

Book Review

Doctors of Deception: What They Don't Want You to Know about Shock Treatment, Linda Andre (Rutgers University Press, NJ, USA), 2009, ISBN: 978-0-8135-4441-0, \$26.95.

I was asked to complete a book review of *Doctors of Deception: What They Don't Want You to Know about Shock Treatment*, by Linda Andre. Although I gladly accepted the request, I had misgivings about a book whose title implied psychiatric malfeasance. I was also concerned because I had, earlier in my career, provided electroconvulsive therapy (ECT) to individuals who I believed would benefit from it. Secondly, not unlike other physicians, I am weary and critical of medical-scientific writings by individuals whose background is not medical. With that preface, I opened and read this book with skepticism and no small measure of trepidation. What I discovered was something out of the ordinary.

This book is brilliant analysis. It is successful on many levels, including its most important task: presenting an overview of the history, safety and efficacy of electro-convulsive therapy. The book is also a masterpiece of scientific *writing*. Through her extensive personal and professional research, Andre explained to me things I had already known about ECT, but with additional clinical facts and exceptional insight. She detailed the people and places that have formed the basis for the historical foundations of ECT at the same time that she described the politics and organizations that have continued to promote ECT as a safe and effective modality.

Linda Andre's work is also a bit frightening. Since I am one of the psychiatrists trained in the Duke University ECT program mentioned in the book, and am also someone who practiced ECT up until the mid 1990s, I experienced firsthand the marketing pitch that Andre rails against. The book made me feel ignorant of ECT's past, and deceived by having virtually none of the information presented in Andre's book brought to my attention previously. Therefore, the book made me think carefully: why and how was it possible that a non-psychiatric professional could present such compelling and rigorously investigated information while admitting that she, not unlike others, suffers from the memory difficulties and other traumas of her own personal ECT experience? As significantly, why was this information not offered earlier by someone with extensive clinical experience working in the field?

The book is not an angry, self-absorbed exposé that wallows in self-pity and undocumented findings. Rather, it is exceptionally articulate, educational and compelling read. Andre chooses her nouns and verbs carefully instead of relying on subjective adjectives and hyperbolic adverbs that might distort her arguments. If it does hurt the marketing efforts and the proponents of ECT – and it may – it does so because it takes aim where psychiatry (or any discipline) is most vulnerable: distorted disclosure of faulty science. Andre elucidates her story with the intensity and suspense of a great “who-done-it when and how” mystery. She propelled me, uncomfortably at times, to anticipate every subsequent chapter. I wanted to know what happened next.

This book also has the ability to play a larger role in scientific discourse which is not otherwise limited to ECT. Parallels exist – and the author has suggested them in her Epilogue – with other psychiatric therapeutics. As examples already in the public domain, other investigators have challenged the reliability and straightforwardness of scientific reporting and marketing of drugs like paroxetine (*Paxil*, GlaxoSmith-Kline), gabapentin (*Neurontin*, Pfizer), olanzapine (*Zyprexa*, Eli Lilly) and fenfluramine/dexfenfluramine

(*Redux and Pondimin*, Wyeth). Synonymous with the best of scientific literature, the book provides a template that asks as many questions as it answers. It leaves open the door for further study, especially in adjacent fields of concern that require further inquiry.

Andre's analysis demands repetition. For example, have the proponents of transcranial magnetic therapies or implanted vagal nerve stimulators (VNS) for treatment-resistant depression transparently presented the efficacy and safety data underpinning those treatment modalities? Given what the psychiatric scientific community currently knows about the purported misrepresented safety issues (weight gain, hyperglycemia, hyperprolactinemia, extrapyramidal side-effects and hyperlipidemia) of atypical antipsychotics, who will write the treatise to illuminate who knew what and when but failed to adequately inform the healthcare industry and the public about questionable therapeutic interventions?

I disagree with the author about one idea. After Andre carefully reveals the history and problems with ECT and questions the credibility of the medical-psychiatric establishment due to conflicts of interest, she suggests that those who are agents of debate and change may be "unstoppable". Certainly the dedication she and others demonstrate to a cause bigger than themselves is vital and important to scientific debate. I applaud and embrace them. But Andre anticipates that the exposure of ECT's deleterious effects, although it has taken years to happen, will shine similar light on other medical and psychiatric treatments where risk is under-exposed or under-appreciated. That is possible. However, that hopeful assertion may be naïve, since it opposes a complex and richly rewarded system of academic personalities and corporate arrogance. Since Andre presents facts to disturb the status quo of those who mis-promote ECT, she should anticipate headwinds from those she exposes.

The words of Benjamin Franklin might provide comparative perspective. The American statesman said,

We must not in the course of public life expect immediate approbation and immediate grateful acknowledgment of our services. But let us persevere through abuse and even injury. The internal satisfaction of a good conscience is always present, and time will do us justice in the minds of the people, even those at present the most prejudiced against us.

Kudos to Andre who, despite obstacles and prejudice, succeeds in making a powerful contribution to science and humanity in a story skillfully told.

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Disclosure

Dr. Kruszewski completed training in electroconvulsive therapy (ECT) at a Duke University mini-fellowship in 1988. Prior to 1996, he treated individuals with ECT. Dr. Kruszewski does not have any current business or financial arrangements with any pharmaceutical company. Prior to 2001, Dr. Kruszewski participated on the speaker's bureaus of the following companies: Pfizer, Inc., GlaxoSmithKline, Janssen

(Johnson and Johnson), AstraZeneca, Wallace Labs, Eli Lilly, GE-Amersham Biosciences; and previously served on an Eli Lilly Northeast Advisory Panel (1998). Dr. Kruszewski has been, and continues to be, directly involved as an expert in olanzapine, gabapentin, sertraline and OxyContin state and federal, individual plaintiff and class action, litigation. An amicus brief was submitted to the US Supreme Court on behalf of Dr. Kruszewski in the matter of *Levine v. Wyeth*.