CAPA Statement re Shock Machines

The Coalition Against Psychiatric Assault (CAPA) strongly opposes the FDA’s intention to reclassify shock (“ECT”) machines from Class-III (high-risk) to Class-II (low-risk). CAPA is a grassroots, political action organization of electroshock survivors, psychiatric survivors, health professionals, academics, social justice and antipsychiatry activists; it plans and organizes strategic actions against electroshock and psychiatric drugs – its two priorities. We wish to point out that several CAPA members have undergone electroshock and suffered permanent memory loss and brain damage from this allegedly “safe and effective treatment”. Since its founding over five years ago, CAPA has spoken out against electroshock, organized educational events such as public forums, free public lectures, and nonviolent public protests. CAPA has repeatedly and publicly called for an immediate ban.

CAPA’s continuing resistance to electroshock is based on several scientific facts and the personal testimony of many shock survivors:

- Shock machines deliver up to 400 volts of electricity (Cameron, 1994)

- It has been established to a point of statistical significance that all forms of ‘ECT’ cause brain damage.

- The FDA has never tested shock machines for medical safety and therapeutic effectiveness. (Andre, 2009)

- During the shock treatment, electrodes are placed above the temporal lobes, the site of memory function in the brain

- Every shock treatment causes a grand-mal epileptic seizure, convulsion and coma (Breggin, 1997,1998)

- Shock treatments cause many devastating effects - particularly brain damage, permanent memory loss, problems in concentration and learning, loss of creativity, and sometimes

- Thirty years ago in a report on medical devices, the FDA officially listed 8 “risks to health” including brain damage and memory loss (Federal Register, 1979; Andre, 2009)

- Women and the elderly are very vulnerable and suffer the most severe memory loss and brain damage (Sackeim, 2007); elderly women are the most vulnerable (Burstow, 2006; Weitz, 1997)

- 2 to 3 times more women than men are electroshocked; women experience electroshock as a form of violence against women (Burstow, 2006a, 2006b)


- Since psychiatrists and other physicians frequently violate the patient’s right to informed consent, shock treatments are generally coercive (Breeding, 2000; Report of the Panel, 2005)

- Electroshock triggers terror and trauma in most patients. (Breggin, 1998; Report of the Panel, 2005)

Given these facts, we conclude that shock machines pose unacceptably high risks to the health and lives of hundreds of thousands of people. We urge the FDA not to be pressured by the American Psychiatric Association, which is currently lobbying to reclassify them in Class-II. Until they are banned, all shock machines should remain in Class-III. We also recommend that the FDA start testing shock machines for their medical safety; we are confident they will be proved medically unsafe. As engines of destruction, shock machines have no place in the health care system of the United States and all other countries. They should have been banned long ago.

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References


