

Coalition for the Abolition of Electroshock in Texas
5306 Fort Clark Dr.
Austin, Texas 78745
(512) 799-3610

Andrew Weil, M.D.

2-1-07

Dear Dr. Weil,

I have been a practicing psychologist for 25 years and am a member of the Coalition for the Abolition of Electroshock in Texas (www.endofshock.com). 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 destructive procedure.

I recently read with interest your July 9, 2004 response to a query about the advisability of electroshock as a treatment for mild depression (<http://www.drweil.com/drw/u/id/QAA326655>). Your answer that shock is “absolutely not indicated” is a good one, and you provide a few valuable alternatives. Thanks for that.

I am troubled, however, by your assertion that electroshock may be indicated for “severe depression” and “severe mania”. I think your advice here is mistaken and very dangerous for several reasons. First, you seem to accept the routine use of antidepressant drugs and don’t mention that they are also very dangerous and that the research generally does not show that they are any more effective than placebo. Even the infamous “chemical imbalance” theory said to justify these drugs has never been proven and does not hold up in the light of scientific research. I cite here just two recent articles that address these facts. I choose them because they are published in a free, peer reviewed journal that anyone can easily access without cost on the Internet. Here are the two articles and their respective links:

Lacasse, J.R. & Leo, J. “Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature.” (<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0020392>)

Moncrieff, J. & Cohen, D. “Do Antidepressants Cure or Create Abnormal Brain States?” (<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030240>.)

So-called clinical depression is often caused or exacerbated by the antidepressants and other drugs that are used as “treatments.” See, for example, www.drugawareness.org, for supporting evidence and the Food and Drug Administration hearings held during the last two years on antidepressant-induced suicide—information that had been deliberately suppressed by both the drug companies and the FDA.

These are crucial issues and without addressing them, you inadvertently support the ongoing tragic phenomena of misinformation in the field of psychiatry and the overall perversion of the crucial medical ethics principle of informed consent. This is true for psychiatric-drug use generally as well as for electroshock. See my chapter on electroshock for a discussion of informed consent in the practice of electroshock (<http://www.endofshock.com/breeding.htm>).

You mention the following concerns with electroshock: “Common side-effects of ECT include temporary short-term memory loss, nausea, muscle aches and headaches. Some people develop longer-lasting memory problems.” It is good you mention these effects, but electroshock psychiatrists also inform ECT candidates about these relatively minor problems while failing to explain the more serious risks of the procedure.

These risks include the following:

- Death - As Leonard Roy Frank shows in his article on “Electroshock and Death,” estimates of ECT death rates range from 1 in 10,000 to as low as 1 in 4 among the very elderly (<http://www.endofshock.com/101i%20brochure%20on%20deaths%203-29.doc>).
- Brain Damage - The average electroshock procedure as administered today typically induces a level of electricity approximately two and one-half times greater than what is needed to induce a convulsion. Systematic brain damage is unavoidable, a fact that is documented in a number of brain scan studies and other reports. Even some electroshock advocates are finally acknowledging this. In an article in the journal *Neuropsychopharmacology* in January 2007, longtime ECT proponent and prominent researcher Harold Sackeim of Columbia University and colleagues, acknowledged ECT causes permanent amnesia and permanent deficits in cognitive abilities, which affect individuals’ ability to function. The article notes, “This study provides the first evidence in a large, prospective sample that adverse cognitive effects can persist for an extended period, and that they characterize routine treatment with ECT in community settings.” (<http://www.nature.com/npp/journal/v32/n1/pdf/1301180a.pdf>).
- Memory Loss - This sine qua non of brain damage is extremely well-documented. 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 only question is how much.
- Cardiovascular Complications - Well-documented.
- Extra risks on all three categories above for the elderly, who are the primary target population; about half of those undergoing ECT are 60 years of age and older.
- Seizures and Epilepsy - At least two members of our own local coalition have seizure disorders as a result of electroshock.
- Negative emotional effects of electroshock include terror, shame, helplessness and hopelessness.
- See our website at www.endofshock.com for documentation of the above information.

Your mission is clearly aimed toward improving 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 has never been proven effective. There are no lasting beneficial effects of electroshock; sham-electroshock (anesthesia but no electroshock) has the same short-term outcomes as electroshock. Let me reference Harold Sackeim one final time, from an article he wrote with several colleagues in 2001 in the *Journal of the American Medical Association*, titled, “Continuation

Pharmacotherapy in the Prevention of Relapse Following Electroconvulsive Therapy.” They state in their conclusion, “Our study indicates that without active treatment, virtually all remitted patients relapse within 6 months of stopping ECT.”

Before ending this letter, I want to briefly revisit the issue of informed consent. Even though various states have laws relating to informed consent for electroshock, these laws are seriously inadequate, and almost all states allow forced electroshock. When electroshock is not technically forced, the law still does not protect citizens who often are tremendously vulnerable when they are considering electroshock. There is no requirement that ECT candidates be of clear mind, unimpeded by psychoactive drugs. Often, in fact, these patients are victims of polypharmacy, taking three or more psychoactive drugs. Perhaps even more troubling, the information given candidates is rarely complete and accurate. Consent forms, for example, do not cite brain damage as an ECT risk.

Generally, state mental health codes mandate informed consent to mental treatment and ban 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 consent, if they were truly and fully informed of the nature of psychiatric diagnosis and the real risk/benefit tradeoffs of psychiatric treatments. Thus, the main reason for the widespread use of electroshock (more than 100,000 people every year in the U.S. alone) is that candidates for ECT are being denied their right to informed consent. They’ve been misinformed, defrauded or coerced.

Deleted:

In conclusion, electroshock is damaging and ineffective. It is not only a breach of medical ethics, it is also a human-rights violation. You are an influential voice, and my request is that you publicly withdraw your advice that electroshock is a valid psychiatric procedure.

In all sincerity,

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