

MEDICO-LEGAL IMPLICATIONS OF ELECTRO-CONVULSIVE THERAPY - A SINGAPORE VIEWPOINT

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ABSTRACT

The clinical characteristics of 100 consecutive cases of ECT in a state mental hospital were surveyed. The medico-legal implications with regards to indications for and consent to ECT were looked into. The findings showed that ECT was given mostly for management reasons rather than based on diagnosis. Only 2 patients out of 100 gave their own consent. The discrepancy between teaching and practice was discussed.

Keywords: Electro-Convulsive Therapy, Indication, Consent

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INTRODUCTION

Electro-convulsive therapy (ECT) has been around since late 1930s and yet its use after more than 50 years is still empirical. However, as a form of treatment it works and can be life saving in those who are depressed and suicidal⁽¹⁻³⁾. For a long time the teaching has been that ECT is best indicated for patients suffering from the more endogenous and psychotic type of depression⁽¹⁻³⁾. As the procedure involves giving a general anaesthetic and applying electrodes to the head to induce an epileptic fit consent to ECT is required. When ECT is properly administered morbidity is minimal and mortality is negligible^(1,2).

Nevertheless, the general observation is that what is written in the textbook and what is taught during training is not quite the same as in actual clinical practice. As a matter of fact this applies not only to ECT but also to pharmacotherapy and other areas of human activity. This is not surprising as biological studies deal with classification, notions of average, standard deviations, probability and complex statistical analyses. Clinicians, on the other hand are concerned with individuals of multiple variables, diverse backgrounds and ever changing contextual situations. To demonstrate the discrepancy between formal instruction and prevailing practice, a survey of 100 consecutive cases of ECT in a state mental hospital has been carried out to particularly look into the questions of indications for and consent to ECT.

MATERIALS

Data and information were obtained from casenotes.

The decision to give ECT was made by trained doctors of Registrar grade and above. Bilateral ECT was given with the Anaesthetist in attendance. The patients surveyed were from the acute wards in the psychiatric hospital. As far as possible the consent was obtained from the patient directly or if it was not possible, from the next-of-kin after explanation. When a patient could not give consent because of his/her age or mental state and no relatives were available then the Consultant Psychiatrist in charge could approve during an emergency⁽⁴⁾.

RESULTS

Of the 100 consecutive cases surveyed, 33 were male and 67 were female. They consisted of 90 Chinese, 6 Indians and 4

Malays. There were 8 patients under 21 years of age, the youngest was 15 and the oldest was 66. In terms of marital status, 63 were single, 28 married, 4 separated, 3 divorced and 2 widowed. Only 2 were educated up to "A" level, the others were "O" level and below. More than half were unemployed, while the rest included students, housewives, unskilled and semi-skilled workers.

Indications for ECT

Seven patients were given ECT because they were suicidal and six had resisted medication and diet. Many were not responding to routine treatment with oral anti-psychotic drugs and depots and had persistent hallucinations and delusions.

Disturbed behaviour such as continual shouting, screaming, stripping, playing with water, being quarrelsome and abusive were also reasons for ECT. There were also those who were restless, disruptive, impulsive, destructive, aggressive, violent or very withdrawn and retarded. Decision to give ECT to relapsed patients was guided by their past response.

The diagnosis and response to ECT were recorded in Table I.

Table I - Diagnosis and Response to ECT

Diagnosis	No. of Patients	Outcome
Schizophrenia	75	46 improved
Schizophrenia with Epilepsy	1	1 improved
Schizophrenia with Thyrotoxicosis	1	1 improved
Schizo-Affective Disorders	8	8 improved
Mania	5	4 improved
Hypomania	3	3 improved
Psychotic Depression	1	1 improved
Reactive Depression	1	0 improved
Paranoid Disorders	2	2 improved
Psychosis unspecified	3	1 improved

The outcome was based on staff report which was liable to be subjective and arbitrary. Nonetheless, the overall improvement rate was 67%. However, of those with affective symptoms 17 out of 18 were considered to have improved.

Consent

Consent to ECT was obtained from the following persons (see Table II).

DISCUSSION

In medicine, treatment depends on diagnosis. However, our

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Table II - Consent to ECT

Relationship to Patient	No.
Self	2
Father	16
Mother	40
Father-in-law	1
Husband	21
Wife	0
Brother	12
Sister	4
Son	1
Daughter	3

survey shows that the indications for ECT were more management in consideration than diagnostic in orientation. Ethically it may be asked for whose benefit was ECT administered? Was it to make management easier because of shortage of staff or low tolerance to difficult environment? However, empirically it is recognised that ECT is a potent, albeit temporary, symptomatic treatment for many disturbed mental conditions. In the case of affective disorders and conditions with strong affective component such as the schizo-affective disorders its efficacy is not disputed⁽³⁾.

Modern medicine is western in origin. It is to be expected that together with it the rules of ethical practice and medico-legal issues are also derived. In western philosophy the individual's right and freedom is sacrosanct. Except in limited

and special circumstances when it is life saving and critical to management, only the patient himself can give consent to investigation and treatment of his own body⁽⁴⁾.

In our survey all the patients were Asians and majority were adults. However, the cultural dominance of male and the influence of the extended family still prevailed. This is evident in the persons who gave consent on behalf of the patient. It is noteworthy that no wife was involved. Of the five married male patients consent was obtained from the mother in 2 cases, and one each from the father, the father-in-law and the patient himself.

The question of informed consent is deliberately omitted because its concept is not universal in application. It raises controversies like what is "informed", how "informed" is "informed" and "informed" from whose point of view.

Perhaps, it is because ECT is a relatively safe procedure that we have fortunately not been confronted with problems of negligence and litigation. The question of what is the law or what should be the law with regard to indications for and consent to ECT therefore seems not to be an urgent issue at present. But it must be borne in mind that law cannot be separated from society and culture. We should be careful about adopting what is foreign without modification.

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