

The Royal College of Psychiatrists is keen to attract high-calibre doctors to the specialty of psychiatry and to foster good attitudes towards psychiatry and the College as a whole. The Psychiatric Trainees Committee and the Board of International Affairs therefore offer bursaries for medical students looking for financial support with their electives in psychiatry or to undertake research in the UK or overseas. Three recipients of these bursaries have contributed correspondence on their experiences.

## Psychedelics and psychiatry

**Sir:** In 2008 I received a bursary from the Royal College of Psychiatrists to contribute towards expenses incurred during my medical elective in the USA, 'Psychedelics and psychiatry'. This letter gives an overview of my experience to date and plans for the remainder of my project.

Psychedelic drugs, medicine and popular culture have a turbulent past. Intense research into hallucinogenic substances followed Albert Hofmann's legendary ingestion of LSD-25 in 1943 (Hofmann, 1980). The potential of psychedelics as psychiatric drugs led to several undergoing diverse trials, ranging from adjuncts to psychotherapy to the treatment of addictions (Abramson, 1967; Passie, 1997). Over 2000 papers documenting the safe use of psychedelics in more than 40 000 patients had been published by the mid-1960s (Sessa, 2005). Although the scientific rigour of some work is questionable by today's standards (Grob, 1994), enough potential was shown to warrant follow-up. This never happened; LSD was adopted by the counter-culture and subsequently blamed for the social unrest of the time (Grob, 1994; Dyck, 2005). By the early 1970s, increasingly strict legislation and lack of government support halted research into psychedelic substances.

Psychedelic medicine is now experiencing a renaissance, however, with several active groups worldwide (Sessa, 2005). I chose to join Dr John Halpern's Laboratory for Integrative Psychiatry, Addictions Division, at McLean Hospital, Harvard, as a research assistant for 2 months. Dr Halpern has over 10 years' experience in the field, McLean is world renowned for psychiatric research, and Harvard has historical links with past psychedelic studies.

The first part of my elective has focused on non-clinical work. I have been actively involved in the construction of a new trial, learning about study design, proposals, applications, protocols, informed consent, legal requirements, institutional review board (IRB) approval and funding issues. The trial is a randomised, placebo-controlled study of psilocybin for the treatment of episodic cluster headache. Psilocybin is the hallucinogenic active ingredient of 'magic mushrooms'. It is an indole of the tryptamine family of compounds.

I will have the chance to discuss the prospect of psychedelic therapy with potential patients, and meet leading European psychedelic researchers as part of this project. This new trial is currently under IRB consideration and their feedback will provide a valuable learning opportunity.

The second part of my elective focuses more on clinical experience. Recruitment is ongoing for another trial, in which patients with refractory anxiety related to a diagnosis of cancer undergo a number of psychotherapy sessions while

under the influence of MDMA (or active placebo). MDMA (3,4-methylenedioxymethamphetamine) is a member of the amphetamine class of drugs, and is more commonly known by its street name 'ecstasy'. I will be able to observe psychotherapy under these unique circumstances and learn some of the practicalities of running experimental sessions.

My last task will be designing an online survey for MDMA users with autism-spectrum disorder to help gather data for a series of case reports as groundwork to support future clinical trials.

Finally, I have just learned that work on an unexpected offshoot of my elective project has led to my first academic publication (Halpern *et al*, 2008).

My brief experience of psychedelic research has exposed me to a diverse array of subjects beyond the core medical curriculum, as it touches upon medical, ethical, philosophical, spiritual, social and legal issues. Over 60 years since 'Bicycle Day' (Hofmann, 1980), these fascinating substances still prove controversial. Technology has now made it possible to visualise the brain in action; psychiatric research is on the brink of a revolution. Nevertheless, with a history of shamanistic use dating back millennia (Schultes *et al*, 2001), perhaps current psychedelic research is rediscovering what could arguably be described as the oldest branch of medicine.

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## The doctor–patient relationship in Australia's Northern Territory

**Sir:** In the summer of 2007 I spent 6 weeks in the northern Australian city of Darwin. During this period I had the privilege to work in the Royal Darwin Hospital alongside the renal medicine team. While undertaking this placement, I was exposed to the fascinating lives, and plights, of the Aborigine people who heavily populate this region.

During my stay I became intrigued by the differences that I observed in the doctor–patient relationship between Western Australians and this sub-population, in particular, the nuances that were adopted by the medical professionals in their struggle to accommodate Aborigine traditions, beliefs and culture while they were attempting to employ mainstream (biomedical) Western medical concepts. My work focused on observed differences in both verbal and non-verbal methods