The Power of Anecdotes and Roadblocks Against Research

January 19, 2010 By Paul Dalton

The New York Times today ran an article detailing the ongoing hurdles that researchers face when trying to study marijuana for medical uses. It got me thinking about both the power of anecdote and the influence of politics on the scientific process.

I have been living with HIV now for 17 years. I went on treatment in the mid '90st. I started with dual nucleosides (d4T and 3TC), and moved on to protease inhibitors as soon as they were available. I had a rough go of it with the early PIs- particularly Crixivan and full dose Norvir.

When I started treatment one of my issues was being underweight. I was also prone to GI side effects, like nausea in fact my family doctor curses what he calls the 'Dalton Stomach'). My doc prescribed Marinol for me, and said that most of her patients preferred the 'herbal form,' meaning of course marijuana. At the time, it had been years since I smoked any pot, but the medical marijuana movement was starting up and the first such club had opened in San Francisco.

One weekend I went camping with some close friends. On our way home, I was really nauseated. My then-young daughter was on the trip with me, and I tried to avoid using marijuana when I was with her. We stopped along the way to eat lunch, and I was doing all I could not to vomit. Finally, I walked down the road a bit, took out my pipe and smoked a little bit of pot.

Almost instantly I felt better. The people I was with were quite struck with the difference it made- more so than I was. They said my color and affect and energy changed dramatically. They instantly believed in medical marijuana.

Anecdotes like this are powerful and important. Many, perhaps most, medical advances are sparked by anecdotes, or simpe observation. I learned recently that lithium's use to treat bipolar disorder came when researchers studying it for seizures noticed that people's moods seemed to be impacted. Viagra was being studied as a heart medicine when its affects on erectile dysfunction were noticed. These stories are very common.

I used medical marijuana based entirely on anecdotal evidence. Word was it helped with things like nausea and weight gain. I tried it and it worked well for me. I had to make the choice to try it based entirely on what I was hearing from others living with HIV.

Anecdotes must be followed up by careful research if they are to become part of evidence based medicine. There is a lot of interest among researchers at looking at various medical uses for marijuana, but the roadblocks in their way are enormous. It is a classic catch-22: the government

claims that there is not enough evidence of marijuana’s medical benefits for it to be used in this way, while at the same time blocking the research that would show whether or not it works.

While I have been fortunate to live in California, where voters semi-legalized medical marijuana, I am reminded of what can happen under other circumstances. I learned a while back that one of my favorite teachers had to buy marijuana for his mother who was being treated for cancer. This was back in the 80s. If he had been arrested buying this medicine for his mom, he would have lost his job- plain and simple.

The government needs to get out of science’s way. Take down the barriers to scientific study of marijuana. If it doesn’t offer any benefit over currently available options, so be it- the point is to allow the research. There is no compelling public health reason not to allow such research to go forward- it is simply politics and institutional inertia.

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