



## Letter to Editor on “Education, training, and perceptions of physician competency among medical cannabis patients in Israel”

Dear Editor,

We read with great interest the recent article by,<sup>1</sup> which sheds light on a crucial and timely issue—how age influences medical cannabis use patterns and patients’ perceptions of physician competency. This study offers valuable insights into the diversity of patient experiences and educational needs, particularly in the context of the global expansion of medical cannabis use.

However, several aspects of the study warrant closer examination. While it is encouraging that physicians remain the primary source of cannabis-related education (74.7 %), only a minority of patients appear to receive structured, actionable guidance. Unfortunately, the study does not clearly define what constitutes “education” or “training,” making it difficult to assess the depth or consistency of the information provided. This ambiguity limits the study’s reproducibility and weakens its practical implications for training design and clinical education.<sup>2</sup>

Furthermore, the study relies heavily on patient perceptions to assess physician competency. While perceptions are important, they can be shaped by subjective factors such as stigma, generational trust, or previous clinical experiences. Without objective measures of physician knowledge, counseling behaviors, or decision-making frameworks, it remains unclear whether patients’ impressions truly reflect provider competency or rather broader issues related to communication and expectation.<sup>3</sup>

Another noteworthy finding is the increased reliance on peer networks and online resources among younger patients—who also report the highest use of high-THC products and inhalation methods. This demographic, already exposed to greater risk, is simultaneously the least supported through formal educational channels. These patterns highlight the urgent need for targeted education that not only informs but also engages patients where they are. Moreover, the expressed desire among younger patients for physicians who acknowledge the social and occupational implications of cannabis use reflects a gap not only in knowledge, but in clinical empathy and psychosocial awareness.<sup>4</sup>

We believe the authors have laid essential groundwork for future advancements in cannabis-related medical education. Going forward, it is imperative to develop standardized, evidence-informed training modules for clinicians that integrate biomedical knowledge with culturally sensitive communication skills and age-responsive approaches.<sup>5</sup> Interprofessional models that include pharmacists, psychologists, and social workers may enhance the holistic care of patients with diverse educational needs.<sup>6</sup>

To deepen our understanding, further research should examine how different sources of cannabis information—physician guidance, internet content, peer advice—shape patient outcomes, adherence, and harm reduction across age groups. Longitudinal and mixed-methods studies are particularly needed to explore the motivations, barriers, and unmet

educational needs of vulnerable subgroups, such as younger or socio-economically disadvantaged users. The development and validation of cannabis-related training modules for clinicians that address both biomedical and psychosocial dimensions—such as communication about stigma, lifestyle impact, and patient autonomy—will be critical for improving care delivery. Evaluating the quality and credibility of cannabis-related information on digital platforms could also provide vital insights into how non-professional networks influence clinical decision-making. Comparative international research on medical cannabis training standards may ultimately help identify best practices that are adaptable across diverse health systems.

In conclusion, Zolotov et al. bring important attention to generational disparities in medical cannabis care. The next challenge lies in transforming these insights into structured, scalable, and socially attuned clinical education strategies—ones that empower both physicians and patients alike.

Sincerely

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### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this commentary.

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