Psychedelic-Assisted Psychotherapy Prior to Euthanasia or Physician-Assisted Suicide: Potential Implications for Future Practice

Tyler. Kjorvestad, M.D.

Euthanasia or "the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering [1]" and its counterpart physician-assisted suicide have a long history and date back to ancient times. The Hippocratic Oath makes states explicitly "I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly, I will not give a woman a pessary to cause an abortion [2]." Hippocrates's view was not the consensus opinion as numerous Greco-Roman stories, plays, and historical documents reference and present philosophical arguments for and against the act [3]. The rise of Christianity and Judeo-Christian values more broadly influenced views on suicide and euthanasia, leading to the prohibition of the latter, and in the event of the former, all of the individual's property was confiscated by the government. In the United States, the first legal statute against assisted suicide was enacted in 1828 with several other states and localities following thereafter [4]. In the 1870s, after the advent of morphine and in conjunction with increased cancer rates, euthanasia discussions were revived under the premise of reducing pain and suffering [5].

In 1885 the American Medical Association (AMA) formally opposed euthanasia, a position it still holds. The AMA Code of Medical Ethics [1] states:

> "It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in euthanasia would ultimately cause more harm than good. Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could readily be extended to incompetent patients and other vulnerable populations. The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:
>
> (a) Should not abandon a patient once it is determined that a cure is impossible.
>
> (b) Must respect patient autonomy.
>
> (c) Must provide good communication and emotional support.
>
> (d) Must provide appropriate comfort care and adequate pain control."

While support for euthanasia or assisted suicide ebbed and flowed throughout the first half of the 20th century, it suffered several defeats at the ballot box and was largely disowned in response to the Nazi's use of involuntary euthanasia during World War II. In the 1970s, given the advancements in medical technology, discussions surrounding the withdrawal of care and Palliative and

Hospice care again renewed conversations about euthanasia and assisted suicide. Euthanasia discussions arguably peaked in the 1990s with physician-assisted suicides by Dr. Kevorkian, including one on TV, and his eventual conviction for murder [6]. During this era, Oregon became the first state to legalize physician-assisted suicide, and the United States Supreme Court determined that there is no "right to die" in the United States Constitution [4].

After the turn of the millennium, several states passed physician-assisted suicide laws, and currently, nine states (Oregon, Washington, California, Vermont, Maine, New Jersey, Hawaii, Montana, and Colorado) and the District of Columbia allow it. In addition, other countries began to legalize physician-assisted suicide, starting with the Netherlands in 2003 and Luxembourg, Belgium, Colombia, and Canada followed over the next 15 years. Euthanasia is legal in the Australian state of Victoria, Germany, Switzerland, and the Netherlands. As a result of these measures, there has been a steady increase in the number of individuals who die from euthanasia or physician-assisted suicide [7, 8]. During this time, renewed interest in Psychedelics emerged, primarily due to the work of researchers investigating their use in patients with terminal cancer [9].

Regardless of one's personal views on euthanasia and physician-assisted suicide, it is reasonable to assume that most physicians support easing the suffering of their patients, especially in terminal conditions. Even proponents of euthanasia and physician-assisted suicide can agree that the protocols, safeguards, and laws are often not stringently followed and that this has negative ramifications for both patients and physicians [10]. Furthermore, the high rates, ranging from 25-77% [11], of concomitant depression in terminally ill patients call into question whether this may be a driving factor in a patient's decision to request euthanasia or physician-assisted suicide. Between 25-50% of patients seeking euthanasia or physician-assisted suicide showed signs of depression per a 2011 study [12], and about 1% of all euthanasia requests in the Netherlands in 2013 were for mental health reasons [12].

It is not surprising and is widely known that a patient with a cancer diagnosis is at an increased risk for suicide compared to other medical illnesses [13]. In conditions such as Amyotrophic Lateral Sclerosis, these rates are even higher [14]. The treatment of depression in terminally ill patients is also much more challenging, and evidence on the effectiveness of antidepressants is insufficient at this time [12]. While environmental and interpersonal interventions show promise at managing the symptoms of depression, an effective medication intervention would provide a much-needed benefit. It is here that Psychedelics offer a potentially novel treatment benefit.

Griffiths et al. found in their 2016 trial of psilocybin use in terminally ill cancer patients that >80% of high dose patients reported greater well-being and life satisfaction and almost 80% of patients reported improvement in symptoms of depression and anxiety at follow up six months later [9]. Literature shows that individuals who use psychedelics are at a decreased risk of suicide compared to the general population [15,16,17,18]. Additionally, numerous trials using psychedelic substances to treat psychiatric disorders in terminally ill patients have found similar results to those reported by Griffiths et. al. These include early studies such as Grof's 1973 LSD trial [19], Grob's 2010 Psilocybin trial [20], and Gasser's 2016 LSD trial [21]. In light of all of this information, should patients requesting euthanasia or physician-assisted suicide undergo a psychedelic-assisted psychotherapy session before proceeding with the euthanasia or physician-assisted suicide process?

Compared to other therapies, psychedelics are safe and generally well tolerated [22], and this appears true even in terminally ill patients, as evidenced by the aforementioned trials. Psychedelic-assisted psychotherapy offers several benefits over the standard of care therapies currently available insofar as it is typically effective with only one dose, and psychotherapy skills provided in the preparatory work are highly beneficial regardless of if a psychedelic substance follows it. Furthermore, early data indicates that psychedelics may be more effective at treating symptoms of depression and anxiety in terminally ill patients than typical psychopharmacologic agents, coupled with the anti-suicidal effects associated with psychedelic use. Psychedelics can be administered, and most settings can be adapted for sessions, meaning that these substances could be given in inpatient units, hospice houses, or even in residential context (though more strict protocols would need to be necessary).

Given the procedural and safeguard failures that have plagued the euthanasia and physician-assisted suicide communities, psychedelic-assisted psychotherapy could act as a bulwark by eliminating some of the confounding caused by depression or suicidality. These interventions are unlikely to completely eliminate the use of euthanasia or physician-assisted suicide services, but psychedelic-assisted psychotherapy offers a novel therapy option for terminally ill patients. Psychedelic-assisted psychotherapy can potentially provide patients with more meaningful days and mitigate against the symptoms of depression and anxiety, which are not well managed by current interventions These benefits should be ones that both proponents and opponents of euthanasia and physician-assisted suicide agree on and also warrant further investigation and study.

AUTHOR INFORMATION

Send correspondence to Dr. Tyler Kjorvestad (tkjorvestad@kumc.edu)

Kjorvestad, T (2020, June). Psychedelic-Assisted Psychotherapy Prior to Euthanasia or Physician-Assisted Suicide: Potential Implications for Future Practice. *The Journal of Psychedelic Psychiatry, 2*(2).

REFERENCES

1. Euthanasia. (n.d.). Retrieved from https://www.ama-assn.org/delivering-care/ethics/euthanasia
2. Greek Medicine - The Hippocratic Oath. (2012, February 07). Retrieved from https://www.nlm.nih.gov/hmd/greek/greek_oath.html
3. Papadimitriou, J. D., Skiadas, P., Mavrantonis, C. S., Polimeropoulos, V., Papadimitriou, D. J., & Papacostas, K. J. (2007). Euthanasia and suicide in antiquity: Viewpoint of the dramatists and philosophers. *Journal of the Royal Society of Medicine, 100*(1), 25-28. doi:10.1258/jrsm.100.1.25
4. WASHINGTON, et al., Petitioners, v. Harold GLUCKSBERG et al. (n.d.). Retrieved from https://www.law.cornell.edu/supremecourt/text/521/702
5. Pappas, D. M. (1996). Recent historical perspectives regarding medical euthanasia and physician assisted suicide. *British Medical Bulletin, 52*(2), 386-393. doi:10.1093/oxfordjournals.bmb.a011554
6. Staff, O. (2011, June 04). Dr. Jack Kevorkian's "60 Minutes" interview. Retrieved from https://www.cbsnews.com/news/dr-jack-kevorkians-60-minutes-interview/
7. Davis, N. (2019, July 15). Euthanasia and assisted dying rates are soaring. But where are they legal? Retrieved from https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal
8. Gobba, S. (n.d.). Assisted suicide on the rise. Retrieved from https://world.wng.org/content/assisted_suicide_on_the_rise
9. Griffiths, R. R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., . . . Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology, 30*(12), 1181-1197. doi:10.1177/0269881116675513

10. Pereira, J. (2011). Legalizing euthanasia or assisted suicide: The illusion of safeguards and controls. *Current Oncology, 18*(2). doi:10.3747/co.v18i2.883
11. Ganzini, L., Goy, E. R., & Dobscha, S. K. (2008). Prevalence of depression and anxiety in patients requesting physicians' aid in dying: Cross sectional survey. *Bmj, 337*(Oct07 2). doi:10.1136/bmj.a1682
12. Montanari, G., Gulino, M., Bersani, G., & Rinaldi, R. (2020). Euthanasia and physician-assisted suicide for patients with depression: thought-provoking remarks. *Rivista di pschiatria*, *55*(2), 119-128. doi:10.1708/3333.33027
13. Rosenstein, D. L. (2011). Depression and end-of-life care for patients with cancer. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181973/
14. Fang, F., Valdimarsdóttir, U., Fürst, C. J., Hultman, C., Fall, K., Sparén, P., & Ye, W. (2008). Suicide among patients with amyotrophic lateral sclerosis. *Brain, 131*(10), 2729-2733. doi:10.1093/brain/awn161
15. Hendricks, P. S., Thorne, C. B., Clark, C. B., Coombs, D. W., & Johnson, M. W. (2015). Classic psychedelic use is associated with reduced psychological distress and suicidality in the United States adult population. *Journal of Psychopharmacology, 29*(3), 280-288. doi:10.1177/0269881114565653
16. Argento, E., Strathdee, S. A., Tupper, K., Braschel, M., Wood, E., & Shannon, K. (2017). Does psychedelic drug use reduce risk of suicidality? Evidence from a longitudinal community-based cohort of marginalised women in a Canadian setting. *BMJ Open, 7*(9). doi:10.1136/bmjopen-2017-016025
17. Hendricks, P. S., Johnson, M. W., & Griffiths, R. R. (2015). Psilocybin, psychological distress, and suicidality. *Journal of Psychopharmacology, 29*(9), 1041-1043. doi:10.1177/0269881115598338
18. Zeifman, R. J., Palhano-Fontes, F., Hallak, J., Arcoverde, E., Maia-Oliveira, J. P., & Araujo, D. B. (2019). The Impact of Ayahuasca on Suicidality: Results From a Randomized Controlled Trial. *Frontiers in Pharmacology, 10*. doi:10.3389/fphar.2019.01325
19. Grof, S., Goodman, L., Richards, W., & Kurland, A. (1973). LSD-Assisted Psychotherapy in Patients with Terminal Cancer. *International Pharmacopsychiatry, 8*(3), 129-144.
20. Grob, C. S., Danforth, A. L., Chopra, G. S., Hagerty, M., Mckay, C. R., Halberstadt, A. L., & Greer, G. R. (2011). Pilot Study of Psilocybin Treatment for Anxiety in Patients With Advanced-Stage Cancer. *Archives of General Psychiatry, 68*(1), 71. doi:10.1001/archgenpsychiatry.2010.116
21. Gasser, P., Holstein, D., Michel, Y., Doblin, R., Yazar-Klosinski, B., Passie, T., & Brenneisen, R. (2014). Safety and Efficacy of Lysergic Acid Diethylamide-Assisted Psychotherapy for Anxiety Associated With Life-threatening Diseases. *The Journal of Nervous and Mental Disease, 202*(7), 513-520. doi:10.1097/nmd.0000000000000113
22. Nichols, D. E. (2016). Psychedelics. *Pharmacological Reviews, 68*(2), 264-355. doi:10.1124/pr.115.011478