

Coalition for the Abolition of Electroshock in Texas
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Austin, Texas 78745
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Dear Seton Board Members,

12-8-05

Are you aware that your Austin facility, Seton Shoal Creek Hospital, is one of the last facilities in Central Texas that continues the practice of electroshock? We know that of 1656 patients electroshocked in Texas between September 2003 and August 2004, 163 of these victims were at your hospital. We know that approximately 2/3 were women, mostly menopausal or perimenopausal, and that 7 of these people were over 80 years old.

We are a local and international coalition of citizens who are deeply concerned about the grievous harm done to individuals by the administration of psychiatric electroshock, also known as electroconvulsive therapy, or ECT. We are committed to the abolition of this dangerous practice.

The Seton website reads as follows:

Our mission inspires us to care for and improve the health of those we serve with a special concern for the sick and the poor. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. We serve each person as a Christian would serve Christ himself. As a caring community, we respect the dignity and needs of one another.

We admire your mission statement and the work you do in the field of medicine. We want to support you by calling clear and strong attention to the fact that your facility's practice of electroshock is a direct affront to your stated intention to care for and improve people's health. Electroshock is not decent care. There is a wealth of literature to back up this truth.

Our medical experts are clear that electroshock always causes brain damage. The question is only how much. They report that other medical effects of electroshock include:

- Death- estimates from Texas Mental Health Department data between 1993 and 1996 show a 1 in 200 death rate. *Recent data is improved, probably due to greater oversight. Consider Kroessle & Fogel's 1993 research, however, about the oldest old. Mortality rates are much higher for those who receive shock, and much death is a while after the shock and gets attributed to other causes.*
- Brain Damage- The average electroshock procedure induces a level of electricity approximately two and one-half times greater than that required to induce a convulsion. Systematic brain damage is unavoidable, and a number of brain scan studies document this fact.
- Cardiovascular Complications- well-documented.
- Extra risks on all three categories above for the elderly, who are the primary target population.
- Seizures and Epilepsy--At least 2 members of our own local coalition have seizure disorders as a result of electroshock; one received his electroshock at your hospital.
- Memory Loss-- extremely well-documented. Even shock proponent, Harold Sackeim, admits in his 2001 editorial in *The Journal of ECT* that "...virtually all patients experience some degree of persistent and, likely, permanent retrograde amnesia." The question is only how much. *MHMR data is tremendously underreported.*

Negative emotional effects of electroshock include terror, shame, helplessness and hopelessness.

Our legal advisers inform us that just last summer (July 2005), a jury found against a South Carolina doctor who referred a patient for electroshock treatment that left her permanently impaired. The patient, Peggy S. Salters, is a 60-year-old former psychiatric nurse. The jury awarded her \$635,177, concluding that her loss of 30 years of memory and cognitive impairment are demonstrable symptoms of brain damage due to electroshock.

In a recent California case, *Akkerman v. MECTA Corp*, the judge ordered the offending hospital to shut down their electroshock unit. We anticipate a growing number of electroshock related lawsuits.

Your mission declares a determination to improve the health of our citizens. The fact is that not only does electroshock directly violate the Hippocratic oath to first do no harm, the practice is acknowledged to be ineffective. There are no lasting beneficial effects of electroshock; sham-electroshock (anesthesia but no electroshock) has the same short-term outcomes as electroshock. One of electroshock's most ardent supporters, Harold Sackeim, published an article with several colleagues in 2001 in the *Journal of the American Medical Association*, entitled, "Continuation Pharmacotherapy in the Prevention of Relapse Following Electro convulsive therapy." Analysis of his data reveals a 100% relapse within 6 months of stopping electroshock.

A key issue is that of informed consent. Even though Texas has laws related to informed consent for electroshock, these laws are severely inadequate. They do not protect citizens from their tremendous vulnerability at the time of considering electroshock. There is no requirement that the citizens be of clear mind, unimpeded by psychotropic drugs. Most often, in fact, these patients are taking psychotropic drugs and therefore not in a clear state of mind. Perhaps even more egregious is that the informed consent data is insufficient and inaccurate. Citizens are not told of the true nature of their condition, that it is in fact entirely subjective. They are routinely given false information that they suffer from a biological mental illness (a chemical imbalance) or a genetic defect of some sort. There is absolutely no scientific proof of this assertion and no objective test to make such a diagnosis. Citizens are also not given a true and accurate statement of risks and benefits of the treatment, as mentioned above regarding safety and efficacy.

Texas state mental health code mandates informed consent to mental treatment and outlaws deprivation of rights purely on the basis of mental illness. The right to informed consent is necessarily part and parcel of the most basic constitutional guarantees. Absent informed consent, any medical treatment is equivalent to battery.

It is our view that almost no one would ever consent, if they were truly and fully informed of the nature of psychiatric diagnosis and the real risk/benefit trade offs of psychiatric treatments. Thus, the main reason people receive psychiatric treatment is because they've been denied the right to informed consent. They've been misinformed, defrauded or coerced.

In conclusion, electroshock is damaging and ineffective. It is an egregious violation of the principles of Seton Hospital. Our obvious desire is that you discontinue this scientifically baseless practice and close down your electroshock unit at Seton Shoal Creek Hospital.

Just now, we simply request that you meet with us to discuss our mutual concern for the well-being of Seton patients. Our address is on the letterhead. Our contact person, Dr. John Breeding, may be reached by phone at 512-799-3610. We look forward to hearing from you.

In all sincerity,

John Breeding, PhD
For the Coalition for the Abolition of Electroshock in Texas.