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The "Third" Eye: Ethics of Video Recording in the Context of Psychedelic-Assisted Therapy

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Résumé de l'article

Après des cas très médiatisés d'agressions sexuelles et d'autres comportements contraires à l'éthique de la part de thérapeutes, la recherche clinique récente sur les drogues psychédéliques a généralement rendu obligatoire l'enregistrement vidéo de toutes les séances de thérapie. Dans cet article, j'examine les questions éthiques liées à l'enregistrement vidéo dans le contexte unique des séances de thérapie psychédélique. Je commence par résumer les avantages et les risques importants liés à l'enregistrement vidéo, puis ensuite les préoccupations éthiques concernant l'enregistrement obligatoire des séances de thérapie psychédélique du point de vue du patient, et je soutiens que ces préoccupations doivent être prises au sérieux par les cliniciens et chercheurs. J'examine également le point de vue selon lequel l'enregistrement vidéo est essentiel pour la sécurité des cliniciens. Acceptant la légitimité des préoccupations des deux points de vue, j'expose quelques considérations de base sur le consentement éclairé qui pourraient générer un dialogue autour des préoccupations potentielles des patients. Je défends l'option de refuser, tant pour les patients que pour les cliniciens. En conclusion, je souligne l'importance de poursuivre l'enquête bioéthique critique et la recherche qualitative concernant les pratiques d'enregistrement vidéo dans le contexte des thérapies assistées par les psychédéliques.

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ARTICLE (ÉVALUÉ PAR LES PAIRS / PEER-REVIEWED)

The "Third" Eye: Ethics of Video Recording in the Context of Psychedelic-Assisted Therapy

Khaleel Rajwani[a]

Résumé
Après des cas très médiatisés d'agressions sexuelles et d'autres comportements contraires à l'éthique de la part de thérapeutes, la recherche clinique récente sur les drogues psychédéliques a généralement rendu obligatoire l'enregistrement vidéo de toutes les séances de thérapie. Dans cet article, j'examine les questions éthiques liées à l'enregistrement vidéo dans le contexte unique des séances de thérapie psychédélique. Je commence par résumer les avantages et les risques importants liés à l'enregistrement vidéo, puis ensuite les préoccupations éthiques concernant l'enregistrement obligatoire des séances de thérapie psychédélique du point de vue du patient, et je soutiens que ces préoccupations doivent être prises au sérieux par les cliniciens et chercheurs. J'examine également le point de vue selon lequel l'enregistrement vidéo est essentiel pour la sécurité des cliniciens. Acceptant la légitimité des préoccupations des deux points de vue, j'expose quelques considérations de base sur le consentement éclairé qui pourraient générer un dialogue autour des préoccupations potentielles des patients. Je défends l'option de refuser, tant pour les patients que pour les cliniciens. En conclusion, je souligne l'importance de poursuivre l'enquête bioéthique critique et la recherche qualitative concernant les pratiques d'enregistrement vidéo dans le contexte des thérapies assistées par les psychédéliques.

Mots-clés
thérapie psychédélique, bioéthique des technologies, enregistrement vidéo, MDMA, philosophie de la psychiatrie

Abstract
In light of high-profile cases of sexual assault and other unethical conduct by therapists, recent clinical research involving psychedelic drugs has generally mandated the video recording of therapy sessions. In this paper, I address a gap in the literature by investigating ethical issues related to video recording in the unique context of psychedelic therapy sessions. I begin by summarizing the important benefits and risks related to video recording. I then examine ethical concerns about mandatory recording of psychedelic therapy sessions from a patient perspective and argue that these concerns must be taken seriously by clinicians and researchers. I also examine the view that video recording is essential for clinician safety. Given the legitimacy of concerns from both perspectives, I outline some basic informed consent considerations that could generate dialogue around potential patient concerns and defend the option to opt-out for both patients and clinicians. In conclusion, I underscore the importance of further critical bioethical inquiry and qualitative research regarding video recording practices in the context of psychedelic-assisted therapies.

Keywords
psychedelic therapy, bioethics of technology, video recording, MDMA, philosophy of psychiatry

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INTRODUCTION

In 2015, Meghan Buisson was among the first participants in a phase two clinical trial of MDMA-assisted therapy for treatment-resistant post-traumatic stress disorder. In early 2018, Buisson filed an ethics complaint with the primary sponsor of the trial, the Multidisciplinary Association for Psychedelic Studies (MAPS), attesting to sexual assault by her therapist both during therapy sessions and after active treatment. Later that year, Buisson filed a civil court claim in British Columbia alleging that the therapist "committed sexual assaults constituting battery while she was enrolled in the study and under his therapeutic treatment. She also accused him of negligence and breach of contract, for failing to provide appropriate therapy and maintain a professional relationship." (1) The ethical review of Buisson's case included reviewing available video recordings of sessions, which revealed disturbing therapist conduct and malpractice during therapy sessions. The review added credibility to Buisson's allegations that there was an unprofessional and intimate relationship, and her account of having endured sexual violence over a two-year period beginning at the time of her treatment. Later, some of these video recordings were consensually shared by Buisson with journalists, and eventually published (2). These videos played an important role in uncovering the ethical violations, which ultimately resulted in both of her therapists being barred from participation in future clinical trials. The case also resulted in changes to MAPS safety and ethics policies, and institutional review of clinical trials by regulatory bodies (2).

Buisson's case was not an isolated incident; there have been many reports of abuse in psychedelic therapy contexts (1). In light of this high-profile case of sexual assault and other disturbing therapist misconduct, practitioners and researchers in the field of psychedelic-assisted therapy have been doubly concerned with ensuring patient safety, therapist accountability, and institutional integrity. Today, clinical research involving psychedelic drugs often mandates the video recording of psychedelic therapy sessions, with some exceptions. Such recordings generate tangible documentation and can solidify accountability in cases of malpractice, abuse of power, negligence, sexual assault, and other unethical or violent behaviours on the part of either therapists or patients. In addition to safety and accountability considerations, video recordings can have many important benefits for therapist and patient reflection, professional and situational training, and standard of care improvement. Video

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recordings can also be useful as part of novel qualitative and quantitative research in the emerging field of psychedelic-assisted psychotherapy, including studies involving natural language analysis and artificial intelligence.

However, as in other areas of medical and mental health practice, video recording technology and medical data collection pose significant ethical concerns related to privacy, informed consent and data security. Psychotherapy involves highly sensitive and confidential interactions. As Funkenstein et al. note, videotaping in psychotherapy can have unpredictable consequences, and "fundamentally alter the dynamic between patient and therapist, as well as the tenor of their work." (3) The capture and storage of video recordings, even if relatively secure, can reduce patient trust in therapist-patient confidentiality and hinder open communication; patients may feel "censored, self-conscious, exploited, or unsafe in front of the camera." (3). In the novel context of psychedelic-assisted therapies, video recording entails additional ethical concerns stemming from the unique nature of psychedelic drugs, experiences and spaces.

In what follows, I address a gap in the literature by investigating ethical issues related to video recording in the unique context of psychedelic therapy sessions. I begin by summarizing the important benefits and risks related to video recording in the context of psychedelic therapy sessions. I then examine ethical concerns about mandatory video recording, from a patient perspective, and argue that these concerns must be taken seriously by clinicians. I also examine the view that video recording is essential for clinician safety. Given the legitimacy of concerns from both perspectives, I outline some basic guiding questions for informed consent practices that could generate dialogue around potential patient concerns. I also defend the option to opt-out, for both patients and clinicians. In conclusion, I underscore the importance of further critical bioethical inquiry and qualitative research regarding video recording practices in the context of psychedelic-assisted therapies.

BENEFITS OF VIDEO RECORDING IN PSYCHEDELIC-ASSISTED THERAPY

Video recording has substantial and ethically important benefits for psychotherapy generally, some of which are even more significant in the context of psychedelic-assisted therapy. Below, I summarize some of the most important benefits of video recording in psychedelic-assisted therapy.

Ethical and Legal Accountability

Due to the radical effects of psychedelic drugs on mood, perception, empathy and openness to experience, among other effects, psychedelic-assisted therapy entails a unique degree of vulnerability and greater potential for therapist abuse (4). Psychedelic-assisted therapy further poses unique and ethically significant challenges related to boundary-setting, touch, and transference, among other relational ethical challenges (4,5).

As demonstrated by the case of Meghan Buisson and others, video recordings can bolster accountability in cases of abuse and unethical conduct by therapists. Although most of the therapist's ethical transgressions and sexual assault in the Buisson case were not recorded, some of the behaviour seen on video added credibility to Buisson's allegations of therapist misconduct. In cases of accusations of malpractice or unethical behaviour, recordings provide concrete, tangible evidence for ethical and legal review processes. Further, patients under the influence of psychedelic drugs may have their testimonial credibility doubted based on conventional legal standards related to presence of mind and drug-related intoxication. Thus, video recordings can provide a layer of protection for vulnerable patients, as well as protect therapists against false allegations of abuse or misconduct from patients. In the worst scenarios, videos could be used as evidence in the prosecution of assault committed by either patients or therapists, in situations where a court deems that confidential and protected medical recordings should be disclosed. Overall, the presence of video recordings provides an important layer of protection for ethical oversight and legal accountability in the context of psychedelic-assisted therapy.

Safety and Security

While video recordings may have benefits for ethical oversight *post facto*, the presence of cameras may also help deter reckless, inappropriate or violent of behaviour of patients and therapists in sessions, due to their awareness of camera observation and recording. This is particularly important in cases of trauma "transference" and possible aggressive or violent episodes, which could occur during sessions. It is important to note, however, that knowledge of video recording will not necessarily prevent unethical actions; in Buisson's case for example, the therapists were well aware of the fact that sessions were recorded on video, but this did not stop their unethical conduct.

Therapeutic Documentation and Patient Reflection

Due to cognitive limitations, bias, and clinical stressors, practitioner memory and recall can be sparse or flawed (6). Video and audio recording technology collects rich data outside of written notes and charts, even in chaotic and complex clinical situations. Video recordings allow clinicians to revisit sessions with incomplete notes, reduce recall bias, assess therapeutic considerations and outcomes, and further develop patient-specific healing strategies (6). This can be particularly helpful for therapists participating in lengthy psychedelic-assisted therapy sessions, while also maintaining many complex patient relationships. Video recordings can thus improve quality of care and attention to detail in clinical settings.

Where consensual and therapeutically appropriate, patients too could observe, revisit and reflect on previous therapy episodes through video recordings. Revisiting specific experiences could allow patients to understand the experience from an observer

perspective, different than their first-person memory of the session. For example, among other possible benefits, videos may allow patients to better understand the effects of psychedelic drugs on them, to revisit and engage with positive and negative episodes from their drug experiences, and to recall experiences that may be forgotten or remembered differently due to the radical effects of psychedelic drugs on memory and perception. Falzone et al. discuss several examples where sharing video recordings with patients participating in conventional psychotherapy increased insight; videos can allow patients to view their words, behaviours, experiences and nonverbal reactions through a clarifying lens, whereas merely relying on therapists' observations could be perceived by the patient as judgmental or distorted (3,7). Conversely, revisiting sessions through video recordings also creates the risk of reliving difficult or traumatic experiences (8).

Therapist Training and Clinical Supervision

Video recording has many benefits for training new therapists. Psychotherapy – and psychedelic-assisted psychotherapy in particular – is a difficult modality to teach, learn and practice; several residency programs now employ video as an important part of modern pedagogy and trainee supervision (3).Video recording allows students to participate in clinical observation, with many advantages over in-person observation. For one, adding an inexperienced student into in-person therapeutic settings can affect patient comfort and alter therapeutic dynamics. This is particularly true in the case of psychedelic-assisted therapy where the practical demands of therapists and healers are complex, the therapeutic alliance is critical, and patients taking psychedelic drugs may experience an amplification of existing trauma, social anxiety, or paranoia around having additional people in a healing space. Furthermore, the geographic and temporal flexibility of observing video recordings, rather than in-person sessions, increases student access to training and helps speed up the common tripartite educational model of "see one, do one, teach one." This may have important spillover benefits for patient access, particularly in underserviced, underfunded, or remote areas where psychedelic therapists are inaccessible, and educational and institutional resources do not exist to allow for consistent in-person observation by trainees.

The use of video recordings can also help teams of practitioners supervise, standardize and improve quality of care by providing opportunities for learning from past clinical situations, understanding errors, and improving therapeutic skills over time. For example, clinical supervision in the MAPS open-label phase 2 trial of MDMA-assisted therapy for PTSD involved "evaluating video-recorded therapy sessions according to specific criteria, assessing how closely co-therapy pairs adhere to the *Treatment Manual* and study protocol." (8) In addition to learning from clinical mistakes and improving situational awareness, video recordings can be used to spark dialogue between clinical practitioners, therapist educators and clinical ethicists about real-time decision-making in difficult and complex situations that arise in psychedelic-assisted therapy.

Video can have significant benefits over traditional pedagogical and reflective tools like written accounts and case studies; uncensored recording data can help to bypass subjective biases, omissions and distortions from memory or notes (3). However, it is important to recognize that there are significant differences between watching videos and observing in-person sessions, where the stakes and real-time challenges are different and may be more pressing. Video observation cannot replace in-person observation and training.

RISKS OF VIDEO RECORDING IN PSYCHEDELIC-ASSISTED THERAPY

Video recording presents well-established risks in psychotherapeutic settings, some of which are potentially even more significant or serious in the context of psychedelic-assisted therapy. Below, I summarize some of the most significant risks.

Breach of Privacy & Data Insecurity

Privacy matters deeply, especially in medical and mental health contexts. Patients must be assured that any information, experiences and emotions they share within the therapeutic space will be kept confidential and secure. In the case of patients experiencing the effects of psychedelic drugs, their sense of vulnerability may be particularly acute. During these experiences, patients may experience radical changes in their experience of reality, changes in their behaviour, and have a perceived loss of control over their thoughts and actions.

Video recordings capture intimate details about therapy sessions and drug experiences at a far higher level of detail and precision than is possible with written notes or audio recordings. Video generally captures all verbal communications, behaviours, specific visual details about faces and body language, physical movement and positioning, as well as metadata such as the exact time and GPS location of therapy sessions. Even with strict data security protocols for medical records, data insecurity is a real risk, whether it occurs through human error, abuse of power, technological malfunction, or hacking.

If video recordings of therapy are misused, shared without consent or leaked for any reason, the negative consequences could be significant or even disastrous for the patient (3). The intimate details about sessions and metadata could potentially be used to actively identify, stalk or otherwise harm patients. In a 2014 case, a data breach at New York Presbyterian Hospital and Columbia University resulted in the wide exposure of protected health information of over 6800 patients, including medication-related records, which became publicly searchable on Google and other internet search engines (9). The widespread stigma around drug use, and psychedelic and hallucinogenic drug use in particular, means that video records generate even greater risks of targeted humiliation, shame, stigma, ostracization from families and communities, and (cyber)bullying. Further, the risk is not only true for third parties illicitly accessing or hacking records, but also for medical practitioners, employees, and

healthcare institutions who have may have legitimate internal access to a patient's medical records. For example, in a case in 2008, 13 UCLA medical centre employees were fired and 6 physicians faced disciplinary action after internally accessing the confidential medical records of celebrity singer Britney Spears, regarding her hospitalization in the psychiatric unit (10).

Through search engines and social media channels like YouTube, TikTok, and Reddit, among others, leaked video recordings can spread quickly via user reposting and memetic replication, and be preserved indefinitely via data caching. In just a short period of data leakage, the chance of being able to quickly remove all videos from the internet can be low, even in jurisdictions with strong data protection laws. The existence of these videos on the internet could have significant consequences for patients. Videos could harm future educational and employment prospects, prevent access to government services, and could lead to legal persecution, particularly in conservative jurisdictions where law enforcement continues to violently persecute racialized people and marginalized drug users, even if the drugs are decriminalized or medically approved. Furthermore, for patients with diverse domestic and global citizenship statuses, public evidence of drug use of any kind could lead to deportation, loss of documented status, political persecution, or imprisonment.

Changing Therapeutic Dynamics

Studies have demonstrated the complex ways that the presence of cameras influence therapeutic dynamics (6,11-13). Patients may legitimately feel that recording makes therapist-patient confidentiality less secure and robust, and this can hinder open, honest and comfortable communication in front of cameras (3). For example, patients may be less likely to share intimate details about themselves or others, talk specifically about particular individuals, discuss illegal activities such as recreational drug use or other crimes, or discuss other sensitive topics while being recorded. Hesitancy to share any details that may be relevant for therapy and healing can ultimately alter and change the therapeutic dynamic, hinder positive psychedelic experiences and thus negatively affect therapeutic outcomes.

Intensification of Adverse Drug Effects

Psychedelics generate unique neurophenomenological dynamics that emerge from the diverse and intense effects of psychedelic substances on mood, cognition, sense-perception and memory. Common adverse effects of psychedelic drugs include fear, anxiety, dysphoria and/or paranoia (14). Emotional experiences may be amplified or intensified while using psychedelic drugs (14). One study found that higher levels of pre-treatment paranoia and interpersonal sensitivity were associated with great patient discomfort with audio and video recording of psychotherapy sessions (13). Further, paranoid thinking is a common feature of psychedelic mental states, and is highly sensitive to changes in the environment and context in which the psychedelic experience takes place (15). Thus, situated awareness of a camera could exacerbate patient discomfort and shape the therapeutic context in ways that alter psychedelic effects related to paranoid thinking.

Set, Setting and Sanctity of Psychedelic Healing Spaces

Although shamans and Indigenous psychedelic healers have held this wisdom for generations, there is growing understanding and consensus among Western academic researchers that extra-pharmacological features, namely mindset (set) and setting, play a critical role in shaping psychedelic phenomenology and healing processes (16). As Noorani notes, not only do cameras and recording equipment constitute a meaningful part of the set and setting of clinical psychedelic-assisted therapy, but they imbue the psychedelic space with particular normative symbolism and aesthetic characteristics.

> Suspended between the death of the body and the proverbial 'death of the ego', these living room-like settings are also closely monitored. A CCTV camera is hidden in plain sight, both recording a picture of 'everything' that happens in the room, while itself exceeding the container in its promise of data in the event that they are needed. The aesthetics of the camera, other monitoring equipment and the suspended ceilings characteristic of office buildings throw the eclectic curation of the space into relief: they reveal the nestedness of the session room within a broader scientific-bureaucratic container, shaping participants' own experiences through symbols of safety, accountability and rigor. (17)

Noorani's analysis of recording technology within the set and setting of psychedelic psychiatry complements the conceptual notion of placebo response in other biomedical research; both point to the concrete effects of non-pharmacological factors on the experiences and outcomes of drug interventions (16,17). This notion is further underscored by the fact that many historical and contemporary psychedelic practices construct spaces free from digital technology that focalize natural and organic surroundings, and promote spirituality, meditation, mindfulness as well as religious and artistic practices as part of the therapeutic process (16,18,19). Cameras could be distracting or disrupting to these important psychedelic healing techniques in both intangible and measurable ways. Further, psychedelic substances have been used as a central component of spiritual and religious practices since the beginning of recorded human history. Within many cultures, psychedelic substances and healing spaces are considered sacred and spiritually endowed (18). Thus, the disruptive effects of recording technology on psychedelic set and setting may be further amplified for patients from Indigenous communities and other cultural communities that maintain these rich historical and spiritual relationships with psychedelic medicines and practices.

ETHICAL CONCERNS WITH MANDATORY VIDEO RECORDING: PATIENT PERSPECTIVES

Given the substantive benefits and risks, is it ethically justified to mandate video recording of all psychedelic-assisted therapy sessions? First, let us consider whether the benefits always outweigh the risks, from a patient-centred perspective. Given the cases of patients like Buisson who have experienced sexual assault and unethical conduct by psychedelic therapists, video recordings can clearly provide greater accountability and oversight, and in some cases may improve patient safety by deterring therapists from acting in unethical and harmful ways. Patients can benefit from quality improvement and care standardization practices that draw on video recordings as tools. Furthermore, patients who have never experienced psychedelic drugs (generally or in the specific form being used) may be unaware of how inebriated and vulnerable they could be during an experience, even if they are meticulously informed beforehand. Thus, advocates of mandatory video recording may argue that we ought to weigh professional knowledge of risks and the history of problem cases (e.g., sexual abuse) above other legitimate patient concerns about video recording. According to this view, a certain degree of paternalism around mandatory video recording is justified, insofar as it reflects asymmetric knowledge and understanding about the realities of psychedelic-assisted therapy.

In response, however, I argue that it is impossible to conclude from the outset that these benefits outweigh the risks for a patient. Psychedelic substances affect everyone differently, and psychedelic experiences are extremely context- and culture-sensitive (20). Further, patients have diverse values and needs in relation to psychedelic therapies. Some patients may find the risks of video recording to be extremely worrisome, daunting or ethically problematic because of their positionality, marginalized identities, individual symptomology, past traumas, past experiences with psychedelic drugs, past experiences with breaches of privacy, cultural background, and spiritual or religious beliefs, among other reasons. Even if patients are appropriately informed about the risks of declining video recording, such as having less potential evidence for formal complaints or grievances, they still may legitimately feel that the risks of video recording are too high.

In addition, the purported safety benefits of video recording are not assured. For example, in the Buisson case, recordings were not a deterrent for unethical behaviour, and this suggests that there needs to be more compelling reasons for their use in the context of patient-centred care. There is significant therapist misconduct and harm that can occur long before or after video recording takes place. And, even when video technology is active during problematic occurrences, recordings can be actively manipulated by offenders or randomly fail, as technology sometimes does. Patients reporting unethical clinician behaviour in any kind of therapeutic context must be taken seriously, regardless of whether the behaviour is caught on camera. Video recording technology cannot replace robust institutional processes and ethical safeguards against unethical, abusive, or violent therapists harming patients – it is merely one piece within a holistic ethical review process.

The vast majority of conventional (non-drug assisted) psychotherapy sessions are not video recorded, despite many historical cases of unethical conduct and abuse, particularly inappropriate sexual involvement by therapists (21). Although such actions do not occur in the majority of therapeutic interactions, and the unethical conduct may not always happen during therapy sessions (as in Buisson's case), patients can be harmed. Yet, given these practical risks, it is still justifiable for patients to consent to conventional therapies without mandatory video recording, given other longstanding institutional safeguards and structures of accountability and ethical oversight in psychotherapeutic disciplines. The influence of psychedelic drugs does, however, substantively change the patient's state of consciousness and increase their vulnerability to harm by their healers, guides, or therapists (22). But the ethical calculus is affected both ways: the involvement of psychedelic drugs also changes the circumstances in ways that amplifies the perceived stakes and increases risks of video recording these psychedelic-assisted therapy sessions.

One study showed that although most patients are willing to consider audio or video recording of psychotherapy sessions, patients had different comfort levels with the practice, and many expressed genuine concerns (13). Patients deserve access to spaces that make them feel safe enough and comfortable to fully participate in the psychedelic-assisted therapeutic practice. Clinicians must take patient concerns about video recording seriously; they should air on the side of giving individual patients agency to make ethical determinations for themselves, as part of an "enhanced" informed consent in psychedelic contexts (23). It is always coercive to some degree to elicit informed consent without any real possibility of opting-out. At present, there are often a lack of alternatives to video recorded therapy sessions, and declining to consent may outright exclude patients from accessing the therapy. It is reasonable for certain patients, who stand to benefit greatly from psychedelic-assisted therapies, to withhold consent to video recording. As such, video recording practices should not be unilaterally imposed.

Even where it is possible to opt out of consenting to video recording, we must also consider other forms of coercive pressure, particularly implicit or explicit *quid pro quo* exchanges. There is coercive power inherent in the clinician-patient relationship, which deeply affects all procedures of informed consent related to video recording in psychotherapy (3). Because a patient is in a position of relatively less power, and they are being helped by the clinicians or the medical institution offering the psychedelic therapy, the patient may feel that they owe something to their caregivers. Early-stage psychedelic-assisted therapies in today's social and legal context are difficult to access and often constitute a relatively exclusive privilege, particularly given the deeply inequitable representation of patients along geographic, socio-economic and racial categories (24). Because a patient has been admitted into a highly selective or relatively inaccessible psychedelic-assisted therapy program, they could feel as though they owe it to their clinicians or institution to consent to sharing their medical data and video recordings for broad purposes, without fully considering the extent to which their records could be used. This coercive

pressure also extends to the practice of asking for interviews or video testimonials after the therapy, which are often used for fundraising purposes at non-profit psychedelic therapy centers, mental health institutes, and psychedelic science associations.

In an ideal world, people would have access to psychedelic substances through varied therapeutic modalities and healing frameworks that are best suited to them. But due to drug criminalization and mass incarceration, restrictive medicalization of psychedelics, and ongoing cultural genocide against Indigenous and non-Western healing practices, there are, in practice, no other legal alternatives to accessing psychedelics for people who may benefit from them as part of their holistic healing process. This is slowly beginning to change in certain jurisdictions; for example, in the US, the passing of Oregon ballot initiative 109 in 2020 opened the door to legitimate manufacture, delivery and administration of psilocybin in the state. However, while access to psychedelic healing remains limited and inequitable, we must still recognize reasonable patient concerns about video recording.

ETHICAL CONCERNS WITH MANDATORY VIDEO RECORDING: CLINICIAN PERSPECTIVES

Let us now address the importance of video recording from the clinician's perspective. Video recording may help protect practitioners in cases of unfounded allegations and may also help deter dangerous or harmful behaviours by patients. This is particularly important due to the fact that patients under the influence of psychedelic drugs may experience radical alternations to their memory of therapeutic situations, and their perception of actions and intentions. In exceptional situations, aggression, violence, or self-harm are possible. Because of these factors, video recording could reasonably be perceived to improve clinician safety in the therapeutic setting.

However, video recording is not essential for therapist safety: there are several features of psychedelic-assisted therapy that already heavily prioritize therapist safety and shape the dynamic of power between therapists and patients. For one, therapists are trained professionals, and unlike patients, they are not under the influence of psychedelic drugs in the therapeutic space. Thus, they should be expected to have knowledge and understanding about navigating dynamics of transference and reacting to situations as they arise in ways that are based on their training and past professional experience. Second, therapists may have immediate safeguards that can be exercised over patients in crisis situations, such as being able to leave the space, access panic buttons or other communication technology, have on-call security aid, and in the worst case, they may even be able to deploy isolation tools or physical restraints. Lastly, therapists maintain moral and institutional authority as credible professionals and healers, resulting in a significant power differential within the therapist-patient relationship. This does not mean that therapists are completely shielded from potential harm inflicted by patients; for example, false accusations of wrongdoing can quickly jeopardize their standing with professional boards. However, while it may be justified for therapists to desire the additional safeguard of video recordings, the prioritization of their safety is already well-established within particular features of the clinical setting and the power differential of the therapeutic relationship.

Furthermore, as in the case of patient safety, video recordings should only be one part of a robust institutional structure of safeguards and accountability – video recording technology can fail or be actively manipulated by abusers, and unrecorded therapeutic sessions occur every day in psychotherapeutic disciplines that require processes for addressing safety, accountability and oversight without video data. In all these scenarios, therapists should still feel safe, comfortable and confident to offer professional care, regardless of whether a session is video recorded. While it may be justified for therapists to opt out of sessions that do not involve video recording if they feel genuinely unsafe, they must also be rigorously attuned to centring patient values and comfort within psychedelic therapy spaces, including taking seriously the patient's feelings and views around video recording technology. Without an intense focus on creating a safe set and setting that is attuned to power imbalances and the patient's individual needs and background, therapists risk delivering ineffective therapy and amplifying harmful dynamics with vulnerable patients under the influence of psychedelic drugs.

IMPROVING INFORMED CONSENT PRACTICES AROUND VIDEO RECORDING

There is a clear ethical imperative for clinicians to recognize the legitimacy of patient concerns around video recording during the informed consent process. Patients deserve to have distinct informed consent processes for different possible uses of video recordings. In particular, it is important to distinguish between video recording for treatment purposes and educational or research purposes. The latter largely benefit therapists and institutions over patients and pose a fundamentally different ethical calculus (3). Separating these use cases allows for deeper dialogue and ethical analysis about specific benefits and trade-offs for patients, therapists and institutions. For example, clinicians and ethicists tasked with developing and discussing informed consent should consider:

1. What are the benefits of video recording? How would recordings be used to improve safety, ethical accountability, quality of care, etc.?
2. What are the risks of video recording? What could happen in case of data breach? How can the presence of cameras change or intensify drug effects, change therapeutic dynamics, or alter set and setting?
3. After the therapy session, who will have access to the video recordings? How and for how long will data be stored? What are the patient's rights related to privacy, confidentiality, data storage and data deletion?

4. In what scenarios will videos be reviewed, and by whom? (e.g., standardization and improving quality of care, cases of grievances for malpractice or sexual assault, etc.) What happens if video technology fails or data becomes incomplete or lost? If the videos are deemed problematic by the supervisor(s) or reviewer(s), what is the process for clinical, ethical, or legal escalation (where applicable and consented to)?
5. How will video recordings be incorporated within medical records and charts? Will clinicians outside of those involved in direct psychiatric or mental healthcare have access?
6. Does the patient additionally consent to use of the recordings for training and educational purposes? How will video recordings be used in training? Within what time frame? What kinds of identifying information from recordings will be available to trainees and teachers? What are the patient's rights around retroactive withdrawal of consent for training purposes?
7. Does the patient wish to be considered as part of future research involving data from their video recordings? What kind of data would be shared with other researchers? How will the patient be contacted regarding additional informed consent for each new study?
8. What alternatives are available? What accountability procedures are in place if a patient does not wish to have their sessions video recorded? What are the potential consequences of opting out?

Detailed and accessible information addressing these, and other ethically relevant topics, is critical for a robust consent process around video recording in psychedelic-assisted therapy. Throughout an ethical informed consent process, therapists must take into account the inherent power associated with their role and maintain a high degree of caution related to video recording. When implemented in a thoughtful and ethical way that respects patient comfort and autonomy, the informed consent process can actually increase a patient's willing investment in treatment (3).

However, while this process can help therapy participants better understand how and why video recordings are being used, a more rigorous informed consent process does not solve all ethical issues, particularly if there is no possibility of opting out and/or no viable alternatives. Patients who are uncomfortable with video recording, and clinicians who are uncomfortable without it, must have the real choice to opt out. Opting out should not change the ability of the patient to access a safe and effective psychedelic-assisted therapeutic intervention. Even when the patient does consent to video recording and/or the use of recorded data in research, it should not be assumed that they will consent in perpetuity, particularly without specific knowledge of how data sets could be shared between clinicians or researchers in the future. Nuance and specificity are essential for obtaining ethical informed consent pertaining to the use of video recordings for different purposes and in different contexts.

Institutions that take on the enormous responsibility of guiding psychedelic therapy should never coerce patients or clinicians into consenting to practices that do not make them feel safe or comfortable. Presently, patients without a legitimate option to decline video recording may unjustly lose access to psychedelic-assisted interventions that stand to improve their psychiatric symptoms, holistic mental health and quality of life.

CONCLUSION

The ethical stakes associated with recording in any psychotherapy context are already very high (3,7). The goal of this paper was to develop a more robust overview of the unique ethical issues that arise when psychedelics are involved within the therapeutic context. The widely accepted practice of video recording in psychedelic-assisted therapy is clearly worthy of deeper ethical inspection. I maintain that patient hesitancy around consenting to video recording in psychedelic spaces is justified, and must be taken seriously by clinicians, researchers and ethicists. I raised some essential considerations for informed consent pertaining to different uses of video recordings and emphasized that patients and clinicians should have the real option to opt-out. I also proposed that safety and accountability measures must go beyond video recording.

Further bioethical inquiry is warranted, drawing on both critical and empirical methodologies. There is a significant gap in the empirical literature investigating practical patient and clinician concerns and experiences with video recording in psychedelic spaces. There is also a significant gap in the theoretical literature interrogating the ways that the presence of video recording and other technologies affect psychedelic set and setting in subtle and profound ways, and the ways that technological practices in psychedelic-assisted therapy reflect particular bioethical, psychotherapeutic and psychiatric norms and power relations. It is important that the bioethics literature related to specific technological practices in psychedelic-assisted therapy develops swiftly alongside the rapid proliferation of research and clinical practice.

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