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Protecting Patient Autonomy in Psychedelic-Assisted Psychotherapy: A Nursing Ethics Perspective

Jennifer Tustison, DNP, PMHNP-BC, FNP-C , Charlene Niemi, PhD, RN, PHN and Kristen R. Choi, PhD, PMHNP-BC, FAAN

School of Nursing, UCLA, Los Angeles, California, USA

The integration of psychedelic substances into mental health treatments represents one of the most significant paradigm shifts in psychiatric care in recent decades. This article examines the ethical considerations surrounding psychedelic-assisted psychotherapies (PAP) from a nursing ethics perspective, with a particular focus on patient autonomy and empowerment. As these innovative treatments continue to gain traction in mainstream healthcare, nurses must advocate for ethical frameworks that prioritize patient agency while acknowledging the unique vulnerabilities associated with these potent substances.

Background

Novel mental health therapies utilizing psychedelic substances such as psilocybin, 3,4-methylenedioxymethamphetamine (MDMA), and ketamine have generated hope amongst clinicians and patients alike seeking new and more effective approaches to mental illness. Researchers and clinicians who support PAP suggest that they offer advantages over traditional mental health treatments due to their rapid and prolonged effects as well as their demonstrated benefits in treatment-resistant mental health conditions (Davis et al., 2021). Accompanying the advocacy for patient benefit is the responsibility to address patient risk. Nurses must advocate for applying the ethical principle of autonomy to PAP to promote patient empowerment and safeguard against power imbalances that might threaten appropriate use of these therapies.

Historical context: Power imbalances and boundary violations

One recurring risk of PAP, occurring within the context of power imbalances between practitioners and patients, has been its history of boundary violations from researchers and clinicians. The history of PAP includes documented cases of ethical misconduct that highlight the need for robust safeguards (Lindsay, 2021). More recently, concerns have emerged regarding therapist conduct in clinical trials, including inappropriate physical contact with patients in vulnerable states (Lindsay, 2021).

The Multidisciplinary Association for Psychedelic Studies (MAPS) and other research organizations have implemented formal codes of ethics, aiming to prevent future misconduct in PAP. Prevention of misconduct also requires examining the systems in which violations have occurred. Stanislav Grof, a pioneer in the field, said, “These substances {psychedelics} function as unspecific amplifiers that increase the energetic niveau in the psyche and make the deep unconscious dynamics available for conscious processing. This unique property of psychedelics makes it possible to study psychological undercurrents that govern our experiences and behaviors” (Carhart-Harris, 2018, p. 196). While Grof spoke to individual psyches, this quality of amplification, which he attributed to psychedelics, may also be applicable to the relationship between the clinician and patient as well as the larger culture around mental healthcare. In other words, if there is a preexisting power imbalance between patient and clinician, the amplification of this imbalance resulting from psychedelic use may cause the conditions for abuse and risks of harm to multiply.

Paternalism and power: Systemic considerations

Paternalistic philosophies are embedded within mental healthcare, and they may be amplified when introducing psychedelic substances in the same way amplification can occur in individual clinician-patient interactions. PAP's history of boundary violations, including sexual and physical misconduct, highlights the presence of these paternalistic attitudes and painfully underscores their harm. Because of the damage that can ensue when treating patients from a paternalistic stance—in which the provider enacts their own agenda rather than listening to a patient's words and actions—there is a need to move toward new treatment paradigms in future PAP research and practice (Bladon, 2019). While paternalism may not overtly promote boundary violations, it does foster environments in which provider agendas are prioritized and patient voices are minimized, creating interpersonal dynamics in which deference to provider directives becomes the expectation. Such power imbalances may also contribute to conditions in which ethical violations occur.

Fictional vignette: The subtle erosion of agency

Maria's experience with power dynamics in MDMA-assisted therapy

Maria, a 42-year-old teacher with treatment resistant PTSD, entered an MDMA-assisted therapy trial after years of unsuccessful traditional treatments. During her third session, as the medication took effect, Maria began processing a traumatic memory differently than in her previous sessions. She felt drawn to explore feelings of anger—an emotion she had been taught to suppress throughout her life.

However, her therapist, Dr. K., guided her away from this anger, suggesting she focus instead on “forgiveness and healing.” When Maria tried to return to exploring her anger, Dr. K. gently but persistently redirected her toward what he termed a “more productive emotional work.” Maria, in a vulnerable state and conditioned to respect medical authority, complied, despite feeling that something important was being overlooked.

The session concluded with Dr. K. noting significant progress in his documentation, describing Maria as having worked through “resistance to healing.” Maria left feeling confused and somehow diminished, unable to articulate why the session felt incomplete despite the therapist’s positive assessment. She began to doubt her own instincts about her healing process, deferring increasingly to her therapist’s interpretation of her experiences.

This vignette illustrates how subtle paternalistic interventions—even when well-intentioned—can undermine patient autonomy and potentially impede the very healing that PAP promises to facilitate. Maria’s experience reflects the amplification effect that psychedelics may have on existing power imbalances in therapeutic relationships.

Contemporary ethical considerations beyond boundary violations

Recent ethical discussions around PAP extend beyond concerns about boundary violations. Other key ethical challenges in psychedelic psychiatry include: Informed consent challenges: The altered states of consciousness induced by psychedelics raise questions about the capacity for ongoing consent during sessions. Legal ambiguity: The schedule I classification of many psychedelics creates tension between emerging clinical evidence and regulatory frameworks.

Access and equity concerns

As these therapies become more mainstream, ensuring equitable access across diverse populations becomes an ethical imperative. Integration of traditional and Indigenous knowledge: Acknowledging the historical and cultural contexts of psychedelic use while respecting traditional knowledge systems (Barber & Dike, 2023).

The social and legal implications of psychedelic therapies must be considered, as well as the broader societal impact of these treatments (Azevedo et al., 2023). Clinicians have an ethical responsibility to promote harm reduction and risk minimization when working with individuals who use psychedelics outside of approved medical contexts (Pilecki et al., 2021).

Patient autonomy as an ethical imperative

Recent years have seen a shift toward placing greater value on patient autonomy as an antidote to an overly paternalistic health care system. In nursing ethics, autonomy refers to the right of patients to make informed decisions about their own healthcare without undue influence or coercion (American Nurses Association, 2015). It involves a right to self-determination about treatment, informed consent about treatment options, or a decision to decline treatment, and freedom from coercion, manipulation, pressure, or undue influence from healthcare providers.

Patient empowerment is one tool for promotion of autonomy in healthcare, focusing on building patients’ abilities to make informed decisions and take active roles in their personal treatment plans (Cardoso Barbosa et al., 2021). This becomes particularly relevant in the context of PAP, where the vulnerability induced by psychedelic substances necessitates robust protections for patient agency.

Psychological flexibility and trauma-informed approaches

In PAP, an explicit focus on fostering patient empowerment and honoring the ethical principle of autonomy is necessary to prevent future risk of abuse. Patient empowerment becomes increasingly relevant when considering recent trials of MDMA-Assisted Therapy (MDMA-AT) focused on patients diagnosed with PTSD (Smith et al., 2022). Disempowerment is a core feature of psychological trauma with a movement toward empowerment representing a treatment imperative (Herman, 1998). Because psychological trauma can strip a person of their sense of agency, recovery requires restoration of a sense of personal power (Herman, 1998).

Recent research suggests that psychological flexibility may be a key mechanism of change in psilocybin-assisted therapy for depression (Sloshower et al., 2024). This concept—which encompasses aspects of mindful awareness, acceptance of difficult experiences, and commitment to valued actions—aligns with patient empowerment by fostering patients’ internal resources rather than creating dependency on therapists or medications. Promoting psychological flexibility may support a model of care that respects and enhances patient autonomy.

Practical safeguards: Learning from other vulnerable settings

PAP clinicians must take active steps to promote patient empowerment and autonomy. Several practical measures can support this goal: Measurement and accountability: Including measures of patient empowerment as a component of research questionnaires and feedback-informed care could help to assess the degree to which patients are moving toward greater empowerment during their treatments. Knowing that empowerment is being measured could help clinicians prioritize assessing and respecting patient decisions and preferences for treatment. This speaks to the Hawthorne Effect, in which

people modify behavior if they know that they are being studied (McCambridge et al., 2014). Greater accountability to measure and promote patient empowerment could encourage providers to focus more closely on patient empowerment.

Transparent protocols

Standardized protocols that are clear to patients, including guidelines for physical contact, session recordings, and the presence of multiple therapists, can empower patients through transparency (Barber & Dike, 2023).

Learning from other vulnerable clinical settings

Considering the vulnerable position in which these patients place themselves when undergoing a course of PAP, mental health clinicians may benefit from considering safeguards that have been enacted to protect obstetrics and gynecology patients from sexual abuse. These patients are similarly placed in vulnerable positions in which trust is paramount and the consequences of abusing this trust can be devastating. The American College of Obstetricians and Gynecologists published a 2020 Committee Opinion in which they listed a series of recommendations aimed at protecting patients from clinician abuse of power and sexual misconduct. The guidelines call for institutions to implement avenues through which patients can express concerns and report abuse without fear of clinical repercussions, to obtain consent for any physical exam, and to offer chaperones as a routine practice (American College of Obstetricians and Gynecologists' Committee on Ethics, 2020).

Ethics committees and oversight

Establishing specialized ethics committees with expertise in psychedelic medicine can promote oversight and guidance for clinical trials and eventual therapeutic applications (Azevedo et al., 2023). Diverse representation: Ensuring diversity among researchers, clinicians, and study participants is essential for developing truly patient-centered approaches to PAP that address the needs of varied populations (Barber & Dike, 2023).

A nursing imperative for ethical innovation

ACOG's opinion piece can be further applied to emerging psychedelic treatments with their statement that, regarding sexual boundary violations, "even one episode is unacceptable" (American College of Obstetricians and Gynecologists' Committee on Ethics, 2020, p. e43). Nurses, with our rich heritage of patient advocacy, are ideally positioned to lead a paradigm shift away from paternalistic attitudes with concomitant power imbalances and toward patient autonomy and empowerment.

As PAP continues to emerge as a promising treatment modality, nurses can lead by incorporating measures of patient empowerment into clinical practice, advocating for safeguards against abuse, and maintaining vigilant attention to power dynamics, thus establishing a new paradigm for

PAP that prioritizes patient agency and safety. Drawing from successful models in other vulnerable clinical settings, such as obstetrics and gynecology, nurses can contribute to developing comprehensive protocols that protect patients while preserving access to potentially transformative treatments.

The integration of trauma-informed care principles, emphasis on psychological flexibility, and commitment to ethical practice creates a foundation for PAP that honors patient autonomy while acknowledging the unique vulnerabilities associated with these powerful interventions. The nursing perspective offers a framework that not only protects patients from potential harm but also maximizes the therapeutic potential of these promising treatments.

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Author contributions

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ORCID

Jennifer Tustison  <http://orcid.org/0009-0009-4837-147X>

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