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House Ranking Member Prasad Srinivasan  
Honorable Members of the Public Health Committee

**FROM:** Paul J. Knierim  
Probate Court Administrator

**DATE:** February 20, 2013

**RE:** HB 5298 An Act Concerning Involuntary Shock Therapy

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I appreciate the opportunity to comment on HB 5298, which seeks to amend § 17a-543 to prohibit the administration of shock therapy without a patient's written informed consent. It is my view that the existing statute adequately addresses the concerns that underlie this bill and, further, that the bill would inadvertently preclude treatment of patients who are not capable of giving informed consent.

Section 17a-543 addresses the rights of patients in facilities for the diagnosis, observation or treatment of persons with psychiatric disabilities. In addition to shock therapy, it addresses the administration of medication, medical and surgical procedures and psychosurgery. In each of these areas, the informed consent of the patient is a prerequisite to treatment, unless the patient is incapable of giving informed consent. If the patient is incapable, the statute provides an alternate mechanism to determine whether the treatment should be provided.

Subsection (c) already precludes the administration of shock therapy without the patient's informed consent. The sole exception arises when the patient lacks the capacity to give informed consent. A hospital may petition the Probate Court for authority to administer shock therapy if the head of the hospital and two physicians determine that the patient is incapable of informed consent. The court may authorize shock therapy if it finds, after a hearing, that the patient is incapable of giving informed consent and that no other less intrusive beneficial treatment is available.

The cornerstone of the existing statute is the informed consent of the patient. It is only when the patient lacks the ability to give that consent that the option of a court order becomes possible. This very narrow exception results in less than one hundred applications statewide in a given year. Without this procedure, patients who lack the ability to give informed consent would be denied beneficial treatment.