

# [An overview of how electroshock has been misused](https://assignbuster.com/an-overview-of-how-electroshock-has-been-misused/)

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Electroshock has been, and remains to be, a primary practice in the psychiatric system. However this treatment has many side effects and negative impacts on the patient’s life. For that reason it is referred to as intervention or assault in the Mad community. Medical practitioners and the government have denied the implications that electroshock has on the body and mind, although they have been discovered and repeatedly documented. Furthermore, there is a concern with the regulations for consent. This step of obtaining consent from the patient is not always followed with regard to this form of intervention.

## What is Electroshock and How Does it Work?

Electroshock, also referred to as electroconvulsive therapy by the medical practitioners, is a technique in which a current of electricity is passed through the body. This assault on the patient supposedly helps them recover from the issue they have been labelled with, whether it be postpartum depression, or historically when females were labelled with “ hysteria” for not confining to their family roles. (

## Procedure

There are a number of phases which must occur before a person can undergo electroshock. The first step is for the patient to refrain from eating and drinking 8-10 hours prior to receiving ECT. Once this has been done the patient is administered multiple psychiatric drugs including a sedative, tranquilizer and muscle relaxant which function to paralyze the body. The patient is then supplied with oxygen and is often put to sleep before receiving the electroshock. The procedure alone can be seen as a form of assault because the patient is forced to take psychiatric drugs which leave them unable to control their body.

## Short-term and long-term effects

Electroshock has been documented to have severe long-term effects. The short-term effects include seizures, coma lasting up to 20 minutes and a multitude of other issues such as memory loss, nausea, disorientation and so forth. The long-term effects of electroshock have been documented since the 1950’s. The most serious effect is how it damages the cells and neurons in the brain. Furthermore, many survivors of electroshock have experienced memory loss as a result. An example is Wendy Funk who received electroshock more than forty times. To this day she cannot remember approximately thirty years of her life due to the intervention. It is evident that electroshock is overused and misused in the psychiatric system. However, even more disturbing is the fact that these negative effects are denied by medical practitioners and rather ECT is endorsed as a way to cure people.

## Pro ECT view.

he government is in full support of ECT. The procedure is promoted as having positive effects for the patient. For example a large percentage of nurses believe that the fundamental basis for making ECT safe is having the proper knowledge for the procedure. The argument made is that if the procedure is done properly then the side effects are not serious. This article, which is heaving focused on nursing with regard to ECT, claims that the memory loss afterwards is merely temporary. However, the side effects of electroshock have been reported and verified by survivors as permanent.

## The Importance of Consent

An important thing to recognize when considering the misuse of electroshock is how consent from the patient is not essential. Whenever a medical procedure is going to be done the patient should be aware of the possible side effects in order to make an informed decision for themselves about the intervention. However records show this step is not considered mandatory for electroshock. An audit was conducted in England based on 2, 987 patients. The data collected from this audit showed that roughly 39% of patients were given ECT without consent, see table 1 for more details.

## Informed Consent

The issue with consent in the psychiatric system is that some patients are not qualified to provide consent for themselves. In order to provide consent the patient must be in the appropriate state of mind. This state of mind is classified by several significant features. For one, the patient must not be under the influence of mood-changing substances. They must also be evaluated by a non-psychiatric practitioner as having decision-making skills and the patient is required to be functionally literate. Problems arise in psychiatry from these stipulations for consent. Most often patients are given psychiatric drugs to alter their mood and therefore cannot provide consent. If a large percentage of patients are in this category, perhaps the basis for informed consent should be altered to allow patients the option to deny this assault.

## Recording Electroshock is Not Obligatory

There are no laws stating that any use of electroshock must be reported. This form of intervention is being misused more often than the documents state. It is also not mandatory for any complications or deaths to be documented. It is therefore evident that the negative implications of ECT may be occurring more often than the public is aware of.

## Importance of Regular Audits

A way to help gain information on this form of assault is to audit psychiatric prisons regularly. The goal of conducting more frequent audits would be to collect data on electroshock and inform the public about the negative aspects rather than what is promoted by the government. The information gained could enforce the creation of laws and regulations of electroshock. An audit done in Australia concluded that auditing ECT practices is essential to ensuring that guidelines are being followed. This report also states that the distribution of the information gained would help enforce that ECT is regularly being documented.

## Electroshock as a Form of Assault

Electroshock has many negative effects which have lasted throughout the lives of some survivors. Memory loss is one of the most serious permanent effects which impacts the patient tremendously. The neglect of consent from patients enforces the notion that electroshock is an assault on the patient’s body and mind. Many survivors of electroshock have spoken out in hopes that it will be banned or at least regulated. Moving forward there needs to be a recognition of the impact that electroshock has on people and laws should be inaugurated to protect the lives of patients.