

FOR THE STATE OF \_\_\_\_\_ LEGISLATIVE SESSION

**MODEL REGULATIONS TO BE IMPLEMENTED BY LAW TO PROVIDE WRITTEN  
INFORMED CONSENT FOR THE TREATMENT OF ELECTRO-CONVULSIVE  
(ELECTROSHOCK) THERAPY**

**A BILL**

**Entitled: "PROHIBITION OF ELECTROSHOCK."**

Preamble:

Electroshock treatment—also known as Electro-convulsive Therapy (ECT) is a dangerous procedure that creates disorientation, memory loss and brain damage. A 2001 Columbia University study found ECT so ineffective at ridding patients of their "depression" that nearly all who receive it relapse within six months.

The U.S. Mental Health Foundation ECT Fact Sheet of 2003 lists the known side effects as: "brain damage, memory loss, disorientation that creates an illusion that problems are gone." Neurologists confirm the procedure causes amnesia. The death rate in the elderly who are major recipients of this procedure is around 1 in 200.

Dr. Colin Ross, psychiatrist, reports that existing ECT literature shows "there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn't go down. [I]f those are the facts from a very well-designed, big study, then you'd have to conclude we shouldn't do ECT."

There is no scientific, valid evidence that "mental illness" is caused by the brain. The U.S. Surgeon General's 1999 Report on Mental Health stated, "The diagnosis of mental disorders is often believed to be more difficult than diagnosis of medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness."

Therefore, this bill prohibits the use of Electro-convulsive Therapy.

**SECTION 1. PROHIBITION OF ELECTRO-CONVULSIVE THERAPY**

**1.** The use of Electro-convulsive Therapy (also known as electroshock or ECT) and any brain intervention surgery or procedure prescribed for the treatment any "mental disorder" or "mental illness" is prohibited.

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INFORMED CONSENT FOR THE TREATMENT OF ELECTRO-CONVULSIVE  
(ELECTROSHOCK) THERAPY**

**A BILL**

**Entitled: “PROHIBITION OF ELECTROSHOCK USE ON SPECIFIED GROUPS AND  
PROTECTION AGAINST ELECTROSHOCK USAGE IN OTHERS.”**

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There is no scientific, valid evidence that “mental illness” is caused by the brain. The U.S. Surgeon General’s 1999 Report on Mental Health stated, “The diagnosis of mental disorders is often believed to be more difficult than diagnosis of medical disorders since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.”

The procedure is so risky and potentially damaging that it should be prohibited. Where it continues to be used, the most stringent protections are required which this bill addresses, including that it shall never be used without full, informed consent.

**SECTION 1: PROHIBITION OF ELECTRO-CONVULSIVE/ELECTROSHOCK  
THERAPY**

1. Electro-convulsive Therapy (ECT, Electroshock Treatment) is forbidden in the use of children and adolescents 18 years of age and under.
2. Electroshock is forbidden in the use of the elderly 60 years of age and over.

3. Electroshock treatment is forbidden on pregnant women.

4. Electroshock treatment is forbidden for use on any non-consenting patient, whether involuntarily or voluntarily detained in a psychiatric institution or facility.

## **SECTION 2: CONSENT AND REPORTING PROCEDURE**

The practices and procedures for ECT's delivery shall include the following protective regulations, in addition to those outlined in Section 1.

1. (a) There shall be a standard written consent form to be used when Electro-convulsive Therapy is considered. The written consent form must clearly and explicitly state:

- i) The nature and purpose of the procedure;
- ii) The nature, degree, duration, and probability of the side effects and significant risks of the treatment commonly known by the medical profession, especially noting the possible degree and duration of memory loss (including long-term memory loss), brain damage, and the possibility of death;
- iii) A list of scientifically proven benefits
- iv) Scientific journal citations demonstrating that the proposed treatment has been proven safe and effective by reliable and valid scientific replicated research studies including treatment outcome compared to alternative treatments and control subjects.
- v) A list of the alternative treatments and their foreseeable risks, dangers, hazards and benefits
- vi) The signatures of the treating psychiatrist or other mental health care provider and the patient signifying mutual agreement of the treatment plan.

(b) Before a patient receives each Electro-convulsive Treatment, the hospital, facility or the psychiatrist administering the therapy shall ensure that:

- i) The patient or the patient's guardian, if any, receives a written copy of the consent form that is in the person's primary language,
- ii) The contents of the consent form are explained to the patient and the patient's guardian, if any:

- 1) Orally, in simple, nontechnical terms in the person's primary language, or
- 2) Through the use of a means reasonably calculated to communicate with a hearing impaired or visually impaired person if applicable;
- iii) The patient or the patient's guardian, as appropriate, signs a copy of the consent form stating that the person has read the consent form and understands the information included in the documents; and
- iv) The patient is aware that he or she has the right to have the informed consent procedure videotaped and the videotape made part of the person's medical records.

### ***Videotaping Consent Procedure***

3.
  - (a) A patient entering a psychiatric facility, through either voluntary or involuntary admission, must be given a written copy of their rights, including the right to have any consent to treatment procedure videotaped. The patient may not be given psychotropics, neuroleptics or any other kind of psychiatric or other drug that would impair their thinking, hearing, sight and/or ability to speak prior to, or during the videotaping session.
  - (b) The patient has the right to have any person or representative of their choice present during the videotaping as a further witness to the proceedings.
  - (c) All videotaping must be carried out in the least restrictive environment, which is not intimidating to the patient.
  - (d) All videos must be kept as a matter of record for the same period that the law requires hospital facilities to maintain patient medical records. The video becomes part of the patient's record and the patient and/or his or her legal counsel/representative may have access to or copy of the video.
  - (c) Consent given under this section is not valid unless the person giving the consent understands the information presented and consents voluntarily and without coercion, deceit, or undue influence, including unwanted psychotropic medication.
  - (e) A patient or guardian who consents to the administration of Electroconvulsive Therapy may revoke the consent for any reason and at any time. Revocation of consent is effective immediately.

**2.** A mental hospital or facility administering electroconvulsive therapy, other brain-intervention treatment, or convulsive or coma-producing therapy or a psychiatrist administering the therapy on an outpatient basis shall submit to the Department of Mental Health quarterly reports relating to the administration of the therapy in the hospital or facility or by the physician.

**(a)** A report must state for each quarter:

The number of patients who received the therapy including:

The number of persons voluntarily receiving mental health services who consented to the therapy

The number of involuntary patients who consented to the therapy

The number of involuntary patients for whom a guardian consented to the therapy

The age, sex, and race of the persons receiving the therapy

The source of the treatment payment

The average number of electroconvulsive treatments administered for each complete series of treatments

The average number of maintenance electroconvulsive treatments administered per month

The number of fractures, reported memory losses, incidents of apnea, and cardiac arrests without death

The number of deaths following within 14 days after the administration of the therapy

Autopsy findings if death followed within 14 days after the date of the administration of the therapy; and

Any other information required by the Department of Mental Health for that state

**(b)** The state Department of Mental Health shall use the information received in the above points to analyze, audit and monitor the use of Electro-convulsive Therapy, other brain-intervention treatment, or convulsive or coma-producing therapy administered to treat “mental disorders.”

(c) The department shall file annually with the governor and the presiding officer of each house of the legislature a written report summarizing by facility the information received under the reporting line. If the therapy is administered by a private psychiatrist on an outpatient basis, the report must include that information. The department may not directly or indirectly identify in a report issued under this section the patient who received the therapy.

### **Section III, Safeguards**

1. Each person presenting themselves, or being presented for admission to a mental health hospital or facility, whether through voluntary or involuntary means, must be informed that underlying physical diseases or illnesses may cause behavior problems or mental illness or disorder, and that in their own interests, and to avoid unnecessary suffering, they should undergo a *medical screening examination*.

2. (a) The medical screening required includes but are not limited to:  
A complete blood count

A 23-item chemistry panel (including determinations for glucose, albumin, serum urea nitrogen, creatinine, calcium, phosphate, alkaline phosphatase, aspartate aminotransferase, alanine aminotransferase, gamma-glutamyltransferase, bilirium, iron and electrolytes)

A serum fluorescent treponal antibody test

Thyroid tests (a triiodothyronine resin uptake, total serum thyroxine, and a free-thyroxine index)

Serum folate and vitamin B12 levels

A dipstick urinalysis

Allergy tests

Hormone testing

Determination that no other psychiatric drug or medication the person may be taking is causing the manifestation of the psychiatric symptom.

(b) Each test must be in documented form with the results attested to by the practitioner/pathologist performing the tests.

(c) The patient has the right to have a second, independent medical screening done by a doctor/pathologist of their choice and to have the initial tests verified.

**Section IV, Criminal penalties:**

1. A person commits a crime if the person intentionally causes, conspires with another to cause, or assists another to cause a person to be given treatment against their will through failing to obtain full informed-consent and full understanding of the patient of their legal and patient rights.
2. An individual who commits a crime under this section is subject on conviction of attempted assault, assault and/or illegal detainment to (a) or (b) or both:

**(a)** a fine of not less than US \$20,000.00

This fine does not prevent anyone illegally detained in a psychiatric facility from pursuing civil restitution and damages.

**(b)** Confinement in prison of not less than 2 years.