## My Daughter's Good Death

## A first-hand account of MDMA's therapeutic value

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My daughter was adamant. She didn't come home to die. Maya\* was admitted to hospice care in my home in May, 2005. She had just turned 33. Her diagnosis was stage IV colon cancer. She was in severe pain. She had undergone major surgery, and endured three debilitating chemotherapy protocols. Physically

weakened, she was not a candidate for clinical trials.

Hospice offered daily monitoring of complex pain medication. For that reason and no other, Maya consented to 'end-oflife' care. She said that living with me was temporary, until she was well enough to return to her home and her work as a teacher on the west coast.

While Maya's pain medication dosage increased during her first month of hospice care, her hope remained strong. She asked and indeed insisted that those around her support her will to live.

I spent my days carrying out Maya's wishes. I prepared organic food using strict guidelines; I ground herbs from a Tibetan doctor and poured the mixture into gel caps three times a day; herbs from a Brazilian healer accompanied each meal; an acupuncturist, a massage therapist, a chiropractor, and a Feldenkrais practitioner visited Maya regularly; guided visualizations focused on shrinking tumors and renewing health.

All these actions gave my daughter a degree of control over her life. At the same time, the practices sustained my flickering faith in her recovery.

In June 2005, a friend sent me an email about the proposed MAPS-sponsored MDMA-assisted psychotherapy research with advanced stage cancer patients. Anecdotal reports suggested that "people with terminal illnesses who have taken the drug found it easier to talk to friends and families about death and other uncomfortable subjects." A quote from

Rick Doblin stated that benefits might include "facing directly life's great challenge, to die gracefully and in peace."

With trepidation I mentioned the study to Maya. She was not interested in discussing end-of-life issues. In her eyes, talking about dying was like giving in to death, and giving up her will to live. During a hospitalization, she told two palliative care specialists to "please leave" because she couldn't bear to see their expressions "that look like I'm going to

Nevertheless, Maya was interested in MDMA. She didn't view it as a drug to help her die peacefully. To the contrary, she saw it as an opportunity to trigger a transcendent source of healing, and begin her recovery.

The proposed MDMA study wasn't ready to enroll patients, so I began to search elsewhere for a psychedelic therapist. Fueled by the urgency of Maya's expressed intention to heal, and my unexpressed wish for her to have a good death if she had to die, I found help for my daughter.

The psychedelic "therapist," Theo, approached Maya as a partner and a companion - not a guide - on her journey. The separation between teacher and student, and all perceptions of hierarchy fell away.

Theo was a learner, an explorer, a collaborator, and a co-creator of experience. He told stories about his own life and invited Maya to talk about hers. We discovered many connections, such as our common love of children, animals, science. and social justice.

We wove humor into every session. In this way death was included and detoxified as part of the entire flow of human experience.

Theo told a story about two lifelong friends, older men who affectionately called each other "Shithead." When one friend was on his deathbed, the other came to visit. As he entered the room he said, "Hi Shithead." The dying man acknowledged his loyal friend with a smile and said, "No, you're the Shithead." He promptly died, thus getting in the last tag and winning their lifelong game.

Before her first session, Maya could only get out of bed a few minutes at a time. Sitting or standing caused her pain to spike to unbearable levels. She longed for simple pleasures like going for a walk. During the first session with MDMA, Maya's pain receded, her spirits soared, and she was able to walk to a park near my house and hang out with a friend.

She was hospitalized soon afterward with heart arrhythmia, a jugular vein blood clot, and an intestinal blockage, all likely caused by her pain medications. The benefits of the MDMA session appeared to be lost. Ten days in the hospital without food left Maya much weaker, more anxious, and in need of more pain medication.

Over the next two months, Maya chose to have three more psychedelic sessions: one with MDMA, one with mushrooms, and one with LSD, MDMA and marijuana. She was taking as many as twelve different prescription drugs (including ketamine\*\*), for pain, for anxiety, for depression, for preventing blood clots, and for countering the side effects of all of the other medications. It was impossible to predict optimal psychedelic drugs and dosages. The progression of disease was another 'unknown'. Only experience could tell us what would work.

Although there were poignant moments with each psychedelic session, the results were not as dramatic as in the



Maya, Margo's daughter

initial session. On one occasion Theo asked Maya how she felt about her pain. She said that it was like an unruly child in need of attention. She would send it love. On another occasion Theo asked Maya how she felt about her cancer. She answered, "There's a snake in my house." Maya was able to talk about her fears metaphorically during sessions.

During the fourth session, Maya experienced strong waves of energy and shaking through her entire body. She said the trance-like state helped her shift focus away from cancer and her pain, to remember how good the rest of her body felt.

After her fourth session using a combination of psychedelics, Maya wanted to go back to MDMA, taking a higher dose to overcome the sedating effects of the other prescription medications.

Theo was away on business for nearly three weeks while Maya's condition deteriorated rapidly. She was taking maximum doses of prescription medications with little relief; she was too weak to sit up or even to cross her legs; she lost half of her body weight; and she became incontinent.

Faced with these changes, at first Maya told me that she was afraid her will In June 2005, a friend sent me an email about the proposed MAPSsponsored MDMAassisted psychotherapy research ... Anecdotal reports suggested that "people with terminal illnesses who have taken the drug found it easier to talk to friends and families about death and other uncomfortable subjects."

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to live was slipping away, but she didn't want me to give up on her. Within a few days, however, she began to say, "I can't do this any more," "I want to go fast" and "I'm ready for terminal sedation." She held on because she hoped to have another session with Theo.

Theo returned from his trip, got my message with Maya's request, and came to our home for a high dose MDMA session the following day. For the first time, Maya asked her father to join us. She said, "I know I'm going to die soon."

As the MDMA took effect, Maya's tics and spasms subsided, her labored breathing became easy and regular, and her pain vanished. We told stories, we laughed, we sang, we danced. Maya directed us to pick up her limbs and move them to the rhythm of the music. We were in love with her and she with us. We celebrated life. For approximately eight hours, there was only love.

As the MDMA wore off, Maya's symptoms began to reappear. We discussed with Theo what to do next. We could keep Maya on low doses of MDMA and hope to control her pain, or we could alternate sedation days with MDMA days to maintain the optimum physical, emotional and spiritual benefits of the drug. We decided on the latter.

Theo gave me enough MDMA for another session and offered to provide whatever was needed for the rest of Maya's life. The next day Maya slept fitfully. She awakened only briefly and no longer ate or drank. I looked forward to the following day when I hoped Maya would have another ecstatic experience.

When morning came, Maya could barely be awakened. She took the MDMA sublingually, and promptly went back to sleep. Her sleep became peaceful, without tics, spasms, moans or gasping for breath.

Maya's dad joined us when I told him I believed Maya would not wake up again. For the next eight hours while Maya slept peacefully, we told stories, played games and caressed Maya with love.

At 10 p.m., Maya awoke. Her dad was stroking her and I was reading aloud from Laura Huxley, about the importance of loving touch and the nobility of death. She opened her eyes with an expression of absolute wonder, reached out to touch her dad, and died.

We are grateful beyond measure to Theo, and to those working to make psychedelic therapy legally available. We are honored to have witnessed and shared a holy experience, my daughter's good death. •

- \* Fictional names were used to protect the privacy of the individuals in this story.
- \*\* Ketamine was prescribed by Maya's palliative care doctors to reduce the increasingly dangerous levels of other pain medications. It was offered as a last resort; doctors were concerned that it would elicit out-of-body states, a prospect welcomed by the patient.