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PSYCHIATRY ACADEMY

Psychedelic-Assisted Therapy in Patients with Serious Illness

Evidence, Experience, and Emerging Priorities

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Disclosures



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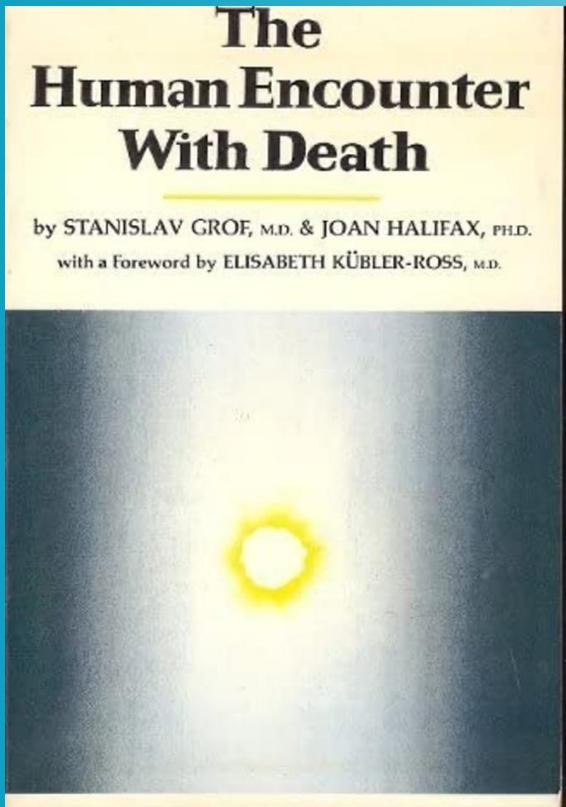
Neither I nor my spouse/partner has a relevant financial relationship
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Background



Psychedelics + serious illness were used clinically and studied extensively in the 20th century

“It’s hard to imagine a more useful way to combine medicine, psychology, and religion than psychedelic therapy.”



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Psycho-existential distress in patients with serious illness

62%

feel anxious, confused or
helpless

48%

have emotional or
psychological problems
caused by their condition

32%

reported left out, lacking in
companionship, or isolated
from others

*Health Care in America: The Experience of People with Serious Illness



A Century of Advancing Health Care for All

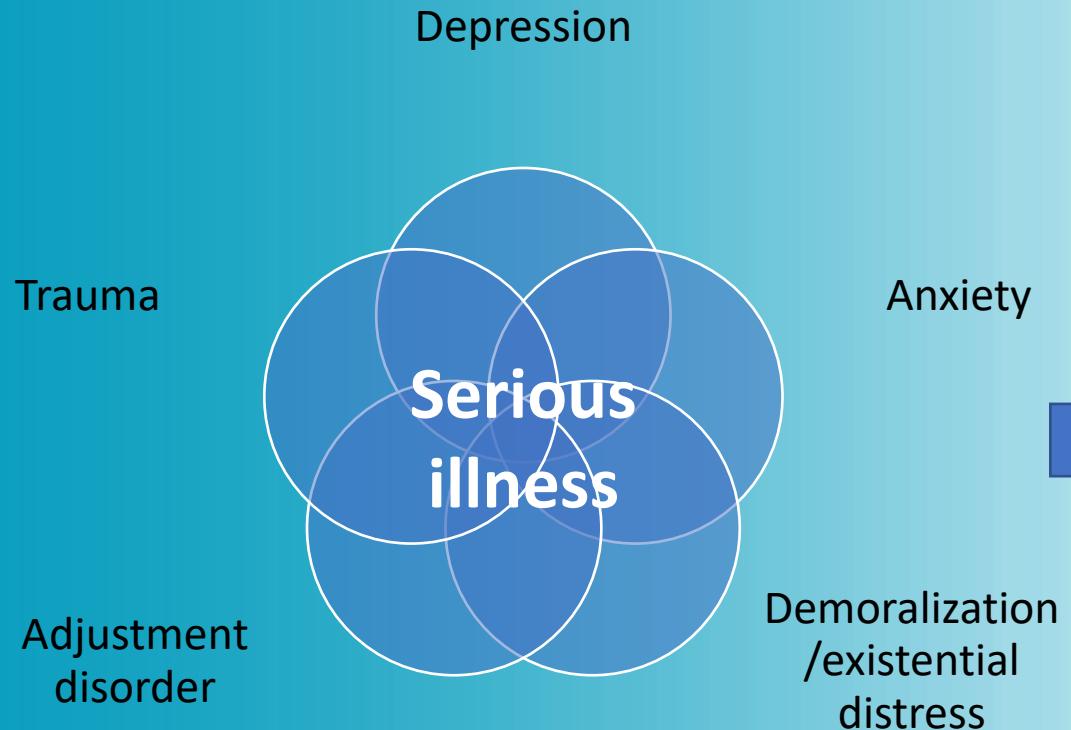
The New York Times





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**QUALITY OF LIFE
ADHERENCE TO TREATMENT
SURVIVAL
FAMILY BEREAVEMENT**

30-70% of patients

Relatives, healthcare professionals

Current interventions have limited efficacy on distress outcomes



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Interdisciplinary psychosocial and palliative care
SW, spiritual care, nursing, psychiatry

Psychotherapies

Supportive
Behavioral
Existential
Expressive

Pharmacotherapies

Antidepressants, anxiolytics
Antipsychotics & mood stabilizers

Integrative

Body work
Meditation
Creative therapies
Nutrition
Spiritual Care

← Psychedelic-assisted therapies →

All layered on a patient with serious, dynamic medical illness
(altered physiology, polypharmacy)

Why psychedelics in patients with serious illness?



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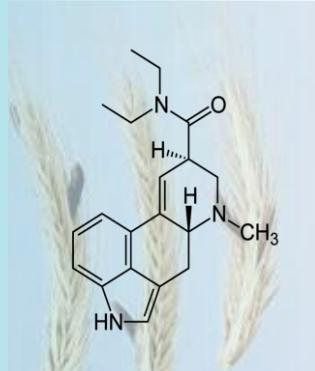
10 published trials from 2011-2025 (3 RCTs)

200+ patients, most with cancer

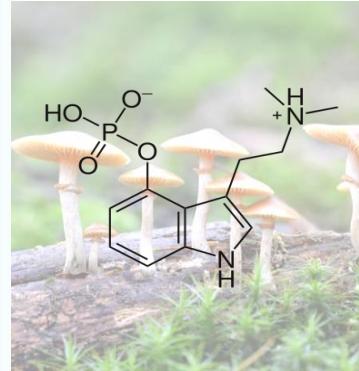
Consistent signals for reduced anxiety,
depression, existential distress

Core (preliminary) findings:

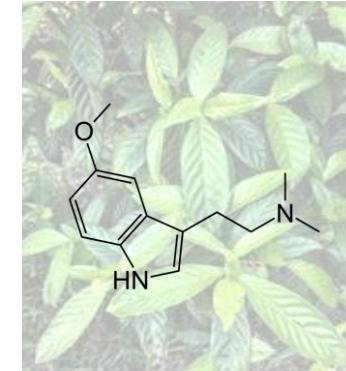
- Safe and feasible
- Rapid effect
- Long-lasting
- Group models promising
- Mediated by subjective experience



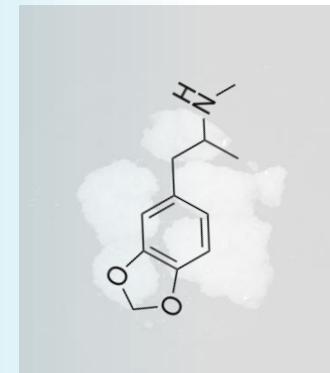
LSD-25



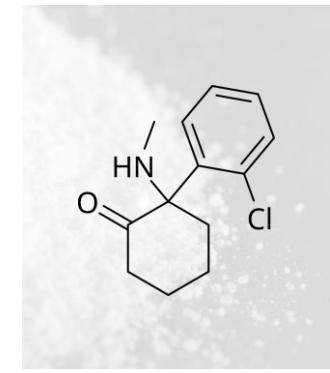
Psilocybin



DMT



MDMA



Ketamine

A trans-diagnostic intervention for total pain



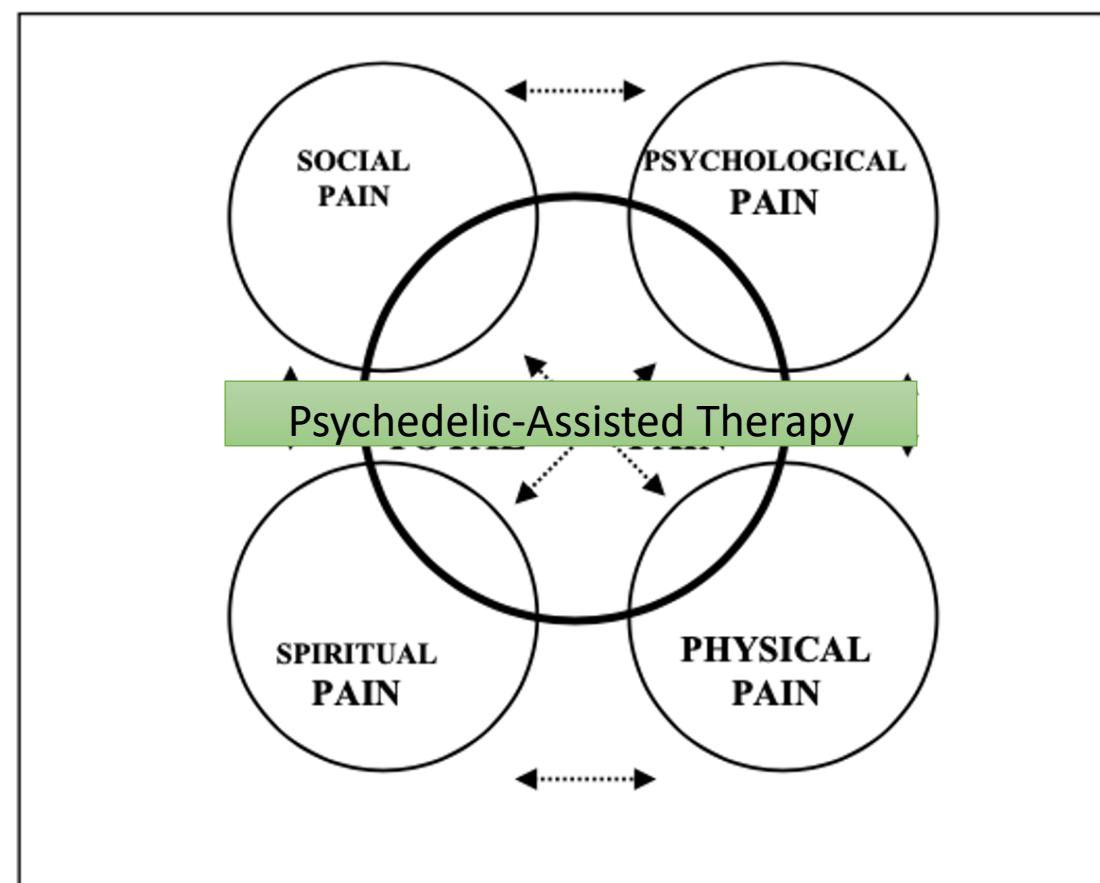
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Pharmacological and behavioral intervention
Focus on mind-body-spirit integration and whole-person care

- Connection, belonging, compassion
- Support, love, forgiveness

- Meaning, transcendence, peace
- Reconnection with self, nature, others



- Depression, anxiety, fear
- Rigidity → flexibility

- Pain modulation, neuroplasticity
- Embodied relaxation, interoception

Early psychedelic research in patients with serious medical illness



Early therapeutic signals on cancer pain → QOL / psycho-existential distress

Kast, E.C. and Collins, V.J. (1964). **Study of Lysergic Acid Diethylamide as an Analgesic Agent.** *Anesthesia & Analgesia*.

Kast, E.C. (1966). **LSD and the dying patient.** *Chicago Medical School Quarterly*.

Kast, E.C. (1967). **Attenuation of anticipation: A therapeutic use of lysergic acid diethylamide.** *Psychiatric Quarterly*.

Psychotherapeutic process / set & setting; mystical experience; death anxiety / psycho-existential distress

Pahnke W. et al. (1969). **LSD-assisted psychotherapy with terminal cancer patients.** *Psychedelic Drugs*.

Grof, S. et al. (1973). **LSD-assisted psychotherapy in patients with terminal cancer.** *Int. Pharmacopsychiat.*

Richards, W.A. et al. (1977). **The Peak experience variable in DPT-assisted psychotherapy with cancer patients.** *Journal of Psychedelic Drugs*.

Contemporary psychedelic research in patients with serious medical illness

Grob, C. et al. (2010) **Pilot study of psilocybin treatment for anxiety in patients with advanced-stage cancer.** *Archives of General Psychiatry*.



Gasser, P. et al. (2014). **Safety and efficacy of lysergic acid diethylamide-assisted psychotherapy for anxiety associated with life-threatening diseases.** *Journal of Nervous and Mental Disease*.

Griffiths R.R. et al. (2016) **Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: a randomized double-blind trial.** *Journal of Psychopharmacology*.

Ross, S. et al. (2016) **Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: a randomized controlled trial.** *Journal of Psychopharmacology*.

Anderson BT et al. (2020) **Psilocybin-assisted group therapy for demoralized older long-term AIDS survivor men: An open-label safety and feasibility pilot study.** *EClinical Medicine*

Wolfson PE et al. (2020) **MDMA-assisted psychotherapy for treatment of anxiety and other psychological distress related to life-threatening illnesses: a randomized pilot study.** *Sci Rep*

Agrawal et al. (2023) **Psilocybin-assisted Group Therapy in Patients with Cancer Diagnosed with a Major Depressive Disorder.** *Cancer*

Lewis et al. (2023) **HOPE: A Pilot Study of Psilocybin Enhanced Group Psychotherapy in Patients with Cancer.** *Journal of Pain and Symptom Management*

Ross et al. (2025) **Psilocybin-assisted psychotherapy for depression and anxiety associated with life threatening illness: A phase 2b randomized controlled trial.** *Gen Hosp Psychiatry*.

Beaussant et al. (2025) **Psilocybin-Assisted Therapy for Demoralization in Hospice Patients -Feasibility, Safety and Preliminary Efficacy.** *BMJ Supp & Pall Care*.

Research Landscape



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Conditions

Cancer pain
Adjustment disorder
Depression, anxiety
Existential distress
Clinician burnout

Therapeutic modalities & mechanisms

Psilocybin, MDMA, Ketamine
Individual/Group models
Significant others/dyads
Role of music and spirituality

Access

Diversity, equity and reciprocity
Training
Implementation in cancer care
Public education

4 ongoing multisite RCTs included 2 NIH-funded (>500 cancer patients)

A few highlights of current research



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1

ACCEPT study

2

PATH study

3

Psilocybin study
for Cancer pain

4

Next Steps /
Active Trials

5

Conclusion



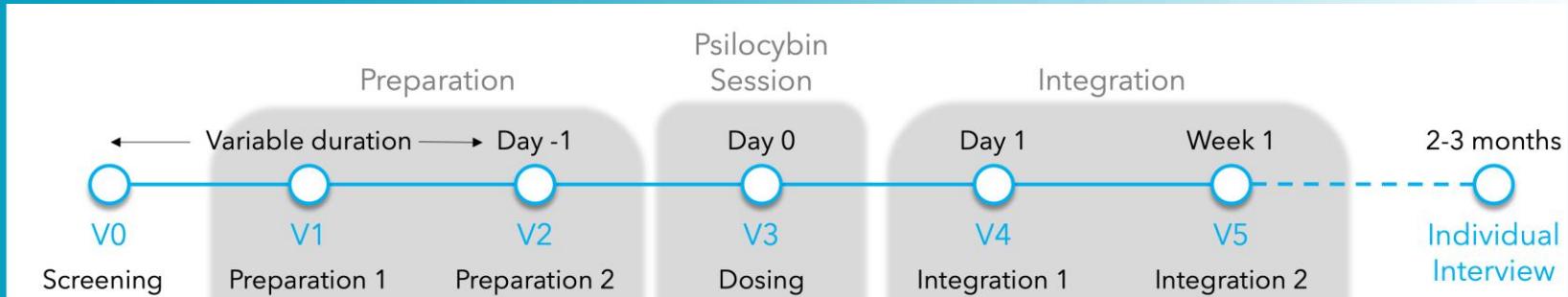
Group Psilocybin Therapy for Cancer and Depression



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Agrawal, Richards, Beaussant et al. Cancer 2023



- N=30; open-label, phase 2.
- Cancer + MDD patients
- Group preparation and integration + simultaneous individual psilocybin dosing (25 mg).
- 80 % response, 50 % remission by 8 weeks

How patients describe acceptability, therapeutic effect and the importance of set & setting



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- Enhanced **sense of safety, preparedness and belonging** through **group format**.

Beaussant et al. Cancer. 2024 Apr 1;130(7):1147-1157

- Emergence of **meaning, agency, aliveness** and **connectedness** as existential outcomes, while patients engage in new ways with existential challenges

Tarbi et al. Psychedelic Med. Accepted June 2025

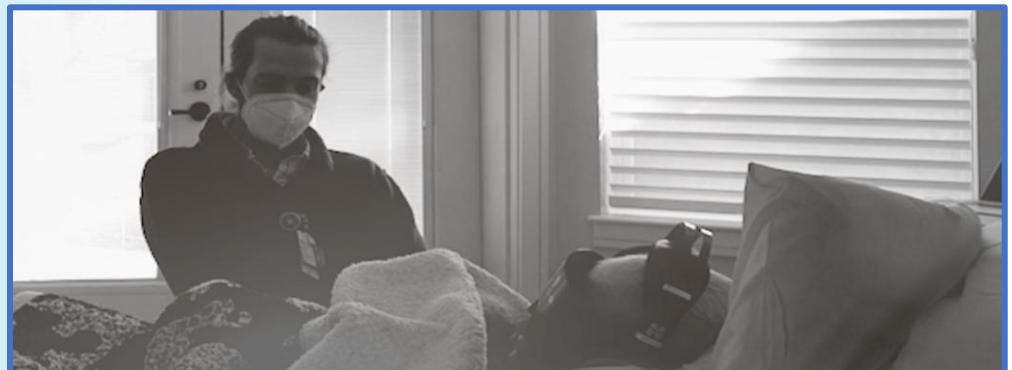
- Set & Setting** are critical to acceptability and therapeutic effect—**surrendering to intensity** and **being vulnerable** in a safe environment

Beaussant et al. Gen. Hosp. Psychiatry. Accepted October 2025



Psilocybin for existential distress in hospice

- **Feasibility** trial
- **Hospice** patients
 - Any terminal illness
 - Demoralization
- Intervention:
 - **Psilocybin 25 mg** at hospice house
 - **Home preparation and integration**
 - Interdisciplinary therapy team
 - Collaboration with hospice team at every step





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Feasibility & Safety



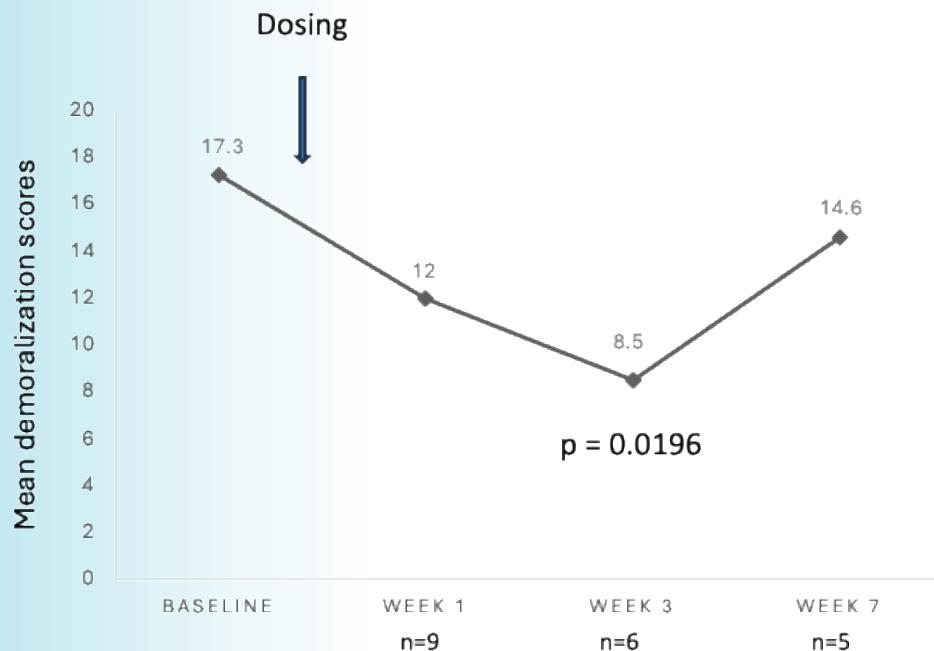
10 patients treated

Medical complexity

No psilocybin-related serious adverse event

Early efficacy

50.8% decrease in demoralization mean score at 3 weeks



“

There was this stream and everything in the universe was just dipping in and out, dipping in and out. It was like, you know what, it's okay...

I worked out a lot of grief and distress. I am definitely more at peace with things.

Sam 47



“

It made us close in tough moments. He's not one to openly share feelings on a regular basis.

This really made him more comfortable at expressing things that we never knew about him...We felt closer to him, and he felt closer to us.

Peter's son



“

Graham expressed how his experience during the session provided him with the knowledge that he is strong enough to face himself and his mortality, vulnerable enough to feel the sadness of his losses, and alive enough to experience the joy still available to him in nature, music, and his relationships.

Graham's hospice nurse



Can psilocybin help cope with and reduce cancer pain?



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- Open Label Mixed-Method Trial
- N=15, advanced cancer and opioid refractory pain
- Psilocybin 25 mg (3 preparation, 2 integration)
- Primary objective: feasibility
- Secondary objectives: pain (intensity, interference and catastrophizing), coping, psycho-existential distress



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“

Going into this, I didn't take any pain meds. I wanted to focus on the pain while it was present...
I felt the pain as a statue, and it was made of threads of light intertwined with each other. I started to pull away the threads. As I was doing that, I could actively feel the pain that going away...
That beam was all of my emotions, all of my feelings, it was a representation of me and I was removing the parts that I wanted to go away, and removing the pain.”



Research priorities

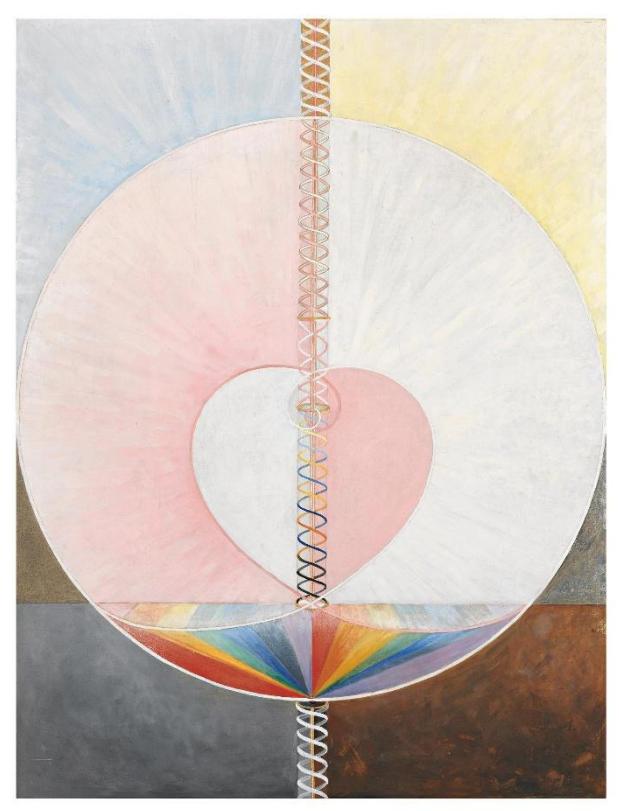
- Conducting **larger, multicenter RCTs** with robust blinding and active placebos to confirm efficacy and safety.
- Exploring optimal **dosing, timing, and integration** with existing psychosocial and palliative care frameworks.
- Investigating **mechanisms of action**, including neuroplasticity and psycho-spiritual processes.
- Addressing **regulatory, legal, and access barriers**, and developing **culturally responsive, equitable implementation strategies**.
- Assessing **long-term outcomes, quality of life, and cost-effectiveness**.
- **Educating both patients and providers to reduce stigma and misinformation**, as informational barriers remain significant.

Beyond Evidence: Reimagining How We Know



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“We might say that at this moment, as in the time of Galileo, what we most urgently need is much less new facts ... than a new way of looking at the facts and accepting them. A new way of seeing, combined with a new way of acting — that is what we need.” — Teilhard de Chardin

Psychedelic-assisted therapy invites us not only to discover what works, but to question how we come to know what healing means.

As the field grows, we must stay curious about our own assumptions — about science, medicine, and meaning itself.

New methods will yield new data, but deeper insight requires **new ways of seeing** — interdisciplinary, self-reflective, and human-centered.

Perhaps the most transformative question is not “What do psychedelics do?” — but “What might they teach us about healing, science, and ourselves?”



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Thank You!

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<https://psychedelics.dana-farber.org/>