

Cancer and hallucinogens: a long, strange trip

Today, in a small handful of laboratories across the USA, an equally small handful of patients with terminal cancer are volunteering to take part in psychotherapeutic treatment for anxiety and depression brought on by their diagnosis. But this psychotherapy comes with a unique twist: it involves the controlled and supervised ingestion of a psychedelic drug. A radical approach, some might say, even shocking. But pioneering? Perhaps not.

Back in November, 1963, the author and intellectual Aldous Huxley finally succumbed to the laryngeal cancer he had been diagnosed with 3 years earlier. Huxley's life had already been touched by cancer, with the death from breast cancer of his first wife Maria in 1955. It was the experience of his first wife's death, which led Huxley to conclude that "the living can do a great deal to make the passage easier for the dying, to raise the most purely physiological act of human existence to the level of consciousness". This desire for consciousness and awareness at the point of death was almost certainly the motivation for his deathbed request—written, according to his second wife, Laura, because his disease had robbed him of his voice—for "LSD, 100 µg, intramuscular". Laura later wrote that she granted his request, and he died peacefully hours later.

A week after his death, Huxley's widow ended a letter to his older brother, Julian, with this question: "is his way of dying to remain our, and only our relief and consolation, or should others also benefit from it? What do you feel?" Over 40 years later, the current mini-renaissance in the experimental study of psychedelic drugs such as LSD and psilocybin for anxiety and depression in patients with cancer looks set to answer Laura Huxley's question. A series of studies in the US, from New York University, the University of California in Los Angeles, and Johns Hopkins University in Baltimore, are studying the effects of supervised psilocybin use as part of psychotherapy in patients diagnosed with terminal cancer. The Multidisciplinary Association for Psychedelic Studies is also funding a US Food and Drug Administration-approved study in Switzerland.

Studying psychedelics is fraught with difficulty, and these new studies have certainly had their problems. Government and industry funding is non-existent, so

investigators have had to rely on private donations to raise the not insignificant sums required to run a properly controlled study. Sample sizes are small, and patient recruitment is slow: the Swiss study has only recently recruited its eighth patient, despite starting enrolment in early 2008. However, preliminary results have been positive, with all of the patients so far enrolled in the New York trial reporting less general anxiety and fear of death, and greater acceptance of the dying process.

The recent growth in research into the clinical use of psychedelic drugs, and its emergence from the shadows of the 1960s—a decade that saw a nascent field killed off by the adoption of psychedelics in counter-culture movements, and by a series of scandals surrounding poorly supervised research—is welcome not only in and of itself, but also as part of a wider pattern. That is, the continued and increasing willingness of researchers and regulatory bodies to look beyond stigma, and take a more rational approach to the controlled medical use of compounds that are more often linked with the war on drugs.

There are parallels with the approach taken with cannabinoids earlier this decade. Cannabinoids have been shown to improve appetite, reduce nausea and vomiting, and alleviate moderate neuropathic pain as adjuvant treatments in the palliative care of patients with cancer. Like cannabinoids, whether psychedelics are more effective than existing drug treatments and other interventions for symptoms such as anxiety remains to be seen. But this is a question that only well designed, controlled, and supervised research can answer. It's a question that should not have taken so long to investigate. Most of the research that is being done now is repeating work already done in the late 1960s and early 1970s, but gathering data to satisfy contemporary regulatory standards has meant starting from scratch. That researchers now feel able to pursue legitimate research into psychedelics is a welcome development, but what is needed now is a more proactive approach from governments. Allowing the research to take place is just a small step in the right direction; to convincingly answer questions about efficacy will need more than just tolerance, it will need trust and encouragement.

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