

Reviews

ECT Pros, Cons and Consequences: A MIND Special Report. 1988. Obtainable from: MIND Publications Mail Order Service, 4th Floor, 24–32 Stephenson Way London NW1 2HD. 25p each, £2 for 10, £18 for 100 (prices include postage).

News of a MIND special report on ECT is sufficient to generate an air of gloom in any psychiatric gathering. Is there no end to the remorseless assault on psychiatry?

In this case the gloom can be dispersed, for this is not a MINDless regurgitation of data free prejudice but a genuine attempt to present a balanced account for patients and their relatives. As such it is to be warmly welcomed, even though it is not as most of us would have written it.

This six-sided pamphlet presents the essence of the controversy, gives an accurate account of how patients will experience treatment, then reviews the College guidelines and the extent of their implementation. It goes on to consider what ECT is used for, considers issues of consent and weighs the risks and benefits.

Among the concerns addressed by the pamphlet are the manner in which ECT is given and the wide variations in practice between districts, hospitals and clinical teams. The Pippard & Ellam report in 1980¹ revealed the wide variations in use and in standards of practice. Latey & Fahy² have demonstrated some of the associations of these variations.

The need for proper training and supervision of doctors administering ECT should be constantly reiterated. A variety of studies including Freeman *et al*³ and Hughes *et al*⁴ have identified simple measures which can make ECT more acceptable and less distressing to patients and their relatives.

In trying to be helpful, the authors assert “ECT does have a proven capacity for abuse but this also applies to psychiatric drugs”. The big difference of course is that self abuse of ECT is scarcely a problem whereas non-compliance and abuse may occur with drugs.

ECT abuse, real or alleged, is laid at the door of the psychiatrist and many are deeply wounded by these allegations. In the past, doctors may have condoned the use by institutional staff of treatment as a means of control or punishment but this certainly should not occur to-day.

Under the heading ‘current usage’, two statements from the College guidelines are given perjorative

italics “many psychiatrists feel that for severe depression bilateral ECT is preferable” and “the therapeutic effect of ECT is probably dependent on producing a generalised fit”.

From the literature, it is possible to make more categorical statements which avoid the implication that gut instinct or emotion determine our actions and the word probably is best avoided. These are reminders that College statements designed for internal consumption are widely read and liable to be critically dissected.

This is an independent document produced at a time when there are rumblings of parliamentary lobby groups opposing the use of ECT. As such it deserves to be welcomed as a contribution to the continuing debate and a useful source of information for patients and families.

SYDNEY BRANDON

*Professor of Psychiatry
University of Leicester*

References

- ¹PIPPARD, J. & ELLAM, L. (1981) *Electroconvulsive Treatment in Great Britain 1980*. London: Gaskell (Royal College of Psychiatrists).
- ²LATEY, R. H. & FAHY, T. J. (1982) *Electroconvulsive Therapy in the Republic of Ireland*. Galway, Ireland: Galway University Press.
- ³FREEMAN, C. P. & KENDELL, R. E. (1980) ECT patients' experiences and attitudes. *British Journal of Psychiatry*, 137, 8–16.
- ⁴HUGHES, J., BARRACLOUGH, B. M. & REEVE, W. (1981) Are patients shocked by ECT? *Journal of the Royal Society of Medicine*, 74, 283–285.

Focus on Restraint: Guidelines on the Use of Restraint in the Care of the Elderly.

The Royal College of Nursing, 20 Cavendish Square, London W1M 0AB. 1987. Pp 9. No price stated.

The Section for the Psychiatry of Old Age discussed the restraint of elderly patients in hospitals and homes within the last year. Now this document from the Royal College of Nursing appears as a welcome contribution to a continuing debate.

On the second page it states “In broad terms restraint means restricting someone's liberty, preventing him from doing something he wants”. (Anyone who is restrained, whatever his mental or