solutions may be on the horizon. Emerging research reports that patients with life-threatening cancers have rapid and sustained relief of depression, anxiety, and demoralization after a single intervention consisting of brief supportive counseling and one monitored session of high-dose psilocybin, a classic psychedelic drug.2,3

After being diagnosed with stage III lung cancer in 2013, Kerry Pappas entered a trial at Johns Hopkins. Five years later, shortly after learning that she had new brain metastases, she told her story on “60 Minutes.”4 Smiling, she described the lasting effects of her psilocybin experience: “It’s amazing dying doesn’t frighten me. Living doesn’t frighten me… ” When Anderson Cooper asked if it make her happier, she responded, “I don’t necessarily use the word ‘happy.’ Comfortable, like, [hugging herself] comfortable. I’ve suffered from anxiety my whole life. I’m comfortable, I can die. I mean, it’s huge. It’s huge!”

Yes, 5 years after a single intervention, she was still able to face the prospect of dying with equanimity, even in the face of advancing disease, and her results were not exceptional. A follow-up study of the NYU cohort found that the effects persisted in up to 80% of participants 4.5 years later, and almost all the survivors rated the session one of the most spiritually meaningful events in their lives.5 Unfortunately, physicians have had no legal access to psilocybin since the late 1960’s when it was swept into Schedule I of the Controlled Substances Act. It is tragically ironic that there is a movement to empower physicians to use their medical licenses to prescribe legally available medication with the explicit intention of ending a patient’s life while we have no legal access to a drug that may restore their ability to live comfortably through a terminal diagnosis.

Primum non nocere (first, do no harm) is a rule that has guided medical practice, albeit imperfectly, for centuries. While there may be instances where prescribing medications to end a patient’s life may truly be the best of bad options, we should first work to change the rules, policies, and practices that lead to the suffering that causes people to seek a hastened death.

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Key words: end of life; physician-assisted dying; medical aid in dying; psychedelics

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References

CORRECTION

In Chang T, Ravi N, Plegue MA, Sonneville KR, Davis MM. Inadequate hydration, BMI, and obesity among US adults: NHANES 2009-2012. Ann Fam Med. 2016;14:320-324, the numbers in the last 2 rows of Table 2 (Bivariate Relationships Between Hydration Status and Participant’s Characteristics) were inadvertently switched. The correct values are as follows:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Adequately Hydrated</th>
<th>Inadequately Hydrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese, %</td>
<td>32.2</td>
<td>40.3</td>
</tr>
<tr>
<td>Non-obese, %</td>
<td>67.7</td>
<td>59.7</td>
</tr>
</tbody>
</table>

The authors regret the error.