

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 made 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

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CORRECTION

Ann Fam Med 2020;18:485. <https://doi.org/10.1370/afm.2617>.

In Chang T, Ravi N, Plegue MA, Sonnevile 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:

Characteristic	Adequately Hydrated	Inadequately Hydrated
Obese, %	32.2	40.3
Non-obese, %	67.7	59.7

The authors regret the error.