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Title: Clinician views and ethics priorities for authorizing medical cannabis in the care of youth: a qualitative study
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Reviewer 1
General comments (author response in bold)

1. The language used in this manuscript is likely somewhat unfamiliar to a non ethicists and non qualitative researchers. It may be that the article would be better placed in a subspecialty journal or that the language be modified to make the content more accessible.
- **I did not directly address this comment.**
- **We are over on word count now (n=2639/2500).**

2. The title could be clarified. The general reader may not understand the meaning of harm reduction or what exactly is meant by an ethics priority. In addition, given that lack of regulations it is unclear what "authorizing" medical cannabis actually means
- **I disagree with this comment. I think it's straightforward, but maybe for a clinician audience, it is not?**
- **In terms of addressing "authorization," we do that in the discussion. But, could add a line into the introduction:**

The Federal Government of Canada provided a system for therapeutic access to cannabis in 2001 after a series of successful constitutional challenges on cannabis prohibitions (Cox, 2018, 2021; Fischer et al., 2015). Clinicians provide authorizations, rather than prescriptions, for medical cannabis due to its current status and regulation within Health Canada (Rieder, 2020).

3. In the abstract background, the meaning of "ethics implications' is unclear.
Thank you for this comment. We have clarified the background of the abstract (please see Page 4).

4. In the first paragraph of the introduction the authors describe "clinicians are caught, therefore directly in a crossfire of high patient interest….". Given the article is about use in children there should be some acknowledgement early on of the role of the caregivers/parents.
We have updated the Introduction to reflect the role of caregivers (please see Page 6).

5. The methods for selection of participants needs to be justified. Contact by email through the Canadian Childhood Cannabinoid Clinical trails registries suggest a potentially very biased pool of participants and leads to concerns about the generalizability of the findings.

6. In addition, the description if of eligible subjects describes that they must be "practicing clinicians involved in the care of children in Canada". One of the individuals is describes as "research pharmacology" and therefore their eligibility should be clarified.

7. Lastly for eligible subjects the subjects seem diverse in profession and cultural backgrounds. The authors should describe if their sampling was purposeful sampling.

8. In the results, under access, the authors describe “how unique barriers interfere with patient safety and effective treatment”. It is unclear what this is describing? Is the meaning that the subjects are describing lack of access to medical cannabis interferes with safe and effective therapy?

9. The study does not address the impact of the age of the patient on clinicians' responses. One might hypothesis that the qualitative findings might vary for infants versus school age children versus teens.
We have updated the Limitations section with this excellent point (please see Page 16).

Reviewer 2: Zach Walsh
Institution: Psychology, University of British Columbia
General comments (author response in bold)

This study provided a qualitative examination of physician experiences and attitudes related to pediatric cannabis patients. The manuscript is exceptionally well-written, the analyses are appropriate, and the topic is important and under researched. In general this is an excellent piece of work without any glaring need of revision or extension. However, the contribution of the manuscript might be enhanced by further attention to the implications and next directions. The need for further regulation and research in medical cannabis is well documented. As such, the discussion and conclusions might be expanded beyond well-founded but somewhat anodyne call for further research and better regulation, to more vigorously touch on issue related to how the attitudes and practices identified by the study might inform responses and guidance from regulatory bodies (i.e. colleges of physicians) and physician education (for references to this effect consider Ziemianski, Capler, Tekanoff, Lacasse, Luconi , & Ware, 2015 and/or St. Pierre, ,Matthews & Walsh, 2020).
On a more minor note the authors test – and report – relationships between physician gender and prevalence of various themes. However, these results are not discussed. It might be interesting to consider whether such differences are consistent across topics or specific to cannabis.
Thanks for the opportunity to review this excellent manuscript!
We also thank the reviewers for valuable feedback and comments.