Introduction to end-of-life curiosity

Well, I, like many people, I'm curious about what is that journey, that last little bit of the journey through this lifetime like? And so I'm a student of that.

I'm constantly interested in learning about what that experience is really like. Of course, none of us know because we only leave this lifetime once in this lifetime, even if we come back many more lifetimes.

So I'm constantly curious about that and studying different wisdom tradition teachings about that. Welcome to the To Curious MD podcast. I'm Dr. Ali Ahmed.

And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo. We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience, and beyond.

learning more about the art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome back to the Too Curious, Empty's podcast, where we explore the questions that sit just beyond the clinical algorithm.

Today, we're stepping into a space that makes many physicians quietly uncomfortable.

Psychedelics, palliative care, and the legal gap

Psychedelics, end of life, care, and the law. As clinicians, we are trained to relieve suffering. But what happens when the suffering is existential? when a dying patient is not asking for more morphine, but for meaning.

When emerging therapies show promise, yet federal law still classifies them alongside heroin. Where exactly does our clinical duty end and our legal risk begin?

At The Two Curious MDs, we are physicians who are increasingly encountering patients who are curious about already using or actively seeking psychedelic therapies, especially in serious illness and palliative settings.

And yet, most of us were never trained in the legal frameworks that govern these questions. Today's conversation is about clarity. So with that, I have to say we are absolutely honored and thrilled on the Two Curious Seventies podcast to have today with us Catherine L.

Tucker, JD, one of the nation's foremost legal advocates of the intersection of medical decision-making, end-of-life liberty, and emerging therapeutic access.

She has argued landmark cases before the United States Supreme Court helped shape modern desperate dignity jurisprudence and more recently has been at the forefront of legal efforts to expand access to psychedelic therapies, particularly for patients facing serious and terminal illness.

So we are just excited, delighted to jump right in. You are the kind of fountain of knowledge here when it comes to the law and psychedelics. I can get us started here.

When physicians think about psychedelics and end-of-life care, what is the single most important thing that you think we misunderstand about the law? that you wish we knew.

Thanks so much for having me. And I guess I would start by saying having spent 35 years working as a lawyer and an advocate to protect and expand the rights of people with advanced illness.

And having made considerable progress, I mean, I would say that over that span, we've seen a lot of strides forward where patients have more choices, better choices, more likely to be told about their choices.

And that was all really promising and good. But the notable gap in the palliative care toolbox was a tool for relief of non-physical suffering. So when I started reading the studies, the modern era clinical trials showing that a single guided psilocybin session for people with advanced cancer brought immediate substantial and sustained relief of anxiety and depression, I just immediately knew that that was a tool that needed to come to the toolbox.

And so I started looking at how can we make it possible for doctors to bring this to their patients? How can clinicians who have patients with debilitating anxiety and depression in advancing illness be able to safely bring this option to those patients?

How psilocybin scheduling blocks access

I started working with a Seattle hospice and palliative care specialist who has an integrative oncology clinic called the Ames Institute. which stands for Advanced Integrative Medical Science, and Dr.

Sunil Agarwal is the founder of that clinic. And Dr. Agarwal had been involved with some of the clinical trials during his fellowships, and he knew about the benefits of psychedelic assisted therapy.

His clinic was already providing ketamine therapy, but he knew there were additional benefits with psilocybin. And so on his behalf, I was investigating how can we obtain access.

And we found some manufacturers who were willing to provide the drug to Dr. Agarwal. But of course, because it sits on schedule one of the Federal Controlled Substances Act, their first request was for a DEA permission.

to make that transfer. And so we went to the DEA and the DEA refused. And that led us into a round of federal litigation with the DEA because we knew my research had revealed that state and federal law called Right to Try recognized that people with advanced and terminal illness don't have the time to wait for the long process of new drug approval.

And for that population, certain drugs should be accessible prior to FDA approval. And if the drug has passed a phase one clinical trial and remains under investigation, it should be accessible.

So that was the approach that we made to the DEA. And notwithstanding that these laws were already on the books, the DEA refused access. So we were in court litigating about the right to try laws, but at the same time, we were also aware that if we could reschedule psilocybin off of schedule one onto schedule two or lower, that that would open easier access because of course schedule two drugs can be obtained by clinicians with a schedule two registration.

So we also filed a petition to reschedule, and that is pending. And one of the things that I really like to invite listeners to know is that petition has been now sitting for several years at these federal agencies that have the responsibility to act upon it.

First, it sat at the DEA and the DEA denied it. We sued and we won that lawsuit and that required the DEA to move the petition forward. The petition now is sitting at HHS, which is the agency ostensibly with medical and scientific expertise.

that agency should, and with its sub-agency, the FDA, should be reviewing the petition and moving it forward. And yet it seems to just be sitting there, which is terribly frustrating.

Death with dignity and non-physical suffering

So I'm just going to pause here because I think for our audience, would you be able to, and we all understand as physicians are scheduled, but can you just kind of walk us through the different scheduling and why they're even

there?

Yeah, sure. So the Controlled Substances Act has been a federal law since 1970, and it basically takes drugs and puts them in different schedules, schedule one being the most restrictive, and schedule one being applied to drugs for which the conclusion is there's no medical use.

Now, plenty of controversy around whether psychedelic substances, of which one is psilocybin, belonged on that schedule at all, even at the beginning.

But all the psychedelic drugs were put on that schedule back in 1970 and they've stayed there ever since. So that means they're only accessible in a tightly controlled research setting.

Research on schedule one drugs, expensive and just very tightly regulated. So it's the most difficult schedule for any sort of access, even research access.

And there is no therapeutic access unless you were to be able to open that path under Right to Try law. Now, the Right to Try laws do not exclude Schedule I drugs, and so we have been pushing to open access under Right to Try because there is no exclusion, and yet it's been a long legal battle.

So our effort to move to schedule two is really kind of a creative multi-dimensional advocacy to say, if we can get it moved off that schedule, that will make access easier.

Schedule two is still quite controlled, as you know, but it is deemed to have medical utility at that point, and those drugs under the care of a clinician for medical therapeutic use are accessible if the clinician has a schedule two registration.

Yeah. And thank you for bringing up this topic in and of itself, end of life distress. This is not a topic that we talk about very much. And I don't think a lot of people are aware of what the impact of psychedelic medicine at the end of life for end of life distress is.

So could you maybe share how you came to, you know, realizing that this was a really strong place to spend 40 years of your career? Yeah. Yeah, so when I first came into this arena of advocacy on behalf of terminally ill patients, it was in 1990 when Washington State became the first state in the country to put a so-called death with dignity ballot measure before the voters.

And the goal there was to empower people with terminal illness to be able to ask their physician for a prescription for medication that the patient could ingest to bring about a peaceful death.

You know, the reality of modern medicine is it can be so good at prolonging life, and that can have benefits, but for some people, they can feel trapped in a dying process that seems unbearably long.

And some people just find themselves ready to achieve death, and yet very difficult.

Informed consent and state-level access models

And so the death with dignity movement was to give those patients who were ready to achieve death the ability to ask their physician for a prescription for medication that would bring a peaceful and humane death.

So that's how I came into the arena of end of life advocacy. and I was campaign counsel to that first initiative. It didn't pass, but it was the springboard for the effort in Oregon a few years later, which did become the first state to adopt a death with dignity law and became really kind of a model for the nation.

Now, as you may know, many, many states now across the country, from the West Coast, California, Oregon, Washington, to the East Coast, Vermont, Maine, New Jersey, most recently New York, are adopting these laws that do empower dying patients with this choice.

Now that's a good thing because for some people that's important to have that choice and yet no one wants to think the patient chooses to advance the time of death due to unrelieved suffering.

And so a new tool to address anxiety and depression is really exciting to the hospice and palliative care providers who treat these patients. And they know there hasn't been a good tool for non-physical suffering.

So it really is one additional important tool to bring to the bedside for people who, you know, by the way, mortality is real and everyone comes to it to their death.

And being able to have a peaceful death free of anxiety and depression that can be relieved is really important. Yeah. You know, I have so many questions here.

First is the role of, I mean, this is a different process altogether from, you know, death with dignity, obviously. But it's not being, I mean, you're not, you know, giving a substance to that they would, you know, pass with.

This is a substance that would provide a relatively better quality of life. if we look at it in that context. So why is it that it is such an ordeal to make something that enhances that quality of life as patients are passing?

And we've all kind of dealt with this existential state. and supporting that with the best, most holistic, most natural ways. And whether that is somebody's choice as it should be, whether it's due to their religious religion or spiritual beliefs, why is that taken away from patients?

What are your thoughts there? Well, I mean, you're absolutely right. It's mind boggling to say here is a drug that has now been tested again and again and again.

There are a multitude of clinical trials with people with advanced illness having a single guided session with psilocybin and reporting immediate substantial and sustained relief.

Why are we keeping that away from patients? It's because it sits on schedule one. probably didn't belong there. Matthew Johnson, who's one of the lead researchers at Johns Hopkins University, has said it's absurd that that drug sits on schedule one.

It never belonged there, and yet it's been there for 50 years. Our petition has brought forward the clinical trial evidence And we know that the FDA has recently taken a very close look at psilocybin because it twice granted it what's called breakthrough therapy status.

That's a very special status that is only given when the FDA finds that an investigational drug has benefits beyond already approved drugs. So when you see that that status has been afforded this drug, you might think, well, when that petition got to the agency, it was very quickly acted upon, and yet it's still sitting there.

We filed our petition with the DEA in February of 2022. It's now 2026, so that's four years. Now, we did have to sue the agency to compel it to forward the petition to the HHS.

That took two years, and then the agency sat on the petition for another year, and now it's been at HHS since August. So these agencies are slow. There has been considerable federal government upheaval, as you know.

So it's hard to even know how many people are still working at these agencies under this administration. And yet another thing I'll share with your audience is that every single leader of the current agencies of this administration are on record with statements supporting opening access to psychedelics.

So that would be another reason that you would think this petition could be favorably acted upon. And yet it still sits. Yeah. Absolutely. Absolutely.

And I'm going to take a slightly different tack here because, you know, some of the kind of nitty gritty legal pieces that, you know, medicine is a medical legal space and we're constantly challenged in some ways as to is this okay

to discuss and When is it education and when is it not education?

There's so much here that needs to be defined better as practice. And so, for example, how should we think legally about informed consent when we're intentionally inducing a non-ordinary state of consciousness?

That just to me is like the crux of where the law meets the medicine. Yeah, well, I mean, I love that question. I mean, certainly clinicians who are following these trials with these remarkable results can feel free to talk to their patients about these clinical trial results.

And as you may know, I'm sure you do know, some states are not waiting for federal drug reform.

Hospice constraints and provider risk

And so, for example, the state of Oregon, which is your neighbor to the north and my neighbor to the south, the state of Oregon once again has gone out front to adopt a law under state Oregon law allowing access to psilocybin in that state.

Now, what's important to remember is state law can only change state law. So it's still a federal crime. But in Oregon, since 2022, psilocybin service centers have been with open doors welcoming Oregonians and people from other states.

So if you're a clinician, say, as you are in the state of California treating a patient with terminal illness who has acute anxiety and depression, you could recommend to them that they go to Oregon to one of these retreat centers.

Now, problematically, as you know, many people with advanced illness aren't able to travel. And so I actually have a lawsuit pending in federal court in Oregon about the restriction of psilocybin services to service centers because Oregonians who are homebound due to disability or illness, they can't get to a service center.

And that's a violation of the Americans with Disabilities Act to not allow reasonable accommodation for that population. So that's a separate piece of advocacy that I'm leading in hopes that homebound people could be served in their homes, which would be the appropriate setting.

But for those patients able to travel, clinicians across the country could recommend travel to Oregon. Also, Colorado has a system under its state law to allow access.

New Mexico most recently adopted a really interesting state law, which it was adopted by the legislature, not the voters, which I think importantly signals that legislators feel safe addressing these issues.

And it is a therapeutic medicinal model in contrast to what happened in Oregon and Colorado, which were adult use provisions. I'm kind of curious about why is it that hospice laws, or if they are hospice laws, I'm sure they are, how does the established frameworks that exist around hospice and paediatric frameworks prevent psychedelic use?

When we're talking about compassionate care, we're talking about delivering you know, to prevent suffering with that intent and something that can treat something that is also a condition that is existing as somebody is dying, which is existential distress.

Yeah. Well, I mean, you're right to mention most people who are dying in modern America are least recommended to consider hospice. Now, the whole issue of enrollment in hospice is its own complicated issue.

Sometimes patients aren't told about it. Sometimes they're told about it late. Sometimes patients recoil from it, not really understanding how beneficial it is.

So these are many issues of their own. But for patients who do enroll in hospice, Access to psychedelics, of

course, would be problematic because hospice care is a Medicare benefit.

That's a federal benefit. It is not possible to be receiving a federal benefit to do something that violates federal law. And so this is why this advocacy that I've been mentioning to open access under Right to Try or to open access via rescheduling is so important, because it would create a federal safe harbor, which would then allow hospice providers to bill Medicare for provision of these services.

But at this point in time, it is not possible for hospice providers to participate, which is really unfortunate. I mean, if you were to look at the Oregon model, for example, the person that is with the patient when they're ingesting psilocybin is not a clinician.

It's a person who's called a facilitator who has a high school diploma and then a module of training approved by the state. It is not someone who is a clinician of any sort.

And so then you think about, well, what about a patient with advanced illness? Should they be under the care of someone with a higher degree of skill than that?

Probably yes. But that's not how it's working under the Oregon law. So there's still a lot of progress that needs to happen here. And one of the reasons why I was glad to see the New Mexico model is it has a role for clinicians.

Clinicians can be involved. Now, again, they'll be acting under a state law, so they'll still be potentially in violation of federal law. And many clinicians who are worried about maintaining their DEA registration, for example, don't want to step outside the bounds of federal law.

It puts their registration at risk. Yeah. This hits home for a lot of practitioners like us who are ketamine providers who are also stepping into maybe psilocybin, you know, facilitation in Oregon or Colorado.

And lots of different questions have come up.

Advocacy, federal reform, and physician speech

So what would you say to physicians like myself, for example? Lawyers like doctors are cautious by training, right? And so I would say for clinicians in operating in Oregon or Colorado, they are at risk if they participate under those state laws.

Now, one of the interesting things that we don't know why, but we have not seen any federal enforcement. It's clearly a violation of federal law to be operating these service centers, to be manufacturing, dispensing, administering, even possessing these drugs.

But we haven't seen federal enforcement and we don't know why. Now, if you remember in the cannabis arena, when the state started legalizing cannabis For a period of years, there was federal enforcement.

And then a policy was adopted at the United States Department of Justice under the direction of the United States Attorney General to refrain from prosecution if a state had legalized and regulated.

That kind of policy has not yet been adopted. So there is no policy protection as there came to be for cannabis. So I would say it is more dangerous now to be involved with psychedelics in these states than it would be to be involved with cannabis, clearly.

And we've also seen federal enforcement, if you're following the effort to create safe spaces for opioid use because of the opioid overdose, problem. Those so-called safe injection sites that were a public health idea to avoid drug overdose deaths, those have been shut down by federal enforcement.

So it's perplexing why we see federal enforcement in that arena, but we don't see federal enforcement, for example, in Oregon or Colorado. No one knows the reason why.

And so it leaves a great deal of uncertainty. And as we're talking about these different legal pathways, you know, legislative reform, we talked about the federal right to try, and then there's some religious liberty claims.

So can you talk a little bit about that and what you're understanding? Well, the most I can say about that is you'll need to have another speaker come on.

That is its own very specialized area. I know enough to say that yes, under the Federal Religious Freedom Restoration Act, so-called RFRA, that authentic religious use is entitled to protection.

Now, the question of whether a religious use is authentic enough to gain that shelter, that is always in question. And so I think if it's just a fig leaf, it is not really protective.

And so the specialist in the religious use arena could come on and talk about, well, what is sufficient to really be protective? And I would recommend that.

I will say also, though, as we talk about how can we possibly create a federal safe harbor, one of the things that is also going on that has been catalyzed by what we've already talked about, which is these lawsuits against the DEA and the rescheduling petition.

All of that catalyzed the introduction of some federal congressional bills. And there's one that is currently pending that is useful, I think, for your audience to know about and to possibly call and email their federal elected representatives to speak their support.

And this most recent introduction is called the Freedom to Heal Act. And it's pending in the federal Congress. It was introduced in December with bipartisan, bicameral support.

So both Republicans and Democrats in both the House and the Senate have joined together, it was largely driven by the veteran community, which of course is very eager to have a tool for relief of PTSD to reduce veteran death by suicide, which is such a problem.

And psilocybin, of course, is one of the psychedelics that has been shown effective for that. So the veterans have really been the moving force behind the Freedom to Heal Act.

If that were adopted into law, it would mandate, it would compel the DEA to create a special registration for a drug that is eligible under the Right to Try Act.

So it's another way of trying to force the DEA to respect what was accomplished when the Right to Try law was adopted and open access. Now, the DEA could have done that by itself all along, but it hasn't.

And so this federal bill would mandate that. So yes, all of your listeners, and especially if they are in leadership, say, of their state medical society, or in leadership of the American Academy of Hospice and Palliative Medicine, all these different medical organizations could be putting in letters of support to see this bill move forward.

I'm so excited to hear you talk about the advocacy that's happening around here. So maybe we can shift to talking about that. Like, what are you involved in right now?

Well, yeah, I'm still trying to drive that rescheduling petition forward. And again, anyone can be calling or writing their federal electeds. They can be going on their local news.

They can be speaking at their conferences about urging the HHS to act on this pending petition. There's no reason it can't be acted upon. The science supports moving this off of schedule one.

The breakthrough designations support it as well. And the federal agency leadership has spoken in support of opening access. So all of that should move this forward.

So I'm still working on that. And I'm eager to see people lean in on the Freedom to Heal Act as well. So those are a couple of important things. As mentioned in Oregon, we're trying to ensure that homebound disabled and dying people have access.

Ketamine, consciousness, and yoga traditions

So people that may have a special interest in that can be in touch with me and I can let them know. We're in our briefing in the court, which means It's an opportunity for the court to hear from interested parties through what are called amicus briefs, friend of the court briefs.

And all of that is happening right now. And it's timely for those who care about homebound disabled and dying having access to join an amicus brief. Wonderful.

I think Dr. Rehman Simi actually opened this question about, you know, what physicians need to know. And my question is, well, what are the risks for physicians or providers in bringing up psychedelic therapy.

I mean, I get asked this question often and I often have to tight lip my response in the clinical setting. But in terms of first, you know, the use of psychedelics as a treatment for, you know, depression, anxiety, trauma, but in what risks are there involved in that?

And then what are the risks involved for physicians in, you know, in compassionate use for palliative or end of life support treatment? Well, there are no risks.

in sharing information. That is protected. That's protected speech. So talking with your patients about the ongoing trials and the applications and the fact that in your professional medical opinion, this may be a modality to be considered for this particular patient.

That's all protected speech. It is protected for you to talk about why you hold the opinion that this might be useful for that patient. So all of that is protected.

What is not protected is there is not a way for you to currently access the drug, to be the provider that either prescribes it, dispenses it, administers it.

It's simply not possible outside of the research setting. You could certainly recommend to your patients that they, and maybe you'll help them with this, research whether there's a clinical trial that is enrolling.

You know, I know you're in California. I know UCSF is enrolling clinical trials. So for people who are near a research institute that could be eligible for clinical trial, that's one way to get access.

For people who can travel and are willing to go to Oregon or Colorado and go under the umbrella of state legality, notwithstanding federal illegality, some people may feel very comfortable doing that.

There are groups around the country. One that comes to mind is called the Survivorship Collective. This is a group of cancer survivors. who are so enthusiastic about the potential of psychedelic therapy to relieve the anxiety of cancer patients that they are organizing retreats for cancer patients to travel to Oregon.

to have psilocybin services in a retreat setting with other similarly situated people. And so there are these groups that are kind of rising up to try to address the needs that these patients may have.

In the veteran context, what's been going on for years, and this I think is very sad that this is necessary, but there are groups across the country that support veterans with life-threatening PTSD traveling outside the US to other countries, Jamaica, Mexico, Peru, to receive psychedelic assisted therapy that saves their lives.

Now they have to leave the country they served to get life-saving therapy, which is really quite concerning and sad. And I do have to say, yes, we treat veterans at our center.

And they are nonprofit organizations that do provide psychedelic treatments in retreats, as you mentioned, outside the country, but also within the country at certain centers I'm hearing as well.

And mainly that kind of ketamine treatment is the primary source for that. I believe the laws are changing. I mean, they're more supportive of access, certain guidelines, and as you've mentioned, in different states.

So there is hope. There is hope for going to Oregon and Colorado. And of course, ketamine sits on schedule three, so it is available and it's widely available.

Ketamine clinics are now, you know, like cannabis dispensaries, they're kind of everywhere. I'm not a scientist and I will not overstep my bounds, but I am aware of scientists, including Robin Carhart-Harris, whose name may be familiar to you.

One of the leading modern era researchers who really reminds us that ketamine is a psychedelic adjacent, but not to be considered a classic psychedelic.

But I think it is something that, you know, people are using because they can't access psychedelics. We call ketamine a non-classical psychedelic because it doesn't hit that same system of neurotransmitters.

It has a different mechanism of action. But as a psychedelic, it alters that state of consciousness just as kind of disrupts the default mode very, very similarly.

And I can see the parallel between that. So thank you. Having heard you say that, I feel that I should jump in and also say having just come back from a really wonderful workshop on Maui with the Ram Dass Institute of Psychedelic Studies, you know, one of the things that I think it's important for everyone to always be keeping in mind is, yes, psychedelics are one way to elevate and expand consciousness.

and bring an altered state of consciousness in which a lot of healing can happen. They're not the only way to get there. And I was so happy to collaborate with the Ram Dass Institute in particular, because of course, many will recall that Ram Dass, before he was Ram Dass, was Richard Alpert at Harvard doing a lot of the studies with psychedelics, with ingesting the drugs himself.

and his students ingesting the drugs. And all of that became quite controversial and he was relieved of his duties at Harvard. And following that, he went to India and found his spiritual teacher and he transformed himself into Ram Dass and spent the rest of his life talking about how it was very dissatisfying when he was ingesting psychedelics that he always came down.

and that what he noticed about his spiritual teacher was that person always maintained that same elevated state of consciousness without the drugs. And so he devoted himself to cultivating that state of consciousness.

So I think it's always important to remind everyone that this state can be achieved through yogic practices. Can you share a little bit about your journey with that?

I wanted to bring that in. My own, separate from my career in law, I have a 30-year practice in the Ashtanga yoga tradition. Ashtanga means eight limbs, and so it's simply the yoga tradition that really invites practitioners to remember that yoga is not simply the physical postures, which is one of the limbs, but it is also the work with the breath.

Funding, applications, and stakeholder advocacy

And you know, as many of your listeners will know, when all the psychedelics got put on schedule one and the door slammed shut for access, Stan Grof, who was one of the early researchers, developed his breathwork seminars, because of course work with the breath, which in yoga we call pranayama, which he called holotropic breathwork, can seriously and powerfully impact states of consciousness.

So in the yoga tradition, we weave the physical postures with the breath work, with meditation, with mantra, all interweaving to very powerfully alter consciousness.

And so that's been a practice that I've cultivated and I share with students as a teacher in that tradition. And now I particularly love to share it in workshops that I call Preparing for the Final Asana, law and medicine at the end of life and what yoga has to offer.

Because I think that the wisdom traditions of the world, of which yoga was a founding tradition and of course infuses Hindu and Buddhist and Sufi teachings, these wisdom traditions have so much to share about approaching death, what practices will sustain and nurture someone as they make that approach and what will sustain and nurture them in their transition out of this lifetime.

And so really bringing that forward is a passion of mine. Amazing, beautiful. I'm just seeing the breast of it all but also how it all weaves into the personal and the professional kind of weaving together.

And one of the things I wanted to ask you was you've talked about so much about what the development is and how are you funding this? How does somebody get to bring this to bear?

Because without the money, it doesn't happen. Yeah, well, I appreciate the question. So all of the work that I alluded to with our multiple approaches to and lawsuits with the DEA and the rescheduling petition, all of that is funded by philanthropy.

And so I don't charge Dr. Agarwal or his dying patients, obviously. So donors who want to support this work to open access, particularly for people approaching end of life, we love donors to come forward and join in the effort, whether it's a large or a small donation.

We have some funders who are able to give large donations. and others are just individuals who support the work and all of the funds can go to the National Psychedelics Association where my work is based out of and so that's a 501c3 and those are charitable donations and they fund all of this work that enables it to go forward.

So thank you for that question because yeah without support we can't do this work. Thank you for letting us know where people can support your work. And I want to ask you, what are some exciting potential applications?

You know, when people talk about psychedelics, there's this kind of framing of the 1960s and just kind of like the summer of love and how it all went awry.

But we are talking about psychedelics in a very different framework here. where we're saying that there's not just a right to cognitive liberty here, but it's very existential as opposed to the root of who we are.

And it's also transdiagnostic. I mean, this is a big change in how we view a class of substances and also how we view what they do to our consciousness.

Like we're asking for a lot here. So as you're kind of looking through and seeing what are some of these exciting possibilities that The one, of course, that I focus on because I have such a laser focus on how can we ensure that people with terminal illness can have the most peaceful process and achieve death in a way that is most consistent with their values and preferences.

I'm really excited about that application. And of course, both of you are doctors, so you can probably speak much better than I can. But from what I see when I read the clinical trial reports of a single guided treatment with psilocybin offering immediate substantial and sustained relief from anxiety and depression, it's so inspiring because the idea that a person who is anxious about their death.

And let's remember, you know, we live in a culture that is so death-phobic. And, you know, dying in modern America is terrifying for most people because we don't talk about death across the lifespan.

We don't have practices and rituals where we invite awareness of death Even in the yoga community, of course, at the end of every single yoga class at any American yoga studio, the last pose will be Shavasana, which means corpse pose.

But most yoga teachers at most yoga studios don't mention that. They simply say this is deep relaxation, which of course it is. But the purpose of Shavasana, the true purpose, is every day to remind ourselves that one day this body will be a corpse.

and to let that knowledge ignite our gratitude for this body's functioning today and our commitment to bringing good forth in the world and to really appreciating each moment of this lifetime.

So I think the relief that could be brought to dying people is really profound. A lot of the discussion is about how a person kind of steps out of their small view of their self and their life and what their death means and has a much more expansive frame in which to consider that.

and that that is incredibly comforting to people. Their rigid attachment to a story of self becomes looser and that puts more peace and comfort. So I'm so eager to see this brought to the bedside.

Having said all of that, of course, so many applications that maybe other speakers you're having on from the veteran community could speak to. I know that also, and this is almost counterintuitive, but there are studies going on now of the use of psychedelics for people with substance abuse disorder, that you would take this drug to become free of an addiction because these drugs are not addicting.

And I know, for example, the Etheridge Foundation is coming in to fund research and advocacy because, of course, Melissa Etheridge's son died of a drug overdose.

And so there's a bereaved parent very motivated to see if these drugs can help avoid other children and other beings dying of drug overdose. So there are so many applications and the research and the science is now so robust that really the piece that is the logjam is the law and hence the importance of this work to drive these efforts to open access to create a federal safe harbor is so important.

Beautiful. Thank you so much for shaping that because I feel like we're at that point of the spear here. It's all hands on deck. We're all kind of being asked to, you know, and you mentioned earlier that you're doing some, you know, a lot of stakeholder advocacy.

And so who are you reaching out to who are part of this delegation that are really kind of trying to change the law? Right. Well, as I mentioned, you know, certainly the veterans and there's a big umbrella organization called the Veterans Mental Health Leadership Alliance that is kind of the umbrella organization for all the different veteran groups that are working toward opening access.

I'm glad to say that the end-of-life care community is starting to come forward. You know, one of the things that is common in social change movements is advocates get very attached to their particular issue.

So a lot of the end-of-life advocates have been focusing on opening access to medical aid and dying. And I like to say it's timely for them to expand their advocacy to address opening access to psychedelic assisted therapy, because that's really kind of the next generation issue.

But those voices can be very, very powerful. And these advocates really cross all kinds of demographics. They are social conservatives. They're social progressives.

They're Republicans. They're Democrats. And that's important because we have such a polarized culture these days that the fact that these issues cross those aisles is really important to our success.

And just bringing the issue forward, I was at the annual meeting of the Hospice and Palliative Nurse Association. in the fall. And a lot of those nurses, they come from all over the country, their specialty is treating dying patients at

the bedside.

They hadn't really heard too much about this, but they put it on their agenda and everyone was really eager to learn about it. So I think it is really moving into the consciousness That's amazing.

Future vision for lawful psychedelic use

It's so gratifying to hear of the movement and its depth and breadth and also just for how long this has been going on and just a tribute to you and others like you who have been making these inroads and holding that space.

You mentioned quite a few like Stan Grof and the ways that people have had to gain access in these ways that have had to move around. When the law changed, you had to move.

And so as we're anticipating the laws changing here, and I think I have trouble seeing ahead to what is this vision? You know, what does the vision look like for a lawful psychedelic use in America, you know, going forward?

I know we've talked about medical, but what's the vision here? Yeah, well, I mean, you could ask so many people and everyone might have a different answer because I think we're just at the front end of that.

I think there's a lot of awareness that people with good training to be sitting with the person ingesting these drugs. So you see a lot of programs popping up all around the country to train the trip sitters.

And I think the readiness One of the really interesting programs that I invite all your listeners to learn about is called UPEP, which is the acronym for University Psychedelic Education Program.

And this is a brilliant idea to take psychedelic education into the already existing major universities across the country into the schools of nursing, the schools of social work, the schools of medicine, and I'm promoting the schools of law so that all of the existing higher education is training its faculty who are interested and want to be trained into how to bring this education into their home institution.

UPEP enrolled I think it was more than 60 faculty scholars in 2025 from major universities all across the country to train these faculty to then go home to their home institution and start developing curriculum and offerings.

And in 2026, I think they enrolled maybe twice as many. It's a wonderful program, very visionary, and also supported by philanthropy. So worth taking a look at that as well.

Thank you for mentioning that. I guess, Alia, would you like to ask a question or are we going to wind down to the… We always ask, you know, our guests, what's your curious question?

What keeps you motivated? What gets you kind of excited in the world. I know you have a lot of exciting activities that you have partaken in the outdoor variety as well.

So whatever you would like to, you know, open it up to, what are you curious about? Well, I, like many people, I'm curious about what is that journey, that last little bit of the journey through this lifetime like?

And so I'm a student of that. I'm constantly interested in learning about what that experience is really like. Of course, none of us know because we only leave this lifetime once in this lifetime, even if we come back many more lifetimes.

So I'm constantly curious about that and studying different wisdom tradition teachings about that. Beautiful. Yeah. Well, thank you for weaving that all in into that lifetime of making sure that others have this kind of access that is a birthright, is a human right.

And may it be so. May it be so. May it be so. Thank you. Well, such a pleasure being with you. And I hope this might have been of some interest to your listeners.

Oh, absolutely. Thank you. And to providers and to patients and veterans, I think the access to more knowledge and access to more support for the conditions that we're all kind of going to experience.

I think this is something that everyone is going to experience at some point. And so I think this is a podcast for everyone. I hope so. I hope so. Mortality is the only thing that's certain.

Beautiful. Thank you so, so much. It was a pleasure to speak with you. A real pleasure. Thank you. All right. Take care. Have a good night. Bye-bye. Thank you.

Thanks for joining us on the Two Curious Andy podcast. We hope today's episode inspired you to ask new questions and explore fresh perspectives. We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health, and wellness.

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