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To the editors:

As a survivor and opponent of electroconvulsive treatment (a.k.a. ECT, electroshock) who has studied and written extensively on the subject, I am responding to the letter from Michael M. Miller, M.D. (June 6), which attacked Jeff Cohen and Norman Solomon for what Miller called their "sweeping indictment" of ECT in a recent column ("Media Beat," June 5).

In his sweeping endorsement of ECT, Miller made a number of false and misleading statements about the procedure and ignored or discounted other problems associated with its use. I'd like to present some facts about ECT to assist readers in forming their own opinions on what is undoubtedly contemporary psychiatry's most controversial treatment.

1. Electroshock always causes some measure of permanent brain damage, memory loss, learning disability and mental impairment. The degree of harm in these areas is directly related to the number, intensity, and spacing of the treatments administered. In some cases this damage blunts awareness so that ECT patients are not troubled by their disabilities; in other cases they regard the brain disablement as devastating.

2. Electroshock causes a small but significant number of deaths. A recent report from the Texas Mental Health Department revealed that there were eight deaths among approximately 1,600 patients who had undergone ECT in Texas over a 15-month period, a rate 50 times higher than the rate ("approximately one per 10,000 patients treated") cited in the consent-form example in American Psychiatric Association's *Practice of Electroconvulsive Therapy* published in 1991.

3. There are no scientifically sound studies showing that ECT is an effective suicide preventive. The authors of an extensive study published in the *Annals of Clinical Psychiatry* (Sept. 1989) reported there was no significant difference in the suicide rate for depressed patients treated with ECT, anti-depressants, and neither of these treatments.

4. Electroshock's "therapeutic" effects are not lasting. No study shows that these effects persist more than at most a few months following the last treatment. One study indicates the relapse rate for ECT patients ranges from 20 to 50 percent within six months following treatment. The likelihood of an ECT patient with a diagnosis of depression or manic-depression becoming a permanent outpatient (with follow-up drug treatment, "maintenance" ECT, and occasional inpatient stays) is increasing.

5. Contrary to claims by ECT defenders, newer technique modifications have made electroshock more harmful than ever. For example, because the drugs accompanying ECT to reduce certain risks raise seizure threshold, more electrical current is required to induce the convulsion, which in turn increases brain damage. Moreover, whereas formerly ECT specialists tried to induce seizures with minimal current, suprathreshold amounts of electricity are commonly administered today in the belief that they are more effective.

6. Informed consent for electroshock in anything other than name is nonexistent because electroshock psychiatrists deny or minimize its harmful effects. For example, the APA book cited above states, "In light of the available evidence, 'brain damage' need not be included [in the consent form] as a potential risk." In addition, in all but one state ECT may be legally forced upon nonconsenting individuals who are said to be or are adjudicated mentally unqualified to give their consent.

7. The use of ECT is increasing. More than 100,000 Americans are being electroshocked each year; half are 65 years of age and older, and two-thirds are women. Seventy percent of all ECT is insurance-covered. ECT specialists on average have incomes of more than $200,000 a year, twice that of other psychiatrists. The cost for inpatient ECT ranges from $30,000 to $45,000 per series (usually 8 to 12 individual sessions). Electroshock is a $3 billion a year industry.

8. As a destroyer of memories, thoughts, and beliefs, electroshock is a direct, violent assault on three hallmarks of American liberty: freedom of speech, freedom of thought, and freedom of religion.

In conclusion, electroshock is a perfect example of psychiatry's moral and clinical bankruptcy.

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