

OPINION

Shock therapy unsafe, inhumane

By RON UNGER

IS IT TRUE THAT electroshock is the fastest and safest way to treat serious depression? Yes, if you believe The Associated Press article by Nancy Shulins, "Shock therapy for depression makes comeback," that appeared in The Register-Guard on Feb. 19. Knowledge of a few basic facts about electroshock, however, leads to a very different conclusion, as well as questions about the ethics of those who seek to minimize its risks.

One of the strongest and yet most misleading points made in the Shulins article was the weighing of the risks of shock vs. the risk of suicide in cases of serious depression (15 percent commit suicide, according to the article). Why not accept the risks of shock if it can prevent so many suicides?

Actually there is a simple reason: Studies on shock and suicide show that shock does nothing to lower the percentage of those who commit suicide. And some commit suicide specifically because of the effects of shock on their brain; an example is Ernest Hemingway, who committed suicide after shock treatment interfered with his ability to continue writing.

According to the Shulins article, shock is highly effective, although no one knows quite how it works. Actually, shock has been proven to be of limited effectiveness for a period of only about four weeks, and some experts have a pretty good idea as to why it works for that time period. When a person's brain is subject to severe trauma, common results are brain dysfunction with associated euphoria and/or apathy, combined with denial of problems. These effects are greatest in the first four weeks.

Most likely, the so-called "positive" effects of shock are simply direct symptoms of brain damage.

Shulins downplayed the possibility of

brain damage, emphasizing that the highest levels of current used are "barely enough to produce a flicker in a 100-watt light bulb." The brain of course does use electricity in its normal operations, but the amount is tiny, a small fraction of the amount used in electroshock. Who would run current many times greater than normal through their home computer in an attempt to improve its function?

Brain damage from shock has been well documented in animal research, as well as human autopsy studies, electroencephalograph (EEG) studies, and neuropsychological testing. Shock results in scattered cell death and numerous small, or sometimes large, hemorrhages in the brain.

The effects of shock resemble those of an organic brain syndrome, with memory loss, confusion, disorientation and spontaneous seizures. Memory loss alone can be quite severe, with years of life experience lost by some; one study showed 55 percent with memory still impaired years after treatment. Abnormalities in EEGs may persist for months or longer, and some studies show that many patients never recover normal EEGs. Is this a "safe" procedure?

Finally, the risk of death from shock was also severely minimized in the Shulins article. She stated that the mortality rate is now one in 20,000. This contrasts with a recent report by the state of Texas showing that over a 15-month period one in 209 patients (eight of 1,673 total) died within two weeks of receiving shock therapy. Unfortunately, shock appears to kill in many ways, from direct brain and heart damage to things such as accidents caused by the confused mental states induced by shock.

Locally, electroshock is practiced at Sacred Heart Medical Center, including a form that involves multiple shocks given during a single session. Brain damage is not discussed in the written informed consent

materials, and patients are assured that only a "small minority" experience severe long-term memory problems. Sacred Heart justifies its consent forms by relying on a 1990 American Psychiatric Association task force report that itself was flawed, a report that conveniently "forgot" almost all studies whose results reflected badly on shock.

The public falsely assumes that psychiatry is a scientific profession: Actually it sometimes behaves more like the tobacco lobby and it has actively and successfully lobbied against FDA requirements to have shock machines tested for safety and effectiveness. To those familiar with the history of psychiatry, this is nothing new: Psychiatrists have provided harmful and unproven treatments, many of them forced, to their patients for many decades or even centuries. Many psychiatric drugs show almost as much potential for harm as shock, yet they continue to be offered with little warning to recipients.

Since the psychiatric profession refuses to police itself, and since the media largely refuse the task as well, the task of sorting out truth from hype falls to individuals and their families. Books such as "Toxic Psychiatry" by psychiatrist Peter Breggin, and groups critical of psychiatry such as the local group Support Coalition Northwest, can provide assistance to individuals who are seeking the other side of the story on psychiatric treatments.

Getting complete information can be a challenge, but the alternative of believing all we are told by psychiatry can be harmful or even deadly.

Ron Unger of Eugene is a volunteer mental health worker. He submitted this statement on behalf of Support Coalition Northwest, a Eugene-based organization started by the Clearinghouse for Human Rights and Psychiatry.

