RESPONSE TO PAHNKE LECTURE BY A PHYSICIAN

Dr. Pahnke's field of interest, just described, is of very great importance. I can say this even though he and I might have some differences as to methodology. Questions must be asked in terms in which they can be answered. Thus Dr. Pahnke has sketched for us a new and promising approach to problems in an old field, and I am with him all the way in this interest.

We live on a continuum; it stretches from birth to death. When our life is at its apogee—to speak in current terms—we contemplate the death of others; but when our life is nearest earth, at its perigee, we think of our own death. Even though it may be illogical, we are entitled, I think, to increasing concern for death as we progress along life's continuum: we hope our last days will not be filled with pain as once was often the case. Nowadays surgery or drugs can almost always free us from physical pain. But what about mental "pain," anguish, fear? These can sear the soul. It is to this concomitant of drying that Dr. Pahnke has addressed himself and well may he do so.

He has presented us not with facts, but with some grounds for hope. His work has been done without controls. And I am sorry about that. As one who has spent a quarter of a century working with subjective responses, with symptoms, the inescapable importance of controls is evident. As Lord Kelvin said, until you can put meaningful numbers in front of significant items you haven't approached Science whatever the matter may be. Dr. Pahnke is trying to apply Science to the period of dying.

We now know how powerful the placebo, the sugar pill, can be: in a third of the cases it can relieve the severe pain of a surgical wound; in more than a third it can relieve the pain of angina pectoris; in more than half the cases it can completely relieve severe seasickness wtihin 30 minutes.[1] So, when a dying patient is taken outside, into a morning, "lovely—cool and with a freshness in the air"—but let him tell it.[2]

Dr. Pahnke tells his subjects to expect all this.

In this milieu one would like to know, one must know, whether LSD or suggestion was operating. And this brings us up against some ethical problems. How can we soundly study the effects of LSD? To understand it thoroughly we would need to know how it affects not only the sick, but what it does to the well. We are confronted by this great problem: we now know that the sweeping, early statements as to the harmlessness of LSD are simply not true. I cannot agree with Dr. Pahnke's statement, "The danger of LSD depends on how it is used." There is an abundance of evidence that LSD can produce, has produced, lasting, serious damage in young people.[3] I am also obliged to disagree with Dr. Pahnke that "the safety record of LSD when given by trained personnel under medically controlled conditions is comparable to that of other commonly used psychiatric procedures." What is the evidence for this? There is much evidence against it. The Noetic Quality, Dr. Pahnke says, "has a tremendous force of certainty and reality. This knowledeg is not an increase in facts but is a gain in psychological or philosophical insight." What and where is the evidence for this?

I am obliged to follow Pius XII.[4] His Holiness made it evident that he was concerned not with the limits of medical possibilties of either theoretical or practical kind, but rather he was concerned with the limits of moral rights and duties. Nevertheless he made it abundantly clear that he was sympathetic toward the "bold spirit of research (which) incites one to follow newly discovered roads, to extend them, to create new ones—," as Dr. Pahnke has done.

I think one has no right to take a group of young people and administer LSD to them for experimental purposes unless—and this is a very large "unless"—one knows that they understand fully the hazards and truly consent to participation in a proper study under correct circumstances. Some experimentation is not licit; Science is not the highest value. It must be placed in a hierarchy of values.

On the other hand, I see no objection to carrying on studies of the dying if they truly understand and consent. But in my view the study of man not properly designed is unethical. I have no feeling of unease with Dr. Pahnke's preliminary studies of his 16 subjects. It looks as though he has found something of value in the work he has described. It is absolutely mandatory now to proceed with a rigorously designed study and this must include the use of informed and consenting subjects, double-blind study where neither the subject nor the observer knows what was used, LSD or a placebo, and sufficient number of subjects so that mathematical validation of difference is possible. So much for the methodological problems. Another problem must be faced in Dr. Pahnke's work: the difficulties possibly arising in violations of privacy.[5]

I arrived at the LSD building with the therapist. Members of the department were around to wish me well. It was a good and warm feeling.

In the treatment room was a beautiful happiness rosebud, deep red and dewy. . . . A bowl of fruit, moist, succulent, also reposed on the table. I was immediately

given the first dose (of LSD) and sat looking at pictures from my family album. Gradually my movements became fuzzy and I felt awkward. I was made to recline with earphones and eyeshades. At some point the second LSD was given to me. . . .

. . . I fused with the music and was transported on it. So completely was I one with the sound that when the particular melody or record stopped, however momentarily, I was alive to the pause, eagerly awaiting the next lap in the journey. A delightful game was being played. What was coming next? Would it be powerful, tender, dancing, or somber?

In Judge Cooley's memorable phrase [6] there is "The right to be let alone" and, one can add, there is also the right to die. I am sure Dr. Pahnke would agree with me on this. It is evident that study of the dying could threaten privacy. We must be certain that our regard for privacy has a sound basis.

The individual's right to be let alone conflcts with the advancement of society based upon scientific research, where the purposes of behavioral studies are concerned with the assessment and measurement of many qualities of man's mind, feelings, and actions. When studies are made without the consent or understanding of the subject, they constitute an invasion of privacy that can be serious; but at the same time it must be recognized that overdiscussion of the work planned can distort the results; thus the honest investigator has a dilemma not easily resolved. In the end, most scientists in the field accept something short of the ideal; a situation where a state of mutual trust exists between scientist and subject; where the latter's dignity and anonymity are preserved.

The extent of the invasion of privacy can hardly be surprising to those who are familiar with behavioral research, for all of the social sciences, political science, economics, anthropology, sociology, and psychology, are concerned with the behavior of individuals, of groups, of communities. In 1966, some 35,000 behavioral scientists were engaged in such research in the United States, and 2100 new Ph.D.'s pour forth each year; 40,000 students are presently seeking advanced degrees in the behavioral sciences. In 1966, the Federal Government contributed 300 million dollars to behavioral research.

A number of factors have coalesced to produce emphasis on the rights of the individual in our society. There is of course the common law and the Bill of Rights, the assurance that an individual will be safe in his person. But these things have been on the books for a long time. Portentous as they were and are, they alone are not responsible for the recent surge forward of social consciousness. Some causative factors are evident: there is the continuing reaction to the Nazi outrages of recent memory, the present struggle for equal civil rights for all men, the publicity given to unethical medical experimentation, to mention a few. While the last is, in comparison with the others, of small extent, it has nevertheless received wide publicity, and the extent of this sudden publicity is perhaps a barometer of the temper of the public. No doubt there are other less clear causes at work. One can see some evidence for them in the rise of the labor movement, in the anti-trust laws, in the dispersal of money through taxation coupled with anti-poverty legislation. The last three are attacks on "accumulations of power" for the sake of the individual.

Complex as the individual's right is to a private personality, this is nowhere nearly as secure in law as the right to private porperty, as Ruebhausen and Brim [7] point out.

While the individual strives always to protect his privacy, the collection of individuals called society tends always to invade the individual's privacy. Serious or not, the test of importance is this: is the threat or the invasion unreasonable or intolerable? (*loc cit.*) In Dr. Pahnke's study, clearly, it is not.

When diagnosis or therapy for the benefit of the given individual is at stake, such invasion of his privacy or his body can be proper, for the individual has, in the act of coming to the physician for relief, already given consent to reasonable efforts to relieve him. But when such invasion takes place without the knowledge or consent of the individual involved, and not for his benefit, it evokes, when exposed, a powerful and hostile public reaction, however well motivated the perpetrators considered themselves to be. Physical transgressions are easy enough to find and to identify. The subtle invasions of the private personality are more difficult to single out. The public reaction against such acts has been and is likely to be violent, and this violence inevitably leads to harsh and arbitrary restrictions.

The scientist recognizes the need for straightening out his own house and he has attempted to do so through the establishment of guiding codes. In most cases these are quite unrealistic and quite unsatisfactory. Their problems and shortcomings are great. The thoughtful scientist knows that unless he is more successful in the future than he has been in the past in his police efforts, he faces seriously restrictive and coercive legislation. Indeed, this situation is already at hand in some of the rulings of various governmental agencies. It would be most unfortunate if the social scientist became identified in the public mind with violations of privacy, with snooping.

"The respect for privacy rests on the appreciation of human dignity, with its high evaluation of individual self-determination . . ." [8] "The value of privacy is derived from our belief in the sacredness of individuality." [9] It is unthinkable to accept progress in ethics or in medicine founded on deceit, on a subject defrauded of his privacy or his physical safety. Such runs counter to all that medicine stands for.

In work like that reported here there are pitfalls in the path of the unwary. I have tried to direct attention to two of the major areas: 1) Conclusions can be based only on sound methodology. 2) The individual's privacy must be safeguarded even in his last hours.

Dr. Pahnke has opened up a fascinating field. We are all in his debt.

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[1] H. K. BEECHER, The Powerful Placebo, *J. Amer. Med. Ass.* 159 (December, 1955), 1602-06.

[2] A. A. KURLAND, S. UNGER, C. SAVAGE, W. N. PAHNKE, Phychedelic Therapy (Utilizing LSD) with Terminal Cancer Patients (in press).

[3] D. L. FARNSWORTH, Hallucinogenic Agents, *J. Amer. Med. Ass.* 185 (September, 1963), 878-80; Dependence on LSD and Other Hallucinogenic Drugs, *J. Amer. Med. Ass.* 202 (October, 1967), 47-50; The Drug Problem among Young People, *The West Virginia Med. Journal* 63 (12) (December, 1967), 433-37.

[4] PIUS XII, The Moral Limits of Medical Research and Treatment. Address to the First International Congress on the Histopathology of the Nervous System, September 14, 1952, translated from the original French by the N.C.W.C. News Service, and distributed as "Editorial Information" on September 26, 1952; published in *Acta Apostolicae Sedis* 44 (1952), 779.

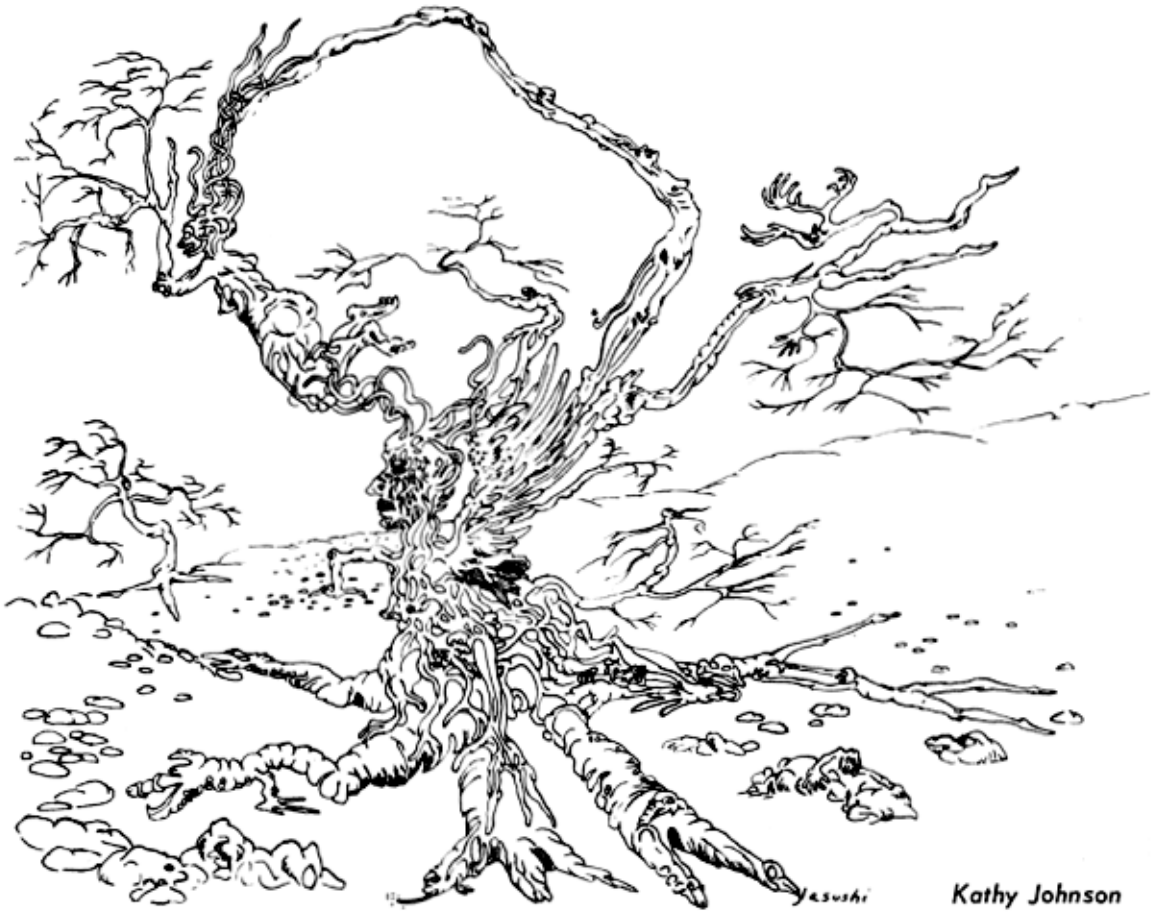
[5] H. K. BEECHER, The Right To Be Let Alone; the Right To Die. Problems Created by the Hopelessly Unconscious Patient. The Fifth Bernard Eliasberg Memorial Lecture, delivered at the Mount Sinai Hospital, New York, December 6, 1967.

[6] T. M. COOLEY, A Treatise on the Law of Torts. (Chicago: Callaghan and Company, [2nd edition] 1888), 29.

[7] O. M. RUEBHAUSEN and O. G. BRIM, JR., Privacy and Behavioral Research, *Columbia Law Rev.* 65 (1965). 1184-1211.

[8] E. A. SHILS, Social Inquiry and the Autonomy of the Individual, *Human Meaning of the Social Sciences*, D. LERNER, ed. (New York: Meridian Books, Inc., 1959), 120.

[9] *Ibid.*, 118.



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