

Appendix B

Examples of Consent Forms and Patient Information Sheet for an ECT Course

[Name of Facility Here]

ECT Consent Form

Name of Attending Physician: _____

Name of Patient: _____

My doctor has recommended that I receive treatment with Electroconvulsive Therapy (ECT). The nature of this treatment, including the risks and benefits that I may experience, have been fully described to me and I give my consent to be treated with ECT.

I will receive ECT to treat my psychiatric condition. I understand that there may be other alternative treatments for my condition which may include medications and psychotherapy. Whether ECT or an alternative treatment is most appropriate for me depends on my prior experience with these treatments, the nature of my psychiatric condition, and other considerations. Why ECT has been recommended for my specific case has been explained to me.

ECT involves a series of treatments. To receive each treatment I will be brought to a specially equipped room in this facility. The treatments are usually given in the morning, before breakfast. Because the treatments involve general anesthesia, I will have had nothing to drink or eat for at least six hours before each treatment. When I come to the treatment room, an injection will be made in my vein so that I can be given medications. I will be given an anesthetic drug that will quickly put me to sleep. I will be given a second drug that will relax my muscles. Because I will be asleep, I will not experience pain or discomfort during the procedure. I will

not feel the electrical current, and when I wake up I will have no memory of the treatment.

To prepare for the treatments, monitoring sensors will be placed on my head and other parts of my body. A blood pressure cuff will be placed on one of my limbs. This is done to monitor my brain waves, my heart, and my blood pressure. These recordings involve no pain or discomfort. After I am asleep, a small, carefully controlled amount of electricity will be passed between two electrodes that have been placed on my head. Depending on where the electrodes are placed, I may receive either bilateral ECT or unilateral ECT. In bilateral ECT, one electrode is placed on the left side of the head, the other on the right side. In unilateral ECT, both electrodes are placed on the same side of the head, usually on the right side. When the current is passed, a generalized seizure is produced in the brain. Because I will have been given a medication to relax my muscles, muscular contractions in my body that would ordinarily accompany a seizure will be considerably softened. The seizure will last for approximately one minute. Within a few minutes, the anesthetic drug will wear off and I will awaken. During the procedure my heart rate, blood pressure, and other functions will be monitored. I will be given oxygen to breathe. After waking up from the anesthesia, I will be brought to a recovery room, where I will be observed until it is time to leave the ECT area. The number of treatments that I receive cannot be predicted ahead of time. The number of treatments will depend on my psychiatric condition, how quickly I respond to the treatment, and the medical judgment of my psychiatrist. Typically, six to twelve treatments are given. However, some patients respond slowly and more treatments may be required. Treatments are usually given three times a week, but the frequency of treatment may also vary depending on my needs.

The potential benefit of ECT for me is that it may lead to improvement in my psychiatric condition. ECT has been shown to be a highly effective treatment for a number of conditions. However, not all patients respond equally well. As with all forms of medical treatment, some patients recover quickly; others recover only to relapse again and require further treatment, while still others fail to respond at all.

Like other medical procedures, ECT involves some risks. When I awaken after each treatment, I may experience confusion. The confusion usually goes away within an hour. Shortly after the treatment, I may have a headache, muscle soreness, or nausea. These side effects usually respond to simple treatment. More serious medical complications with ECT are rare. With modern ECT techniques, dislocations or bone fracture, and dental complications very

rarely occur. As with any general anesthetic procedure, there is a remote possibility of death. It is estimated that fatality associated with ECT occurs approximately one per 10,000 patients treated. While also rare, the most common medical complications with ECT are irregularities in heart rate and rhythm.

To reduce the risk of medical complications, I will receive a careful medical evaluation prior to starting ECT. However, in spite of precautions there is a small chance that I will experience a medical complication. Should this occur, I understand that medical care and treatment will be instituted immediately and that facilities to handle emergencies are available. I understand, however, that neither the institution nor the treating physicians are required to provide long-term medical treatment. I shall be responsible for the cost of such treatment whether personally or through medical insurance or other medical coverage. I understand that no compensation will be paid for lost wages or other consequential damages.

A common side effect of ECT is poor memory functioning. The degree of disruption of memory is likely to be related to the number of treatments given and their type. A smaller number of treatments is likely to produce less memory impairment than a larger number of treatments. Right unilateral ECT (electrodes on the right-side) is likely to produce milder and shorter-lived memory impairment than that following bilateral ECT (one electrode on each side of the head). The memory difficulties with ECT have a characteristic pattern. Shortly following a treatment, the problems with memory are most pronounced. As time from treatment increases, memory functioning improves. Shortly after the course of ECT, I may experience difficulties remembering events that happened before and while I received ECT. This spottiness in memory for past events may extend back to several months before I received ECT, and in rare instances, to one or two years. Many of these memories will return during the first several months following the ECT course. However, I may be left with some permanent gaps in memory, particularly for events that occurred close in time to the ECT course. In addition, for a short period following ECT, I may experience difficulty in learning and remembering new information. This difficulty in forming new memories should be temporary and will most likely subside within several weeks following the ECT course.

Individuals vary considerably in the extent to which they experience confusion and memory problems during and shortly following treatment with ECT. However, in part because psychiatric conditions themselves produce impairments in learning and memory, many patients actually report that their learning and memory

functioning is improved after ECT compared to their functioning prior to the treatment course. A small minority of patients, perhaps 1 in 200, report severe problems in memory that remain for months or even years. The reasons for these rare reports of long-lasting impairment are not fully understood.

Because of the possible problems with confusion and memory, it is important that I not make any important personal or business decisions during the ECT course or immediately following the course. This may mean postponing decisions regarding financial or family matters. After the treatment course, I will begin a "convalescence period," usually one to three weeks, but which varies from patient to patient. During this period I should refrain from driving, transacting business, or other activities for which impairment of memory may be problematic, until so advised by my doctor.

The conduct of ECT at this facility is under the direction of Dr. _____. I may contact him/her at (phone number: _____) if I have further questions.

I understand that I should feel free to ask questions about ECT at this time or at any time during the ECT course or thereafter from my doctor or from any other member of the ECT treatment team. I also understand that my decision to agree to ECT is being made on a voluntary basis, and that I may withdraw my consent and have the treatments stopped at any time.

I have been given a copy of this consent form to keep.

Patient:

Date

Signature

Person Obtaining Consent:

Date

Signature

***The Practice of Electroconvulsive Therapy:
Recommendations for Treatment, Training,
and Privileging***

**A Task Force Report of the
American Psychiatric Association, 1990**