

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

In Re the Petition of:

GLENN McLANE CONDREY, AKA  
GLENN TRUE,  
Petitioner.

NO. 04-08-A-2002MD

FINAL ORDER ON PETITION FOR  
INCLUSION OF DEPRESSION AND  
SEVERE ANXIETY AS TERMINAL  
OR DEBILITATING CONDITION  
UNDER RCW 69.51A

THIS MATTER came before the Medical Quality Assurance Commission on October 6, 2004, at the Renton Holiday Inn, Renton, Washington, on the petition of Glenn McLane Condrey, aka Glenn True, for the inclusion of depression and severe anxiety as a terminal or debilitating medical condition under RCW 69.51A. The Commission, having considered the petition and the record in this matter, now issues the following:

**Section 1: FINDINGS OF FACT**

1.1 On June 14, 2004, the Petitioner, Glenn McLane Condrey, aka Glenn True, filed a petition with the Medical Quality Assurance Commission ("Commission") requesting that, pursuant to RCW 69.51A.070, the Commission include depression and severe anxiety as a "terminal or debilitating medical condition" under RCW 69.51A.010(4)(d).

FINAL ORDER ON PETITION FOR  
INCLUSION OF DEPRESSION AND  
SEVERE ANXIETY AS TERMINAL OR  
DEBILITATING CONDITION UNDER  
RCW 69.51A

1

11/19/04 ORIGINAL

1.2 On October 6, 2004, at the Renton Holiday Inn, Renton, Washington, a public hearing was held before a panel of the Commission. The Petitioner did not appear. Public testimony was taken from nineteen interested persons. Written comments and information were also received.

1.3 On November 19, 2004, during its open business meeting, the Medical Quality Assurance Commission considered the public hearing panel's input, and the record of the public hearing held on October 6, 2004, including the written comments, and made the determinations herein.

1.4 On November 22, 2001, in Docket Number 00-09-A-1075MD, the Commission issued Final Order on Petition to include Manic or Chronic Depression as Debilitating Conditions under RCW 69.51A, which denied the petition for adding manic depression and chronic depression as debilitating conditions.

1.5 The public testimony provided was moving and extraordinarily brave. The testimony included many personal disclosures of individual experiences, struggles, and disappointment with the treatments offered in the traditional health care system. Nineteen individuals testified about their own and other's experiences addressing a variety of health conditions and societal concerns. Four of the nineteen who testified disclosed their experiences with treatment for depression. Five of the nineteen testified that their depression improved when they used marijuana for another medical condition for which medical use of marijuana is authorized. Another four of the nineteen testified about their experiences with treatment for bipolar disorder. One individual testified about personal experience with post traumatic stress disorder and another individual testified about panic disorder with depression. Two individuals testified on behalf of other persons with psychiatric diagnoses. Two individuals testified in support of decriminalization of marijuana.

1.6 There are no published scientific randomized controlled clinical studies that show improved health outcomes from the use of marijuana in the treatment of patients diagnosed with depression and severe anxiety. Dr. David Dunner, a clinician and professor of psychiatry and behavioral sciences at the University of Washington, affiliated with the Center for Anxiety and Depression, testified telephonically at the public hearing. Dr. Dunner has recommended marijuana for authorized conditions, so is not opposed to medical use of marijuana. He testified that he would not recommend marijuana for his patients for treatment of depression or anxiety disorders, because there is insufficient clinical support for its efficacy.

1.7 The petition did not specify a particular medical condition. Depression and severe anxiety are general symptoms, consistent with many possible diagnoses, as demonstrated by the broad range of conditions described in the anecdotal public testimony.

1.8 Marijuana has known cognitive and psychological effects, and thus could potentially worsen some medical and mental health conditions. Marijuana itself is a depressive, and marijuana use may interfere with or impair the effects of many conventional medications that have proven successful in treatment of the various forms of depression and anxiety. The overall benefits are only speculative, and appear to be outweighed by the risks. In addition, the petition describes only generalized conditions rather than specific medical conditions or diagnosis.

1.9 The Commission concludes there is insufficient scientific and or anecdotal evidence to support the inclusion of depression and severe anxiety, as broadly described in the petition and the public testimony, on the statutory list of terminal or debilitating medical conditions for which medical marijuana use may be beneficial in RCW 69.51A.010(4).

## **Section 2: CONCLUSIONS OF LAW**

2.1 The Commission has jurisdiction over this matter pursuant to RCW 69.51A.070.

2.2 In interpreting the information presented to it, the Commission utilized its expertise in evaluating the evidence presented and in weighing the potential risks and benefits of using marijuana to treat depression and severe anxiety.

2.3 The Commission has determined that the broad description of depression and severe anxiety, encompassing a variety of health conditions as recounted in the public testimony, does not constitute “terminal or debilitating medical condition[s]” within the meaning of RCW 69.51A.010(4).

## **Section 3: ORDER**

3.1 The petition to add depression and severe anxiety as a “terminal or debilitating medical condition[s]” within the meaning of RCW 69.51A.010(4) is DENIED.

## **Section 4: NOTICE TO PARTIES**

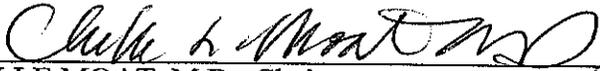
As provided in RCW 34.05.461(3), RCW 34.05.470, and WAC 246-11-580, either party may file a petition for reconsideration. The petition must be filed with the Adjudicative Service Unit, 310 Israel Road SE, P O Box 47879, Olympia, Washington 98504-7879, within ten (10) days of service of this Order. The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration shall not stay the effectiveness of this Order. The petition for reconsideration is deemed to have been denied twenty (20) days after the petition is filed if the Commission has not acted on the petition or served written notice of the date by which action will be taken on the petition.

"Filing" means actual receipt of the document by the Adjudicative Service Unit, RCW 34.05.010(6) and WAC 246-11-080. This Order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(18).

Proceedings for judicial review may be instituted by filing a petition in the Superior Court in accord with the procedures specified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. The petition for judicial review must be filed within thirty (30) days after service of this Order, as provided by RCW 34.05.542.

DATED this 19 day of November, 2004.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

  
\_\_\_\_\_  
CHELLE MOAT, M.D., Chair