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**To:** [REDACTED]; [medboardconsultation](#); [REDACTED]  
**Subject:** Telehealth Medicinal Cannabis Consultations  
**Date:** Saturday, 18 March 2023 9:27:04 PM

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Dear Danielle Chifley, Professor Robyn Langham AM, and Professor Anne Tonkin,

Thank you for your ongoing service, commitment, and dedication to our communities.

I had heard following the ACannabis Conference in Melbourne just recently passed (14-15 March, 2023) that patient access to telehealth medicinal cannabis consultations might be made more difficult. I am writing to advise that this would be severely detrimental to patient care and our broader community.

Telehealth medicinal cannabis consultations, as it exists through phone and video, enable important accessibility, provide critical savings for patients, and greatly benefit their families, our communities, and our Australia as a whole.

Firstly, telehealth enables crucial access to medicinal cannabis practitioners for people who are immobile through infirmity, illness, and injury, and who cannot leave their home (let alone even their bed in some cases) to visit a medicinal cannabis practitioner in person – for example, the person debilitated by crippling anxiety or severe depression. Additionally, telehealth enables crucial access for people who lack transportation either because they cannot drive, are unlicensed, without a (registered, operable) vehicle or who do not know anyone well enough who does. Many people also live in areas without accessible or useful public transportation. Telehealth also enables crucial access to medicinal cannabis practitioners for people in rural, regional, and remote areas, or who are isolated by natural disaster (e.g. fire, flood). For example, with telehealth, I reached isolated patients in flood-affected Western Australia and New South Wales.

On the supply side, telehealth medicinal cannabis consultations enable important accessibility for patients because there would be more limited service provision without it. There is a profound scarcity of medical practitioners, let alone medicinal cannabis practitioners, in rural, regional, and remote areas, and there are even fewer medical practitioners willing to prescribe medicinal cannabis because of stigma, lack of awareness and training surrounding medicinal cannabis medicine.

Secondly, the need for no travel with telehealth medicinal cannabis consultations provide

critical savings for money-and-time-poor patients, particularly now during our cost-of-living and scarcity-of-time crisis.

There are significant time savings, where time saved-from-not-having-to-travel increases productivity by going towards work, study, and general life. For example, the tradesperson who can remain near their jobsite to engage in their telehealth medicinal cannabis consultation and thus have no need to travel and present to their doctor. For example, the tertiary student who can engage in their telehealth medicinal cannabis consultation during a study session, and, for example, the mother who can engage in their telehealth medicinal cannabis consultation at home without needing to visit her doctor's office and bring her young children in the undertaking.

Similarly, there are significant monetary savings. Telehealth medicinal cannabis consultations decrease private and public transportation costs because costs on fuel, parking, and fares are obviated.

A healthier, better patient leads to better families, better communities, and a better Australia.

So, it is for the above reasons that I strongly advise against making patient access to telehealth medicinal cannabis consultation more difficult, as this will severely affect patient care and our broader community.

Best regards,

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