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separate file - ECT - brain damage - Sament letter

In Favor of Wider ECT Ban

I was heartened to learn of the efforts of patient organizations and others in the Berkeley (Calif.) area to ban electroconvulsive therapy (CLINICAL PSYCHIATRY NEWS, December 1982).

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p. 1). As a neurologist, I wish them success, and moreover I feel that their efforts should be on a national basis, not merely in Berkeley.

Electroconvulsive therapy should be banned in the same way that prefrontal lobotomy has been banned in some countries and has gone out of use in most others.

As a neurologist and electroencephalographer, I have seen many patients after ECT, and I have no doubt that ECT produces effects identical to those of a head injury. After multiple sessions of ECT, a patient has symptoms identical to those of a retired, punch-drunk boxer.

After one session of ECT the symptoms are the same as those of concussion (including retrograde and antero-

grade amnesia). After a few sessions of ECT the symptoms are those of moderate cerebral contusion, and further enthusiastic use of ECT may result in the patient functioning at a subhuman level.

Electroconvulsive therapy in effect may be defined as a controlled type of brain damage produced by electrical means.

No doubt some psychiatric symptoms are eliminated—hence the 80% response rate quoted in your article. But this is at the expense of the brain damage, which may have varying effects on patients' lives, depending on their age, personality, and the number of ECT treatments.

In all cases the ECT "response" is due to the concussion-type, or more serious, effects of ECT. The patient

"forgets" his symptoms because the brain damage destroys memory traces in the brain, and the patient has to pay for this by a reduction in mental capacity of varying degree.

It should not be too disturbing for psychiatrists that advances in psychiatric treatment should arise at a grass-roots level. This is happening in other areas of human activity, including science and medicine. For example, the "wellness" movement (which is now finding its way into routine medical practice) started at the grass-roots or patient level.

Psychiatry may possibly be able to learn something from this movement: A patient free of disease is not necessarily healthy but may be functioning at a low level of health.

Similarly, a patient "responding" to ECT and even becoming asymptomatic and "easier to manage" is not necessarily healthy or cured but may be functioning at a low mental level, and his potential for full human function may be seriously impaired.

Methods other than ECT (if required) may be more prolonged and may require more understanding by professional therapists, patients may require more attention, and institutions may require more ancillary staff, but the banning of ECT would be a good start in the reeducation of the medical profession, and the general public, regarding the nature of "psychiatric illness" (for want of a better term).

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