

End of Life Care Committee Medical Psilocybin Program Meeting Minutes, Chat and Public Comment

Date: February 20, 2026

Time: 12:00-14:00

Location: Virtual

Minute Taker: Ismail Zoutat

Chair: Dr. Larry Leeman

**This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: Psilocybin Advisory Board*

Agenda Items

1. Call to Order

The meeting was called to order by Dominic Zurlo (NMDOH). Participants were admitted to the virtual meeting room as they joined.

2. Opening Statements

Mr. Zurlo provided opening remarks, confirmed the meeting was being recorded, and reminded participants to use appropriate language to allow for public posting. He explained that cameras were limited to reduce bandwidth issues and ensure recording quality.

3. Introductions & Leadership Transition

Mr. Zurlo introduced the End of Life Care Committee and formally turned the meeting over to Chair Dr. Larry Leeman.

4. Review of Committee Purpose & Forward Plan

Dr. Leeman welcomed participants and outlined a proposed educational sequence for upcoming meetings. He noted that the next meeting is tentatively planned for the 20th (date to be confirmed) and will focus on the role of psychedelic death doulas. A subsequent meeting was identified for April 3rd, focusing on pharmacology considerations. The Chair also discussed a potential hybrid in-person/virtual meeting later in the spring.

5. Review of Meeting Agenda & Format

The agenda and meeting format were reviewed, consisting of a featured presentation followed by questions and open discussion. The agenda was accepted by general consensus.

6. Featured Presentation

Presenter: Jen Clement

Topic: Framework for End-of-Life Care within the Medical Psilocybin Program

Ms. Clement presented on the role of spiritual and existential care in end-of-life settings, ethical considerations in psychedelic-assisted care, interdisciplinary roles, training pathways, and proposed phased implementation models.

7. Question and Answer Session

Question by James Brown: Where should set and setting occur for end-of-life psychedelic care (clinical facility versus home)?

A: Ms. Clement responded that set and setting should be patient-centered, prioritizing comfort and safety. She noted that care could occur in homes, hospitals, or other appropriate environments, depending on patient needs.

Question by Chris: What preparatory practices can help patients have meaningful spiritual experiences during psychedelic care?

A: It was noted that non-psychedelic spiritual practices (e.g., sound baths, contemplative practices) prior to dosing may help patients engage more fully with psychedelic experiences.

Question by Jamie Chaplain: How can patients be matched with appropriately trained practitioners while ensuring access, safety, and affordability?

A: Discussions emphasized competency-based matching, interdisciplinary training, mentorship, and supervised experience as key safeguards.

Question by Dr. Lita: What level of training hours is appropriate for providers entering this work?

A: Participants discussed the importance of substantial supervised training, mentorship, and prior experiential grounding, with estimates ranging.

Question by Hannah Rose: How can training quality and readiness be measured across disciplines?

A: SMART goals, grounded practice, research-informed evaluation, and self-reflection were proposed as assessment methods.

Question by committee members: How can indigenous, culturally rooted, and community-based spiritual caregivers be included safely and ethically?

A: Discussion highlighted the potential role of licensed social workers as bridges to marginalized communities and emphasized cultural self-determination and ethical safeguards.

8. Open Discussion

Additional discussion addressed workforce capacity, equity and access, hospice engagement, training pipelines, and the urgency of implementation for end-of-life populations.

9. Closing Remarks

The Chair thanked the presenter and participants for their thoughtful contributions and emphasized continued collaboration.

10. Adjournment

The meeting was adjourned at 14:00

DOH Staff

Adrian Estrada, DOH
Jonathan Mouchet, DOH
Brenda Martinez, DOH
Dominick Zurlo, DOH
Robert Truckner, DOH
Ismail Zoutat, DOH
Raymond Gallegos, DOH
Jorge, Gonzales, DOH
Robert Truckner DOH

Participants and Public Attendees

Lawrence Leeman
Jay Cusker
Jenn Clemente
Sanchez Catherine
Schimmels Ellen
Death Doula
Jamie Beachy
Keyena McKenzie
Dr Lida Fatemi
Jim Dodson
Don Moser
Marcus Ryals

Kate Hawke
Isabel
Debbie Traynor
Asher Weinstein
Hána Rose
Lori Healy
Eileen Brewer
Meredith McBranch
Brown James
Jackie Gadret
Chris Caldwell
Deborah Thorne
Candi Wuhrman
Hána Rose
Lorian Kostranchuk
Jojola Donna
Meredith McBranch
Jay Cusker
Lopez Brandon
Lisa Ginzburg

Reminder:

This meeting is being recorded

Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

Contact information:

- Email: Medical.Psilocybin@doh.nm.gov
- Program Website: <https://www.nmhealth.org/about/mcpp/mpp/>
- Advisory Board Website: <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

Medical Psilocybin

is it just me, or do these keep getting blurry and unreadable?

it gets blurry

Yes on my end as well

My computer or are slides largely blurry and in-out of focus? I'm guessing it's a connection

I missed the last few slides altogether

It seems to be the connection, and part of why we reduce the number of individuals who connect with video.

Dr Lida Fatemi

it gets blurry

me too

Spiritual care is hugely important

This is great and spiritual care is crucial. I've been involved in Transforming Chaplaincy Psychedelic Network for a few years. I'm also excited that I'm a Board-Certified Chaplain relocating to Albuquerque at the end of May.

can we get this training info in the chat?

Hána Rose - BSW Student & Curandera

can we get this training info in the chat?

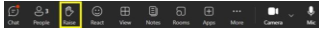
We will post the video on our website. And we can try to post the document as well.

TheraPsil Canadá is also a leader in EOL psychedelic care with strong spiritual components in the training and mentorship. TheraPsil will be offering training in the US

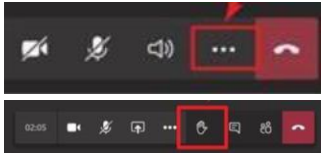
https://virtualtrip.maps.org/maps-policy-guidebook/?utm_medium=email&utm_source=maps.org&ut...

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- On a phone it is usually in the lower left of the Teams App, however, different models of phone (Apple, Android, etc...) may have the mute/unmute icon in a different location:
- Telephone: voice only - press *6 to unmute/mute

Thanks for the Shoutout! The Feb 23 online event is free, New Pathways to End of Life Care: Insights from the Latest Research and Real-World Insight. Link:

<https://www.eventbrite.com/e/1977025926767?aff=odtdtcreator>

Terrific presentation, Jenn! Thanks for thinking this through and putting together such a thorough presentation.

3/20 EOL committee 1-3 Danielle Death Doula presentation

Hána Rose ~ BSW student and 1st. generation Curandera. Contact me to support with research for unlicensed practitioners /populations in NM that want to contribute to the End-of-Life Care Program (Anti-Racism, Diversity, Equity, and Inclusion)

twostarsoflove@gmail.com

Kate Hawke: kate@ttn.org Mapping the psychedelic death ecosystem. Please connect for updates and interviews.

3/20 EOL committee 1-3 Danielle Death Doula presentation
4/3 EOL committee 1-3 James Brown PharmD EOL Medication issues

Jamie...maybe an apprenticeship hours requirement

I am a doula as well

March 7th in Mesilla, NM
Sol Tryp will be hosting a film and panel discussion on psilocybin and EOL and soul healing. This is a great opportunity for the public and potential trainees in this area. we're open to guest speakers on this as well.
Contact Deb Thorne for more info.
Info@soltryp.org

I really appreciated this beautiful presentation. The spiritual focus and attention on distress is so important. I did note that there was no discussion about including pain care, and as we know, pain care is an important part of end of life care. With all the emerging research about pain treatment with psychedelics, but the treatment protocols for pain being very different from those of psychological care, do you think there an opportunity to add training about psychedelics for the treatment of pain to doula's training so they can address more aspects of the patient's journey to the end of life?

Dr. Lida, I'd love to know more about this program.

It won't allow me to enter. Sorry, I am a licensed facilitator in Oregon and a plaintiff in the lawsuit *Cusker v Oregon* seeking special accommodations for EOL and palliative care patients to provide services where they will be most comfortable. Thank you very much for this presentation.

Hi Jay, I'm in Oregon as well. chaplincandi@yahoo.com

There's total pain vs. physical pain care. Spiritual care providers can't diagnose or prescribe for the physical pain part.

There's also spiritual pain that shows us as physical pain.

Related to this: those of us who worked in hospice have seen a lot of overmedication of "pain" that presented as physical.

Candi Wuhrman you can find out about our program at DrLidaFatemi.com - thank you

I've been receiving several calls from terminal cancer pts who are seeking medically-assisted psilocybin...it saddens me tremendously that they will likely not be alive by the time our program goes live

This is where cultural sensitivity comes into play.

Candi Wuhrman

Dr. Lida, I'd love to know more about this program.

Dr Lida Fatemi - Could you pls send a link to your program? I can drop it into the presentation and send it to the group.

Thanks Larry

Absolutely Jenn Clemente <https://www.drlidafatemi.com/cppa>

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Here's a link to the presentation with all the training programs, including Dr. Fatimi's that was mentioned today. <https://gamma.app/docs/A-Framework-for-End-of-Life-Care-Within-New-Mexicos-Medical-Psilo-vetold4mwp...>

What if we created a cultural sensitivity program/ training for doulas which includes anti-racism, diversity, equity, & inculsion?

I would love to support this idea and it could be a "training-over-time" with each doula assigned a mentor.

Hána Rose - BSW Student & Curandera

What if we created a cultural sensitivity program/ training for doulas which includes anti-racism, diversity, equity, & inculsion?

[Training and Education](#) – Friday March 6th from 1:00-3:00pm; Brenda Burgard, Chair.

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I'm happy to help

Jenn Clemente (Guest) I'd love to connect with you and anyone here. My email is chaplaincandi@yahoo.com

I have to log off now, but thank you so much everyone! Red Willow is doing everything we can to get our staff trained and ready to offer psychedelic therapy as soon as the program is rolled out. I can ask someone on our team to present more here as well. ♡

So excited to work with your team !

[Equity, Access, and Cultural Considerations](#) – Wednesday March 11th from 1:00-2:15pm;
DezBaa', Chair.

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Can y'all post a link to Red Willow please?

<https://www.redwillowhospice.com/>

These two other committees exist for those who have stated interest/concerns for DEI, cultural sensitivity and education and training and would like to be involved in developing recommendations for the Medical Psilocybin Program.

Thank you Jamie! Nice to see you here!

Red Willow is currently going through my training program with Conscious Physicians Psychedelics Program

Thanks for clarifying! They're a great use case for you to share with other hospices.

Dr. Lida ~ I would love to connect with you. You have valuable experience, knowledge, and resources.

Dr Lida Fatemi - I'm reaching out to the Sierra County hospices soon and will suggest they meet with you. Can you share a Calendly?

It sounds like Dr. Lida has the trainings that doulas will need to be culturally sensitive and trained in ADEI

Jamie Beachy - same message for you as well! Glad we have you on board.

reach out DrLida@cpga.care

How to submit written public comments:

- Please send written public comment to the program email at: medical.psilocybin@doh.nm.gov and include the committee's name in the subject line.
- If referencing documents from other sources/websites:
 - Do not include the document, only a working - accessible hyperlink;
 - Documents must be sent with context provided (i.e. do not simply send a research article);
- The comment must relate to the topics discussed in the meeting.
- Documents are limited to no more than 3 pages (letter size) in length and must be in 10-point font or larger.
- Please remember to include your full, legal name and any organizational affiliations you may be representing (if any) on the documents.
- To be included, please send your comment by 5:00 PM the day after the meeting.

[Dosage, Administration & Clinical Practice](#) - Friday February 27th from 1:00-3:00pm; Ian Dunn, Chair.

[Research and Continuous Improvement](#) – Friday March 6th from 9:00-11:00am; Dan Jennings, Chair.

[Training and Education](#) – Friday March 6th from 1:00-3:00pm; Brenda Burgard, Chair.

[Equity, Access, and Cultural Considerations](#) – Wednesday March 11th from 1:00-2:15pm; DezBaa', Chair.

[Propagation Committee](#) - Wednesday March 11th from 3:00-5:00pm; Chris Peskuski, Chair.

- The above 3/11/26 meeting will be held online and in-person in Albuquerque (Location TBD)

[Propagation Committee](#) - Wednesday March 18th from 3:00-5:00pm; Chris Peskuski, Chair.

- The above 3/18/26 meeting will be held online and in-person in Santa Fe (Location TBD)

Thank you all! This has been great. I look forward to presenting next time.

Thank you Jenn.

Thank you, Jenn! Thank you Larry!

Thank you for the awesome presentation!

Thank you all.

Public Comments submitted by email

JoEllen Schimmels, PhD, DNP, PMHNP-BC, ANP-BC; Clinical Professor, Emory University, Hear to Help Mental Health LLC, Albuquerque, NM

Thank you for this informative session. As we discuss and ponder the inclusion of information that end-of-life patients require, inside and outside of spirituality and existential distress, I implore us to consider options outside of the traditional didactic instruction as discussed. While foundational knowledge is essential, information alone does not translate into clinical competency. I realize this may be more in the purview of the training and education committee, and I'm happy to share this with them as well.

Psychedelic care is not primarily procedural; it is dynamic, psychologically intricate, and ethically nuanced. Clinicians must be able to recognize emotional activation, frequently involving profound spiritual content and existential themes. These competencies cannot be reliably developed through lectures or immersive weekend intensives alone. Mastery requires applied practice, structured feedback, and experiential learning. Without repeated rehearsal in simulated high-acuity situations, clinicians may be inadequately prepared.

Navigating spiritual emergence versus psychiatric decompensation requires discernment that extends beyond academic knowledge. It demands self-awareness, cultural humility, and comfort with ambiguity, skills cultivated through reflective practice, mentorship, and scenario-based rehearsal using simulation. There are several platforms that offer such support for hundreds of dollars rather than the thousands of dollars psychedelic training agencies are charging. These platforms are used now with BLS, ACLS, anesthesia, ultrasound, and mental health academic programs. Incorporating spiritual scenarios into platforms will make training competency based. Facilitators will be able to practice scenarios, get feedback on their responses, build confidence, and competence. Examples of these platforms include: Absorb LMS, Udemy, Virtual Speech, Talespin and Sabba Praxis.

Best,
Ellen



DRAFT