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Commentary and Opinions

Psychedelics in medicine - a call for educational action

Psychédéliques en médecine - un appel à l'action éducative

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Consider a breakthrough drug promising to manage previously intractable pain. Pharmaceutical companies state there is limited research but reassure professionals about its safety and efficacy. In a few generations, there is ubiquitous medical prescribing of the drug. Unfortunately, it's also found to be highly addictive. This is the story of the opioid crisis.

Consider another emerging drug promising to manage treatment-resistant mental illness. Research is limited, but preliminary efficacy and safety studies are promising.[1] There is no company behind the drug, and it has long been used in traditional healing practices around the world. Though accessible to patients via a special access program, few physicians prescribe these medicines and it's mentioned minimally across medical school curricula. This is the story of psychedelic medicine. Canada has served as a pioneer in psychedelic medical research, with the term 'psychedelic' being coined in Saskatchewan in the 1950's.[2] However, the American War on Drugs and the government classification of psychedelics as Schedule I substances have resulted in stigma over the years,[3] contributing to a lack of conversation in medical education.

Credulous trust in drug company data, as we learned from opioids, can be dangerous. Equally risky would be to swing the pendulum the other way and disengage on other promising treatments. We question how physicians will competently discuss psychedelics with their patients without any prior education. Adopting a proactive rather than reactive approach to medical education will hopefully nurture a generation of physicians with open-minded and critical mindsets.

Psychedelic medicine is in the throes of a renaissance. "Psilocybin" and "magic mushroom" searches have nearly tripled on Google since mid-2019. Commercial interest is rising, unofficial brick-and-mortar shops are popping up across Canadian cities, and patient groups are advocating for increased access within a medical context.[4] Yet there is almost no discussion about them in our medical curriculum. As students, what are the risks of living in this psychedelic renaissance with a simultaneous lack of conversation in our training?

Though efficacy, safety, and advocacy within this field is still growing, the medical system is missing an opportunity to educate generations of health care professionals about the therapeutic risks/benefits of psychedelics. One lecture in medical school can influence the course of 200+ students, and the absence of addressing a topic sends equally as powerful a message. Many other emerging areas of study are also only briefly mentioned in our curriculum, and we acknowledge the idea of the overcrowded curriculum and the limitations that may arise from oversaturating pre-clerkship with novel content. So what makes psychedelic medicine worth special consideration?

We see two unique opposing forces in the sociopolitics of psychedelic medicine. For one, the stigma as a result of the 'war on drugs' is significant amongst the public and within the medical community. The shift required to view these medicines as promising treatments requires special attention. On the other hand, there has been rising public pressure over recent years to expand access to psychedelic therapy. These opposing forces result in contradicting sentiments in the public sphere.

Medical students are in unique positions where family members, friends, and even acquaintances may ask us questions about psychedelic medicine. Without a cohesive educational strategy in medical curricula, it could also represent a source of potential danger. Medical professionals, including students, have the power to legitimize knowledge in the public sphere. Learning from the opioid crisis, it's important that as scientists, we aren't construed on a therapy purely from the public narratives present. This is especially important now, where the medicolegal landscape is beginning to change and corporate/commercial interest from the pharmaceutical industry is rising.

We believe the key is proactive learning and discussion. Students and teachers may have varying levels of awareness and comfort around discussing psychedelics.[5] What information should we be providing? What language should we be using? We are not calling for an in-depth exploration of psychedelic medicine further contributing to curricula oversaturation; rather, we advocate for an introduction to the topic and discussions to alleviate the stigma that may be exacerbated by its absence. Medical education has the unique power of legitimizing knowledge and destigmatizing topics for future generations. What we learn sets a precedent for the hegemonic narrative of the times and influences how future clinicians practice and teach. We call for a balanced representation of psychedelic therapies in medical curricula, reflective of the international movements in interest, use, and research in this field. Times change; we must change with them. If we don't, our future patients may face the consequences.

Authorship: Daniel Shane and Matthew Cho are co-first authors for this submission.

Disclosure: This commentary is written from the unique lens of two third-year University of Toronto medical students reflecting upon our pre-clinical curriculum. It is important to acknowledge that we do not speak for every medical student.

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