

Who we are

A group of concerned ECT survivors who want to make sure that those who are considering Electroconvulsive Therapy have all the facts in order to make a true informed consent before involving themselves or a family/friend in this so called "treatment". This group was spearheaded by Loretta Wilson and others including John Breeding, Don Weitz, Dorothy Dundas and Evelyn Scogin.

Contact Us

For more information on this subject or informed consent contact us at the following web address:

Web: www.endofshock.com

The Truth About Electroshock

ECT or Electroconvulsive Therapy



ENTERING THE GRAY ZONE

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ENDNOTE

A fuller version of authentic informed consent about electroshock, with references, may be found on the website, www.endofshock.com, at <http://endofshock.com/breeding.htm>. This website has a wealth of other information about electroshock.

OTHER IMPORTANT RESOURCES

The Electroshock Quotationary, edited by Leonard Roy Frank. This book is one of the very best resources for anyone who really wants to understand the facts and the history about electroshock. It may be downloaded for free at http://endofshock.com/102C_ECT.PDF

Doctors of Deception: What They Don't Want You to Know about Shock Treatment, by Linda Andre. This important and information-packed book is another of the very best resources on electroshock.

www.ect.org is Juli Lawrence's vast ongoing ECT archive.

www.ectresources.org is Peter Breggin's ECT Resources Center, and has excellent, well-organized information on electroshock.

www.ectjustice.com A ECT survivor's website with excellent information related to legal issues and litigation around electroshock.

FINANCIAL DISCLOSURE

The cost of ECT varies significantly. Cost of the procedure itself may vary from \$100 to \$300 per treatment for the psychiatrist's bill.

"Hidden" costs include fees for the anesthesiologist and the surgery suite (up to \$800 combined per session), room and board at the hospital (usually \$800 to \$1300 per day at a private psychiatric hospital), psychotherapy charges by the psychiatrist (average \$100 - \$150 per hour), consultant fees, and charges for whatever drugs you will be administered. Depending on the setting and whether you are in-patient or out-patient, there will be variable fees for the "operating room" and the hospital. You should obtain a full financial disclosure of all costs in writing, prior to decisions about any procedure.

Are you being asked to consider ECT therapy?

Are you being asked to consider undergoing the psychiatric procedure of electroshock, commonly referred to as electroconvulsive therapy, or ECT? If so please consider the following information before signing an "informed consent" to treat with ECT form.

YOU HAVE A RIGHT TO REFUSE ECT!

Your Label:

Are labeled as "mentally ill," diagnosed with a particular "disease" for which ECT is being recommended as "treatment." ECT is being justified as a "treatment" based on the assertion that your "disease" (probably called Depression, but possibly some other "disease" such as Bipolar Disorder or Schizophrenia) is a biologically or genetically based illness.

Your label as "mentally ill" and diagnosis as "Major Depression" or other "mental illness" is entirely hypothetical, based on subjective reports and observations of mood and behavior. There is no evidence of disease, chemical imbalance, or anything physically or chemically abnormal to validate your diagnosis as a medical illness.

THE PROCEDURE

Electroshock involves the production of a grand mal convulsion, similar to an epileptic seizure, by passing from 70 to 600 volts of electric current through the brain for 0.5 to 4 seconds. Before application, ECT subjects are typically given anesthetic, tranquilizing and muscle-paralyzing drugs to reduce fear, pain, and the risk (from violent muscle spasms) of fractured bones (particularly of the spine, a common occurrence in the earlier history of ECT before the introduction of muscle paralyzers). The ECT convulsion usually lasts from thirty to sixty seconds and may produce life-threatening complications, such as apnea and cardiac arrest. The convulsion is followed by a period of unconsciousness of several minutes' duration. Electroshock is usually administered in hospitals because they are equipped to handle emergency situations which often develop during or after an ECT session.

Administration of ECT also varies enormously in number of treatments, from one to literally hundreds over time. A typical course of treatment involves 6 to 12 sessions. Multiple Monitored ECT is one variation which consists of 3 treatments in one session, spaced about 5 minutes apart, with 3 sessions in one week; thus, 9 treatments in one week.

Two important pieces of information to know are that:

1) The natural electrical activity of the brain is measured in millivolts, or thousandths of a volt. Thus, the power of ECT is literally hundreds of thousands of times greater than natural brain electrical activity.

2) The average ECT procedure involves a level of electricity that can range from the minimum level required to induce a convulsion up to 40 times greater than that. The official APA recommendation ranges from 1 1/2 to 3 times greater than that required to induce a convulsion.

ELECTROSHOCK AND ELDERS

The use of ECT is increasing, and seventy percent of the "treatments" are insurance-covered. The bottom line is that more than 100,000 Americans are being electroshocked each year; about half are 65 years of age and older, and two-thirds are women. Psychiatry defends the use of electroshock with our elderly women, arguing they need it because of the intractability of geriatric depression. Others call it shameful abandonment and mistreatment of our elders, clear evidence of psychiatry as agent of institutionalized ageism and sexism in our society.

STATE OF BODY

A complete physical examination by a non-psychiatric physician, preferably an internist, is recommended. The internist should evaluate for and inform the patient and psychiatrist of the potential for the individual to sustain physical complications of ECT treatment. This is analogous to what internists do in a pre-operative evaluation for surgery.

LACK OF EFFICACY

Research indicates the following:

1) No lasting beneficial effects of ECT.

2) Sham-ECT (where an individual is anesthetized and told they will receive ECT, but actually do not) has the same short-term outcomes as actual ECT.

Research clearly shows that ECT does not prevent suicide. Suicide rates for those receiving ECT are no lower than non-ECT patients with similar diagnostic profiles.

PSYCHOLOGICAL EFFECTS

The truth is that electroshock is one of the most dramatic examples ever of iatrogenic (medically-induced) disease. Brain damage, memory loss and mental disability are routine distinguishing results. In addition to obvious physical and mental damage, there are a number of other negative effects of ECT. These include:

- 1) Suppression of emerging distress material;
- 2) Suppression of ability to heal by emotional release;
- 3) Creation of emotional distress, including deep feelings of terror and powerlessness;
- 4) Promotion of human beings in the roles of victims and passive dependents of medical professionals;
- 5) Confirmation of patients' belief that there is something really wrong with them (shame).

When electroshock is being considered, it is always important to ask, "What is it this "patient" not able to remember and tell about?" Or "What is it that the others do not want to hear or look at?" Often it is abuse, always it is difficult, disruptive, threatening, uncomfortable, and painful. Emotional discharge is essential to healing. The distress needs to emerge, the truth needs to be told. Electroshock is an assault on the brain, and on the possibility of healing by expressing the truth.

Note: Because ECT is a high-risk experimental procedure and because of the possibility of permanent brain damage, you may want to consider magnetic resonant imagery (MRI) brain scans before and after this procedure. Pre- and post- MRI's are one way to measure the possible physical effects of ECT on your brain.

ELECTROSHOCK MODIFICATIONS

Contrary to claims by ECT defenders, newer technique modifications have made electroshock more harmful than ever. For example, because the drugs accompanying ECT to reduce certain risks raise the seizure threshold, more electrical current is required to induce the convulsion, which in turn increases brain damage. Moreover, whereas formerly ECT specialists tried to induce seizures with minimal current, extreme amounts of electricity are commonly administered today in the belief that they are more effective. Again, the more current, the more brain damage.

FDA CLASSIFICATION

The Federal Food and Drug Administration (FDA) classifies ECT machines as a Type III device. This means that ECT is an experimental procedure, classified in the highest risk category by the FDA. Class III means that the machine has not gone through the rigorous FDA testing required of medical devices, including safety testing and efficacy assessments.

DRUGS ADMINISTERED

Electroshock is a procedure which involves administration of the following general classes of medication:

- 1) general anesthesia
- 2) tranquilizers
- 3) muscle relaxants.

Each of these drugs has a wide range of effects on your body, mind and emotions. Listed below is a sample of possible adverse reactions as listed in the Physicians' Desk Reference

Anesthesia [i.e. propofol]:

circulatory depression, hypotension, hypertension, peripheral vascular collapse, tachycardia, arrhythmia, respiratory depression, cardiorespiratory arrest, skeletal muscle hyperactivity, injury to nerves adjacent to injection site, seizures, hysteria, insomnia, moaning, restlessness, anxiety, nausea, abdominal pain, pain at injection site, salivation and headache.(p. 3416)

Tranquilizer [i.e. valium]:

drowsiness, fatigue, ataxia, confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision, hyperexcited states, anxiety, hallucinations, muscle spasticity, insomnia, rage, sleep disturbance.(p. 2736)

Muscle Relaxant [i.e. succinylcholine chloride

skeletal muscle weakness, profound and prolonged skeletal muscle paralysis resulting in respiratory insufficiency and apnea which require manual or mechanical ventilation until recovery, low blood pressure, flushing, heart attack, bronchospasm, wheezing, injection site reaction, fever.(p. 1091)

- You should obtain a list of drugs recommended for ECT, including a complete listing of effects described in the PDR.

MEDICAL EFFECTS OF ECT

1) Death

ECT death estimates vary widely. One study showed 1 in 4 deaths among the very elderly, while the American Psychiatric Association claimed 1 in 10,000. The average lies somewhere in between, but people definitely do die from electroshock.

2) Brain Damage

Electroshock always causes brain damage due to the massive amount of electricity and the grand mal convulsion; the real question is how much.

3) Memory Loss

From a neurological point of view the key indicator of brain damage is memory loss, and electroshock always causes memory loss. Again, the real question is how much. There is always some degree of memory loss directly around the procedure. Generally there is also significant retrograde amnesia, which means loss of past memories. Most electroshock survivors experience significant, often profound, loss of past memories. Anterograde memory loss refers to impairment of the ability to hold memory of new experiences, and is perhaps best referred to as cognitive learning disability caused by electroshock. Many shock survivors find themselves impaired or unable to return the work they were doing prior to ECT.

There are many other negative medical effects of electroshock. Three of these include:

4) Cardiovascular Complications

5) Extra Risks for the Elderly

6) Seizures and Epilepsy