

NEW MEXICO DEPARTMENT OF HEALTH

Medical Psilocybin — End-of-Life Care Committee

Death Doulas & Medical Psilocybin

*Defining the Role of Non-Clinical End-of-Life Support
in New Mexico's SB219 Implementation*

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Conscious Crossroads End of Life Services · NM Deathcare Network

About Death Doula Danielle

Conscious Crossroads

deathdouladanielle.com

Private practice providing holistic end-of-life guidance

End of Life Guide · Death Doula · Peer Grief Companion

Supporting individuals and families through the full arc of end of life, dying, death and bereavement

NM Deathcare Network

nmdn.org

Founder & Executive Director

Statewide network of death care professionals & advocates

Advancing accessible, compassionate, integrative and personalized end-of-life care across New Mexico

What We'll Cover

01

What Is a Death Doula?

Role, scope, and distinction from clinical care

02

The Case for Inclusion in SB219

Why end-of-life psilocybin needs continuity providers

03

The Doula Continuum of Care

Before → During → After → Beyond

04

Addressing the Hard Questions

Scope, licensure, liability, and safety

05

Three Practical Considerations

To support thoughtful implementation of the program

What Is a Death Doula?

A death doula is a trained, non-medical companion who provides holistic support to dying people and their families — emotional, existential, spiritual, practical, and relational.



Emotional

Holding grief, fear,
and anticipatory loss



Existential

Meaning-making, legacy,
life review, values



Relational

Family preparation,
difficult conversations



Practical

Navigation, planning,
advocacy, wishes

Doulas Are Continuity Providers — Not Clinicians

*"Death doulas are not clinicians — we are continuity providers.
We hold the arc before, during, and after the clinical intervention."*

SB219 LICENSED CLINICIAN

- Episodic care (prep → session → integration)
- Focused on the psilocybin experience
- Clinical responsibility & liability
- Bound by program structure & DOH rules
- Medical/psychological training required

DEATH DOULA · CONTINUITY PROVIDER

- Continuous care (weeks/months through dying & death)
- Focused on the whole end-of-life journey
- Relational, existential & psychosocial support
- Flexible, home/community-based presence
- EOL training + lived relational expertise

SB219 Names End-of-Life Care. But Leaves It Undefined.

SB219 Section 3(I) — Qualifying Conditions include: "**end-of-life care**"
— yet the statute provides no further definition, patient criteria, or scope of support.



The definition of "end-of-life care" must be established through DOH rulemaking.



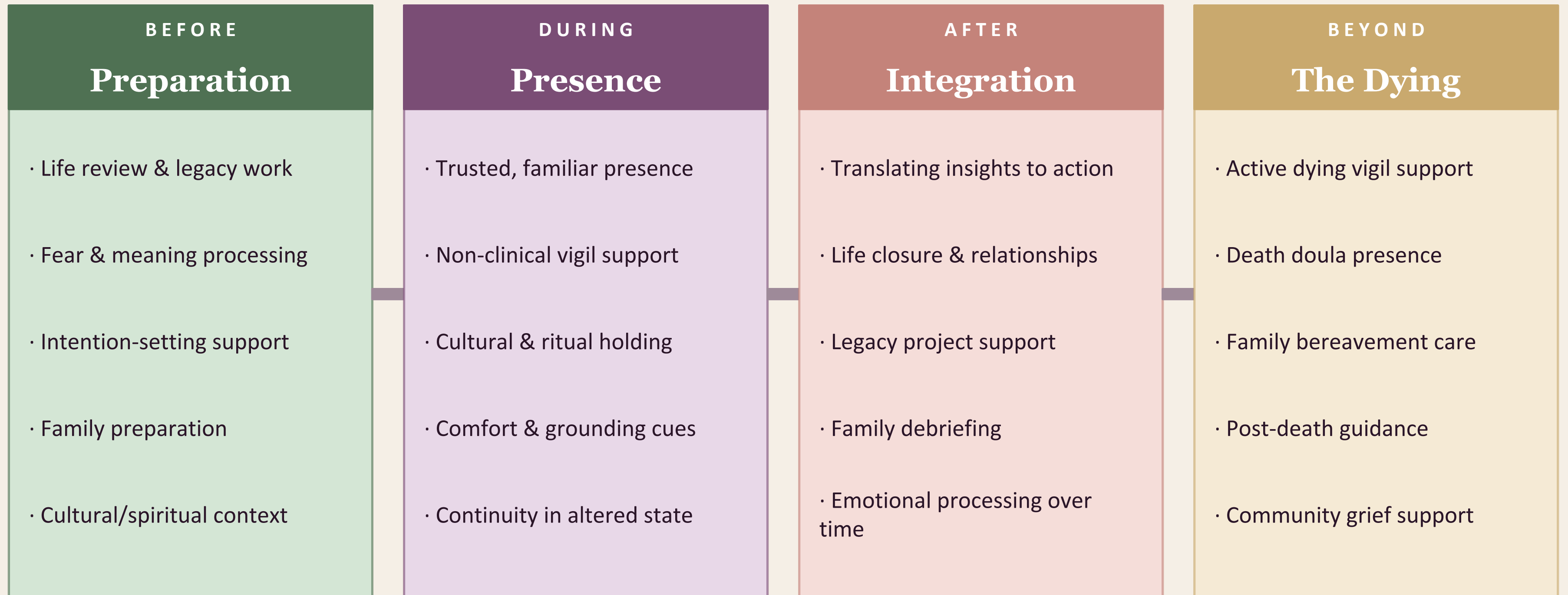
Patient selection criteria, care team composition, and support roles are all open questions.



If the doula role isn't named in rules, it effectively doesn't exist in implementation.

The Doula Continuum of Care

in Psilocybin End-of-Life Programs



Pre-Session Support: Relational & Existential Readiness

*Psilocybin outcomes depend on "set and setting" —
doulas are already trained in exactly this terrain.*

- Life review, narrative reflection and legacy-centered dialogue
- Processing fears about death, dying, and "letting go"
- Helping patients articulate intentions — not just goals
- Preparing family for possible psychological and spiritual shifts
- Cultural and spiritual context-setting (often absent in clinical prep)

Policy Value

Improves safety & reduces risk of distress during sessions

Extends preparation beyond what clinicians have time for

Addresses cultural gaps the clinical system misses

Reduces burden on licensed facilitators

Integration: Where Doulas May Be Most Essential

Psilocybin may reduce death anxiety and reshape meaning-making — but without integration, those insights may not translate into end-of-life peace or action.

What Doulas Do in Integration

- Translate insights into end-of-life decisions
- Support repair of relationships
- Hold legacy projects through to completion
- Ongoing emotional processing (not just 1–2 sessions)
- Bridge mystical experience → practical life closure

Key Distinction from Clinicians

- Doulas stay with the client through dying — not just psychological processing
- Presence extends to active death and bereavement
- Non-clinical: no diagnosis, no treatment
- Relationship-based, not episode-based

Doulas Extend the Reach of This Program

EQUITY & ACCESS

"Excluding doulas risks creating a program that is clinically sound but socially inaccessible."

- Community navigators for rural NM patients
- Cultural translators for Indigenous communities
- Bridge for those distrustful of medical systems
- Plain-language informed consent support
- Lower barrier to program access

FAMILY & CAREGIVER SUPPORT

Doulas consistently support both the dying person and their loved ones.

- Prepare families for changes in worldview
- Help interpret the patient's experience
- Reduce caregiver anxiety and confusion
- Facilitate difficult conversations post-session
- Provide bereavement continuity

Concerns & Safeguards

CONCERN

Scope creep / clinical overlap

No state licensure

Role overlap with SB219 clinician

Liability & accountability

Patient vulnerability / safety

PROPOSED SAFEGUARD

Explicit non-clinical role definition in rules

Competency-based training + voluntary registry

Clear differentiation: episodic vs. longitudinal

Team-based care model + informed consent language

Escalation protocols + supervision coordination

Doulas Are Not New to Healthcare-Adjacent Roles

Established Unlicensed / Non-Clinical Roles in Healthcare:

Community Health Workers

Recognized & reimbursable in NM Medicaid

Peer Support Specialists

State-recognized, competency-based credential

Birth Doulas

NM Medicaid covers prenatal, postpartum & non-medical labor support

Patient Navigators

Widely used in oncology & chronic disease care

Proposed: A Competency-Based Framework

Minimum training criteria · Code of ethics · Agreement to program guidelines · Optional background checks

"Low barrier, high clarity — rather than licensure, which may limit access and workforce diversity."

A Convergence of Two Evidence-Informed Models

Psilocybin & EOL

- NYU & Johns Hopkins trials: significant reductions in death anxiety and depression in cancer patients
- Psilocybin produces mystical-type experiences that reshape meaning and acceptance
- Effects persist 6+ months post-session in multiple studies
- FDA granted Breakthrough Therapy Designation for psilocybin-assisted therapy

Death Doulas & EOL

- Doulas improve quality of life, reduce anxiety, and increase sense of control for dying patients
- Consistent evidence of benefit to family caregivers and bereavement outcomes
- Fill critical gaps in emotional, existential, and relational care
- Community health worker evidence supports similar non-clinical navigator models

SECTION 05

Three Practical Considerations

To support thoughtful implementation of the program

01 Formally Define & Recognize the Doula Role in DOH Rulemaking

"Recognition creates clarity. Clarity creates safety."

Concrete elements to include in rulemaking:

Definition of role

Non-clinical, non-directive, non-licensed end-of-life support person

Permitted presence

Preparation sessions · During Administration · Integration · Deathbed Vigil

Explicit boundaries

"Does not provide clinical assessment/diagnosis, psychotherapy or medical care"

Coordination protocol

Required communication with licensed clinician on the care team

02 Create a Lightweight Doula Participation Pathway

"Low barrier, high clarity — not licensure, which may limit access and exclude workforce diversity."

Minimum Training Criteria

End-of-life doula foundations + psilocybin-informed care basics. Recognize completion of accredited doula training or equivalent preparation.

Code of Ethics

Non-directive practice, cultural humility, consent-based interaction, confidentiality, and scope of practice boundaries.
NEDA Proficiency

Voluntary Registry

DOH-recognized list of qualified doulas — like Community Health Worker registry.

Accountability Mechanism

Agreement to program guidelines, optional background check, grievance process. Proportionate to the non-clinical role.

03 Fund Doula Services Through Equity Mechanisms

"Equity isn't just access to the medicine — it's access to the support that makes it meaningful and safe."

Treatment Equity Fund

(Already created by SB219)

Make doula services explicitly eligible. Per-patient stipend for enrolled doulas within the program. Prioritize rural, low-income, and underserved patients.

Pilot Program Grants

(Research Fund — SB219)

Include doula-integrated care models in pilot research. Track outcomes: death anxiety, family satisfaction, care utilization, advance planning completion.

Bundled Care Models

(Future reimbursement pathway)

Include doula services as a reimbursable support service. Precedent: birth doula Medicaid reimbursement in NM and other states.

Include Doula-Integrated Care in Program Evaluation Metrics

This aligns directly with SB219 Section 9 — the department is required to collect data and publish an annual assessment.

Patient death anxiety scores

Pre/post doula support vs. no support

Psychological distress post-session

With and without integration support

Completion of advance care planning

ADs, POLST, legacy documents

Program access by demographic

Rural, Indigenous, low-income patients

Family caregiver satisfaction

Includes preparation and bereavement

Care coordination quality

Doula–clinician team communication

What We're Asking For Is Simple

1

Name the role

so it exists and is safe

2

Create a pathway

so it's accountable and accessible

3

Fund the role

so it's equitable and sustainable

"If this program is designed only around the clinical moment, it will work — but only partially. If it includes structured, non-clinical care like death doulas, it has the potential to transform not just how people experience psilocybin — but how they experience dying."

Thank You

Danielle Slupesky

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New Mexico Deathcare Network 501(c)(3)

nmdn.org

“Death Doulas support individuals in finding peace at life’s end – and nurture lasting healing in families and communities.”