Palliative care researcher Dr. Ira Byock’s “Taking Psychedelics Seriously,” is a study that appears in the Journal of Palliative Medicine. He says that there is an expanding base of evidence regarding the safety and benefits of psychedelics. But issues like politics, regulation, and industry create challenges for legitimate use of psychedelics. Still, right-to-try laws in multiple states provide precedents for terminally ill patients to access treatments that have not yet gained FDA approval. Dr. Byock argues that, given the prevalence of suffering and growing acceptance of physician-hastened death, it’s time to revisit the research into therapeutic use of psychedelics that began in the 1950s and 1960s.

Vice also includes an article that discusses the issue, titled “Can Magic Mushrooms Help Us Come To Terms With Death?” Researchers at New York University and Johns Hopkins University conducted experiments in 2016 to see how patients nearing the end of life responded to psychedelics. The central question being explored was whether people facing the crushing end-of-life anxiety could be helped by a psychedelic experience?

“This is a completely different way of working with people,” clinical psychologist Dr. Stephen Bright tells Vice. “What we try to do in palliative care is to relieve pain and suffering as much as possible by giving people pain medication. But morphine’s not going to take away their anxiety or their depression.”

Dr. Bright, who is also vice president of Australia’s Psychedelic Research In Science and Medicine association, says follow-up assessments are promising. Of the patients in the NYU trial, 70% rated the experience as one of the top five most spiritually significant experiences of their lives, and 87% reported increased life satisfaction overall. A research paper from the Journal of Psychopharmacology attributes this success to the “mystical experience,” which is described as an encounter of profound unity, transcendence, and positive mood that is infused with a renewed sense of purpose and meaning.

Psilocybin disables the default mode network—what allows certain parts of the brain to communicate while cancelling out “cross talk” from other areas—and thus opens up new lines of communication. Dr. Bright says of the patients, “I guess they feel a sense that there’s something else out there, and they’re more likely then to talk heart-to-heart and have that meaningful conversation.”

For palliative care doctors, this unlocking of emotional and spiritual pain could be profound. Dr. Byock writes that palliative care clinicians encounter patients with emotional, existential, or spiritual suffering that persists “despite optimal existing treatments.” This can take away a sense of worth in life. Byock links this to data from Oregon that shows most terminally people obtaining prescriptions to end their lives are motivated by non-physical suffering.

“Taking Psychedelics Seriously” offers a history of this particular class of drugs and their
therapeutic potential. It considers the potential in careful patient screening, preparation, and administration of such drugs. If the research is expanded, other patients could potentially experience the results that Dr. Bright has witnessed. “By having the psilocybin experience they can see death in a whole different way,” he says. “They’re much more comfortable with it.”  (Journal of Palliative Medicine; Vice)