Letter To The Editor

The American Society of Ketamine Physicians, Psychotherapists & Practitioners (ASKP [3]) writes to acknowledge the publication of the *ethic*al *guidelines* proposed by Raquel Bennett, PsyD, and Wesley Ryan, MD in *Ethical Guidelines for Ketamine Clinicians*. Dr. Ryan is a private practitioner in California. His commentary sets forth his beliefs and opinions regarding the use of ketamine for mood disorders. There are several good points in this document, many of which echo the ethics statement previously created by ASKP [3]. We first introduced our ethics statement and standards of care at our annual conference on October 15, 2020. ASKP's board, which consists of members from various specialties and backgrounds, drafted our ethics statement. Over 300 members of ASKP [3] reviewed our statement in August 2020, provided comments leading to revision, and the final draft was unanimously adopted on October 15, 2020, at our annual meeting.

ASKP's ethics statement, states that all clinicians shall maintain all necessary professional licenses in good standing and practice within the scope of their license, education, training, study, or professional experience. We also agree on the importance of continuing education. Clinicians should continue to study, apply, and advance scientific knowledge, maintain a commitment to continuing education, make relevant information available to patients and collaborate with colleagues, and utilize or consult with other health professionals when appropriate. ASKP [3] understands and is committed to transparency in treatment as well as full disclosure and consent from patients.

ASKP [3] disagrees with Dr. Ryan's contention that only psychiatrists are adequately trained to obtain informed consent for ketamine therapy. The reality is that no one specialty understands all the dimensions of ketamine treatment. It is an old FDA-approved anesthetic that has been discovered to be a remarkably effective treatment for certain psychiatric conditions. There is no comprehensive residency program whose curriculum includes all of the skills required of a practitioner treating patients with this medicine. In fact, Stan Grof, MD, a psychiatrist who pioneered psychedelic-assisted psychotherapy, has highlighted how much psychiatrists have to unlearn to support this new field [1]. Presently, the preponderance of behavioral health care in the United States is rendered by professionals other than psychiatrists. A collaborative approach to advancing the science and craft of ketamine therapy will best serve patients and the public. According to Drs. Singh and McShane, early contributors to this field, "Clinicians...should have a heightened degree of humility and responsibility [2]." This model is currently being used effectively in other areas of psychedelic medicine. For instance, with the use of MDMA treatment for PTSD, standards are being developed by the Multidisciplinary Association for Psychedelic Studies; MAPS includes and trains practitioners who are not specialized in mental health.

Additionally, Dr. Ryan asserts that suicides are more prevalent in clinics where the practitioners are not trained per his recommendations. There is no evidence for this in the scientific literature. Regrettably, suicides occur in all types of psychiatric and other behavioral health practices. For

example, several suicides were completed during the recently published Spravato trials. This is the largest cluster of suicides in any cohort of which we are aware. These medication trials were designed and conducted by highly qualified psychiatrists. The author has no evidence for the claim that suicide rates are higher in one type of practice. The notion of "sub-par" qualification implies that there is a standard. There are no such standards at present. The ASKP[3] is currently collaborating with different professionals to develop standards and certifications. Publishing claims that suicide is more common in "subpar" ketamine practices is not based in evidence, trivializes real challenges in suicide prevention, obscures the high value of ketamine treatment for suicidality, true, and could lead to reluctance among providers to offer ketamine. This would be a tragic outcome. Dr. Ryan asserts that he is trying to expand access to this potentially life-saving treatment. Regrettably, he calls for restricting ketamine. This statement should be retracted until evidence-based, peer-reviewed data are available.

Our organization is witness to many types of practitioners doing incredibly valuable work for the betterment of patients, especially given the current shortage of psychiatrists in our country [3,4]. We intend to protect the ability of all types of physicians, psychotherapists, and practitioners to continue to practice, contribute, and excel in this work provided that they remain committed to quality improvement and continuing education. We believe this collaborative, open, and interdisciplinary approach will produce the best outcomes for the largest number of patients.

Sincerely,

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3. Hawkins, Merritt. "The Silent Shortage: A White Paper Examining Supply, Demand and Recruitment Trends in Psychiatry" February 22, 2018.
4. National Council Medical Director Institute. The Psychiatric Shortage: Causes and Solutions. National Council Medical Director Institute. March 28, 2017.