



### E.C.T. - TREATMENT OR MISTREATMENT?

At the age of 56, Bert Smith, who was suffering from very severe depression, was admitted to an acute psychiatric ward. The consultant psychiatrist who has visited Bert before his entry into hospital, believed he posed a grave suicidal risk, and suggested he should have a course of Electro-Convulsive Therapy, (ECT). During his first week in the hospital, Bert was given a careful physical examination, to see if he was fit enough to undergo a course of ECT, which his psychiatrist felt was the quickest and most effective form of treatment for him. Mrs Smith had grave reservations about the treatment, having known an uncle who has received ECT to no effect. But Bert was so unhappy that he was prepared to consider anything, and ECT had been presented to him as an effective and "quick" treatment. Although apprehensive, Mrs Smith, in view of Bert's anxiety, agreed to the treatment, and Bert signed the Consent Form.

The most severe side effects he suffered were memory loss and muscular pain. After 2 months he was discharged to the care of a Community Psychiatric Nurse and his wife. He believed that ECT had brought about his recovery, even though he had also been on a course of anti-depressants and had taken part in occupational therapy, ward meetings, and individual nursing care, all of which undoubtedly influenced his return to health.

#### DEBATE

Although deliberately selective, Bert's case still raises some of the issues that constantly feature in the controversial debate that has surrounded the use of ECT since its introduction onto psychiatric practice in the 1930s, notably:

- \* The issue of consent
- \* The psychiatric establishment favours it and argues that "there is substantial and incontrovertible evidence that the ECT procedure is an effective treatment in severe depressive illness".
- \* Side effects, notably memory loss and muscular pain. (Mercifully patients no longer expected to fracture limbs or crush vertebrae, lacerate tongues or lips.)
- \* The fact that Bert was persuaded that ECT was the best form of treatment available for him. The question is WAS IT? when recent research has demonstrated the existence of other equally effective alternatives?

That question will be just one of the issues that Manchester MIND hopes to raise and answer in its public meeting on ECT, that it has organised to take place on the 1st Monday of MINDWEEK, June 11th, at the Health Education Centre Hardman St, off Deansgate, Manchester, at 7.30. The speaker will be Dr Philip Thomas, Consultant Psychiatrist at Manchester Royal Infirmary Day Hospital.

The practice of ECT raises a complex range of issues, many of which are emotive; one highly charged area is the question of medical ethics. Recently this subject has received more publicity than usual, as there has been an increase in the number of nurses who strongly believe that they should not be forced to assist in the giving of ECT. They claim that there should be an abstention clause allowing them to refuse to take part. This has not happened, and some have been sacked for disobeying orders. One student, Dee Kraaij, who lost her job last year over the issue, said:



ECT - treatment or mistreatment, Contd.

"ECT is not ethically justified, and I don't want to be directly involved in it. Nurses should have the right to say that, in the same way as they do over abortion."

From National MIND's point of view, the critical issues revolve around a patients consent to the treatment, and the protection of the individuals rights. Their desire is to find a method of holding professionals accountable whilst not detracting unreasonably from their ability to give valid treatments for the benefit of patients. The stumbling block here, is the perceived ability of a patient to give consent to treatment. MIND believes that there is no dispute that informal patients have the complete right to to refuse treatment unless it is clearly perceived to be a matter of emmedate life and death. Hence the issue revolves around the rights of detained patients.

#### CONSENT

At present if a detained patient (with some exeptions) does not want to have ECT it can still be administered against the patients will, on the reccomendation of an independant doctor, after consultation with the patient and those concerned with their care. The independant doctor recommends this either on the grounds that the patient is not competant to make the fully informed decision about accepting ECT, or that she/he may be competant to decide, but that ECT should nevertheless be given, to alleviate or prevent deterioration of their condition. However, the "full, informed and voluntary consent" advocated by many people, would surely mean extending the rights of detained patients to be able to refuse ECT abso-lutely, rather than subjecting the decision to be overridden by a 2nd opinion.

#### RESEARCH

Two years ago, research published by a team based at Northwick Park, Harrow called into question some of the long-established patterns of ECT use and vindicated many of the arguments used by those who oppose the procedure, doubt its scientific basis, and advocate other methods of treatment. In a carefully controlled double blind research trial, they aimed to determine:

- \* How far electric convulsions actually contribute to the relief of depression
- \* How far the treatment works through a placebo effect of a dramatic treatment plus nursing care.

The team assigned at random 70 endogenously depressed patients into 2 groups. One was to receive 8 ordinary ECT treatments, and the other received simulated ECT with the preparation, the anaesthetic and everything except the shock. Test scale ratings were made on all the patients mental health throughout the 4 weeks of real and simulated ECT, a month afterwards, and again 6 months later. Neither the patients nor the psychiatrist assessing their levels of depression knew who was getting real ECT and who wasn't.

The results demonstrated that although those receiving real ECT were less depressed than those getting the simulated treatment for the last 3 weeks of the 4 week period, it was a surprisingly small improvement compared to the improvement that both groups made during the period due to factors other than convulsions. But their most important finding was the fact of how short-lived the advantages of real ECT were. A month after treatment there was no discernable defference between the 2 groups. Again, 6 months later, there was no difference; simulated ECT produced as good results as the real thing, only a few weeks slower.

Complaints about memory loss were also examined. They found that these were well substantiated during treatment, but were not evident 6 months later. This however cannot be assumed about larger amounts of ECT and no substantial research into the long-term eccts of ECT has still not been carried out.

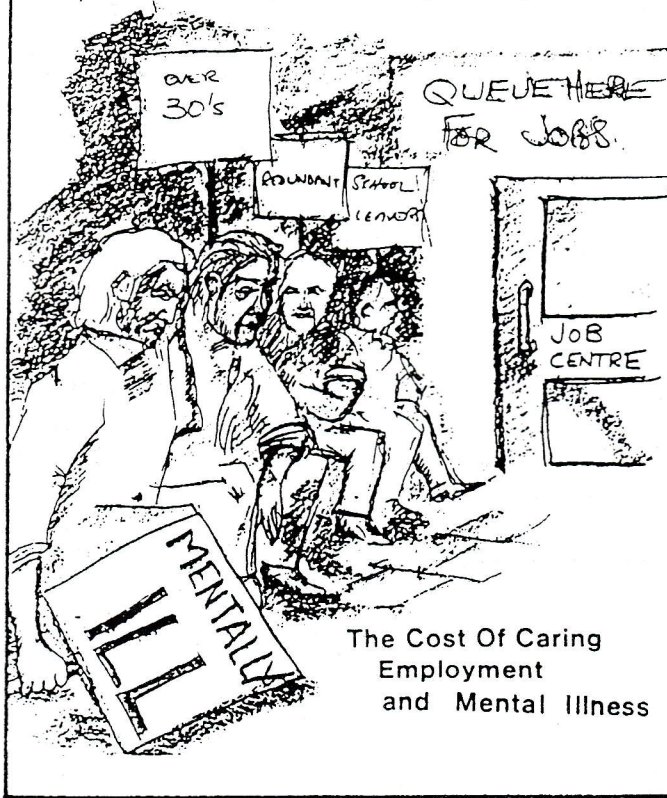
The report concluded that electrically induced convulsions have only short-lived effect in the relief of depression and that intensive nursing and medical care may prove an adequate alternative in the treatment of many depressions.

ECT appears to have som effect, but in 50 years of use, no-one has discovered how or why, nor assessed its long-term effects. Is there a good enough case to continue using it?

# MINDFIELD

Mental Health Magazine

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## DIARY FOR MAY AND JUNE 1984

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### VOLUNTEERS NEEDED

CAN YOU SPARE A COUPLE OF HOURS  
TO HELP RAISE FUNDS FOR MIND?

MIND IS HOLDING A STREET COLLECTION  
ON FRIDAY 1ST AND SATURDAY 2ND  
JUNE. COLLECTORS WILL BE WORKING  
FROM ST ANNE'S SQUARE ON FRIDAY  
AND SATURDAY, AND FROM WITHINGTON  
LIBRARY ON SATURDAY. IF YOU CAN  
HELP FOR A COUPLE OF HOURS EITHER  
DAY, PLEASE CONTACT THE INFORMA-  
TION BANK.

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### CARE...IN THE COMMUNITY?

Monday 21st May 7.30  
Health Education Centre  
Hardman St, off Deansgate  
Manchester

Speakers: Andrew Milroy, from the Mental  
Health Project, Tontine Road, Chesterfield.  
Peter Huxley, Lecturer in Psychiatric  
Social Work at Manchester University, and  
a worker from 42nd Street, the Community  
Mental Health Project for young people.

Organised by Manchester MIND, 273 1487

### CARE IN THE COMMUNITY

Manchester Alliance for Community Care  
Wednesday 30th May 7.30  
Gaddum Centre  
Camp street, off Deansgate  
Manchester

A workshop for Voluntary organisations  
organised by Manchester CVS. 834 4834

### MIND FLAG DAY

Friday 1st and Saturday 2nd June 10-5  
Collectors needed for all or part of the  
2 days. Contact the Information Bank for  
details.

### NORTH MANCHESTER GENERAL HOSPITAL GARDEN FETE

Saturday 9th June 1.00 - 5.00pm  
NMGH Sports Field  
MIND will have a stall at the fete.

### ECT - TREATMENT OR MISTREATMENT?

Monday 11th June 7.30  
Health Education Centre  
Hardman St. off Deansgate  
Manchester

Speaker: Dr Philip Thomas, Consultant  
Psychiatrist, Manchester Royal Infirmary  
Day Hospital.  
Organised by Manchester MIND, 273 1487.

### SPONSORED CYCLE RIDE

in aid of Manchester MIND  
Saturday 16th June 10.30am  
Sponsors and cyclists needed for this 30  
mile ride, which starts from the Infor-  
mation Bank, 178 Oxford Road, Manchester  
13. Phone 273 1487 for details.

and later on that evening...

### MANCHESTER MIND BENEFIT DISCO

Saturday 16th June 9pm - 1  
Late Bar

UMIST STUDENTS UNION  
Sackville Street  
Manchester

Cost: £1 waged, 50p unwaged.

Tickets from:

MIND Information Bank	Grass Roots Books
178 Oxford Road	1 Newton Street
MANCHESTER M13 9AQ	off Piccadilly
273 1487	Manchester

### THE ROLE OF THE SOCIAL WORKER

Tuesday 19th June 7.45  
The Fallowfield Pub  
Wilbraham Road, Fallowfield  
(opposite Caxton Road)

Discussion chaired by Mike Kellaway, the  
meeting is organised by the North west  
Fellowship, for the support of schizo-  
phrenia sufferers and their families.

Details: Malgorzata Dawson, Tim Teahan  
or Maggie Mackay on 226 8131.

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Copy date for the next issue of the News-  
letter is 31st.

Longer articles, news, reviews etc, for  
inclusion in MINDFIELD, are welcome. Copy  
date for the next issue of MINDFIELD is  
30th June.