eight organizations that agreed to participate? Which ones declined, and why?

This was also addressed for the first reviewer. We do not have reasons why organisations declined.

Page 6, paragraph 1, line 1. Respondents did not provide verbal responses, so “state” might be changed to something like “specify.”

Done.

DISCUSSION.

Page 11, paragraph 1, line 15. The first use of an abbreviation should be preceded by the full term – in this case, the Canadian Medical Association.

Done

Once again we are grateful for the reviews and for the opportunity to respond.
Regards

Dr Mark Ware on behalf of the authors