

Ethical Considerations for Consent Procedures for Electroconvulsive Therapy

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*This handout is meant to provide supplemental information only. You can find a copy of the poster on my professional website: <http://lauragg.com>.

BACKGROUND INFORMATION: THE CURRENT USE AND STATUS OF ECT

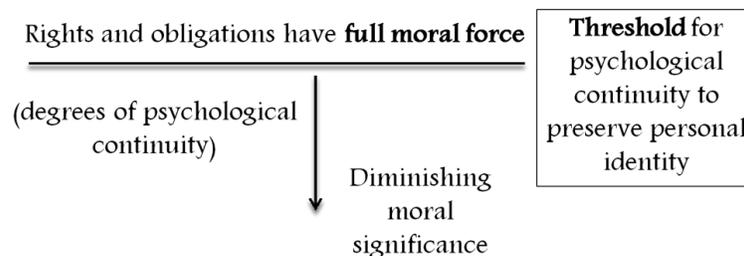
Electroconvulsive therapy (ECT) induces seizures by applying electrical current to the scalp. An ECT course for an acute episode of illness lasts 2–4 weeks. Maintenance ECT is frequently recommended to prevent relapse, and this series lasts for at least six months in most cases.¹ Hospitals use this treatment for (e.g.) depression, schizophrenia, bipolar states, and catatonia. Roughly 100,000 Americans ever year receive this therapy.²

In January 2011, the Neurological Devices Panel of the Food and Drug Administration met to discuss whether ECT should be reclassified as Class II (devices that are subject to special controls but do not need premarket approval) instead of staying at Class III (high-risk devices with insufficient data to ensure their safety and effectiveness, even with special controls in place). After reviewing available data and public comments, the Panel voted to maintain the Class III designation for ECT.³

MEMORY & IDENTITY

Psychological continuity views of personal identity (PID) focus on strong connections of mental states that unify an individual over time. A **threshold** for continuity is pragmatically needed to determine the moral force of (e.g.) the right of self-determination and expressed wishes and life plans.⁴

Threshold View of Psychological Continuity & Personal Identity



¹ APA Task Force, pg. 99

² U.S. FDA *ECT 515(i) Executive Summary*, pg. 6.

³ U.S. FDA *Proceedings*.

⁴ Buchanan & Brock, pgs. 180–182.

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A significant rupture in PID conceivably results in a) the nonexistence (death) of the previous person without any replacement or b) the death of the previous person but the creation of a new person(s).

Whereas **numerical identity** refers to the criteria for persisting as a single distinct entity over time, **narrative identity** “involves your self-conception, your self-told story about your own life and what’s most important to you.”⁵

- ♦ Numerical and narrative identity can be disrupted by ECT when this therapy results in dramatic alterations in **autobiographical memory** (the ability to recall past personal information and events) and onset/exacerbations of psychiatric symptoms, such as mood lability and changes in motivation and personality.
- ♦ The 2011 FDA review of ECT found that limited data suggest complete resolution of autobiographical memory deficits after 6 months, but research in this area is lacking.⁶

ROLE OF SURROGATE/PROXY DECISION-MAKERS

Surrogates make medical decisions for a patient who lacks capacity.

- ♦ **Substituted judgment standard.** generally recommended for patients who have never been competent or have unknowable wishes; takes into account the net benefits and net costs to the patient given all of the viable alternatives
- ♦ **Best interest standard.** generally recommended for patients who were once competent; takes into account previously expressed wishes or values of the patient

REFERENCES

- American Psychiatric Association Task Force. *The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, & Privileging*. 2nd ed. Washington, DC: APA, 2001. [fig. A (right) on poster from pg. 154]
- Buchanan, Allen E. & Dan W. Brock. *Deciding for Others: The Ethics of Surrogate Decision Making*. New York: Cambridge University Press, 1990.
- DeGrazia, David. *Human Identity and Bioethics*. New York: Cambridge University Press, 2005.
- Endler, Norman S. and Emmanel Persad. *Electroconvulsive Therapy: The Myths and the Realities*. Lewiston: Hans Huber Pub., 1988. [fig. D on poster from pg. 46]
- Kellner, Charles H. et al. *Handbook of ECT*. Washington, DC: APA, 1997. [fig. A (left and middle) & fig. C on poster from pgs. 40, 41, & 57]
- Rose, Diana S. et al. “Information, Consent and Perceived Coercion: Patients’ Perspectives on Electroconvulsive Therapy.” *British Journal of Psychiatry* 186 (2005): 54-59. [study mentioned in poster’s **Vulnerability** section]
- United States, Food and Drug Administration. Neurological Devices Panel. *ECT 515(i) Executive Summary*. Washington, DC: FDA, 2011. [fig. B on poster contains highlights from table 16, pgs. 129-132]
- United States, Food and Drug Administration. *Proceedings of the Neurological Devices Panel*. Jan. 27-28, 2011. Hilton Washington DC North. Washington, DC: FDA, 2011.

⁵ DeGrazia, pg. 179

⁶ U.S. FDA *ECT 515(i) Executive Summary*, pgs. 17, 31-32, 129-130.