Ethical Guidelines for Ketamine Clinicians

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Republication of The KRIYA Institute's *Ethical Guidelines for Ketamine Clinicians* for reference:

- The ethical ketamine clinician recognizes that therapeutic ketamine is a mental health treatment. In this document, "therapeutic ketamine" refers to ketamine that is administered to a patient primarily for a psychiatric indication, psycho-spiritual exploration, and or psychological work. Therapeutic ketamine does not include ketamine that is administered primarily for anesthesia or pain management, which are considered separate fields (specialties) from therapeutic ketamine.
- The ethical ketamine clinician recognizes that ketamine is a powerful psychoactive medicine with prominent dissociative and psychedelic properties. The ethical ketamine clinician recognizes that therapeutic ketamine patients require specialized psychological care before, during, and after receiving ketamine.
- There are three roles in every therapeutic ketamine treatment: (1) a mental health professional; (2) a medical professional; and (3) the patient. In some cases, one person may be able to fulfill both professional roles, such as a psychiatrist who has substantial psychotherapy training.
    - The responsibilities of the mental health professional include: doing the clinical intake interview and assessment; doing integrative treatment planning; providing psychological preparation before the ketamine administration; providing psychological support during the ketamine administration; and providing psychological support following the ketamine administration (a/k/a "integration"); and managing any psychological or psychiatric emergencies during the course of ketamine treatment.
    - The responsibilities of the medical professional include: assessing the patient's physical condition before ketamine treatment; attending to the physical and medical safety of the patient during ketamine treatment; and assessing and treating any adverse reactions during the course of ketamine treatment.
    - The responsibilities of the patient include: communicating clearly and honestly with the clinical team; and actively participating in the integrative treatment plan as much as possible.
- The ethical ketamine clinician recognizes that there are different approaches to ketamine treatment, and that each approach has advantages and drawbacks. The ethical ketamine clinician is skillful with the specific treatment(s) that they offer. In addition, the ethical ketamine clinician is familiar with all of the major routes of administration, different dosing strategies, and different conceptual paradigms for therapeutic ketamine treatment.
- The ethical ketamine clinician understands and appreciates the importance of integrative psychiatric and psychological care for therapeutic ketamine patients (i.e., using multiple strategies to get better and stay well). The ethical ketamine clinician takes the time to explain this to each patient and helps patients to connect to these resources in their community.
- The ethical ketamine clinician practices within the scope of their professional license, and they recognize their limitations with respect to their professional training and experience. They actively seek consultation as needed, and they make referrals to other professionals as needed.
- The ethical ketamine clinician upholds all of the responsibilities of their professional license with respect to all aspects of their clinical practice, including informed consent, record-keeping, professional boundaries, confidentiality, and general professional conduct.

- The ethical ketamine clinician aspires to be compassionate, thoughtful, honest, and forthright in all of their personal and professional communications.
- The ethical ketamine clinician actively tries to make therapeutic ketamine accessible to members of the community who do not have the financial resources to pay for the treatment that they need.
- The ethical ketamine clinician is honest and transparent in marketing their services. They rigorously adhere to the FDA guidelines about advertising, and their clinical and advertising claims are supported by the research literature.
- The ethical ketamine clinician has received special training and or mentorship in working with therapeutic ketamine. A comprehensive training includes substantial education in the following domains: medical, psychological, and psychedelic. Additionally, the ethical ketamine clinician regularly reads the newly published literature and participates in continuing education to stay abreast of the latest developments in this rapidly growing field.

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Commentary

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The use of ketamine for psychiatric and mental health indications has grown exponentially in recent years [1]. A growing number of studies have established a consensus regarding clear benefit in the treatment of unipolar and bipolar depression [2], which was further validated by the recent FDA approval of esketamine**,** a stereoisomer and component of racemic ketamine, for treatment of treatment-resistant depression [3]. These clinical data are being translated into practice by a variety of professionals, some with a high degree of rigor and others without. It is in this current zeitgeist where we reside: certain academics are clearly skeptical of this practice as it plays out in broader clinical practice [4] and for good reason. The majority of ketamine providers draw from limited, if any, formal psychiatric or psychological training or experience, provide in-office ketamine without psychiatric treatment planning or psychotherapy [5]. A not insignificant minority of clinics offer "package deals" on ketamine, grossly misrepresent the treatment by suggesting it is a "cure" for depression or make unsubstantiated and exaggerated claims about efficacy [6, 7]. Such abuses are unfortunately prevalent and undermine the real but measured benefits possible with ketamine.

It is particularly timely then that Bennett, who is the founder of one of the first organizations seeking to clarify the many unknowns in the use of ketamine [8], has sought to articulate not so much a manual on how to effectively utilize ketamine in clinical work, but rather a set of guidelines and expectations for competent provision of such care [9]. Notably, this document is by the author's definition constrained to the use of ketamine for mental health indications ("therapeutic ketamine" as it is termed), apart from those well-established uses in anesthesia or emergency department practice, or those lesser studied but hopeful such as high dose use in the treatment of refractory pain disorders [10]. Indeed, while anesthesiologists are arguably the most qualified in the provision and monitoring of high dose ketamine for and monitoring of high dose ketamine for pain management and sedation, the nuances of subanesthetic

ketamine for mental health conditions are driven by psychiatric pathology rather than supporting adequate ventilation and perfusion of vital organs. The safety profile of such subanesthetic ketamine in terms of somatic concerns is largely benign [11]. The greater concern in such patient populations is mental health sequelae and suicide, as evidenced by the "black box warning" for esketamine [12]. The importance of longitudinal experience in working with such individuals, and of suicide risk assessment in particular, cannot be understated. While studies have demonstrated ketamine to have anti-suicidal benefit [13], cases with such tragic outcomes unfortunately still do exist and are actually increasing in frequency [14] arguably in part as a consequence of subpar provider qualification.

This concern over practitioner training and scope of practice is well founded; it is simply not possible to provide a *truly* informed consent, including risks, benefits, and alternatives, if the provider does not have psychiatric training [15]; it is unrealistic for anesthesiologists, for example, to meaningfully comment upon the use of monoamine oxidase inhibitors, tricyclic antidepressants, electroconvulsive therapy (ECT), or various psychotherapy modalities, because it is outside of the scope of their training. Indeed, for this very reason ECT is typically performed either jointly by a psychiatrist and anesthesiologist, or occasionally solely by a psychiatrist. A multiple year post graduate medical specialization, psychiatry residency, is arguably the best physician qualification for work with this challenging patient population, where concepts such as the biopsychosocial model [16] are introduced to providers to help them appreciate a more nuanced view of a given individual's struggles. The reality, however, is residency programs are only beginning to teach trainees about such "therapeutic ketamine," while related emerging treatments with psychedelic effects, such as MDMA and psilocybin assisted psychotherapies, appear to be covered in only a cursory manner. This is not unexpected, however, given recent renewed interest amongst academics in exploring therapeutic benefit and—in time—medicalizing psychedelics [17].

The psychedelic effects of ketamine, sometimes dismissed as a side effect, or simply "dissociation," warrant a closer look [18, 19]. These effects do not simply provoke distortions in the auditory or visual or proprioceptive senses, but also may occasion mystical experiences [20], a sense of awe [21], and changes in the way intrapsychic conflicts—and possible solutions to them—are perceived [22]. Ego defenses are altered, and with the expertise of a skilled psychotherapist, the experience may yield insights and improvement in maladaptive patterns of behavior [23]. The guidelines are arguably most important in this regard: in pointing out the need and advocating for not simply a prescriber, but also a clinician well versed in psychotherapy and the nuanced process of maintaining a therapeutic frame for preparation, support, and, ultimately, growth [24]. Without attention to these components—as is done in other psychedelic assisted psychotherapies currently in clinical trials —the beneficial effects of ketamine are not fully realized, and overall efficacy probably suffers [25].

Is psychotherapy training "enough" for work with this and other psychedelics? Some form of additional specialized training is helpful if not required, but how to best provide it to budding clinicians? The Multi-disciplinary Association for Psychedelic Studies (MAPS), the study sponsor for the clinical trials seeking FDA approval for MDMA-assisted psychotherapy [26], for example, has established a rigorous clinician training program as a requirement to provide that treatment. Ketamine on the other hand has long been generic, now being used off-label, and is without any formal FDA requirement for psychotherapy. In absence of such a sponsor,

training programs of various duration, depth, and quality have emerged, which attempt to address such topics as set and setting, the therapeutic container, effects unique to ketamine, and generally attempt to familiarize clinicians with the process of working with psychedelics. These efforts are laudable, and while not a substitute for formal psychotherapy training, as the guidelines suggest, another important nuance to consider in the provision of therapeutic keta-mine.

More practically, these guidelines make an initial attempt to address the thorny issue of decreased patient access stemming from high cost. The vast majority of providers offering ketamine do not contract with insurance companies, and thus are "out-of-network" providers, which typically translates into high out-of-pocket costs and low—if any—insurance reimbursement for patients; in this sense ketamine is one of the latest treatment that highlight long standing problems with mental health parity [27]. The lack of formal FDA approval for ketamine in the treatment of any mental health condition hinders such health insurance coverage, but there is cause for hope: results from a recent clinical trial suggest ketamine is non-inferior to esketamine in the treatment of depression [28] and provides such benefit at a cost several orders of magnitude less ($1-2 per dose of ketamine in contrast to $600-900 per dose of esketamine) [29]. Perhaps with time and further study, insurers will decide to instead cover the much less expensive generic parent compound, a policy that several large health care organizations including the Veterans Affairs [30] and Northern California Kaiser Permanente have tried [31].

Ultimately, these guidelines reiterate how important rigor is in this new era of "therapeutic ketamine." As more data emerges, clinical use—and expectations of providers—will evolve. For the time being, however, these guidelines are useful starting point in shaping community use, holding it to the highest standard, and ensuring best outcomes—both in individual patients, and in the burgeoning field of psychedelic psychiatry.

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