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HEALING AT DEATH'S DOOR: ONE PATIENT'S MYSTICAL EXPERIENCE WITH PSILOCYBIN

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Death is of the most certain and undeniable truths in an existence shrouded by mysteries and unknowns, yet many don't have the opportunity for a meaningful reflection on this matter until the very end of their life. Existential suffering often awaits at death's door while effective solutions remain limited. The reality is that saving lives has been a key pillar of our medical ethos and so the concept of healing while dying may seem contradictory. Palliative care has offered a paradigm shift but despite significant advances in the field with respect to controlling physiological symptoms, the psychospiritual aspects of suffering don't respond as well to conventional treatments.

Psilocybin is the active ingredient in fungal species within the genus *Psilocybe*, which are popularly known as magic mushrooms. They grow all around the world and their ceremonial use by the indigenous has been documented for hundreds, if not thousands of years. There has been increasing interest in the use of these substances in Western medicine. Some of the earliest research studies on psychedelic therapies were focused on existential distress in cancer patients. This psychotherapeutic approach employs the use of

altered states of consciousness within the context of a therapeutic mindset and environment ("set and setting") to promote healing and psychospiritual growth while reducing suffering. This therapeutic framework also involves time for preparation and integration of the psychedelic experience which aims to create meaning and facilitate transcendence. Current research evidence suggests that this form of therapy could serve as a safe and effective tool for patients with a serious illness.

My patient, Martin, was referred to the palliative care service after a recent recurrence of his metastatic cancer which was also accompanied by unrelenting pain. During our first encounter, we explored various domains of his wellness and worked out a plan that started with optimizing analgesia. At that time, he remained hopeful for the possibility of a promising clinical trial and was not experiencing any anxiety related to his illness. Nevertheless, I brought up the news about recent access to psychedelic therapies for patients like him. He was happy to learn about these developments but did not feel the need to engage. By the next visit which was only a few weeks later, he had received a clear message from the oncology team that there were no viable options for disease-modifying therapy. His cancer had metastasized to the lungs causing respiratory symptoms and even more pain. Martin's prognosis was expected to be 6 months or less. Realizing that the end of his life was near, a lifelong struggle with anxiety and depression had reached dizzying heights. An increase in his antidepressant dose along with psychotherapy had not helped, which made a perfect case for psilocybin-assisted psychotherapy. His application was indeed approved by Health Canada. He would be the third patient to receive legal treatment with psilocybin in Quebec since the ban in 1974, and the first patient to be treated under the new Special Access Program.

Following his approval, we chose a date and started preparing him for the experience. My co-therapist was Nicolas Garel, a skilled psychiatrist with extensive experience in treatment with ketamine, which many consider a psychedelic substance. He engaged Martin in a psychoanalytic model based on Acceptance and Commitment Therapy (ACT) and we began exploring Martin's psychosocial history while describing the phenomenology of the upcoming experience which includes profound alterations in mood, thought, and the senses. He chose his cottage outside of Montreal as the place to have this journey. It was a beautiful wooden structure, nestled amongst the trees and bordering a glistening lake. This was the healing space he had chosen to spend his remaining days and his plan was Medical Assistance in Dying (MAiD) on his next birthday or perhaps sooner if the suffering became unbearable.

The day of Martin's psychedelic session was among the most special in my life. It was surreal and humbling for us to be offering this promising new therapy to a patient in dire need. He was clearly ready to go into the experience but breaking into the psychedelic realm did prove challenging at first. Heightened awareness of his senses resulted in increased sensitivity to both physical pain and existential angst. Using the mantra of trust, let go, be open, and by encouraging him to move towards the pain rather than away from it, he was finally able to get past the suffering and into a spiritual state which lasted several hours. In his own words:

"I don't feel pain now, I have soared over my body. I have been on a beautiful journey. I'm having a conversation with myself that doesn't require words. I know that the doors will close soon, that this is my last opportunity to say or do the things that are important to me, to express this pain and grief that I have not been able to express, to communicate to others..."

We drifted deep into conversations about topics like his connection to nature: "I am part of nature and nature is part of me". He explored his relationship with animals; from his pet cat who was sitting on his lap, to the ones he had hunted to eat, and ultimately how he saw himself as equal to them. The scent of rose essential oil offered a comforting vision of his late grandmother with whom he was very close. "I see people in the distance, children, playful, in costumes, with bright colors, as if I was in a carnival. I also see my grandmother, she smiles at me, and she is ready to welcome me. I see her in a tunnel, waiting for me. I see my other grandparents too, they invite me to join them, they reach their hands out towards me, but there is a kind of glass that prevents me from touching them." The session lasted six hours and given that no major adverse event had occurred, we left Martin with lighter hearts knowing he was being cared for by his loving wife.

Despite some improvement in his death anxiety after undergoing the therapy, the disease continued to progress. Martin's increasing pain and agony led to a desire for hastened death. With ongoing physiologic demise, he began re-experiencing similar states of consciousness as his psychedelic experience on psilocybin, and this was surely fascinating. Could death indeed mirror such a psychedelic experience? We may never know, but near-death experiences certainly do hint at that. Until the very end, Martin remained thankful for the psilocybin therapy and repeatedly acknowledged that if he could go back in time, he would choose to do it again. Ultimately, he opted for MAiD prior to his next birthday and passed away peacefully alongside his family. What mattered most to me was that we were able to provide a healing experience at the end of his life, a dream that doesn't always come to fruition. He called and thanked us on the day before he had chosen to die, expressing how grateful he was for the treatment and that he wished we had met sooner as he would have likely benefited more that way. His final words of encouragement will be cherished forever and serve as motivation to continue doing this work. ■