



ECT: A Shocking Cover-up

Since 21 June 2008 the abolition of ECT has become a human rights issue, when a private members bill was debated for two hours in Seanad Eireann. It was proposed by Green party senators Deirdre de Burca and Dan Boyle, and the Independent David Norris. The bill deals with two provisions of the Mental Health Act 2001 (lobotomy, and the involuntary use of ECT, the latter still a frequent occurrence). The debate will continue when the Seanad reconvenes in the autumn.

No intelligent and constructive debate can occur in the absence of statistics on ECT use in Ireland. The last recorded figures, (859) were published by the Health Research Board in the document 'Activities of the Irish Psychiatric Services 2003'. No distinction was made between voluntary and involuntary use. Of some note however, was a marked disparity of numbers between the different health boards, with ECT prescribed nearly five times more frequently by the South-Eastern Health board (38.7 per 100, 000 population aged 16 or over), the lowest being the Southern Health board (8.4). In the same publication for 2004 or 2005, all facts and figures on ECT were omitted.

The Mental Health Commission, an independent statutory body established in 2002 under the provision of the Mental Health Act 2001 took over the responsibility of inspection from the Health Research Board. In its first annual report in 2004 in a 548 tome the only reference to ECT was one single sentence referring to the variations between the health boards as mentioned above, but numbers receiving the treatment were omitted.

In the MCH's second annual report of 140 pages (2005) enclosing a CD-ROM of 718 pages dedicated to a report by the Inspector of Mental Health Services, the use of ECT was documented in 4 pages. The contents referred to staffing, quality of equipment and ward lay out. No figures.

In the third annual report of 256 pages (2006) enclosing a CD-ROM of 519 pages by the Inspector, *five* pages were devoted to the use of ECT. Again figures were omitted.

In this year's recently published fourth annual report of 408 pages, enclosing a CD-ROM of 614 pages by the Inspector of Mental Health Services, *four* pages were devoted to the use of ECT, while statistics were, once again, omitted.

Ghosts in the machine

This most recent document deserves scrutiny as it clearly demonstrates negligence regarding the provision of vital statistical information necessary for research, evaluation and analysis. This omission of data flies in the face of the Commission's stated 'Strategic Priority Number One : To promote, develop and evaluate the implementation of high standards of care and treatment within mental health services'. It also makes a nonsense of their mandate, mentioned in the much-lauded Vision for Change document (2006) "to promote and enhance knowledge and research on mental health services on treatment interventions".

Here are some examples of the information black hole to which I refer.

Acute psychiatric unit, St Aloysius ward, Mater Misericordiae Hospital: " The number of people receiving ECT was low."

St Patrick's Hospital: "The ECT register was not available on the day of inspection." This was in spite of the fact that they had been notified of the days of inspection, April 18th and 24th 2007.

St Edmundsbury Hospital: “The Inspectorate was informed that ECT was not used in the hospital.” Strictly speaking true, but the information that their patients were being transferred to St Patrick’s hospital for ECT treatment was not reported, nor the numbers.

Elm Mount Unit, St Vincent’s University Hospital: The sole comment was “The provision of ECT complied with the Rules for ECT.”

St Senan’s Hospital, Wexford: “The ECT register was missing and was not located by the staff during the inspection. It was not reviewed.”

(The date of inspection had been announced for July 23rd to 25th 2007)

A gross regulatory failure

It is abundantly clear that the Mental Health Commission have failed to meet the provisions of the Mental Health Act 2001 which it was mandated to undertake. Such shameful lack of collation of figures would not be tolerated in any other branch of medicine, and is internationally embarrassing.

Since ECT is such a controversial procedure, it is imperative that we have basic statistics such as numbers receiving it, diagnosis, length of hospital stay, voluntary or involuntary status, age distribution, frequency of administration, adverse effects such as acute organic brain syndrome and deaths. Research shows that ECT threatens people’s survival if they are elderly (Black et al., 1989. Kroessler and Fogel, 1993).

Pull the plug

The Royal College of Psychiatry acknowledges while simultaneously trivialising the reality of side-effects. Its patient fact-sheet, on its online service, states : “Some patients may be confused just after they awaken from the treatment, and this generally clears up within an hour or so. Your memory of recent dates may be upset and dates, names of friends, public events, addresses and telephone numbers may be temporarily forgotten. In most cases this memory loss goes away within a few days or weeks, although sometimes patients continue to experience memory problems for several months. ECT does not have any long-term effects on your memory or intelligence.”

However, this last statement is a lie, and is nothing short of Humpty Dumpty science, reflecting what Humpty said to Alice in Wonderland, “When I use a word, it means just what I choose it to mean, neither more or less”. Such an untruth by the Royal College flies in the face of abundant world-wide research and surveys documenting beyond any doubt that memory loss and cognitive deficits can be long term and irreversible.

The first such large-scale follow-up study of the cognitive outcomes of 347 patients treated with ECT using numerous standardised psychological tests, was carried was by Dr Harold Sackeim, (a renowned prior advocate of ECT) and his colleagues in Columbia University, New York, published in the journal *Neuropsychopharmacology*, 2007. This landmark study revealed “adverse cognitive effects” — irreversible impairments of memory, learning and overall mental function, indicating permanent brain damage with persistent abnormalities on their EEG’s, still present six months after the last treatment.

Nearer to home, Dr Jim Lucey, medical director of St Patrick's Hospital and Maeve Mangaong, a research psychologist (in *Advances in Psychiatric Treatment 2007*) stress the need for cognitive rehabilitation after ECT as a way of dealing with documented persistent cognitive and emotional adverse reactions and brain damage. What is the logic of rehabilitating an iatrogenic doctor-prescribed head-injury?

Denial, denial, denial

Why the collusion of silence by all the professionals who bear witness to shock treatment damage — anaesthetists, psychologists, psychiatric nurses, occupational therapists, and even the neurophysicians whose opinions are sought when serious post-shock complications occurs? This denial dehumanises the profession and its allied disciplines.

The proponents fall back on ECT preventing suicide : this claim has been investigated numerous times and found to be untrue (Szasz 1974, Greenberg 1974, Grimm 1976, Avery and Winoker 1976, Breggin 1979, 1991, 1992, Coleman 1984, and Freiberg 1991) All found that ECT makes someone more likely to commit suicide. How many thousands of scientific papers and surveys on the dangers and inappropriateness of ECT, and personal testimonies published as to its harmful effects, are required to have it abolished? Why does such powerful evidence fall on deaf ears? Why are healers failing to understand the devastating toll paid in terms of human suffering?

ECT has to be regarded as a major psycho-surgical procedure — the passing of electricity up to 400 volts through the human brain for the purposes of inducing epileptic seizures. It more rightfully belongs in a neurosurgical operating theatre with all the incumbent emergency facilities, monitored by neurophysicians, with pre and post-treatment cognitive assessment. It would not happen in this context as staff would not take on the responsibility of masquerading brain damage as treatment and risk certain litigation.

A vision for change

I call on John Maloney TD, Minister of State with Special Responsibility for Mental Health, to call a moratorium on the use of ECT, until such time as an independent scientific body can establish the ratio of risks to benefits, to license it on grounds of safety, and to answer the glaring omission of current statistics by the statutory bodies of both the Health Research Board and the Mental Health Commission.

Dr Michael Corry

For further information on the campaign to abolish ECT visit www.wellbeingfoundation.com