

Episode: *Author Interview: “How Should We Expand Access to Psychedelics While Maintaining an Environment of Peace and Safety?”*

Guest: Zachary Verne

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Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Zach Verne, a fourth-year medical student at Columbia Vagelos College of Physicians and Surgeons in New York City who is currently working as a predoctoral research fellow. He’s here to discuss his article, coauthored with Dr Jeffrey Zabinski, “*How Should We Expand Access to Psychedelics While Maintaining an Environment of Peace and Safety?*,” in the November 2024 issue of the Journal, [Peace in Health Care](#). Zach, thank you so much for being here.

ZACH VERNE: Thank you so much for having me. [music fades]

[00:00:47] HOFF: So, what’s the main ethics point that you and Dr Zabinski are making in this article?

VERNE: The main point that we wanted to center the article on was access. So there’s this tension between safety and access in terms of psychedelics, in terms of basically any pharmaceutical. The main way that we discuss it with regards to psychedelics is in terms of making sure that there are enough safeguards for patients with regards to adverse events, with regards to ensuring that there’s enough medical providers in the space in which the psychedelics are being provided, while also ensuring that this doesn’t incur massive costs in the instances of patients who might not need those safeguards. So, essentially, trying to develop a system by which we adequately triage patients who may derive benefit from psychedelics, whether that’s for psychiatric illness or for peace and wellness, in a means that does not increase the cost so substantially that access is compromised completely.

[00:01:52] HOFF: And so, what’s the most important thing for your fellow health professions students and trainees to take from this article?

VERNE: I think the most important thing is to always consider the environment in which the medication that you’re interested in is being given, and whether or not there is an adequate interplay between safety and access. So, in the instance of psychedelics and in the instance of ketamine, there are these negative physical effects of the drug that necessitate having safeguards nearby. But there’s a subset of people for whom the

medication is always necessary to have safeguards, and for those people, it's very, very important for there to be a highly regulated environment in which the medication is given. Lots of medications to mitigate these side effects. In the instance of ketamine, this is largely variances in patients' blood pressure, but also increases in anxiety acutely. Whereas a lot of patients might not necessarily need these safeguards every time they receive the medication, which, as you can imagine, can then decrease the cost for the patient because the environment doesn't need to be as intense of a medical environment, some might say, doesn't need as many providers to be watching over patients while they receive the medication.

And also, the ease of access, just in terms of not needing to necessarily go into these specific highly organized, very much more expensive clinics. And that is the environment in which me and Dr Zabinski largely work, is a medical environment as opposed to a home environment or smaller clinics. And our environment explicitly has all of these safeguards that may or may not be necessary for every patient. And if we can identify which patients need these safeguards, then we can potentially increase access substantially and decrease costs in a subset of patients.

[00:03:51] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

VERNE: I think one thing that I wish that we had a greater amount of time to explore was the interplay between the downsides of a lot of psychedelic medications and the potential positive impact. So, an example that I like to talk about, because it's been getting a lot of attention and is very pertinent to the evolving regulatory environment with psychedelics, is the case of MDMA for PTSD. And there was this really great discussion and which maybe fortunately, maybe unfortunately resulted in the FDA not approving MDMA for PTSD. And why I think that discussion was particularly important is because there were these safety concerns for the patients, there was concerns about the efficacy of the data, and that is very valid reasons for it not to be approved. But on the other side, you have this incredibly debilitating illness, PTSD, which has a huge amount of morbidity and is in very much dire need of novel therapeutics. And I wish that in the paper, we'd had greater time to explore how there is very valid concerns about psychedelic treatments that are as opposed to how it is often talked about as a cure-all, or as something that is receiving a lot of media hype and a lot of scientific hype.

[00:05:25] At the same time, there is also immense potential for positive impact for patients who otherwise have no other options. And I think that that is very, it's a very difficult space to navigate because on the one hand you have wanting to maintain patient safety, and on the other hand you have an immense need for new medications. And then in the peace and wellness sphere, you have a lot of people who could benefit from these medications who don't have psychiatric illness, who as of right now, it's virtually completely inaccessible in a regulated way. And I think that that is also doing a disservice to a lot of people who could derive benefit. And so, it's a difficult space to navigate, I guess I would say, and I wish we had more time to explore that space of the interplay between safety and access as it pertains to whether or not these medications will become approved. [theme music returns]

[00:06:22] HOFF: Zach, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

VERNE: Sure. Thank you so much. I appreciate it.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.