Should ECT in Mental Health Be Prohibited?

Debated by

Edited by

CONTROVERSIAL ISSUES

HELTH IN MENTAL

Should ECT be prohibited?
Electroshock is a procedure used in psychiatry as a treatment for people diagnosed as "mentally ill." ECT practitioners continue to shock children and adolescents. Young and middle-aged adults had borne the brunt of ECT's effects, as described in the two previous paragraphs. Pointing to evidence found in a series of depressions and organic brain syndrome, or in lay terms brain damage, which by its very nature is irreversible. Brain cells—unlike skin cells, for example—do not renew themselves: destroyed once is destroyed forever. Although there is a large body of evidence including human autopsy reports, the relationship between electroshock and brain damage remains a matter of controversy. In medicine is called organic brain syndrome, or in lay terms brain damage, which by its very nature is irreversible. Brain cells—unlike skin cells, for example—do not renew themselves: destroyed once is destroyed forever. Although there is a large body of evidence including human autopsy reports, the relationship between electroshock and brain damage remains a matter of controversy.
1. At a time when insurance companies are increasingly reluctant to pay for other psychiatric services, they almost always cover electroshock costs without serious questioning. In more than 70 percent of ECT cases, insurance companies pay the cost, which runs upwards of $35,000 per series. Twenty-five individual ECT treatments ($800 to $1000/treatment, including the ECT specialist's and anesthetist's fees) range from $20,000 to $30,000, and the 25-day hospital stay ($600 to $800/day for a series of 5 to 12 treatments) for the psychiatrist. The yearly earnings of psychiatrists specializing in ECT may be that of an important money-maker overall, a $2 to $3 billion-a-year industry.

2. From the 1930s into the 1960s, the psychiatric profession has been promoting ECT as a treatment for the mentally ill. In the early 1960s, the profession's leading journals carried advertisements for ECT. The American Psychiatric Association (APA) published two reports, one in 1970 and another in 1978, which established ECT as a generally effective treatment for mental illness. The APA reports stated that ECT was a safe and effective treatment for depression, mania, and schizophrenia. However, the APA reports also acknowledged that ECT could cause memory loss, cognitive impairment, and other side effects.

In the 1980s and 1990s, the profession began to change its stance on ECT. In 1987, the APA issued a new report that concluded that ECT was an effective treatment for depression, but that it should be used only as a last resort when other treatments had failed. The APA report also stated that ECT could cause significant cognitive impairment in some patients.

In 1991, the APA issued a new report that concluded that ECT was not effective for treating depression. The APA report also stated that ECT could cause significant cognitive impairment in some patients.

In 1994, the APA issued a position paper that stated that ECT should not be used as a first-line treatment for depression, and that it should only be used as a last resort when other treatments had failed.

The profession's stance on ECT has continued to evolve in the years since. In 2014, the APA issued a new report that concluded that ECT was an effective treatment for depression, but that it should be used only as a last resort when other treatments had failed. The APA report also stated that ECT could cause significant cognitive impairment in some patients.

In 2017, the APA issued a new report that concluded that ECT was not effective for treating depression. The APA report also stated that ECT could cause significant cognitive impairment in some patients.
Should ECT Be Prohibited?  

3. Electroshock is useful as a method of social control. It enables individuals who fall or step out of line become troublesome to then be quieted or others. Not only does the use or threatened use of ECT usually ing then back into line, but the knowledge of its availability has an intimidating effect on many other people as well. At some level of their consciousness the message has come home: stay in line—or else. Warren, 1986.

4. Last, electroshock reinforces the biological model of `mental illness.' Under this model, which dominates contemporary psychiatry, mental illness is seen as a brain, hormonal, metabolic, or genetic disorder. Biological psychiatrists, as those psychiatrists who have adopted this model are usually called, regard people as objects to be manipulated and fixed. But human beings are much more than that. Biology is not destiny. Character is. And character is shaped primarily by the manner in which individuals choose to conduct themselves and by what is done for and to them throughout their lives. By reducing the individual's ability to function spiritually, intellectually, emotionally, and physically, electroshock undermines character and, along with it, freedom and responsibility. It has no place in a free society; wherever it is used, society cannot be truly free.

References

In conclusion, if the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of holy places. To invade, violate, and injure the brain, as electroshock unfaifingly does, is a crime against the spirit and a desecration of the soul.


The ECT, however, is the same as for other controversial, potentially overused procedures. Significant improvements in depression management have led to the widespread use of ECT. The efficacy of ECT with depression is well established and relies on the cautious use of ECT. The decision to use ECT must be made carefully with the informed consent of the patient and family members. The potential benefits of ECT must be weighed against the potential risks and side effects.

REFERENCES


SUSAN L. McNEILL AND ANDRE McNEILL

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135

Should ECT Be Prohibited? 135
Debate 9: Should ECT Be Prohibited?

Should ECT be prohibited?

**Yes:**

ECT is a highly effective treatment for depression, especially when other treatment options have failed. It can be administered in a controlled setting with proper monitoring, minimizing the risk of adverse effects. Many patients report a quick improvement in their symptoms, with recovery rates of 70% to 80%. However, the procedure is not without risks, and there are concerns about its long-term effects and potential for misuse.

**No:**

ECT is a highly effective treatment for depression, especially when other treatment options have failed. It can be administered in a controlled setting with proper monitoring, minimizing the risk of adverse effects. Many patients report a quick improvement in their symptoms, with recovery rates of 70% to 80%. However, the procedure is not without risks, and there are concerns about its long-term effects and potential for misuse.

**Arguments for Prohibition**

- ECT is considered a last resort treatment for depression.
- It is not a suitable treatment for all patients, and its use should be restricted to those who have tried other treatments.
- There are concerns about the potential for misuse and abuse of ECT, especially in cases where patients may not fully understand the implications of the treatment.

**Arguments against Prohibition**

- ECT is an effective treatment for depression, especially when other treatment options have failed.
- It can be administered in a controlled setting with proper monitoring, minimizing the risk of adverse effects.
- Many patients report a quick improvement in their symptoms, with recovery rates of 70% to 80%.

**Further Reading**

- *ECT: A Clinical Update* by Michael S. Reiser

---

**Evidence**

- ECT is effective in treating depression, with recovery rates of 70% to 80%.
- It is considered a last resort treatment for depression.
- There are concerns about the potential for misuse and abuse of ECT, especially in cases where patients may not fully understand the implications of the treatment.

---

**Conclusion**

The decision to prohibit ECT should be based on a thorough assessment of its benefits and risks. While ECT is an effective treatment for depression, it is not suitable for all patients, and its use should be restricted to those who have tried other treatments.

---

**Debate 9:**

Should ECT be prohibited? The prohibition of ECT would be to the detriment of those individuals who could truly benefit from the procedure.
Case Study

Ms. R. is a 72-year-old woman who was admitted to the psychiatric unit of an urban hospital following four years in a nursing home. The reason for this long stay was unclear as she had recovered from the bowel resection that initially necessitated the placement and had no other major or ongoing medical problems. She was severely depressed and would not eat, drink, or respond to questions. She stayed in bed all day with her eyes closed except to use the bathroom. Although a feeding tube was in place, she was starving herself to death; her skin was breaking down and wasting was evident. CFT was initiated. After a second ECT treatment, Ms. R. was opening her eyes and giving the nurse orders. After the third treatment she began eating a bit and complained about the food. After a few more treatments she improved enough to participate in physical therapy and independently went into the day room and interacted with other patients. By the end of treatment she was joking and telling the nurses that she looked forward to physical therapy because the therapists were "such hunks." At the time of her discharge, her son reported his mother had not looked so well in over five years.

References


The authors state that ECT's effectiveness in "treating major depression has been demonstrated." The standard way to test for ECT effectiveness is by comparing real ECT and sham ECT—the subject is anesthetized but not shocked—in controlled double-blind studies. At the First European Symposium on ECT in Graz, Austria, in March 1992, two psychiatrists from England, Gratani P. Sheppard and Saad K. Ahmed, delivered a paper entitled, "A Critical Review of the Controlled Real Versus Sham ECT Studies in Depressive Illness." Sheppard and Ahmed concluded that the thirteen such studies under review and analysis "do not offer significant evidence that real ECT is more therapeutically effective than sham ECT in depressive illness." 

The Crowe and Johnstone review published in the Annals of the New York Academy of Sciences 1986 drew the same conclusion from a smaller number of studies. Given the reports cited above, the absence of solid double-blind studies showing long-term effectiveness, and electroshock's demonstrated mortality, one must conclude that there is no scientific justification for rising ECT.

McNeill and Ivanoff call the claims of ECT specialists that it is a "relatively safe and effective treatment." While it is trite that antidepressants carry serious risks for the elderly, particularly the infirm and those with heart disease, the elderly who tolerate these drugs least are the most vulnerable to ECT's damaging effects. ECT is a more invasive procedure than the antidepressants. It is for this reason that biological psychiatrists generally use antidepressants before resorting to ECT. It should also be noted that past 1951 estimated that the FIT death rate for the elderly was five times higher than for the young.

The authors go on to say that ECT often improves the memory of the elderly. The notion that ECT, with its resultant brain damage, could improve memory is preposterous. What happens is that some individuals, previously mute or taciturn, are more responsive to questions after undergoing ECT. This does not signify that the ECT has improved their memory. It merely indicates that they are more responsive to questions after undergoing ECT. This does not improve their memory. These improvements in memory are the result of the elderly's eagerness to take any ECT. The authors go on to say that ECT often improves the memory of the elderly.

The quality of life for the elderly is crucially linked to memory. It is often their most valued possession. And so it should be. The memory is the only's companion and a bulwark of human dignity. As Emerson once wrote, "To remember what is best in our experience is our splendid privilege." Whether or not they talk about it, many elderly people are deeply troubled by their loss of memory. As Sheppard and Ahmed point out, "ECT is often cited as a partial cure for dementia." But ECT is no partial cure. It is a disease in itself. ECT is a disease that destroys memory. It is a disease that destroys the elderly's memory. It is a disease that destroys the elderly's quality of life. ECT is a disease that destroys the elderly's life.

The authors go on to say that ECT often improves the memory of the elderly. The notion that ECT, with its resultant brain damage, could improve memory is preposterous. What happens is that some individuals, previously mute or taciturn, are more responsive to questions after undergoing ECT. This does not signify that the ECT has improved their memory. It merely indicates that they are more motivated to answer questions after undergoing ECT. This does not improve their memory. These improvements in memory are the result of the elderly's eagerness to take any ECT.

The authors go on to say that ECT often improves the memory of the elderly. The notion that ECT, with its resultant brain damage, could improve memory is preposterous. What happens is that some individuals, previously mute or taciturn, are more responsive to questions after undergoing ECT. This does not signify that the ECT has improved their memory. It merely indicates that they are more motivated to answer questions after undergoing ECT. This does not improve their memory. These improvements in memory are the result of the elderly's eagerness to take any ECT.

The authors go on to say that ECT often improves the memory of the elderly. The notion that ECT, with its resultant brain damage, could improve memory is preposterous. What happens is that some individuals, previously mute or taciturn, are more responsive to questions after undergoing ECT. This does not signify that the ECT has improved their memory. It merely indicates that they are more motivated to answer questions after undergoing ECT. This does not improve their memory. These improvements in memory are the result of the elderly's eagerness to take any ECT.

The authors go on to say that ECT often improves the memory of the elderly. The notion that ECT, with its resultant brain damage, could improve memory is preposterous. What happens is that some individuals, previously mute or taciturn, are more responsive to questions after undergoing ECT. This does not signify that the ECT has improved their memory. It merely indicates that they are more motivated to answer questions after undergoing ECT. This does not improve their memory. These improvements in memory are the result of the elderly's eagerness to take any ECT.