

# Interdisciplinary End of Life Symposium

## The Safe Use of Psychedelic Assisted Therapy for People with Cancer: An Emerging Therapeutic Tool

**Michael D. Fratkin, MD**

Palliative Medicine Specialist at The Center for New Growth

President- Institute for Rural Psychedelic Care

Director-Board of Psychedelic Medicine and Therapies

Lead Consultant for Fire and Water Consulting, LLC

Founder of ResolutionCare

# Disclosures

- I do not have any relevant financial relationships.

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*

**The off-label/investigational use of Ketamine, Psilocybin, and MDMA will be addressed.**

# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

***The following CLC & IB components will be addressed in this presentation:***

- *Traditional and Indigenous Approaches to healing*
- *Access issues in this emergent therapeutic field*

**Never in modern healthcare...**  
**...have we prescribed non-ordinary experiences with therapeutic intent**

## **Humility**

**...training is critical**

## **Mystery**

**...we are responsible to  
do our own work**

## **Respect**

**...the healing emerges  
from within the subject,  
not from us**

# Mapping the Space

**Traditional  
Indigenous  
Ceremonial**

**(Heal+)**

**Medical  
Clinical  
Therapeutic**

**(Heal)**

**Underground  
Recreational**

**(Fun+)**

## Wesley's Story

# Psilocybin Clinical Trial at Emory-Center for Psychedelics and Spirituality

- 29 year old man
- Stage IV Ewing's Sarcoma of the pleura, spread to T3-5 with complications from chemoradiation leading to pain, paralysis and prolonged rehab during pandemic
- Caregiving and father's death due to cancer during COVID 19
- Loss of relationship
- Loss of hope
- Depression, pain, complex grief, and demoralization

# Wesley's Outcome

- Extensive preparation and support of two therapists with follow up processing or “Integration”
- Softens and recognizes an inner divinity and peace, and able to grieve his own cancer diagnosis and his father”
- “Absolutely had a spiritual experience.”
- “I am no longer depressed. I honestly can’t believe I am saying that out loud after 4 years of misery.”
- “I can enjoy being in the moment again. A serenity.”
- One month after the intervention, his sister died unexpected and he was able to navigate that grief.
- He has since enrolled in Divinity School at Emory and intends to train as a Chaplain.

# Rob's Story

## Home Ketamine Assisted Therapy while in Hospice Program

- 73 year old man with widespread hormone refractory metastatic prostate cancer under home hospice care
- Extreme pain throughout skeleton with marginally tolerable opioids, somnolence, terrible constipation and rectal pain. 8-9/10 by self report
- A long haul truck driver 12 years Clean and Sober from methamphetamine addiction and the same amount of time as a practicing Tibetan Buddhist with a strong community of support.
- Considering Medical Aid in Dying in California and in some conflict with members of his spiritual community



# Rob's Outcome

- Extraordinary 1<sup>st</sup> IM session with release of traumatic memories related to his years of extreme self abuse and addiction with dramatic reduction in pain (“total pain”) to 3/10.
- More peaceful 2<sup>nd</sup> IM session with resolution of conflict and clarity relating to the question of MAiD; though within his spiritual community he recognizes that “although some may feel that suffering itself is a virtue, I am clear that it is optional in this circumstance for me.”
- In collaboration with hospice MD, low dose ketamine given sublingually is added as an adjuvant analgesic and reduces his pain further, reducing his long and short acting opioid regimen by more than 50%
- He has requested a 3<sup>rd</sup> and final IM session that will have been completed by the time of this presentation
- While he has the Medical Aid in Dying medications on hand, his improved sense of well being and symptom control has him less focused on MAiD and more focused on his community and spiritual practice

# Prevalence, Severity, and Correlates of Symptoms of Anxiety and Depression at the Very End of Life

- Cross-sectional study, caregiver proxy interviews n= 351 caregivers
- 46.4% of patients had moderate to severe anxiety, 43% had moderate to severe depression in the last week of life (general population: anxiety - 29%, depression - 17%)
- Associated with increased caregiver burden
- Inversely associated with patient's age

Kozlov, E et al. 2019. J Pain Symptom Manage. 58(1):80-85

# Anxiety, depression, and end-of-life care utilization in adults with metastatic cancer

- Retrospective, data review
- n=1333 adults (56.1% male, 65.5% Caucasian, 31.1% African American)
- Anxiety (27.2%) and Depression (23.9%) within 6 months of death
- Anxiety associated with increased likelihood of chemotherapy, ICU visits and inpatient hospitalizations in the 30 d before death
- Anxiety and depression were associated with a greater likelihood of palliative encounter

Mossman, B, et al. 2021. J PsychoOncology 30 (11): 1876-1883

# Suicide in Patients With Cancer: Identifying the Risk Factors

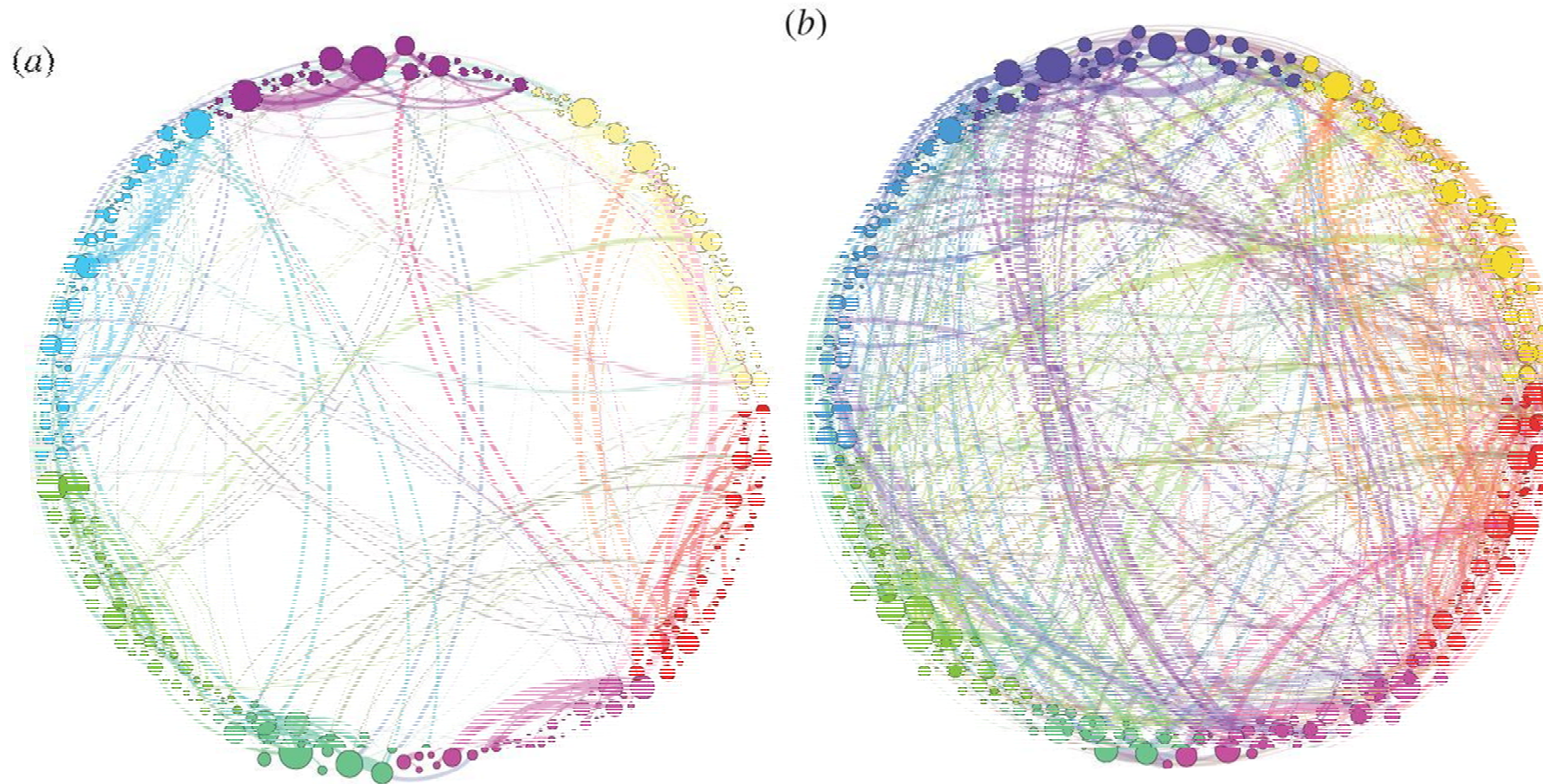
Ideation: **fleeting (44.5%), enduring (8.5%)**

## Risk Factors:

- Physical symptoms:  
**pain, fatigue, physical dysfunction**
- Psycho-sociological symptoms:  
**existential distress, depression, hopelessness, demoralization, poor social support, burden**
- Cancer Stage:  
**advanced**
- Timing:  
**within first week of diagnosis > within 1 yr > within 5 y**
- Cancer Type:  
**lung, head and neck, gastric, pancreatic**

Mcfarland, D et al. 2019. Oncology. 33(6)

# Default Mode Network



Expert P., Turkheimer F., Carhart-Harris R., Nutt D., Hellyer P. J. and Vaccarino F. [Homological scaffolds of brain functional networks](#). J. R. Soc. Interface. 11. 06 December 2014

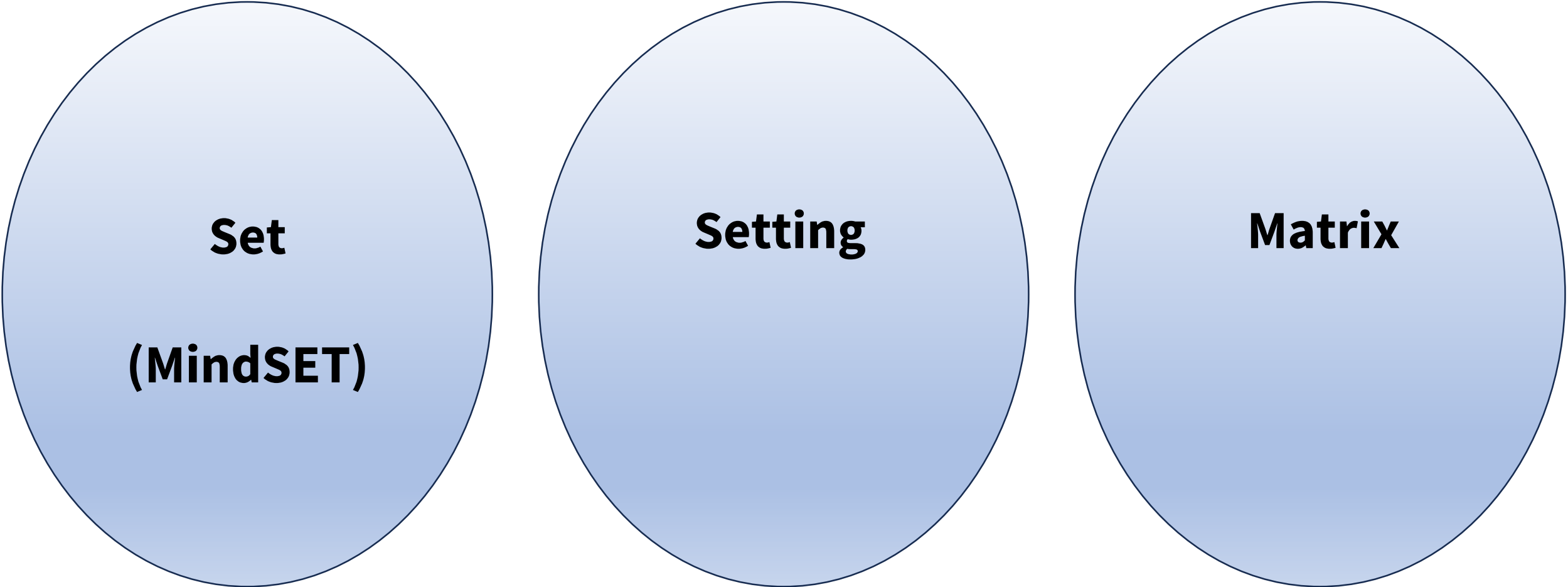
# Ketamine

---

- **Direct NMDA & glutamate receptor antagonist**
- **Downstream effects of increasing BDNF, particularly in the mesolimbic region**
- **Acute inhibition of lateral habenula in limbic system**
- **Possible weak ligand at monoamine oxidase (MAO) receptors, accounting for upregulation of serotonin, norepinephrine, dopamine**
- **Partial agonist at opioid mu receptors**



# Influence and its Limits



**Set**  
**(MindSET)**

**Setting**

**Matrix**

# Wrapping Up: 10 Take Home Points

1. Evidence based psychedelic treatments involve medication + therapy (PAT).
2. Evidence is strong to support the use of PAT to help people cope with serious illness, depression, anxiety, and existential dread/distress
3. Careful screening of patients is essential
4. Set and setting are foundational components of safe and supportive PAT experiences
5. Become familiar with the legal and structural barriers impacting access to PAT



# Wrapping Up: 10 Take Home Points

6. PAT may be useful for patients with serious illness, but also for families, caregivers, and loved ones.
7. PAT facilitators must develop the skills of therapeutic presence, self-awareness, self-reflection and healing practices- skills beyond the typical western provider.
8. It is ethically incumbent on providers to honor indigenous traditions that inform psychedelic heritage
9. Response to psychedelics is highly variable. Healing is nonlinear, and clinicians must be prepared by expecting the unexpected.
10. Allow for an inner-directed approach and intentional guidance to support the highly unique and personal nature of each PAT experience

William E. Rosa, et al.,. [Top Ten Tips Palliative Care Clinicians Should Know About Psychedelic-Assisted Therapy in the Context of Serious Illness.](#) Journal of Palliative Medicine. Aug 2022. 1273-1281.

# Thank you... ...and an invitation

## Michael D. Fratkin, MD

Palliative Medicine Specialist at The Center for New Growth

President- Institute for Rural Psychedelic Care

Director-Board of Psychedelic Medicine and Therapies

Lead Consultant for Fire and Water Consulting, LLC

Founder of ResolutionCare

- Cell Text 707-496-6846
- [michael@humboldtcenterfornewgrowth.com](mailto:michael@humboldtcenterfornewgrowth.com)
- <https://www.ruralpsychedeliccare.org/>
- <https://humboldtcenterfornewgrowth.com/>