



January 30, 2020

Terri D Stroud, Esq.

General Counsel DC Board of Elections

1015 Half Street SE, Suite 750

Washington DC 20003

Re: Entheogenic Plant and Fungus Policy Act of 2020

Dear Ms. Stroud:

I am the Medical Director of the George Washington University Center for Integrative Medicine in Washington, DC. I hold faculty positions as Assistant Professor of Medicine, and Associate Director of the Geriatric Fellowship Program. I am licensed to practice medicine in DC and boarded in Palliative Care as well as Geriatrics and Integrative Medicine. In my medical practice I treat patients dying of terminal illnesses of various kinds and in all settings, hospital, outpatient, and at home.

Those of us providing end of life care have been pleased to see important advancements in the care of the dying over the past 30 years. Terminally ill patients are more likely to get aggressive pain and symptom management, hospice is widely available, and patients have more choices about treatment at the end of life. Yet, despite these advances, little has emerged to address nonphysical suffering. This is why it is so important to support the Entheogenic Plant and Fungus Policy Act and put it on the DC ballot this November.

Recent clinical trials demonstrate the powerful therapeutic uses of various psychedelic substances, particularly psilocybin, in relieving refractory anxiety and depression in terminally ill

patients. Patients with advanced-stage cancer suffering from treatment resistant anxiety and/or depression experienced significant reductions in both anxiety and depression with improvements of mood following a single guided psilocybin treatment, with no safety concerns or clinically significant adverse events. Other studies demonstrate efficacy of other psychedelic agents to relieve anxiety and stress disorders related to end of life. Therapy with psilocybin is well tolerated by seriously ill patients and, for some, remarkably effective in alleviating non-physical distress. Therapeutic benefits often persist long after any pharmacologic effect of the drug. It is time to support the legitimate therapeutic use of psychedelics.

These findings are especially exciting in light of the fact that efforts of the past quarter century to enhance palliative care for the terminally ill have yielded significant progress in reducing **physical** pain and discomfort, while little progress has been made in helping patients reduce anxiety or depression about, or come to terms with, the psychological and existential issues raised by impending death. Psychotherapy facilitated with psychedelic substances offers an additional palliative care tool to improve the wellbeing of terminally ill patients by mitigating psychological distress.

It is important to consider this issue in light of the reality that DC enacted a Death with Dignity Act in 2016.¹ This law empowers terminally ill patients with the option of obtaining a prescription for medication which the patient may ingest to achieve a peaceful death, avoiding further suffering. In the debates leading to passage of the Death with Dignity Act, virtually everyone agreed that eligible patients be provided with excellent and effective palliative care, to ensure that no patient was motivated to choose to precipitate death due to inadequate pain

¹ D.C. Law 21-182, effective February 18, 2017, applicable June 6, 2017.

and symptom management.² Adding another intervention to the ‘tool box’ of palliative

measures available to terminally ill patients is critically important in a death with dignity jurisdiction.

For all these reasons, I support decriminalizing natural psychedelics in DC; on behalf of terminally ill patients suffering anxiety and depression, and the physicians who treat these patients, I urge you to support this measure.

Respectfully,



Mikhail Kogan, MD

Medical Director, GW Center for Integrative Medicine

Assistant Professor of Medicine

Director, Integrative Medicine track program

Associate Director of Geriatric Fellowship

George Washington University

² Opponents of aid in dying have argued that since some dying patients can access medication to facilitate a peaceful death, access to psychedelics for palliative care should be allowed. For example, one well known end of life care clinician has written: “[I]n (various jurisdictions), a physician can legally write a prescription for lethal medications for a terminally ill person but cannot prescribe medications or make a

referral for pharmaco-assisted psychotherapy that might alleviate the distress that is making the person want to end his or her life. . . . [R]elaxing the prevailing legal and regulatory restrictions on such research merits a place within the policy agendas of the medical profession, particularly the specialties of psychiatry and hospice and palliative medicine.” Ira Byock, *The Case Against Physician-Assisted Suicide and Euthanasia*, *THE OXFORD HANDBOOK OF DEATH AND DYING* 379 (2014).