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electroshocking elderly people: another psychiatric abuse

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Many people believe that electroshock ("electroconvulsive therapy" or ECT) was outlawed years ago. In fact, this most controversial procedure in psychiatry, which the vast majority of shock survivors and other critics assert is *always* memory-destroying and brain damaging but which the shock doctors claim is "safe, effective and life-saving", is still legal in every province in Canada, every state in the United States and most Western countries. This article explores the claims, the counter-claims and the evidence.

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"Electroshock is violence." (Ramsey Clark, former U.S. Attorney General, 1983)

"If the body is the temple of the spirit, the brain may be seen as the inner sanctum of the body, the holiest of places. To invade, violate and injure the brain, as electroshock unfailingly does, is a crime against the spirit and a desecration of the soul." (Leonard Roy Frank, shock survivor, editor and writer, 1991)

Electroshock appears to be increasingly prescribed as a treatment for "clinical" depression and other so-called mental disorders. Women and elderly people, particularly old women, are its chief targets—more damning evidence of psychiatry's sexism and ageism. In the United States during the last ten years, an estimated 100,000 people have been shocked each year. In Canada, perhaps as many as 10,000 people, again mostly women, have been electroshocked each year, but nobody knows for sure because *Health and Welfare Canada* and the provincial health ministries do not publish ECT statistics, some of which are available on request. Besides, ECT statistics are notoriously inaccurate and unreliable, because collection methods differ from province to province and state to state; hospitals aren't required to keep accurate ECT records and not all hospitals are required to report ECT to provincial health ministries or state mental health departments.

I have discovered some recent shock statistics in Ontario which point to alarming trends: the increasing use of ECT and the targeting of women and the elderly for electroshock. Consider these statistical highlights:

1) In 1993–94, 11,360 shock treatments were administered to approximately 1,600 people in Ontario's general, community and psychiatric hospitals—an average of seven shocks per patient. In 1994–95, 12,865 shocks were administered to over 1,500 people, a 12 per cent increase.

2) Most electroshock (over 80 per cent) in Ontario is administered in the public general hospitals, *not* provincial or private psychiatric hospitals.

3) Over 40 per cent of electroshock has been administered to people 60 years and older during the last five years.

4) In 1994–95, 97 elderly people, including 72 women (60 years and older), were subjected to 1,023 shocks in Ontario's

provincial psychiatric hospitals—a high average of approximately 10 shocks per patient. In Toronto's Queen Street Mental Health Centre, over 70 per cent of the shock patients are from its psychogeriatric unit.

5) In 1993–94, approximately 600 elderly people (60+ years) were subjected to 4,033 electroshocks in Ontario's general and community psychiatric hospitals.

6) In the provincial psychiatric hospitals, the number and proportion of elderly people (65+ years) shocked grew from 70 (33 per cent) in 1990–91, to 82 (40 per cent) in 1993–94, to 44 per cent in 1994–95.

7) Among elderly and other ECT patients, significantly more women than men are electroshocked: *two to three times more women than men have been electroshocked* in both Canada and the United States for many years.

8) During 1994–95 in the provincial psychiatric hospitals, *72 per cent of elderly shock patients (65+ years) were women,* and significantly more ECT was administered to an elderly woman than an elderly man (average 10.9 ECTs vs. 8.7 ECTs).

9) *Women in their eighties and nineties have been electroshocked* in general, community and provincial psychiatric hospitals in Ontario. In 1993–94, a total of 102 shocks were administered to at least 10 women of 85 years and older in general and community psychiatric hospitals. In 1994–95, *at least 14 women of 80 years and older were subjected to 158 shocks* in eight provincial psychiatric hospitals, an average of 11 ECTs per patient.

10) During 1994–95 in Ontario, the estimated cost of one electroshock treatment, including physicians' fees, drugs, use of a hospital bed and nursing care, was $400. The (under) estimated total cost for all ECT that year was well over $1,000,000.

Two very common psychiatric myths state: first, that electroshock can prevent or greatly reduce the risk of suicide in people diagnosed with "clinical depression" or "bipolar affective disorder"; and second, that electroshock is safe and effective for old and physically ill people.

The first myth was exposed at least six years ago by Dr. Donald Black and four colleagues. This study involving more than 1,000 depressed patients in Iowa found that there were no significant differences in the suicide rate among the various groups treated with electroshock, antidepressants and no treatment. However, the *higher percentage of deaths among the shock patients (85 per cent higher at two-year follow-up than the non-shock patients)* clearly implicates shock as a contributing factor in their deaths (Black et al., 1989).

Regarding the second myth, Drs David Kroessler and Barry Fogel's longitudinal study involving sixty-five depressed patients 80 years and older found that *for the ECT group, 27 per cent died within one year following the "treatment", but only 4 per cent of the "medicated" group died.* In addition, one patient died after undergoing two ECTs. In other words, this study, together with several previous ones, clearly show that electroshock threatens people's survival, especially if they are old and sick (Kroessler and Fogel, 1993).

Deaths related to or caused by electroshock are usually attributed to medical conditions, not reported or simply covered up in the medical–psychiatric literature. For example, only six or seven ECT-related deaths in Canada have been reported in Canadian medical–psychiatric journals during the last fifty years. No doubt a serious underestimate or cover-up. Nevertheless, respected shock investigator and psychiatric critic, Dr Peter Breggin, has estimated the *general ECT death rate as one death for every 1,000 patients shocked, and a much higher rate of one death per 200 for elderly patients.* However, in its official shock-promoting

booklet the American Psychiatric Association (APA, 1990) claims the ECT death rate from shock is "1 in 10,000" patients, and that only "1 in 200" patients suffer permanent memory loss. The Canadian Psychiatric Association also claims there have been virtually no deaths or medical complications from electroshock in Canada, despite the fact that approximately 500 shock-related deaths and many more serious medical complications (e.g. cardiac arrest, other serious heart problems, permanent epileptic seizures, brain damage) have been reported in the English language medical literature for over 50 years since the early 1940s when electroshock was first used in Canada and the United States.

Peter Breggin wants electroshock banned, because psychiatrists routinely fail to warn patients about the serious risks of permanent memory loss and brain damage (a serious violation of informed consent), and because elderly, sick and frail patients are being increasingly targeted for electroshock. He explained his position in a recent phone interview with me last March:

> *"The escalating rate of shocking the elderly is one reason why I have come out in recent years for a complete ban on the treatment. The elderly are less able to defend themselves against shock treatment, and their brains are more susceptible to devastating damage."*

Leonard Roy Frank, an electroshock–insulin shock survivor living in San Francisco, shock critic, author and editor, insists that "ECB—electroconvulsive brainwashing" is a more accurate term. He agrees with Breggin and asserts, "the studies indicate that it's the elderly who are getting the most shock, and they're the most vulnerable, not only physically but politically" (Frank, 1996). A 1989 report from California's Department of Mental Health supports Frank's assessment; it reveals that 48 per cent of the 2,503 people shocked that year in the state were 65 years and older. Frank claims the figure is currently over 50 per cent and climbing.

Electroshocking women and elderly patients is also on the rise in England. For example, in a 1993 critique, patients' rights advocate Alison Cobb reports that "...women are the majority of ECT patients (about 70 per cent), half are over 65 years of age. ...59 per cent of the 100 (in one study) ... were aged over 65, the oldest being 92 years. Given the vulnerability of older people's memory and cognitive abilities, this has to be a grave cause of concern....", (Cobb, 1993).

Douglas Cameron, another outspoken shock survivor, critic and co-founder (with Diana Loper) of the World Association of Electroshock Survivors based in Texas, is extremely critical of the alleged safety of psychiatry's modern shock machines, which can deliver as much as 300 to 400 volts of electricity to the brain:

> *"All modern day Sine Wave and Brief Pulse ECT devices are more powerful than early instruments. Modern day Brief Pulse suprathreshold devices have not proved safer than Sine Wave suprathreshold devices. Side effects have been convincingly identified as products of electricity. These facts warrant the elimination of all ECT machines from the marketplace"* (Cameron, 1994).

Since 1995, there has been growing public protest against the only shock machine in Whitehorse in The Yukon, stored in Whitehorse General Hospital. Apparently, the shock machine hasn't zapped anybody in Whitehorse (yet). The Second Opinion Society (SOS), the Yukon's self-help advocacy group in Whitehorse, isn't waiting. SOS has been organising rallies and marches against the machine.

More than fifteen years ago in Toronto's Sunnybrook Hospital (a teaching, research and veteran's hospital affiliated with the University of Toronto), psychiatrists Harry Karlinsky and Kenneth Shulman were electroshocking elderly people. Most were in their 70s, some in their 80s. Karlinsky and Shulman (1984) reported having electroshocked thirty-three elderly patients (62–85 years old). At a follow-up study six months later, after having been subjected to an average of 9 ECTs, only one-third of their patients "were doing well". Karlinsky and Shulman concluded that "clinically one is compelled to use ECT on an urgent or demand basis". Compelled? In my recent phone interview with Dr. Shulman, chief psychiatrist at Sunnybrook, he said that electroshock is still administered to old people but only "from time to time, a relatively small number". He couldn't say how many, but recalled the average age of his elderly shock patients is "73 or 74". Shulman added he has "never heard" of any deaths or serious medical crises from ECT at Sunnybrook or any other hospital in Canada. The ECT "mortality rate", he added, was "similar to that for (general) anaesthesia". He insisted that electroshock "remains an effective treatment for some debilitating and life-threatening depressions", and claimed the only ECT risk was "short-term temporary memory loss". He also asserted that electroshock is not controversial, and claimed that most patients "completely recover". Shulman explained the use of electroshock on the elderly in these terms: "If we didn't use ECT, these people would suffer tremendously and be at risk of dying".

It is difficult to find any study to support the common psychiatric claim that electroshock prevents suicide or minimises the suicide risk. Further, the relapse rate from shock is over 60 per cent, which, according to the American Psychiatric Association, still greatly minimises permanent memory loss, brain damage and death from ECT (APA, 1990).

Some elderly patients have also been electroshocked at Toronto's Clarke Institute of Psychiatry. Apparently nobody knows how many, partly because no accurate, up-to-date ECT statistics are kept at the Clarke, according to Dr. Barry Martin, head of its ECT Unit. In a recent phone interview I had with Dr. Martin, he speculated that a total of "about 100 courses" were administered at the Clarke in 1995. Each course consists of 8–10 ECTs, at least 80–90 people were electroshocked last year. According to Dr. Martin, the main reason for shocking old people is, "severe depression that has not responded to medication" (e.g. antidepressants). Martin estimated the ECT death rate as "3–4 per 100,000 ECTs", similar to that for "general anaesthesia", and said he was "not aware" of any ECT-related deaths in Canada or anywhere else.

During a 15-month period in 1993–94, eight people died in Texas, "within two weeks of receiving electroshock": *over half* were elderly patients (Smith, 1995). The Texas elderly death rate from ECT at that time was probably higher than 1 in 200.

Some very courageous shock survivors and advocacy groups are fighting back and want electroshock abolished in the United States and Canada. For example, 81-year-old Lucille Austwick successfully refused to be shocked while languishing in a Chicago nursing home a couple of years ago (Fegelman, 1995). While confined in the home, Austwick was depressed, had stopped eating and was becoming frail, so a psychiatrist wanted to shock her. She repeatedly refused the "lifesaving" treatment which she called "bullshit", and received strong legal support from the Illinois Guardianship Commission and other advocates across the United States. Last September, the Appellate

Court "reversed the trial court's ruling" which had ordered a series of ECTs for her two years earlier.

Psychiatrists and other medical staff at St. Mary's Hospital in Madison, Wisconsin were found to be violating the human rights of several elderly patients subjected to electroshock against their will (Oaks, 1995). Sparked by the courageous whistleblowing of psychiatric nurse Stacie Neldaughter, who was "fired after refusing to directly assist with a shock treatment", several women shock survivors and anti-shock activists organised a public protest outside the hospital in September 1994. In January 1995, the Wisconsin Coalition for Advocacy issued a detailed and scathing 75-page report based on its own investigations, which documented *serious violations of informed consent and other rights involving at least eight elderly women patients.*

In Toronto, from 1983 to 1992, there have been several anti-shock protest demonstrations, particularly in front of the Clarke Institute of Psychiatry and Queen Street Mental Health Centre, and non-violent civil disobedience ("sit-ins") in the offices of at least two Ontario health ministers, organised by the Ontario Coalition to Stop Electroshock (succeeded by Resistance Against Psychiatry). During a non-violent public demonstration against electroshock in front of the Clarke in May 1988, shock survivor Jack Wild and I were charged with "trespass" and arrested while trying to hand out alternative and accurate shock information to patients on one ward during visiting hours. We were arrested on the ward while engaged in a non-violent sit-in, fined over $50 each and lost our court appeals.

Unfortunately, there have been no shock cases in Canada since "Mrs. T." in 1983 (Weitz, 1984). The "Mrs. T." case involved a young, allegedly suicidal but competent woman who firmly and repeatedly refused shock while being asked to consent by both her psychiatrist and a regional review board while incarcerated in Hamilton Psychiatric Hospital. Although the case was lost, "Mrs. T." was not electroshocked. The national publicity and public outcry arising over the fact that people in Canada could still be shocked against their will led to a few important amendments in Ontario's *Mental Health Act*, which now prohibits public tribunals like consent and capacity boards from ordering electroshock or other treatment for any patient who refuses. However, electroshock can still be administered against the will of an "incapable" person if he or she did not instruct a substitute decision-maker otherwise while capable.

In March 1994 at a public City Hall meeting before the Toronto Mayor's Committee on Aging (TMCA), I presented some alarming ECT statistics from the Ontario Governments Ministry of Health which showed that a disproportionately large number of people being electroshocked in Ontario's psychiatric facilities were elderly people (over 40 per cent) and women (over 65 per cent). In one Final Report, the Committee recommended that, "the Chair of the TMCA should be asked to write to the Minister of Health to inform her of the data on ECT and the deep concern of the TMCA about the apparent misuse of this therapy".

There is still no law banning electroshock in Ontario, Canada or the United States for elderly people or anybody else. However, some states have outlawed shock for young children. For example, Texas has banned shock for children under 16 years old, and California has banned it for children under 14. There are no such age restrictions in Canada.

I believe that electroshocking old people is elder abuse. It should be abolished.

acknowledgement

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