

'They're powerful medicines'

Auckland GP gets licence to prescribe psychedelic trips

Hannah Brown

In a development that would have been unthinkable not long ago, Medsafe has granted a single New Zealand doctor permission to use mind-altering psilocybin – derived from magic mushrooms – in her care of the dying.

Fi Darracott-Cankovic is the first person in the country licensed to prescribe the psychedelic drug specifically for existential distress at the end of life.

Her work now sits at the intersection of medicine, ethics and one of the oldest human questions: how to face death.

She is the second doctor in New Zealand to receive a psilocybin licence, after Christchurch-based psychiatrist Cameron Lacey received one in June. His specialty area is treatment-resistant depression.

These decisions by Medsafe have positioned New Zealand in a small and closely-watched group globally, experimenting with psychedelics not recreationally but as clinical tools.

Here are some highlights of Darracott-Cankovic's conversation with **Herald national desk editor Hannah Brown**.

What fears and questions are your patients typically grappling with?

They're fearful of the dying process and what it might entail in terms of suffering, pain and distress.

Others have a fear of what comes after dying – which can range from judgment day and guilt and whether they led a life that was good enough – or it can be a fear of no afterlife.

One of the most common fears is how those left behind will cope. People don't want their families to suffer.

Can you talk me through the new therapy from start to finish?

My permit from Medsafe is for a very specific protocol: two therapists pair up for an individual patient, the patient is assessed, we do preparatory sessions, and then we have an all-day psilocybin session with an integration afterwards – bringing meaning to the experience.

Each patient can have up to three cycles of it within the permit. One to three treatments.

First there'll be a detailed informed consent sheet the patient will read to find out more about what the therapy entails, then we'll move into a screening process including a

medical assessment, and we'll look at psychiatric history.

There'll also be a psychological screening process to make sure people have adequate support around them to embark on something like this.

At this point I'll be joined by a second therapist who will stay with us through the rest of the arc of treatment. We'll have two preparation sessions, where we build a sense of trust. It's really important for the patient to feel a sense of safety and connection to us.

In those early sessions we'll also explore their expectations for treatment, and any fears and concerns that they might have.

A big emphasis on preparation then?

Yes, and we also talk about what the medicine day will look like and encourage them to think about an intention for that day. It might be directly around their fear of dying, or something looser – like "how do I access love?"

We also emphasise that something will probably come up from their subconscious on the day.

There's often a fair amount of trepidation, but they have commented it's also an opportunity for hope.

We also really look at consent. That's because it's hard to consent to something when you don't know quite what it will be, and in an altered state of consciousness you're not used to.

We especially talk about consent for touch. It's really important for the patient to make their decisions about consent while they're in an ordinary frame of mind.

It's known that touch can be incredibly supportive during a psychedelic experience – typically that means holding a patient's hand – but consent needs to be given in advance.

Talk us through what happens when they take the drug – on dosing day

It only happens once we're all in agreement that the patient feels suitably prepared.

It'll be an all-day session, done in Dove Hospice – in a room set up to be conducive to the psilocybin setting, so it's more like a comfortable home with beautiful artwork and subdued lighting, flowers, and the participant will be invited to bring in personal meaningful items: photos, taonga, anything that will bring them

comfort.

We explore people's musical preferences and tastes and that helps us curate music for the day. I have a music therapist on the team – it's like two therapists plus music.

Patients have told us it's often a very meaningful, often sacred experience and we've worked with Māori and other indigenous perspectives. We may open with a karakia or poem and we will offer aromatherapy and a guided meditation to start.

People can wear headphones and eye shades, to encourage them to go deeper within so they're really immersed in a world, rather than being distracted by the room – but all these things are optional and never mandatory.

When everyone's in a nice calm, centred, connected state, the patient will be offered the psilocybin capsule and it'll be a matter of them lying back with the music, the two therapists will sit alongside, and our role is to be supportive and be there for the patient – but in an unobtrusive way.

We're not going to be asking questions or directing the process, but they'll know we're right there with them, just holding the space, offering support at any point.

Then after six to eight hours approximately, as the medicine is wearing off, we'll offer them some food and drink, and we'll have art materials on hand if the words aren't flowing easily.

Once they've returned to a baseline state of being and there are no ill effects felt and they feel ready to go home, we'll send them home with their companion, and we'll provide aftercare advice and contacts in case anything emerges.

A week later there will be a follow-up therapeutic session with both therapists, and the aim of those is to explore the content of the session, the visions, the emotions, we look at meaning-making and how they can really bring that meaning into everyday life: perhaps through time in nature, mindfulness meditation, movement and dance, through art, there are a number of different ways people can integrate what happened.

What are they typically seeing and experiencing?

The music often is very, very rich and that itself can be very evocative for them, so there's that sense of deep



immersion into the music, they can feel merged with the music.

People may well have visions – they may be immersed in the forest, ocean, having rich experiences in nature.

They can feel a sense of support and contact with ancestors, loved ones.

Some say psilocybin is most effective in nature – can they access nature?

One day we'd love to offer this therapy in nature. At the moment there's a beautiful Japanese contemplative garden and patients have access to that.

What does the room feel like during a psilocybin therapy session?

I find as a person, a human sitting alongside, it's very moving. It can be a huge cathartic emotional experience with themes of love, peace, connectedness, a mystical beautiful experience.

But there often is also contact with some really difficult emotions – so there can be expressions of grief, fear, anger. We welcome everything in this type of therapy. We're not trying to suppress; we're allowing things to come up for release.

Why do you have two therapists there at all times?

It's partly pragmatic because you just can't leave someone. How would you go to the bathroom.

But more than that, one of the tenets is to never leave the patient on their own. It's been the model for many of the trials.

It's also for safety. With two, you're accountable and transparent.

These are relationships – and a lot of the healing comes from the relationships. This way, you have different ones at play, and what we all hold as humans is differently



Psilocybin is derived from magic mushrooms.

Can they bring their partner to the medicine day?

At the moment they will have a nominated support person who knows all about the therapy, and will transport them. Towards the tail end of the session it would be okay for them to come in.