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Ana Cláudia Mesquita Garcia & Lucas de Oliveira Maia

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Editorial

The therapeutic potential of psychedelic substances in Hospice and Palliative Care

The healthcare field and society at large are witnessing a resurgence of interest in the effects and applications of psychedelic therapies in a wide range of settings.^{1,2} In the 1950s and 1960s, research was conducted to explore different applications for psychedelics, such as lysergic acid diethylamide (LSD) and mescaline, in the healthcare setting. However, psychedelic research was dramatically reduced in the 1970s due to regulatory, political, and social issues.^{3,4} With the resumption of studies involving psychedelics mostly since the 2000s, several studies have been conducted in order to investigate the therapeutic potential of these substances, including in patients with serious diseases.^{5,6}

Psychedelics, formerly known as ‘hallucinogens,’ are substances that elicit changes in perception, cognition, emotion and may also evoke peak or mystical experiences.^{7,8} Based on their pharmacological profiles, psychedelics can be classified into four classes: 1) classic psychedelics (serotonin 2A receptor agonists, e.g., LSD, psilocybin, dimethyltryptamine [DMT], mescaline); 2) empathogens or entactogens (mixed serotonin and dopamine reuptake inhibitors and releasers such as methylenedioxymethamphetamine [MDMA]); 3) dissociative anaesthetic agents (glutamate receptors antagonists such as ketamine); and 4) atypical psychedelics (diverse mechanisms of action, e.g., ibogaine, tetrahydrocannabinol [THC], salvinorin A).⁹ Most of these compounds are found – or are similar to chemical compounds found – in plants or fungi that have been used for millennia in traditional spiritual or folk healing rituals.^{10,11}

Primarily in the fields of hospice and palliative care, assisted psychedelic therapies have been investigated as a potential novel therapeutic modality due to preliminary evidence suggesting their profound impact on psychological, existential, and spiritual outcomes in patients with serious diseases.^{12–19} Results indicate that psychedelic experiences, in a controlled setting, can catalyze psychological processes associated with illness and fear of death, promoting therapeutic effects that impact the physical, mental, and spiritual

spheres – thus representing a possible therapeutic tool for providing care to critically ill patients.^{3,20}

In a recent interview, Dr. Anthony Bossis,²¹ clinical psychologist and clinical assistant professor of psychiatry at New York University - School of Medicine, a scientist working in the field of palliative care and psychedelic therapies, states that one of the insights that many psychedelic research volunteers shared is that by turning emotionally toward fear and feelings regarding their death, they often felt less anxiety, more compassion, love for themselves and others, and nurtured new insights. While it can be a challenging experience, by turning to grief, they spoke of experiencing greater acceptance and openness to the mystery of death. In doing so, they reported being able to live more wholeheartedly in the present moment. Taken together, these potential benefits are consistent with the mindfulness, self-kindness and self-compassion that have been identified as important for severely ill patients and palliative care professionals.^{22,23}

In addition to patients, studies investigating the therapeutic potential of psychedelics among healthcare providers in crisis settings have also been conducted. Seeking to further assist in improving the condition of healthcare providers active on the forefront during the COVID-19 pandemic, the biotechnology company Cybin and the University of Washington are sponsoring the randomized placebo-controlled trial on psilocybin-assisted psychotherapy for these healthcare providers experiencing COVID-19-related issues. The primary goal of the study led by Dr. Anthony Back is to evaluate the effectiveness of psilocybin-assisted psychotherapy in treating symptoms of depression, anxiety, burnout, and post-traumatic stress among these providers.²⁴ Hospice and palliative care providers are also frequently exposed to existential issues, psychological challenges, and emotional distress associated with end-of-life care.²⁵ In this regard, future studies could perhaps investigate the therapeutic potential of psychedelics among the hospice and palliative care workforce, since in order

to maintain the delivery of quality palliative care, there is a clear necessity to prioritize the well-being and resilience of providers working in this field.²⁶

However, given the complicated history of these substances, it can be anticipated that there will be a diversity of views on their application in clinical practice.²⁷ Experts in serious illness care express both optimism and concern regarding psychedelic-assisted therapies, indicating the need for rigorous research integrated with high-quality palliative and psychosocial care.^{27–29} From a public health palliative care perspective, it will also be important to consider any existing/non-prescribed use of psychedelics in communities, and subsequent implications for public education and safety, based on the best available evidence.³⁰

Beaissant and colleagues identified themes that shape priorities and an agenda for research on psychedelic-assisted therapy for those affected by serious illnesses.¹ In their study, seven key opportunities for advancing in the field of psychedelic-assisted therapies in the treatment of serious illnesses were identified. Four opportunities were related to the science and design of psychedelic-assisted therapies, including clarifying indications, developing and refining therapeutic protocols, investigating the impact of the set and setting on therapeutic outcomes, and understanding neuropsychopharmacological mechanisms of action. The other three themes concern institutional and social drivers to support research optimally and responsibly, including education and certification for therapists, regulations and funding, and diversity and inclusion.¹

The healthcare system and services can improve the end-of-life experience by not merely medicating the dying process—but by humanizing it and understanding it as part of the life cycle.²¹ Although improvements have been achieved in the control of pain and distressing symptoms related to serious diseases, there is still much to be developed, especially in the care of the psychological and spiritual dimensions not only of patients in hospice and palliative care but also of their caregivers. In the context of death, attention to suffering in all of its presentations is an inevitable aspect of holistic care.³¹ Thus, the development of meaning-creating psychotherapies, psychospiritual patient care, and further research findings in psychedelic therapies may contribute to more compassionate and mindful care in hospice and palliative care settings.²¹

ORCID

Ana Cláudia Mesquita Garcia  <http://orcid.org/0000-0001-9793-7905>

Lucas Oliveira Maia  <http://orcid.org/0000-0002-9931-1938>

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Ana Cláudia Mesquita Garcia 

Interdisciplinary Center for Studies in Palliative Care, School of Nursing, Federal University of Alfenas, Alfenas, Brazil
ana.mesquita@unifal-mg.edu.br

Lucas de Oliveira Maia 

Interdisciplinary Center for Studies in Palliative Care, School of Nursing, Federal University of Alfenas, Alfenas, Brazil
Interdisciplinary Cooperation for Ayahuasca Research and Outreach (ICARO), School of Medical Sciences, University of Campinas, Campinas, Brazil