Reviewer’s report

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

Version: 2 Date: 6 November 2014

Reviewer: Gary Reisfield

Reviewer’s report:

Major Compulsory Revisions: None

Minor Essential Revisions:

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.”

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?

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

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.

REFERENCES
Reference 10 appears to be no longer operational.

Discretionary revisions

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

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.

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

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

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

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

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.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.