



# EDITOR'S CHOICE

## When the law fails patients

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Some desperate patients believe that their only choice is to commit a crime.

In November last year, when UK law changed to permit some doctors to prescribe full extract medical cannabis, many patients for whom cannabis relieves symptoms assumed that they would benefit. Almost all have been disappointed. The limited relaxation of the law and its interpretation mean that only a tiny number of prescriptions have been issued—and almost all of these to private patients.

Many patients therefore feel that they have no option but to break the law by continuing to take cannabis illegally. As well as risking prosecution and lifelong criminal records, they are acting without medical guidance. They are unaware of content and strength, and risk ingesting pathogenic contaminants. And they have to buy from criminal markets that fund organised crime.

Last year, parents campaigning for their dangerously ill children to have access to cannabis medicines prompted sustained media attention—and public outcry. The government finally did a U turn and agreed that cannabis could be used as a medicine again in the UK.

As David Nutt explains in his Essay this week (doi:10.1136/bmj.l1903), this is not about introducing something new. Cannabis has been used as a medicine for thousand of years and was prescribed by UK doctors until half a century ago. But under the 1971 Misuse of Drugs Act cannabis was considered to lack any medicinal value, placing legal access out of reach of doctors and researchers—and patients.

Nutt says that total prohibition was never based on evidence but done for political expediency, with governments on both sides of the Atlantic demonising the plant and, by association, the patients who used it.

In her commentary Hannah Deacon provides direct insight into such patients' plight (p 140). Her family's campaign for her son, Alfie Dingley, to access medical cannabis was instrumental in changing UK law. She explains that they resorted to moving to the Netherlands, where paediatricians could prescribe full extract cannabis oils specifically prepared for patients.

Deacon continues to fight for many families in the UK whose children with intractable epilepsy have been denied these treatments.

This month the government acknowledged that last November's legal change has done little to help patients.<sup>1</sup> But if the rules can work for millions of potential patients in jurisdictions in the US, Canada, the Netherlands, and Germany, why not here, and why not now?

We continue to hear news reports of two other examples of inaction over laws that harm patients. First, in February 2018 the United Nations found that the UK could be in "grave or systematic violations" of the human rights of women in Northern Ireland because, uniquely in the British Isles, the province maintains a near total ban on abortion, even after rape.<sup>2</sup> UK courts have also objected to the law in Northern Ireland.<sup>3</sup> Months later, there still is no sign of action from those with the power to end these abuses.

And two weeks ago the retired Supreme Court judge Jonathan Sumption acknowledged that the 1961 law that prohibits assisted dying in the UK was a mess. Rather than calling on the government to resolve it, as several other jurisdictions have attempted (bmj.com/assisted-dying), he suggested that the friends and families of dying people should consider breaking the law.

"I don't think there is a moral obligation to obey the law," he told the *Times*. "Ultimately it is for each person's conscience."<sup>4</sup>

If desperate patients think they have no choice but to break the law, the real and perceived implications of committing a crime can only worsen their situation. Delay to act on such injustices seems particularly cruel—and inexcusable.

- 1 Hancock M. House of Commons official report (Hansard). Access to medical cannabis. 8 Apr 2019: col 26. <http://bit.ly/2UGpqHn>.
- 2 Committee on the Elimination of Discrimination against Women. Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women. [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GBR/INT\\_CEDAW\\_ITB\\_GBR\\_8637\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GBR/INT_CEDAW_ITB_GBR_8637_E.pdf).
- 3 Dyer C. Northern Ireland's abortion law breaches human rights, court rules. *BMJ* 2015;351:h6482. 10.1136/bmj.h6482 26621116
- 4 Ames J. Assisted suicide law should be broken, says Lord Sumption. *Times*. Apr 2019. [www.thetimes.co.uk/article/suicide-law-is-there-to-be-broken-says-former-supreme-court-judge-vr5tlv8mj](http://www.thetimes.co.uk/article/suicide-law-is-there-to-be-broken-says-former-supreme-court-judge-vr5tlv8mj).

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