

WPHP Report

on balance, that a referral to WPHP decreases rather than increases suicide risk. Because numbers are too low to empirically validate this belief, we turn to the direct, lived experience of our program participants. 25% of program graduates report that WPHP saved their life. Experience suggests one of the most important ways we can protect our participants from suicide is by quickly establishing a collaborative connection based on mutual trust and support. In so doing, we provide a beacon of hope to help physicians and PAs navigate through despair. Over the years, countless physicians and PAs have shared with us how WPHP brought them back from the brink of suicide. These heartfelt reports deepen the meaning, purpose, and importance of our mission. You can find examples of these [personal stories](#) on our website.

We consider it a continuing privilege to serve the physicians and PAs of Washington and to be recognized nationally for our expertise and advocacy in addressing physician suicide. If you or someone you know is thinking about suicide, needs help, or has questions, do not hesitate to call us at 800-552-7236 or reach us via our website contact form at www.wphp.org.

1. Gold KJ, Schwenk TL, Sen A. Physician Suicide in the United States: Updated Estimates from the National Violent Death Reporting System. *Psychol Health Med.* Aug 2022;27(7):1563-1575. doi:10.1080/13548506.2021.1903053
2. Ye GY, Davidson JE, Kim K, Zisook S. Physician death by suicide in the United States: 2012-2016. *J Psychiatr Res.* Feb 2021;134:158-165. doi:10.1016/j.jpsychires.2020.12.064
3. Large MM. The role of prediction in suicide prevention. *Dialogues Clin Neurosci.* Sep 2018;20(3):197-205. doi:10.31887/DCNS.2018.20.3/mlarge
4. Kapur N. Management of self-harm in adults: which way now? *Br J Psychiatry.* Dec 2005;187:497-9. doi:10.1192/bjp.187.6.497

Medical Cannabis Update

The Medical Cannabis Program has been getting questions about whether authorization forms and recognition cards that contain the term “marijuana” are still valid. The short answer is yes. In 2022, a bill passed that replaced the term “marijuana” with “cannabis” in Washington State Law. As a part of this change, the DOH updated the patient authorization form and recognition cards to reflect the term “cannabis”.

Key Information

- Recognition cards and authorization forms printed on tamper-resistant paper with the term “marijuana” are still valid.
- Healthcare providers should use the new authorization form when printing authorizations in-clinic.
- Vendors that provide forms to healthcare professionals should switch to the [new authorization form](#) as soon as practicable.
- Current recognition cards do not need to be replaced. At the next renewal cycle, patients will be issued an updated card with the term “cannabis.”
- No other changes have occurred on the card or in the database.
- The term “marijuana” may still appear in the database or program resources as we go through this transition.

Related Regulations:

- [Second Substitute House Bill 1210](#) (passed in 2022) replaces the term “marijuana” with “cannabis” in Washington state law.
- Expedited rulemaking in November of 2022 updated the term cannabis in Chapters 246-71 through 246-72 WAC.

Contact Information

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Need database support?

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Website: www.doh.wa.gov/MedicalCannabis

For additional training references and information, please visit the [Medical Cannabis Retail Store Setup website](#).