CLINICIAN SUMMARY · FOR HOSPICE AND PALLIATIVE CARE TEAMS

Medical Cannabis in Hospice and Palliative Care

Morvarid "Mo" Rezaie, DO, MS, HMDC, FAAHPM, FACOI · Board-certified in Hospice & Palliative Medicine · November 2026

Who qualifies in Texas

- Since Sept 1, 2025, **terminal illness** and **hospice or palliative care** qualify under HB 46, along with cancer, chronic pain and others.[1,8]
- A **registered physician** enters the prescription in the Compassionate Use Registry of Texas (CURT); a state-licensed dispensing organization fills it.[1]
- **10 mg THC per dose**, 1 g per package. Oral products, lotions, patches, suppositories and state-approved inhalation devices; no smokable flower.[1,2]
- Each prescription covers up to a 90-day supply, with up to four 90-day refills.[8]

What the evidence supports

- Evidence is strongest for **chronic pain** in adults and **chemotherapy-induced nausea and vomiting**.[3]
- Appetite, sleep and anxiety: evidence is more limited; set expectations with the patient and family.
- The goal is **comfort, not intoxication**. Small doses are often enough.
- Over-the-counter hemp THC and CBD products are not dose-controlled or held to medical standards.[2]

At the bedside

- **Ask at intake.** Many families are already using hemp or CBD products.
- **Document** product, dose, route and timing, and share it with the prescribing physician.
- **Start with the patient's goals:** better sleep, less nausea, more ability to enjoy meals or visits.
- **Start low, go slow.** In older or frail patients, begin at 1 mg THC or less and increase no more than weekly.[4] Consider CBD-dominant or balanced products.
- **Prevent falls:** first doses in the evening, with someone nearby.
- **Store safely,** away from children and visitors.

Drug interactions to watch

THC is metabolized mainly by CYP2C9 and CYP3A4; CBD mainly by CYP3A4 and CYP2C19, and CBD also inhibits some of these enzymes.[5,6]

Medication	What can happen	What to do
Opioids, benzodiazepines, sleep aids, alcohol	Added drowsiness, confusion and breathing risk	Lower doses; avoid combining at bedtime without guidance
Warfarin	Higher INR and bleeding risk reported[6]	More frequent INR checks
Clobazam	CBD raises levels of its active metabolite, increasing sedation[7]	Prescriber may lower the clobazam dose
Valproate	Liver enzyme elevations with CBD[5]	Liver tests
Tacrolimus	Raised tacrolimus levels reported[6]	Drug-level monitoring

Warning signs to report: new or worse drowsiness or confusion · falls or unsteadiness · easy bruising or bleeding · yellowing of the skin or eyes · a change in seizure control

Train your team. Dr. Rezaie offers 60-minute in-services and half-day workshops for hospice, palliative care and oncology teams on safety, interactions, family conversations and Texas law.

cannabiscaretx.com/speaking/clinical-teams

Educational summary for clinicians; not individual medical advice. Prescribing decisions belong to the treating physician. Dr. Rezaie does not work with or endorse any Texas dispensing organization.

1. Texas DPS. Summary of New Laws Impacting the Compassionate Use Program (HB 46).
2. Marijuana Policy Project. HB 46 expands Compassionate Use Program (2025).
3. Abrams DI. National Academies report update. Eur J Intern Med. 2018.
4. Bhaskar A, et al. Consensus recommendations on dosing of medical cannabis for chronic pain. J Cannabis Res. 2021;3:22.
5. Brown JD, Winterstein AG. Drug–drug interactions with CBD use. J Clin Med. 2019;8(7):989.
6. Ho JJY, et al. Evaluation of potential drug–drug interactions with medical cannabis. Clin Transl Sci. 2024;17(5):e13812.
7. Clobazam/valproate–cannabidiol pharmacokinetic trial. Clin Pharmacol Drug Dev. 2019;8(8):1009–1031.
8. Texas Legislature. HB 46, 89th Legislature, enrolled bill text (2025).