

The Washington Post

Democracy Dies in Darkness

Suicide is on the rise. Depression therapy is limited. Let's try psychedelics.

If dying patients have the 'right to try' drugs not approved by the FDA, why not those contemplating suicide?



By Ira Byock July 3, 2018

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An unnerving aspect of our times is the rise of unthinkable events such as mass shootings and rampant opioid overdoses. To that list we can add [rising rates of suicide](#). Each year 45,000 Americans take their own lives. Many reasons drive them, but a final, common pathway involves feeling helpless and hopeless. Traditional psychotherapy and medications go only so far in treating these hallmarks of severe depression. But novel therapies exist, with the potential to effectively treat depression and save the lives of people contemplating suicide: It's time to seriously consider psychedelics.

President Trump recently [signed into law](#) a bill intended to grant patients who are expected to die access to medications that might extend their lives. The federal law follows similar "right to try" initiatives in more than 30 states that let incurably ill patients try drugs not approved by the Food and Drug Administration. The [FDA's own Expanded Access](#) program (also called Compassionate Use) does so, as well. Why not extend these provisions to prevent suicide by people suffering from persistent depression?

As Michael Pollan details in his book, "[How to Change Your Mind](#): What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence," plant-based psychedelics have been used for millennia by indigenous people for mind-altering benefits. In 1938, Swiss chemist Albert Hofmann synthesized LSD, and a few years later he discovered its profound psychoactive properties. In the 1950s, the Sandoz company made the drug available to psychiatrists interested in treating ailments such as depression, anxiety and addictions. By the time LSD and similar drugs were outlawed in the 1970s, more than 1,000 medical papers had

been published documenting the drugs' therapeutic potential. In recent years, the FDA has permitted a few new clinical trials of psychedelic-assisted therapies, using improved methodologies. The results have been striking. When prescribed to carefully screened patients, under the care and monitoring of health professionals, these medications appear to be highly beneficial and [safe](#).

Psychedelics are not intoxicants in the usual sense; they do not dull a person's senses or induce sleepiness. Side effects include temporary changes in sensory perception and diminished coordination and fine-motor function. These occur mostly during the first few hours of a session. The drugs are not toxic to the brain or other organs. "Bad trips," the terrifying episodes of panic that occasionally occurred during recreational use of these drugs, are exceedingly rare when the psychedelics LSD or psilocybin are administered in monitored, supportive settings and patients are prepared in pre-session counseling.

In contrast to currently approved antidepressants, which must be taken daily and typically require weeks to take effect (or not), psychedelics are administered in medically supervised settings, usually during one or two six-hour sessions, and their therapeutic effects are immediate. In clinical studies, as many as 80 percent of patients experienced [substantial relief from depression](#), including those whose illness had persisted through multiple courses of treatments. The neuropharmacological and psychological mechanisms for the improvements in people's mental health are also different from those of existing anti-depressants. Research subjects commonly described a shift to a more positive worldview, accompanied by a deepened sense of meaning and connection to others, and an enhanced appreciation for the intrinsic value of their lives. Notably, the benefits often endure for many months after even a single treatment.

At present, the main barriers to expanded research and therapeutic use of these medications are regulatory. LSD and psilocybin remain Schedule I drugs, which makes clinical use illegal and research burdensome. But building on successful preliminary studies, the FDA may permit the start of a few Phase III clinical trials of psilocybin — a critical step to approval. If successful, within a handful of years, doctors may be able to administer psychedelics again.

Another route to legality may shorten the wait for suffering patients, however: including the drugs in the "right to try" and Expanded Access programs. Psychedelics fit the criteria. People living with incurable conditions — cancers and neurodegenerative conditions, such as ALS — often experience anxieties, grief and depression associated with the progressive debility and impending death. Many contemplate suicide. Indeed, terminal illness defines the one category for which ending one's life is gaining social acceptance. In seven states and the District of Columbia, doctors can legally prescribe lethal medications to dying patients who want the option of ending their lives. Since Oregon's [Death With Dignity Act](#) was enacted in 1997, roughly two-thirds of people who requested lethal prescriptions were motivated by feelings of being a burden, loss of control, lack of enjoyment of life, and a sense that life is not worth living. Clinical studies of psychedelic-assisted therapies for people who are dying and experiencing emotional and existential suffering have shown [notably positive results](#).

I am troubled by the normalization of physician-hastened death as a solution to suffering, yet it is fair to ask: If dying people have a right to die and take drugs to hasten death, shouldn't they also have a right to try drugs that might alleviate their distress?

And if larger-scale studies confirm the benefits of psychedelic-assisted therapies, why wouldn't we cautiously expand access to those treatments to non-physically-ill sufferers? Treatment-resistant depression is, after all, a life-threatening condition that can end in suicide. Currently, in Holland, Belgium, Switzerland and Canada, people with persistent suffering who are not terminally ill, [including those with depression](#), may qualify for assisted suicide and euthanasia. Although this seems chilling to me, I'm in the minority. When the New York Times published an [online debate](#) on the issue, a large majority of commenters felt that the option of hastening death should be available for people regardless of their physical condition.

Perhaps we could save the lives of some suffering people who see no escape from their despair. It would be wrong to dismiss the opportunity of this cultural moment. It would be right to try.

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