



Far Out Therapies: Psychedelics in Palliative Care

By Dr. Hayden Rubensohn

Disclosures

- ❁ Dr. Rubensohn is a paid research therapist for the Multidisciplinary Association for Psychedelic Studies (MAPS); affiliated with the BC Centre for Substance Use (BCCSU)



Outline

- ⊗ Case
- ⊗ Psychological issues in life-limiting illness
- ⊗ Psychedelics
 - ⊗ What do they do? How do they work
 - ⊗ Review of data
- ⊗ Empathogens
 - ⊗ What do they do? How do they work
 - ⊗ Review of data
- ⊗ Relationship between psychedelics and MAiD

Objectives

- ⊗ By the end of this session I hope you will:
 - ⊗ Understand what psychedelics are
 - ⊗ Understand why psychedelics might work
 - ⊗ Understand what psychedelics could be used for
 - ⊗ Consider the possible intersection between psychedelic medicine and MAiD

Case: Mrs. AD

- ⊗ 52 year old female, previously healthy
 - ⊗ No prior psychiatric history
- ⊗ Diagnosed 4 years ago with triple negative breast cancer
 - ⊗ Treatment has included mastectomy, chemo, radiation
 - ⊗ Stable stage III disease without mets
 - ⊗ Declined further chemo due to fear of side effects and impact on quality of life

Case: Mrs. AD

- ⊕ Symptoms include fatigue, managed pain, occasional nausea
- ⊕ Most bothered by persistent anxiety and hopelessness about her illness and its course, sadness for missing future events
 - ⊕ Concerned about the dying process
 - ⊕ Worried that her life has been meaningless by dying so young
 - ⊕ Often wonders “why me?” and wonders if she’s being punished

Case: Mrs. AD

- ⊗ Psychiatry says that Mrs. AD has an Adjustment Disorder with Mixed Anxiety and Depressed Mood
 - ⊗ Cognitive therapy only provides partial relief
 - ⊗ A 3 week trial of bupropion worsens her anxiety
 - ⊗ A 2 week trial of paroxetine results in somnolence
 - ⊗ Reluctantly, Mrs. AD agrees to a trial of citalopram which after 8 weeks has mild to moderate benefit

Case: Mrs. AD

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness <i>(Tiredness = lack of energy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness <i>(Drowsiness = feeling sleepy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression <i>(Depression = feeling sad)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety <i>(Anxiety = feeling nervous)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing <i>(Wellbeing = how you feel overall)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem <i>(for example constipation)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

What if there were other options for this patient?

Patient's Name _____

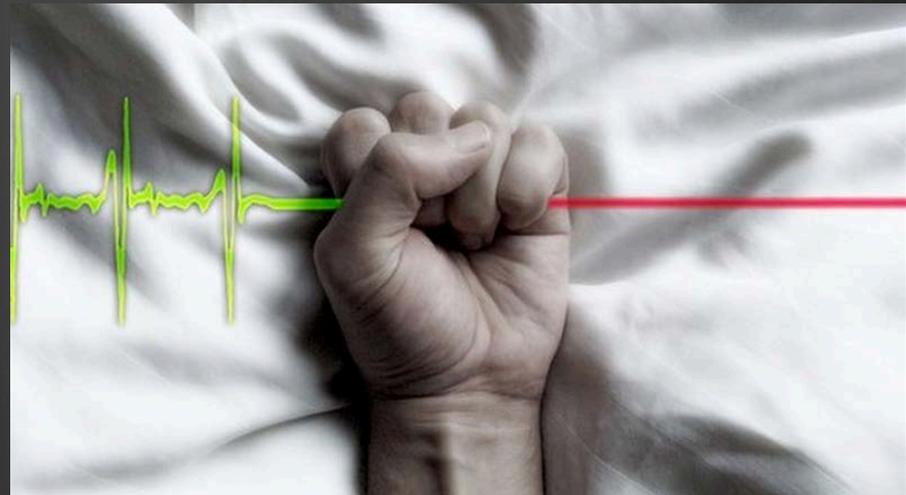
Date _____ Time _____

Completed by (check one):

- Patient
- Family caregiver
- Health care professional caregiver
- Caregiver-assisted

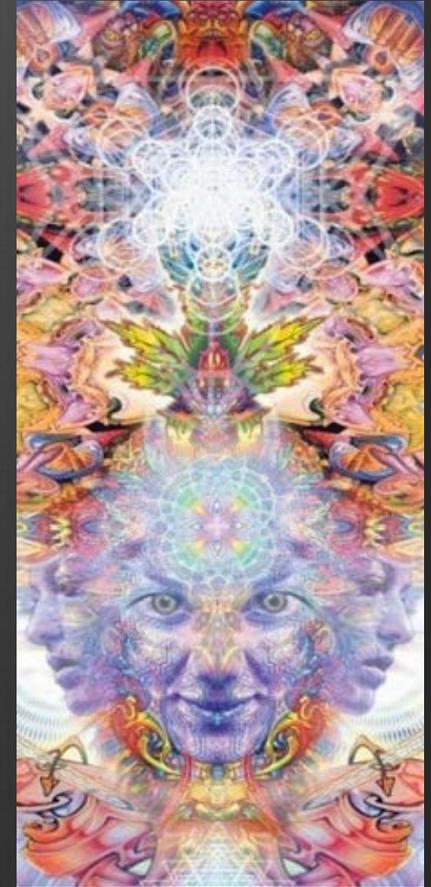
Emotional Distress

- ⊗ Significant complication in those diagnosed with cancer and life limiting chronic illness
 - ⊗ High rates of depression, anxiety, other psychiatric disorders
- ⊗ Impact on health outcomes
 - ⊗ QoL, Treatment adherence, Morbidity, Mortality
- ⊗ Limited efficacy of currently available therapies
 - ⊗ Psychotherapies
 - ⊗ Pharmacotherapies



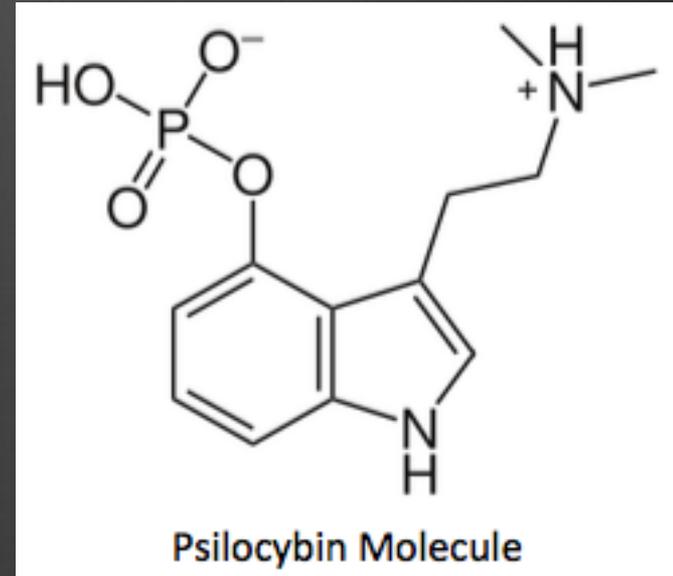
Psychedelics

- ⊗ Etymology: *psyche-delose* (mind-revealing)
- ⊗ Classic Psychedelics – 5HT_{2A} Agonists
 - ⊗ Psilocybin
 - ⊗ Others... beyond the scope of this talk
- ⊗ Non-Classic Psychedelics
 - ⊗ MDMA – 5HT releaser
 - ⊗ Others... beyond the scope of this talk



Psilocybin

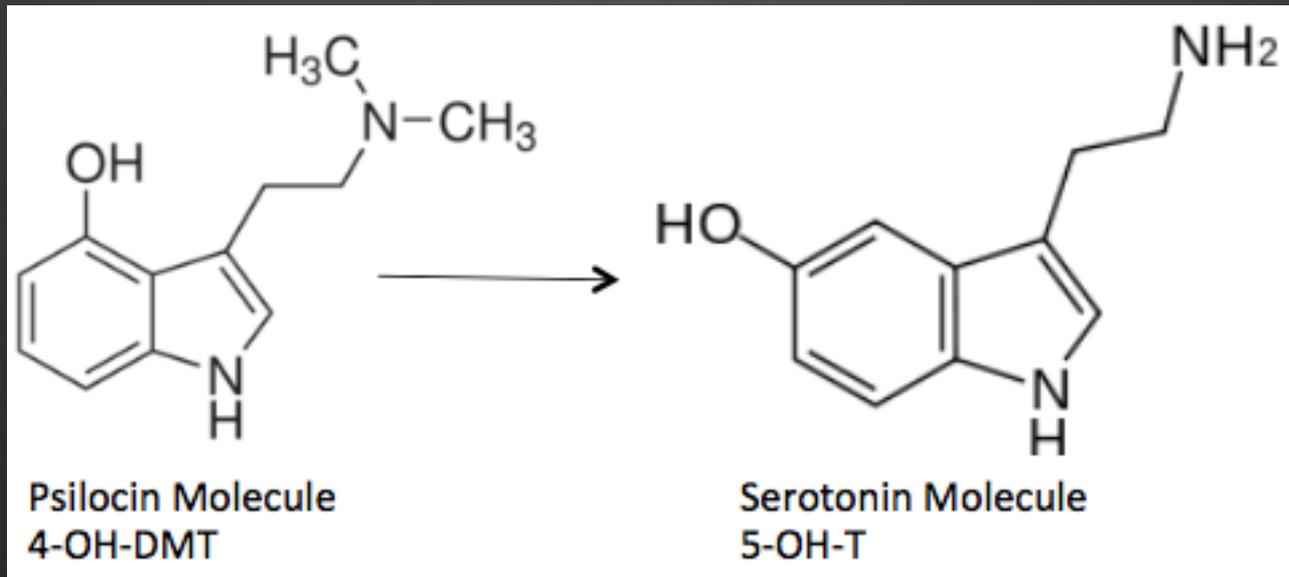
- ☉ Tryptamine alkaloid found in various species of mushrooms



- ☉ Rapidly metabolized to psilocin (structural similarity to 5HT)

Psilocybin

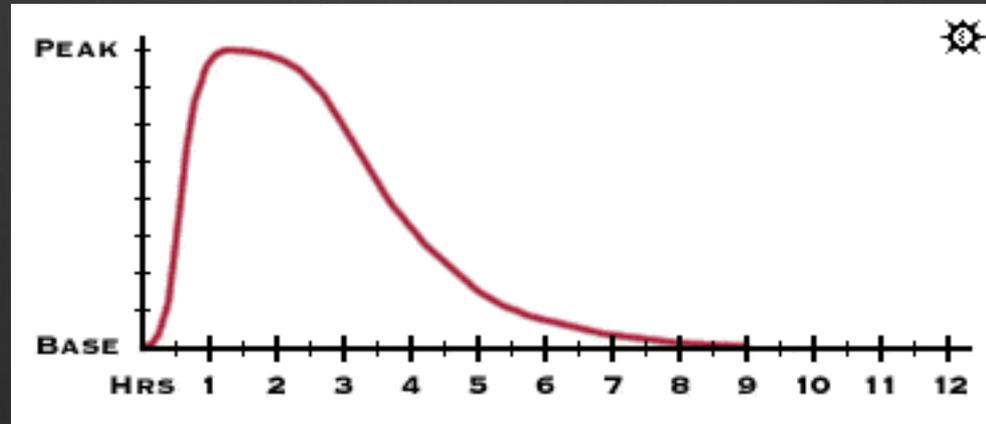
- ☉ Tryptamine alkaloid found in various species of mushrooms



- ☉ Rapidly metabolized to psilocin (structural similarity to 5HT)

Psilocybin

- ☉ Active at 5-10mg with a dose related response
- ☉ Oral activity begins in 30-60 minutes, with a peak effect at 2 hours, and a total duration of action from 4-8 hours



Classic Psychedelics

- ⊗ Subjective Effects
 - ⊗ Maintenance of a clear sensorium
 - ⊗ Change in perception, cognition processing
 - ⊗ States of ecstasy and elevated mood
 - ⊗ Visual illusions and internal visionary experiences
 - ⊗ Dissolution of ego boundaries
 - ⊗ Experiences of union with others and the natural world



Why Would Psychedelics Work

- ⊗ A deeper look at psychosocial distress
 - ⊗ Total Pain
 - ⊗ Existential Suffering

- ⊗ Biological Plausibility
 - ⊗ Mystical Experiences
 - ⊗ The Default Mode Network

Total Pain

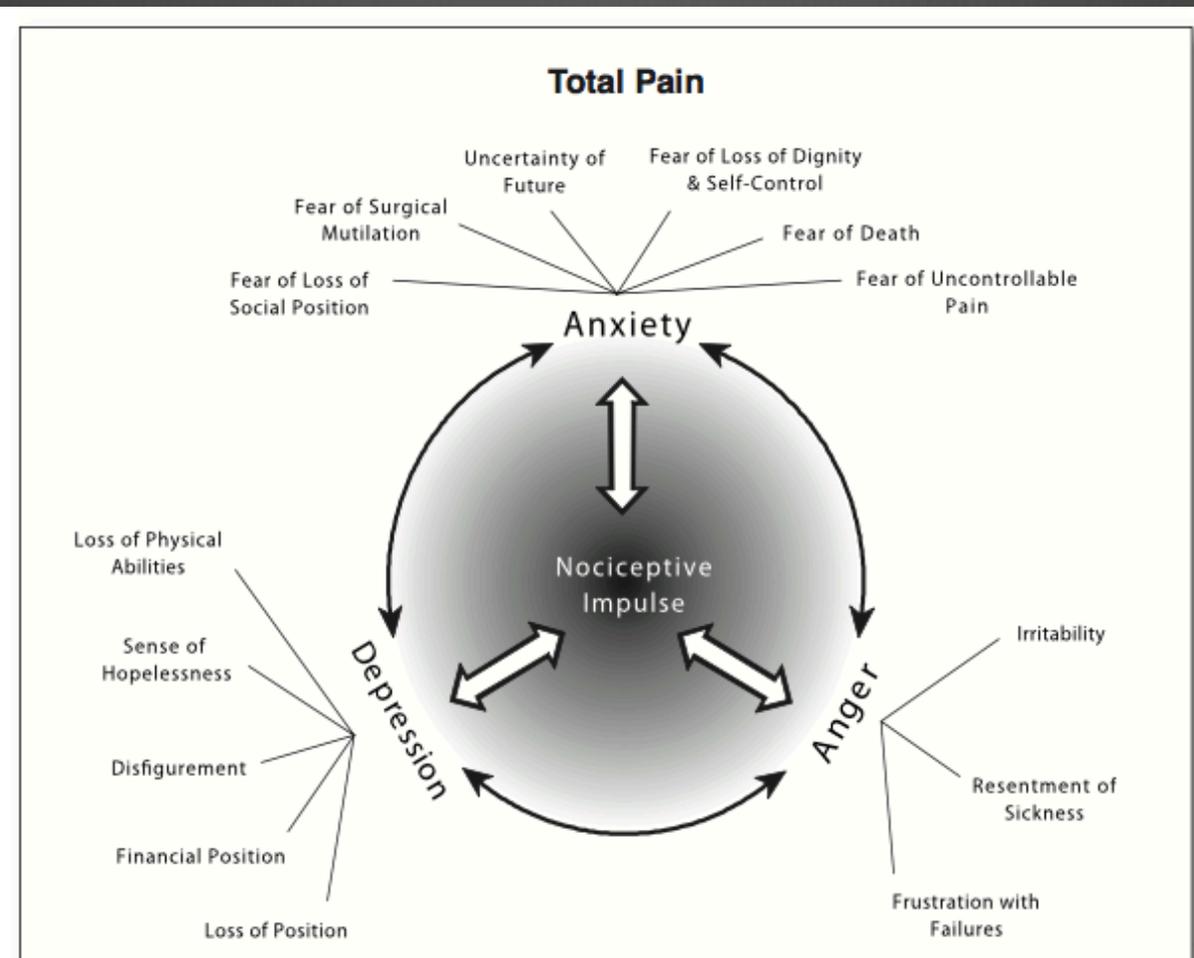


Figure 4.17. Total Pain Graphic. Nociceptive pain is worsened, depicted by inward arrows, by emotions such as anxiety, anger and depression. There is also circular interaction with, for example, anger or depression heightening anxiety. Thus, both inward and circular components contribute to the total pain perceived by the patient. M Downing.

Existential Suffering

- ⊕ Terminal diagnoses may trigger existential crises at patients try to make sense of their mortality
- ⊕ Spiritual emergencies
 - ⊕ “The aspect of humanity that refers to the way individuals seek and express meaning and purpose... they way they experience connectedness to the moment, to the self, to others, and to the sacred”

A Forgotten Domain



WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and **spiritual**. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- **integrates the psychological and spiritual aspects of patient care;**

Breitbart et al. “concepts of adequate end of life care must be expanded beyond symptom control alone to include psychiatric, psychosocial, existential and spiritual domains.”

Why Would Psychedelics Work

- ⊗ Grob et. al: “the *[psychedelic] treatment* model is the only approach that potentially *facilitates a radical shift* in consciousness yielding transpersonal, transcendental, spiritual, and mystical experiences”
- ⊗ Potential to engender an *ontological shift* with the capacity to change assumptions and beliefs about the *meaning of life and death*



Mystical Experiences Model

Psychopharmacology

DOI 10.1007/s00213-006-0457-5

ORIGINAL INVESTIGATION

Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance

R. R. Griffiths · W. A. Richards · U. McCann · R. Jesse

Received: 20 January 2006 / Accepted: 27 May 2006

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Mystical Experiences Model

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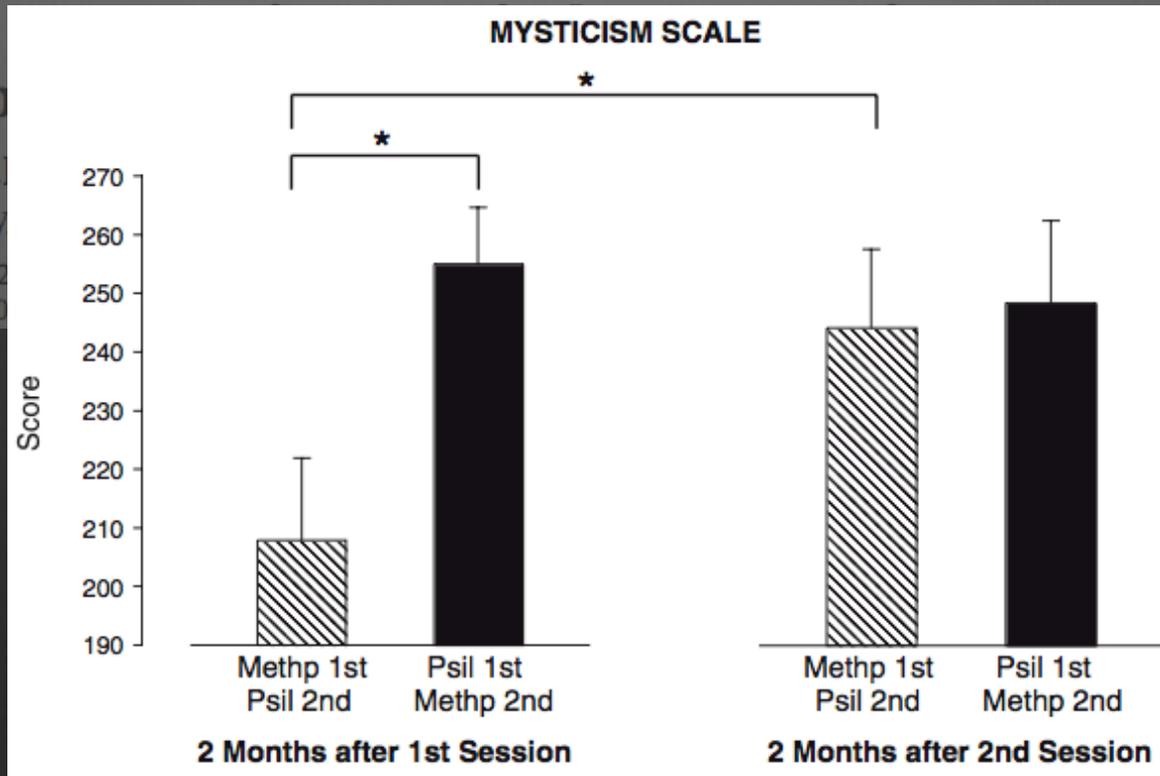
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Mystical Experiences Model

Psychopharmacology

DOI 10.1007/s002

ORIGINAL I

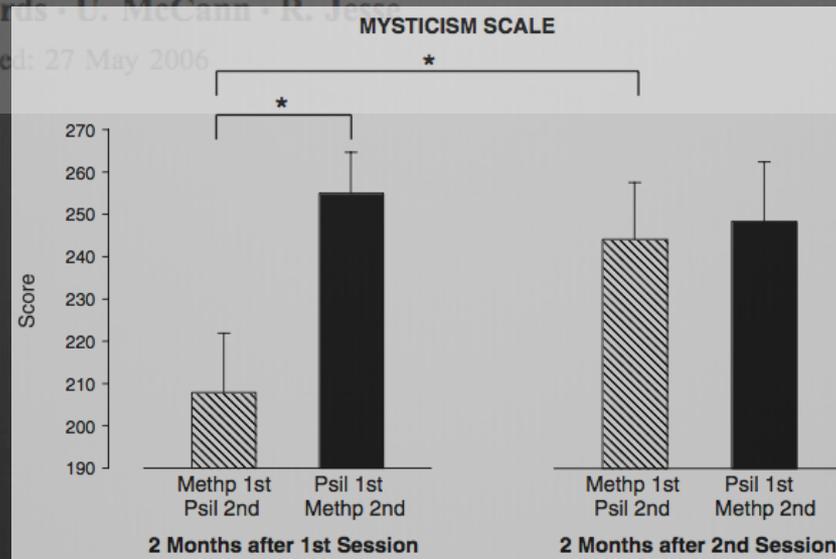
Psilocybin
having s
meaning

R. R. Griffiths · W. A. Richards · U. McCann · R. Jones

Received: 20 January 2006 / Accepted: 27 May 2006

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Conclusions When administered under supportive conditions, psilocybin occasioned experiences similar to spontaneously occurring mystical experiences. The ability to occasion such experiences prospectively will allow rigorous scientific investigations of their causes and consequences.



Mystical Experiences Model

Psychopharmacology

DOI 10.1007/s00217-006-0477-5

Conclusions When administered under supportive condi-

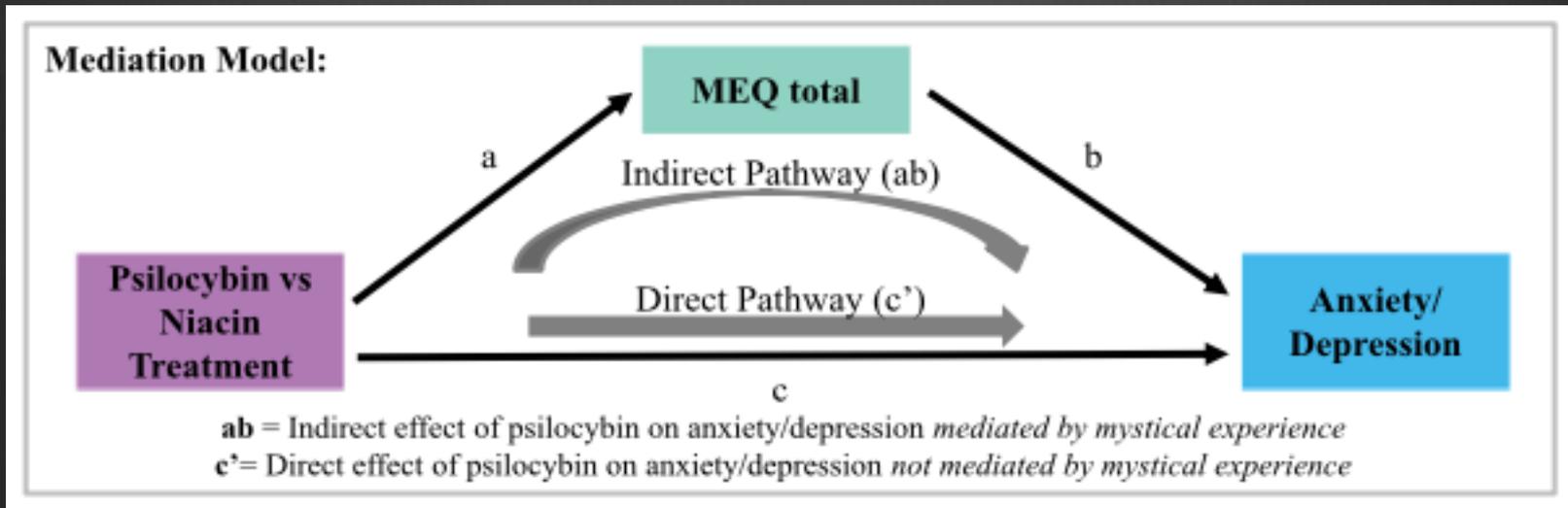
Questionnaire Items	1 Month after Sessions						14 Month Follow-up (20 or 30 mg/70 kg)**
	Psilocybin Dose (mg/70 kg)						
	0 [†]	5 [†]	10 [†]	20 [†]	30 [†]	20 or 30 [‡]	
<i>How personally meaningful was the experience?</i>							
Single most meaningful experience of life	0.0	0.0	5.6	16.7	33.3	44.4	38.9
Top 5 most meaningful, including single most	0.0	11.1	33.3	77.8	61.1	77.8	94.4
<i>How spiritually significant was the experience?</i>							
Single most spiritually significant experience of life	0.0	0.0	5.6	27.8	44.4	61.1	44.4
Top 5 most spiritually significant, including single most	11.1	11.1	44.4	66.7	77.8	83.3	94.4
<i>Did the experience change your sense of well-being or life satisfaction?</i>							
Increased well-being/life satisfaction (very much)	5.6	27.8	38.9	72.2	55.6	77.8	61.1
Increased well-being/life satisfaction (moderately or very much)	38.9	55.6	72.2	83.3	88.9	94.4	83.3

2 Months after 1st Session

2 Months after 2nd Session

Mystical Experiences Model

- ⊗ Mystical and spiritually meaningful experiences may mediate the beneficial effects of psychedelic based therapies



- ⊗ Deeply interpersonal experiences without fear and with renewed trust may mediate the beneficial effects of empathogen based therapies

Mystical Experiences Model

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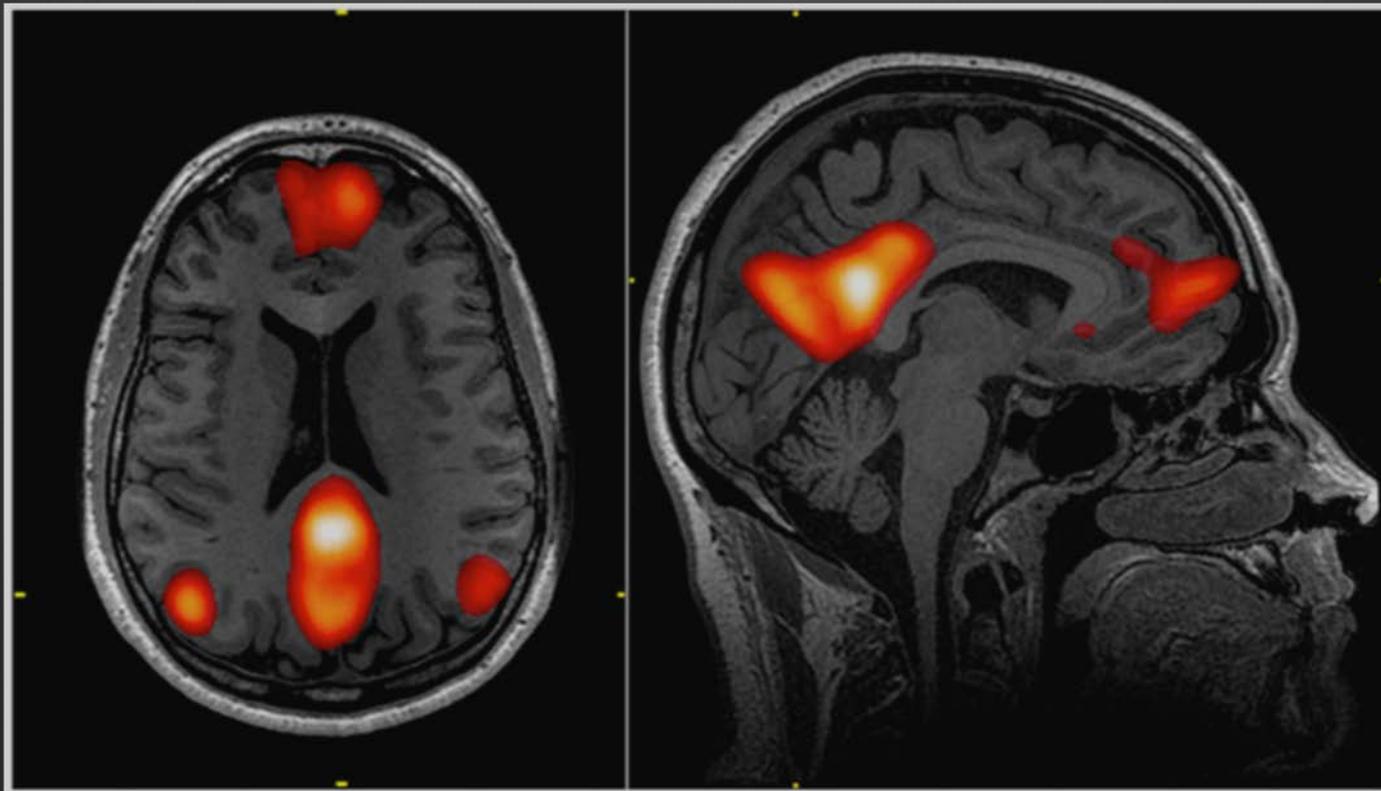
Mediation Model:

and 14 months after the final session. The significant increase in the Religious subscale of the Death Transcendence Scale is notable in this group of healthy volunteers because questions in this subscale assess a sense of continuity after death (e.g. Death is a transition to something even greater than this life; Death is never just an ending, but a part of a process). This effect may be relevant to the proposed palliative effects of psilocybin and similar hallucinogens in treating existential anxiety in terminal illness (Kast 1967; Richards et al. 1972; Grob et al. 2011).

- ⊗ Deeply interpersonal experiences without fear and with renewed trust may mediate the beneficial effects of empathogen based therapies

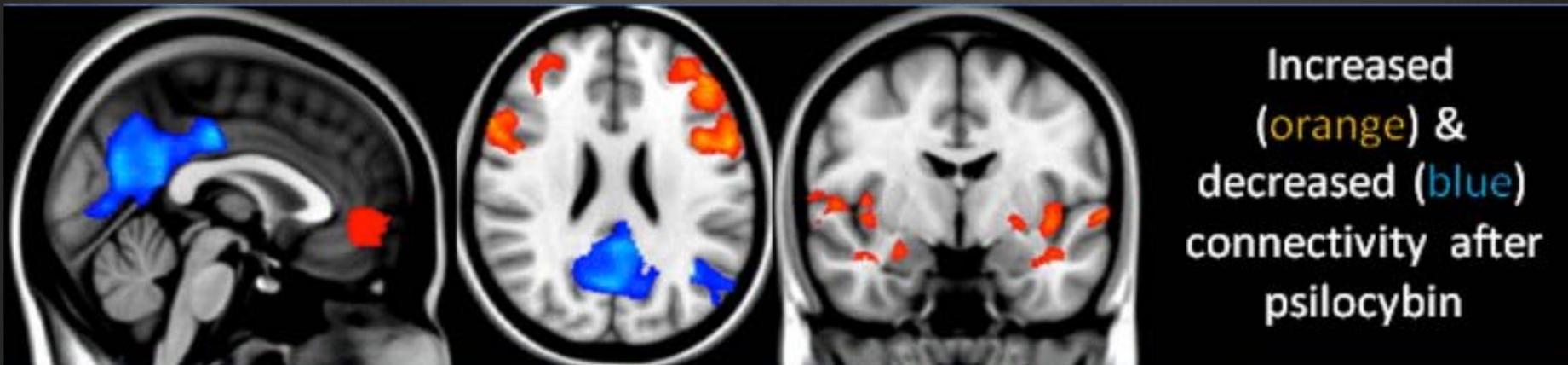
The Default Mode Network

- ⊗ Self Referential Thinking – at rest



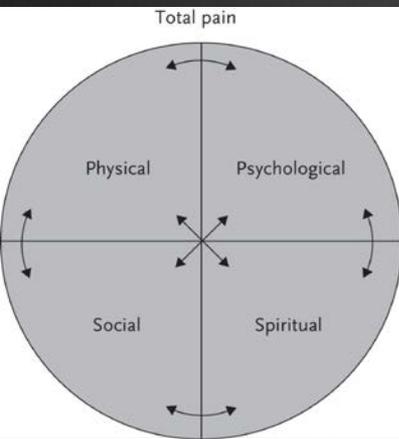
The Default Mode Network

- ⊗ Disturbance in connectivity – with psychedelics



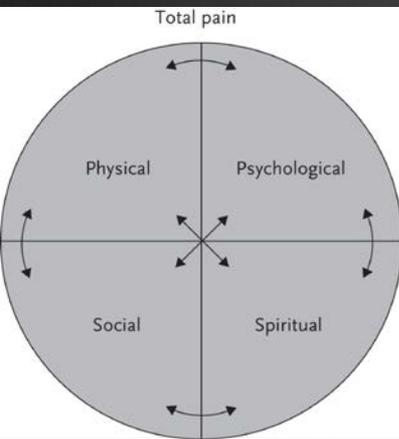
- ⊗ Medial node interference: reduced associative and sensory processing → ego dissolution
- ⊗ Lateral node interference: enhanced timelessness and spacelessness

Comprehensive Psychedelic Model



Existential Suffering
Anxiety
Depression

Comprehensive Psychedelic Model

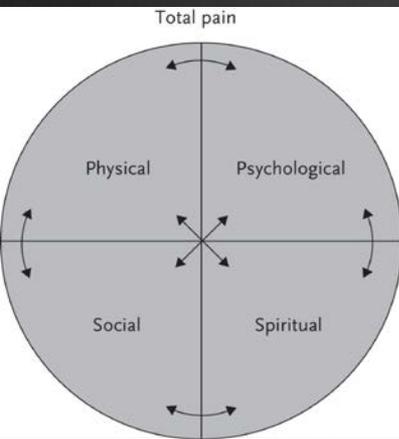


Existential Suffering
Anxiety
Depression

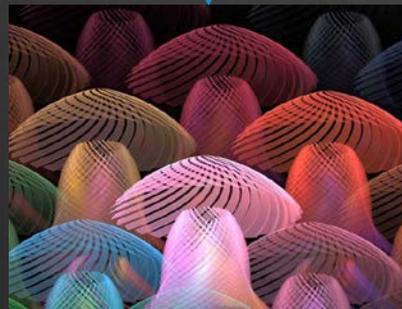


Supportive Therapy

Comprehensive Psychedelic Model

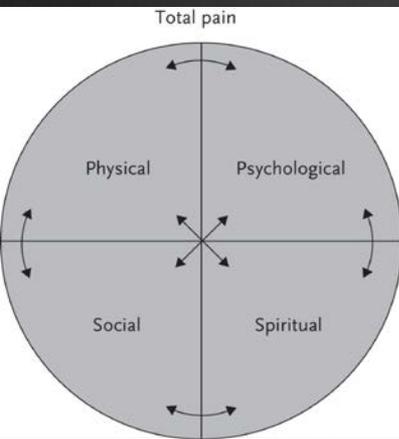


Existential Suffering
Anxiety
Depression



Classic Psychedelics

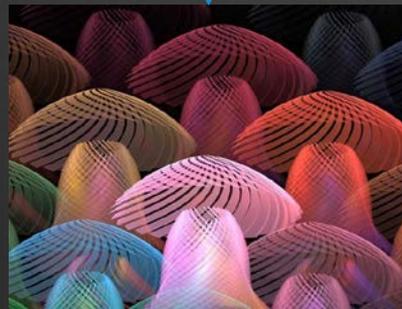
Comprehensive Psychedelic Model



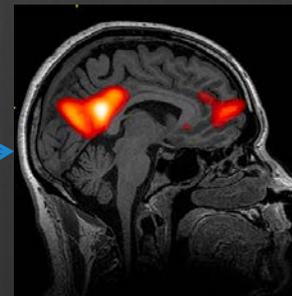
Existential Suffering
Anxiety
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Supportive Therapy

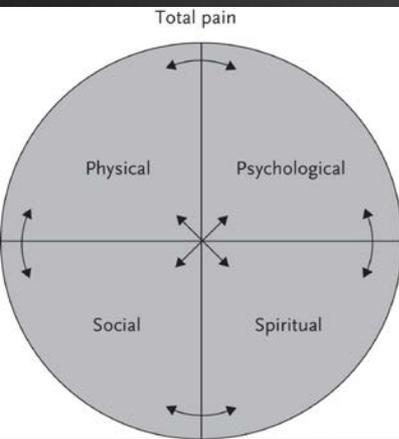


Classic Psychedelics

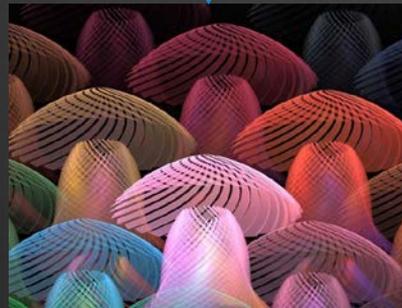


Predictable
neurobiological
alterations

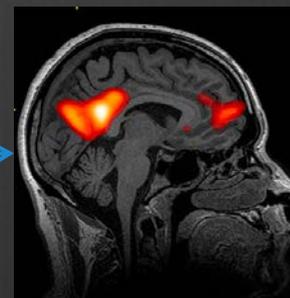
Comprehensive Psychedelic Model



Existential Suffering
Anxiety
Depression



Classic Psychedelics

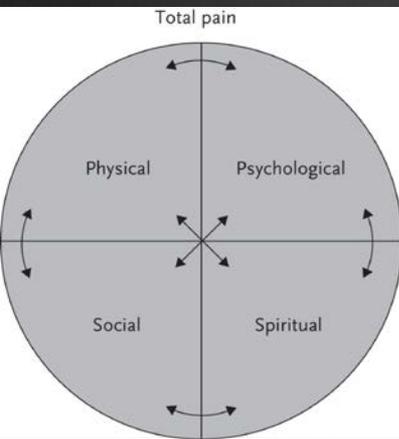


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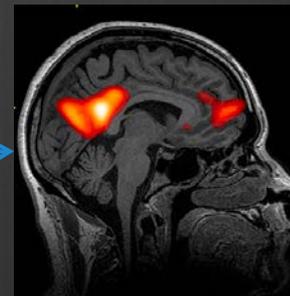
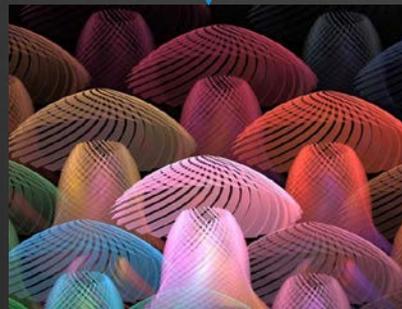


Transcendental
mystical
experiences

Comprehensive Psychedelic Model



Existential Suffering
Anxiety
Depression



Better deaths

Therapy Structure and Conduct

- ⊗ Participant meets study therapists
- ⊗ Introductory and preparatory sessions occur (2-3)

Preparatory Session 1

Preparatory Session 2

Preparatory Session 3

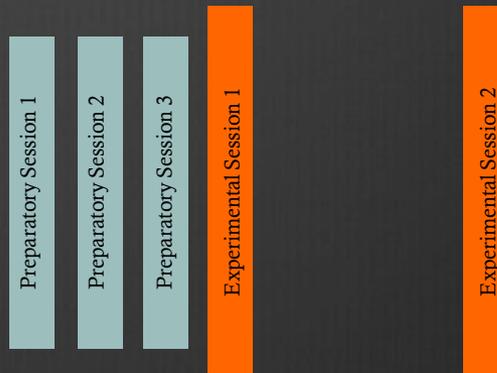
Therapy Structure and Conduct

- ⊗ Participant meets study therapists
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- ⊗ **Experimental sessions** occur (full day experience; 2-3)
 - ⊗ Typically 1-2 months after first introductory meeting



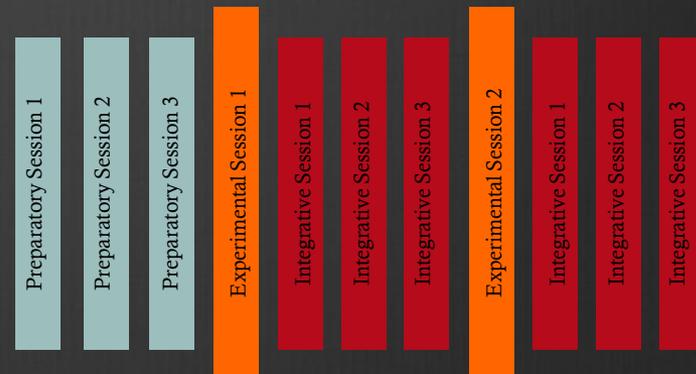
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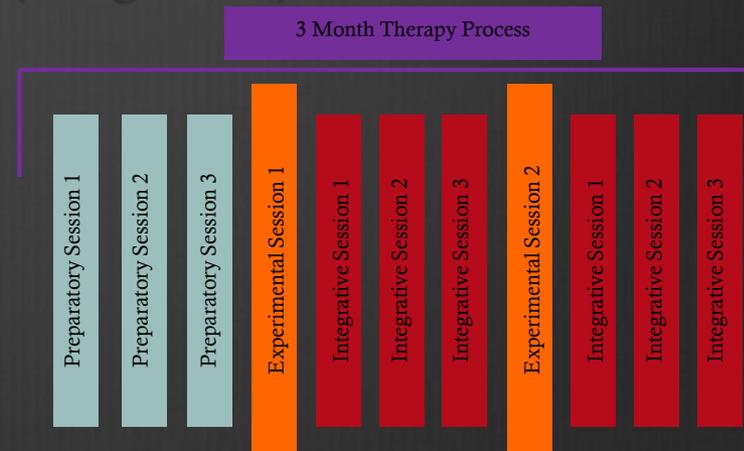
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- ⊗ **Follow up** with study therapists (integration):
 - ⊗ Day after in-person
 - ⊗ Phone calls (~7)
 - ⊗ Weekly meetings (2-3)



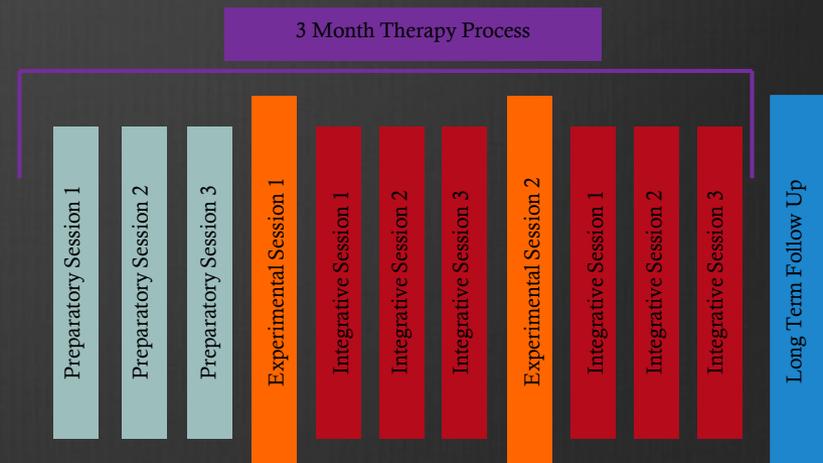
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- ⊗ **Follow up** with study therapists (integration):
 - ⊗ Day after in-person
 - ⊗ Phone calls (~7)
 - ⊗ Weekly meetings (2-3)
- ⊗ **Longer term follow up**
 - ⊗ 2 month
 - ⊗ 6-12 month



Therapy Sessions

- ⊗ Aesthetically pleasing environment
- ⊗ Two co-therapists present
- ⊗ Non-directive, supportive model of therapy employed
 - ⊗ “Trust, let go and be open”
 - ⊗ “The inner healer”
- ⊗ Full day sessions



Johns Hopkins Study - Design

- Published in 2016; follow up to a 2011 published pilot study

Original Paper

Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial

Roland R Griffiths^{1,2}, Matthew W Johnson¹, Michael A Carducci³, Annie Umbricht¹, William A Richards¹, Brian D Richards¹, Mary P Cosimano¹ and Margaret A Klinedinst¹



Journal of Psychopharmacology
2016, Vol. 30(12) 1181–1197
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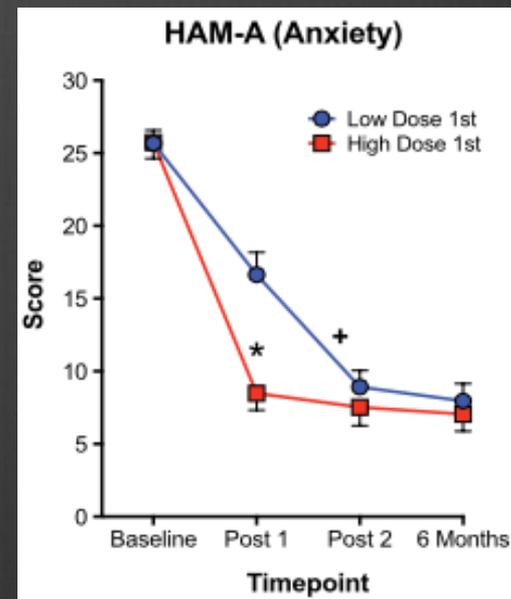
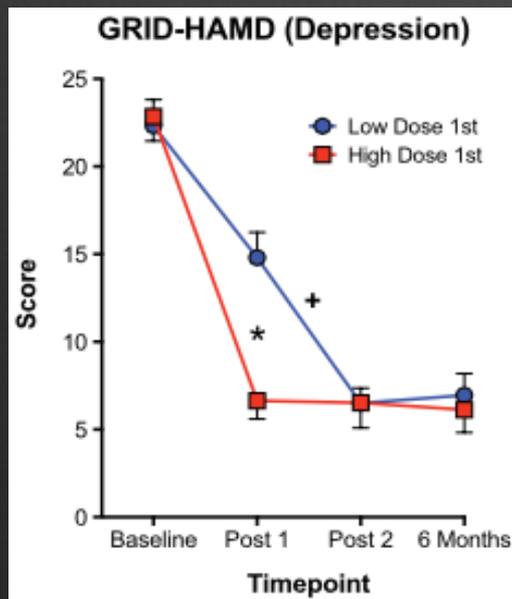


Johns Hopkins Study - Design

- ⊗ Published in 2016; follow up to a 2011 published pilot study
- ⊗ 51 subjects with potentially life threatening cancer diagnoses (65% metastatic/recurrent) and a DSM-IV diagnosis involving anxiety and/or mood disturbance
- ⊗ Double-blind, randomized, crossover study
 - ⊗ Two sessions per participant
 - ⊗ High dose (20-30mg/70kg) → low dose; or
 - ⊗ Low dose (1-3mg/70kg) → high dose

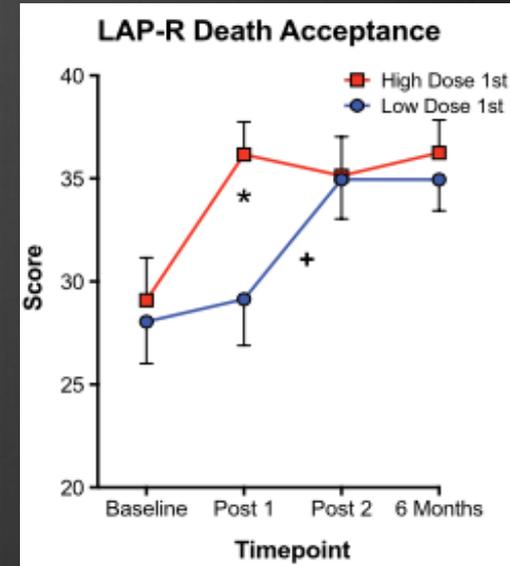
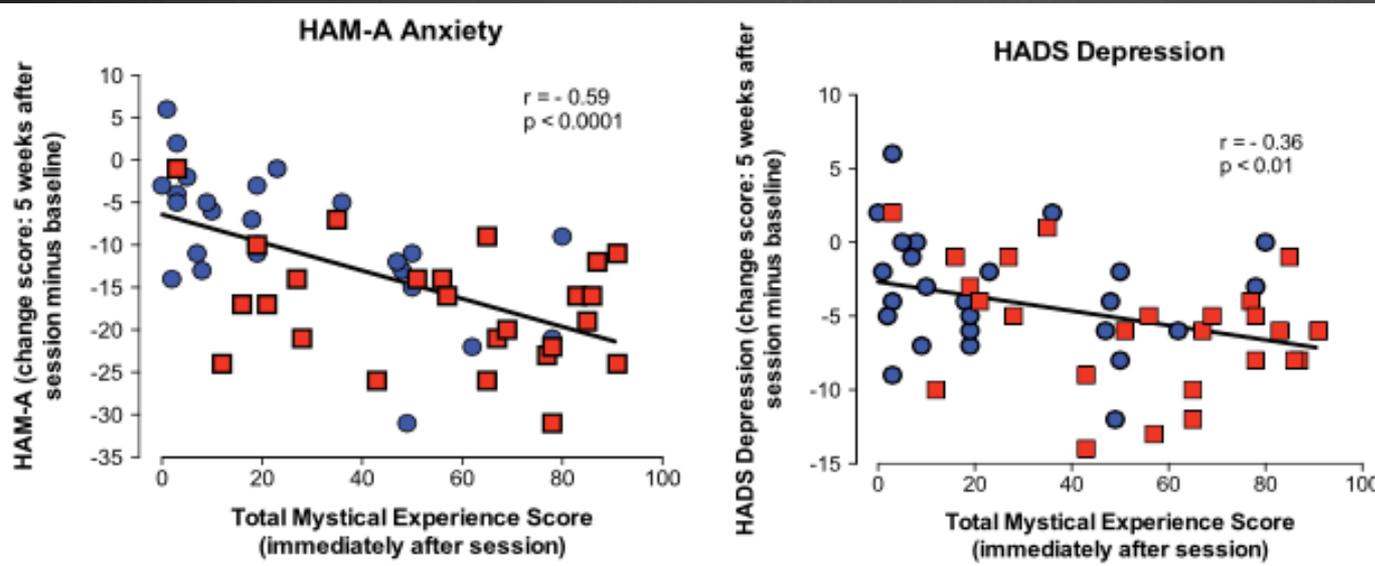
Johns Hopkins Study - Results

- ⊗ Adverse events: no serious adverse events
 - ⊗ No hallucinogen persisting perception disorder, psychosis
- ⊗ Primary outcomes measures:
 - ⊗ Significant and sustained evidence of clinical response and symptom remission after high dose session



Johns Hopkins Study - Results

⊗ Mystical Experiences and Death Acceptance



NYU Study - Design

⊗ Published in 2016

Original Paper

Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial

Stephen Ross^{1,2,3,4,5,6}, Anthony Bossis^{1,2,4}, Jeffrey Guss^{1,2,4}, Gabrielle Agin-Liebes¹⁰, Tara Malone¹, Barry Cohen⁷, Sarah E Mennenga¹, Alexander Belser⁸, Krystallia Kalliontzi², James Babb⁹, Zhe Su³, Patricia Corby² and Brian L Schmidt²



Journal of Psychopharmacology
2016, Vol. 30(12) 1165–1180
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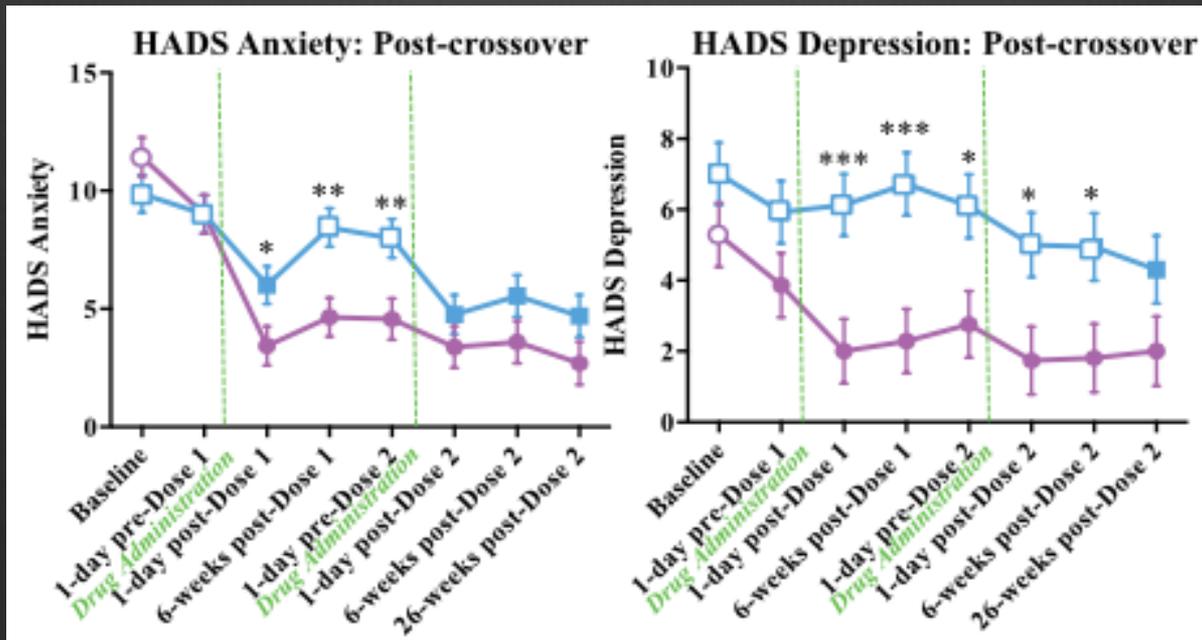


NYU Study - Design

- ⊗ Published in 2016
- ⊗ 29 subjects with potentially life threatening cancer diagnoses (62% Stage III/IV) and a DSM-IV diagnosis involving anxiety
- ⊗ Double-blind, randomized, active-placebo controlled, crossover study
 - ⊗ Two sessions per participant
 - ⊗ Psilocybin (0.3mg/kg) → niacin (250mg); or
 - ⊗ Niacin (250mg) → Psilocybin (0.3mg/kg)

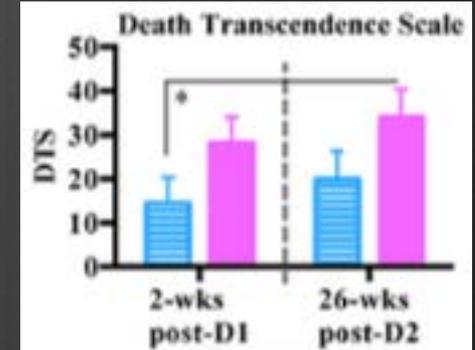
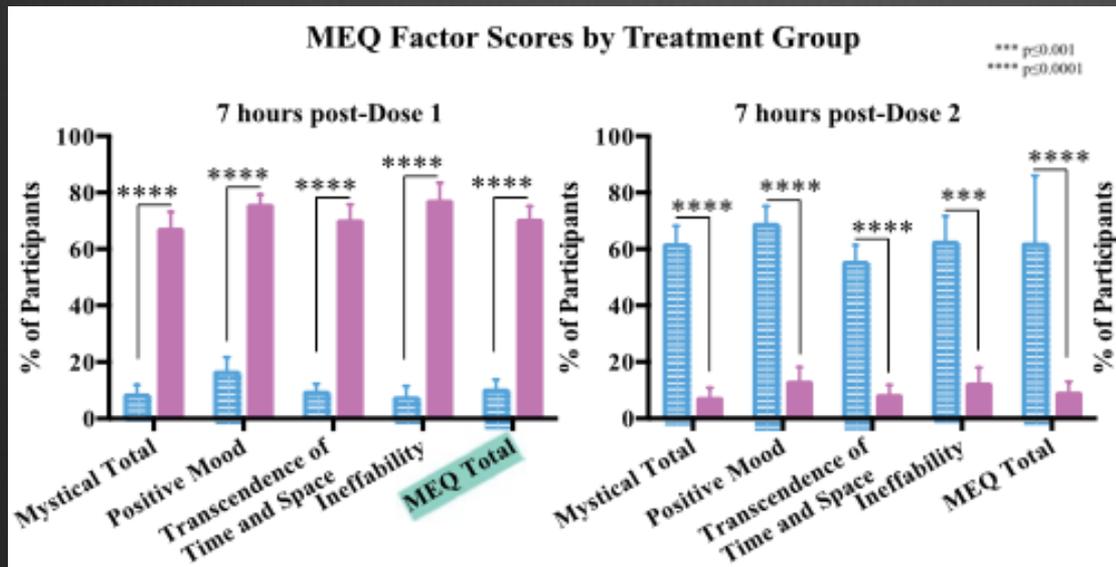
NYU - Results

- ⊗ Adverse events: no serious adverse events
 - ⊗ No hallucinogen persisting perception disorder, psychosis
- ⊗ Primary outcomes measures:
 - ⊗ Significant reductions in both anxiety and depression, mediated by psilocybin exposure



NYU - Results

⊗ Mystical Experiences and Death Transcendence



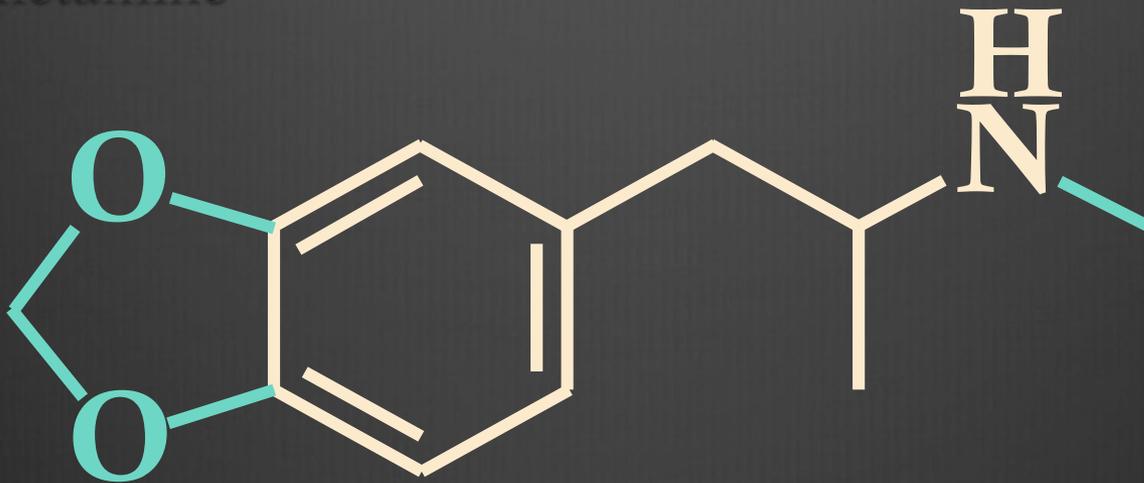
PTSD in Malignancy

Numerous studies in the literature have proposed that this population experiences stresses related to the diagnosis of the disease, and/or to the challenges of living with the illness that are much like how survivors of violent crime or natural disasters relate to their traumatic experiences (Cordova, Studts, Hann, Jacobsen, & Andrykowski, 2000; Jackson et al., 2007).

Similar lack of efficacy for currently available psychotherapies
and pharmacotherapies

MDMA

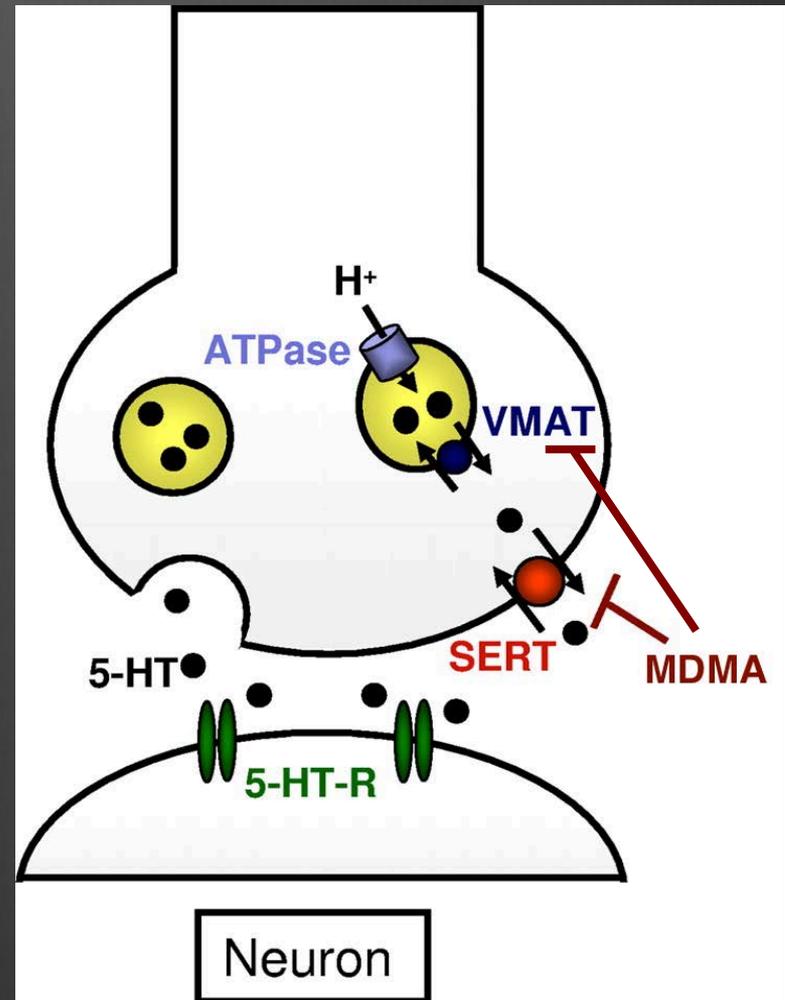
- ⊕ 3,4-methylene-dioxy-n-methyl amphetamine – a substituted amphetamine



- ⊕ Sub-classified as an *empathogen*: to generate empathy

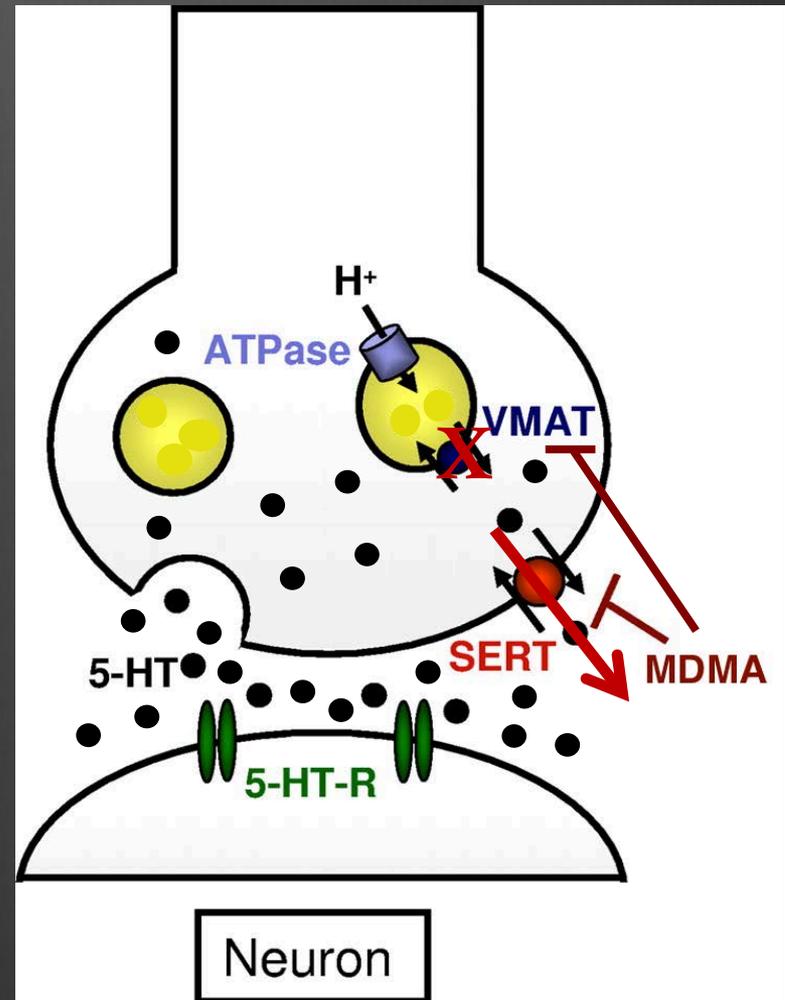
MDMA

- VMAT inhibitor, SERT reverser: efflux of serotonin from the axon terminal



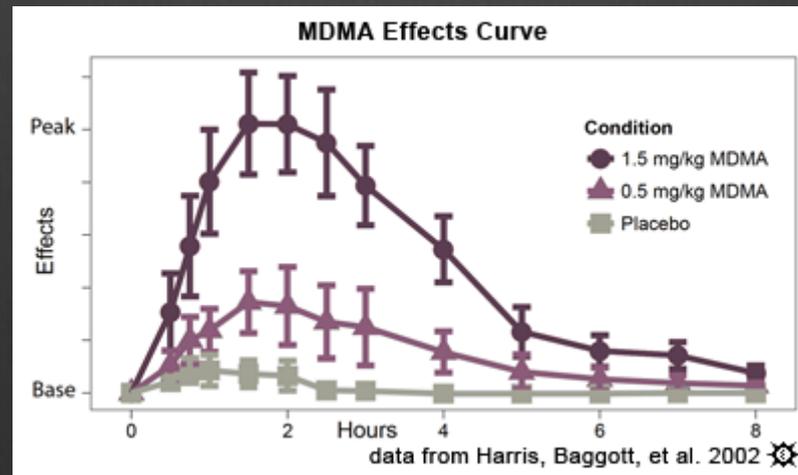
MDMA

- VMAT inhibitor, SERT reverser: efflux of serotonin from the axon terminal
- Synaptic cleft is flooded with 5-HT resulting in a unique profile of subjective effects



MDMA

- ❁ Active at 75-100mg with a dose related response
- ❁ Oral activity begins in 30-60 minutes, with a peak effect at 2 hours, and a total duration of action from 4-6 hours



Empathogens

- ⊗ Subjective Effects
 - ⊗ Enhanced inner awareness
 - ⊗ Elevated mood, euphoria
 - ⊗ Increased desire and willingness to communicate
 - ⊗ Diminished fear and anxiety
 - ⊗ Feelings of love, empathy
 - ⊗ Forgiveness for self and others
 - ⊗ Reduced pain



Why Would Empathogens Work

A Method of Conducting Therapeutic Sessions with MDMA[†]

George R. Greer, M.D.* & Requa Tolbert, M.S.N.**

“... comfortable [for patients] to be aware of, to communicate, and to remember thoughts and feelings... usually accompanied by fear and anxiety...”

CONCLUSION

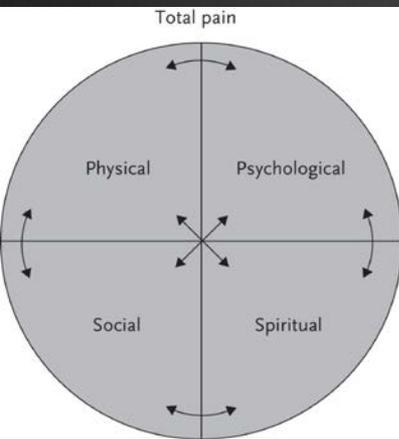
From our own observations and those of other therapists, we believe that, in the right circumstances, **MDMA reduces or somehow eliminates the neurophysiological fear response to a perceived threat** to one's emotional integrity. Though we do not understand how MDMA reduces the experience of feeling threatened, it does seem to reduce the primary somatic symptom of fear: the tightness and nervous feeling in the throat, chest, abdomen and skeletal musculature. There is also a moderate anesthesia to pain (but not to touch) in the skin during the acute effects, which may parallel the anesthesia to emotional pain or fear without reducing emotional sensitivity. **With this barrier of fear removed**, a loving and forgiving awareness seemed to occur quite naturally and spontaneously. **Clients found it comfortable to be aware of, to communicate, and to remember thoughts and feelings that are usually accompanied by fear and anxiety.** Alcohol, anti-anxiety drugs and beta sympathetic nervous system blockers also can reduce fear but are not reported to facilitate the access of repressed memories or feelings.

Why Would Empathogens Work

- ⊕ Facilitate deepened and more intimate intra- and interpersonal relationships at a time of isolation, reflection, and introspection



Comprehensive Psychedelic Model



Existential Suffering
Anxiety
Depression

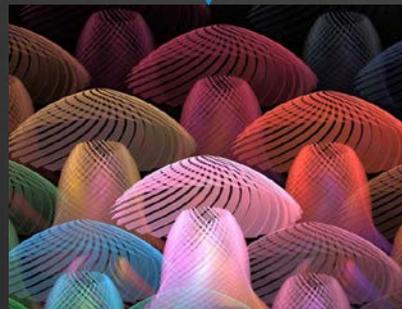


Supportive Therapy



Fuller lives

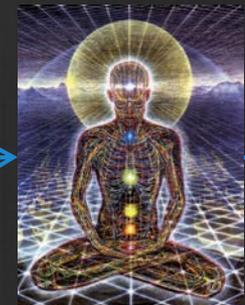
Better deaths



Classic Psychedelics



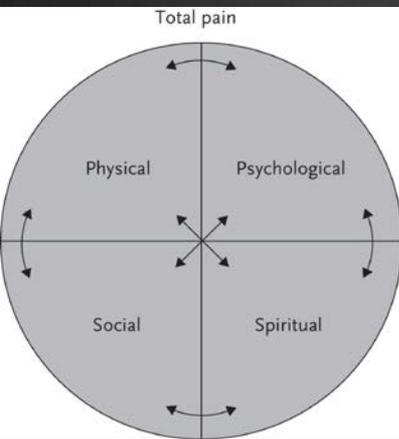
Predictable
neurobiological
alterations



Transcendental
mystical
experiences

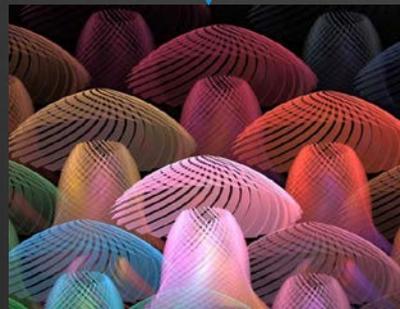
Comprehensive Psychedelic Model

Empathogens

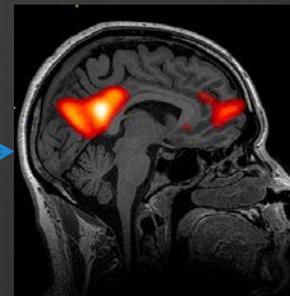


Fuller lives

Existential Suffering
Anxiety
Depression



Classic Psychedelics



Predictable
neurobiological
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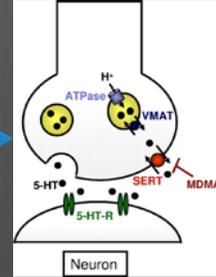


Transcendental
mystical
experiences

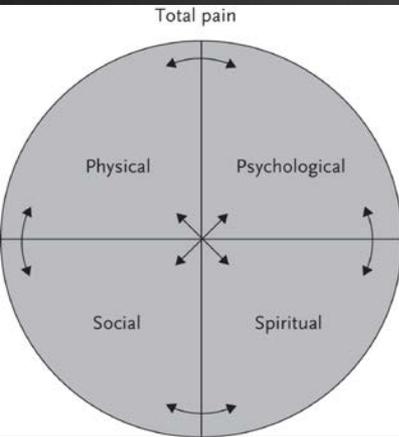
Better deaths

Comprehensive Psychedelic Model

Empathogens



Predictable neurotransmitter flux



Supportive Therapy



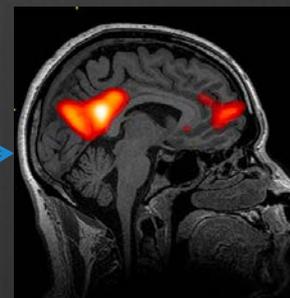
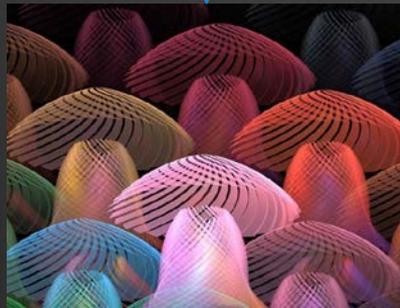
Fuller lives

Better deaths

Existential Suffering
Anxiety
Depression

Predictable neurobiological alterations

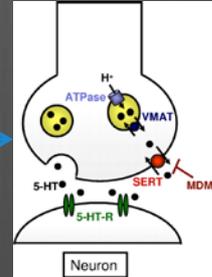
Transcendental mystical experiences



Classic Psychedelics

Comprehensive Psychedelic Model

Empathogens



Predictable neurotransmitter flux

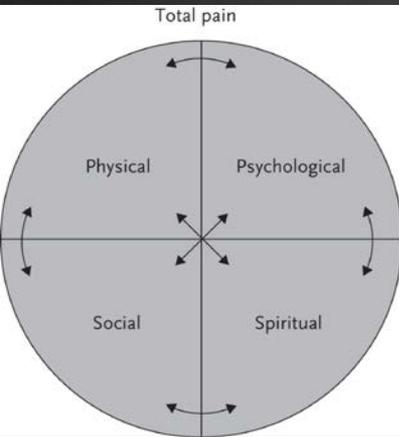


Integrative interpersonal experiences

Fuller lives

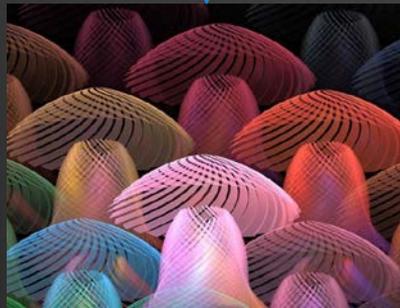


Better deaths

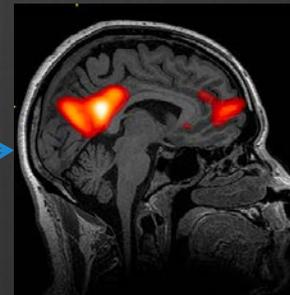


Supportive Therapy

Predictable neurobiological alterations



Classic Psychedelics



Transcendental mystical experiences

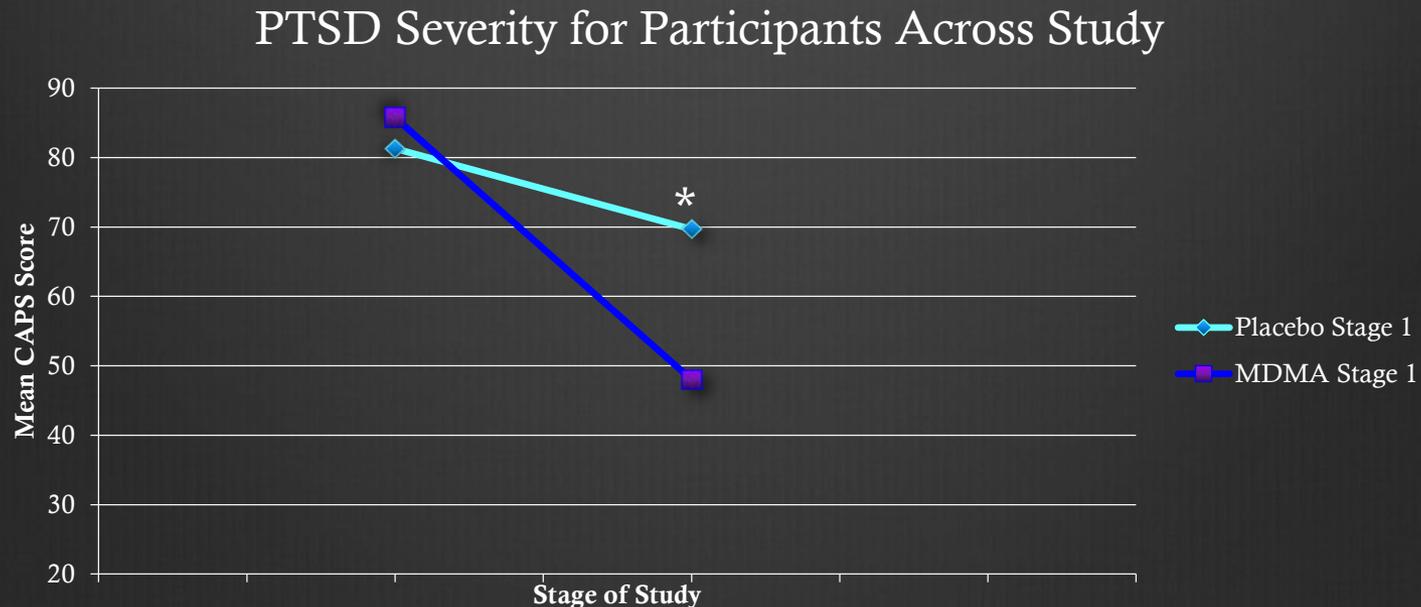


MDMA-PTSD Study - Design

- ⊗ Not yet published
- ⊗ 107 pooled subjects with treatment refractory PTSD (failure to respond to pharmaco- and psychotherapy)
- ⊗ Multiple study designs
 - ⊗ Vancouver:
 - ⊗ Double-blind, randomized, placebo controlled, crossover study
 - ⊗ Three sessions per participant
 - ⊗ MDMA 125mg +/- 62.5mg booster dose
 - ⊗ Placebo → MDMA 125mg +/- 62.5mg booster dose

MDMA-PTSD Study - Results

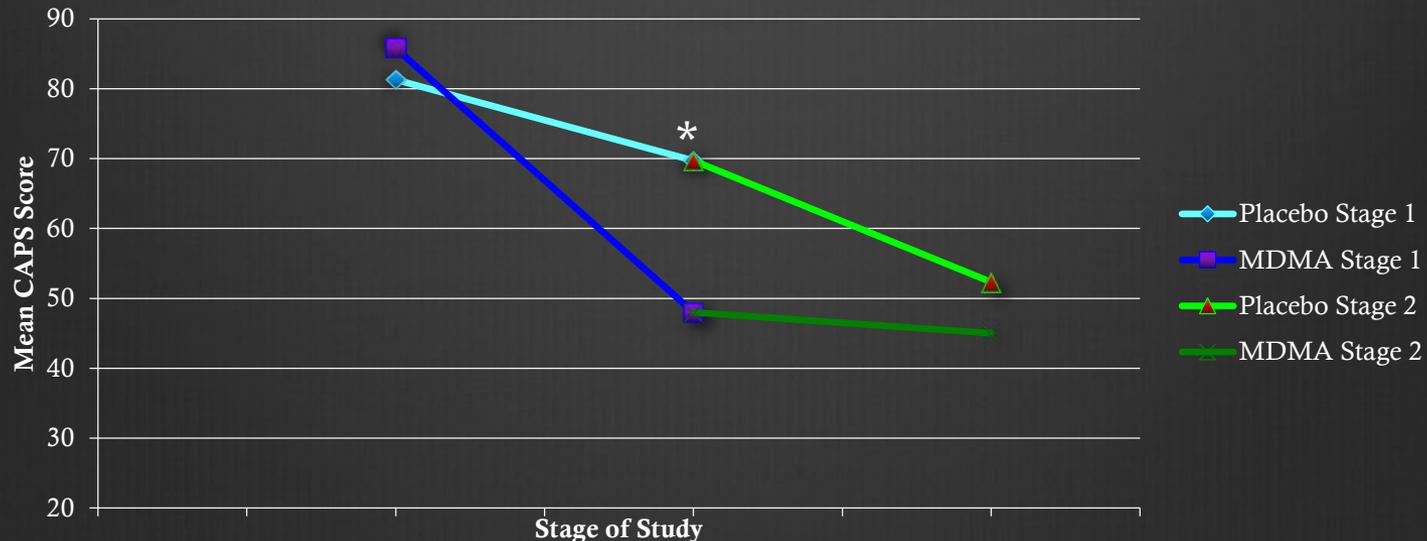
- ⊗ Adverse events: 5 reported serious AEs
 - ⊗ 1x PVCs, 2x Fractures, 1x Syncope, 1x Suicidal ideation
- ⊗ Primary outcomes measures:
 - ⊗ Significant reduction in PTSD severity following MDMA administration



MDMA-PTSD Study - Results

- ⦿ Adverse events: 5 reported serious AEs
 - ⦿ 1x PVCs, 2x Fractures, 1x Syncope, 1x Suicidal ideation
- ⦿ Primary outcomes measures:
 - ⦿ Significant reduction in PTSD severity following MDMA administration

PTSD Severity for Participants Across Study



Mrs. AD

- ⊕ Mrs. AD signs up for a clinical trial examining the use of psilocybin in anxiety disorders related to life limiting illnesses
- ⊕ During her treatment she sees a vision of herself and her husband, wrapped in a yellow cloak, walking towards a great glass tower; she is pulsing with a profound love, fueled by the experiences of her life
- ⊕ Her husband is unable to enter the tower, and Mrs. AD wraps him in the yellow cloak as she ascends the tower. She radiates love down from the tower, and watches over her husband who is comforted by the cloak

Mrs. AD

- ⊗ She does not resume her citalopram, continues to meet with her psychedelic therapist weekly to discuss her experience and vision
- ⊗ When energy allows, she paints pictures inspired by her vision, and shares them with her husband
- ⊗ When she is admitted to hospice, she comments on not being afraid because she will be watching over her husband from the glass tower, knowing that she has shared her life and love with him
- ⊗ Her husband comments: “My greatest concern was that she would be scared and worried until the moment she died, she deserved peace, and through psilocybin she found it. I’m glad we shared those last few months together.”

Current State of the Medicines

- ⊗ Psychedelics – scheduled – illegal to use
 - ⊗ Ongoing Phase II and Phase III studies planned
- ⊗ MDMA – scheduled – illegal to use
 - ⊗ MAPS Sponsored Phase III study to begin in 2018
 - ⊗ Target FDA approval date: 2021
- ⊗ Ketamine – scheduled – legal for use

Current State of the Medicines

Orenda Institute



**KETAMINE
ASSISTED
PSYCHOTHERAPY
TRAINING**



*A Foundation Course
For Clinicians*



**Cortes Island, BC
2018**

Inquiries: Email ryensen@orenda.org

Subject line: "Orenda Institute Ketamine Training"

Psychedelics and MAiD

- ⊗ Eligibility
 - ⊗ Age 18 or older
 - ⊗ Capable of making health care decisions
 - ⊗ Having a **grievous and irremediable medical condition**
 - ⊗ Voluntary request
 - ⊗ Able to provide informed consent



Psychedelics and MAiD

- ⊕ Grievous and irremediable medical condition:
 - ⊕ Serious and incurable medical illness, disease, disability
 - ⊕ Advanced state of irreversible decline in capabilities
 - ⊕ **Enduring physical or psychological suffering**, caused by the medical condition or the state of decline, the is **intolerable** to the person
 - ⊕ Natural death has become reasonably foreseeable

Psychedelics and MAiD

Table 4 Occurrence in themes and subcategories of unbearable suffering among patients

Theme	n*	Subcategory	n	Code	n
Medical	29	Physical symptoms	29	Fatigue	10
				Pain	6
				Feeling miserable	1
				Nausea	1
				Vomiting	1
				Eating or drinking problems	4
				Dyspnoea	3
				Locomotor function	5
				Incontinence	2
				Psychiatric symptoms	5
Complications of treatment	6				
Decline	20		20	Physical	13
				Cognitive	10
				Emotional	1
Psycho-emotional	29		17	Loss of self	17
				Negative emotions	17
				Biographical aspects	1
				Fear of future suffering	5
				Dependency	12
				Loss of autonomy	18
				Being worn out	16
Socio-environmental	20		13	Loss of social significance	1
				Communication problems	3
				Discontent with residential situation or quality of care	5
				Being a burden	13
				Loneliness	8
Existential	31		30	Hopelessness	30
				Limitation of activities	23
				Pointlessness	17
				Tired of life	17

*n, number of patients who mentioned the theme, category, or code.

Psychedelics and MAiD

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Physical symptoms: 94%

Psychedelics and MAiD

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Physical symptoms: 94%

Pain: 21%

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Psychedelics and MAiD

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Psycho-emotional: 94%

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Psychedelics and MAiD

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Socio-environmental:
65%

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Psychedelics and MAiD

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Pain: 21%

Socio-environmental:
65%

Loneliness: 26%

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Psychedelics and MAiD

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				Limitation of activities	23
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				Tired of life	17

100%

*n, number of patients who mentioned the theme, category, or code.

Psychedelics and MAiD

Correlates of Existential Suffering

- ❁ Chochinov et al.
 - ❁ Loss of will to live, Loss of dignity, Sense of self-perceived burden
- ❁ Breitbart et al.
 - ❁ Diminished sense of Meaning and Peace increases depression, suicidal ideation
- ❁ Rodin et al.
 - ❁ Hopelessness, which was further identified as a risk factor for desire for hastened death

Psychedelics and MAiD

Correlates of Existential Suffering

- ⊗ Kissane et al.
 - ⊗ Demoralization syndrome – hopelessness, loss of meaning, existential distress

Psychedelics and MAiD

Correlates of Existential Suffering

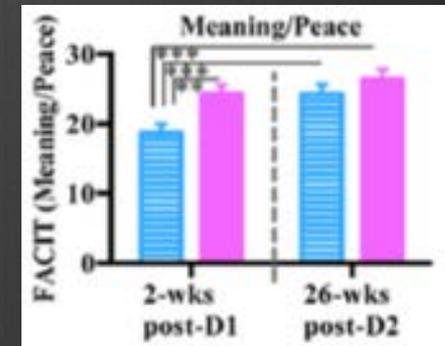
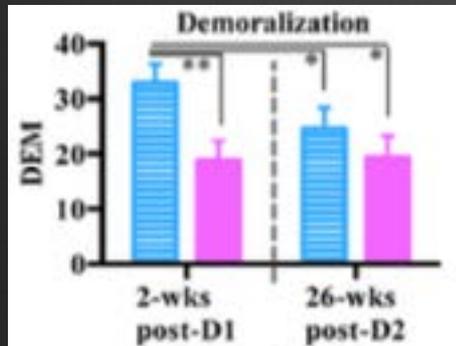
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Psychedelics and MAiD

Correlates of Existential Suffering

- ❶ Kissane et al.
 - ❶ Demoralization syndrome – hopelessness, loss of meaning, existential distress



Psychedelics and MAiD

- ⊗ Lack of empirical evidence for the effect of psychedelics on the rates of request for, or completion of MAiD
- ⊗ But what if...?





Questions?