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October 13, 1991

MESSAGE TO CTIP MEMBERS AND SUPPORTERS

To the best of my knowledge, there have been no newsworthy decisions or developments in the past month in any of the slow-moving governmental (federal, state, or local) actions that are afoot concerning shock treatment. But an article was published last week that seems likely to become a landmark in the shock literature. It could possibly influence some of these actions in that, implicitly, it makes a powerful case for truthfully informed consent.

The article is in the November 1991-January 1992 issue of a very slick magazine called Special Report. Describing itself as a "general-interest family magazine," it goes mainly to doctors' offices for their waiting rooms, but can also be had by individuals for \$4 the single issue or by subscription.

Here is the background. The writer, a young man named David Sharp, had called me several months ago saying he was planning to write an article about shock treatment for this magazine. I don't recall his saying how he happened to have this assignment or how he had heard of us. I do recall that, although he was new to this subject matter, he asked intelligent questions and was quick to understand the answers, and that I sent him quite a bit of material and referred him to a shock patient he could interview. But I didn't actually expect anything worthwhile to come of his efforts, partly because I couldn't see his audience comprehending the complicated politics of shock and, more to the point, because I couldn't imagine that such a "nice" kind of publication, and one to be distributed on doctors' premises, would accept any picture of shock treatment that wasn't wholly rosy.

Well, he fooled me and the magazine fooled me.

What he did was to write a perfectly straightforward account of one person's experience with shock, without arguments or proofs or rebuttals. This was the CTIP member I had referred him to, whose course had ended only a year ago (October 1990). He gave her the pseudonym Colleen Tate, which I'll use here as she is not keen on publicity. But Colleen's experience exemplifies and epitomizes, in the context of the 1990's, the historically constant features of shock treatment. And it is presented by both author and editors as entirely authentic.

The theme of this issue of the magazine is "Happiness," and Sharp's sober article fits in surprisingly well. It is entitled "A Bolt for the Blues" and is previewed in the table of contents with the lines: "Is overcoming depression worth losing one's memory? A personal encounter with electric shock therapy." An editorial on happiness refers again to the "chilling question" raised by Colleen's experience--about the price we should be willing to pay for happiness. A more specific question will occur to many readers: Shouldn't patients be allowed to know the price before they consent to shock treatment?

I asked Colleen what she thought of the article and she said it is very accurate. I have made copies and will be glad to send one to anyone who would like one.

Colleen's shocks were bilateral, and there is plenty of corroboration even in the orthodox shock literature for long-term memory loss after bilateral ECT.

Squire (Amer. J. Psychiat. 134:997, 1977) reported interviewing 55 bilateral patients at 6-9 months after ECT, of whom 37 (67%) reported memory impairment.

Freeman (Brit. J. Psychiat. 137:8, 1980) reported interviewing 166 bilateral patients at either 1 year or 5 years after ECT, of whom 30% reported memory impairment.

Squire (Brit. J. Psychiat. 142:1, 1983) reported interviewing 31 bilateral patients at 3 years after ECT, of whom 17 (55%) reported memory impairment.

Weiner (Annals of NY Acad. Sciences 462:315, 1986) reported testing 21 bilateral patients at 6 months after ECT and finding "provocative evidence for.... personal memory losses."

Marilyn