

Testimony to the Public Health Committee

HB54298

An Act Concerning Involuntary Shock Therapy

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Senator Gerritano, Representative Johnson and members of the Public Health Committee, I am Dr. Harold Schwartz, Psychiatrist-in-Chief of the Institute of Living and Vice President of Behavioral Health at Hartford Hospital. I am here today on behalf of the Institute of Living, Hartford Hospital and the Behavioral Health Network of Hartford Healthcare. I am also speaking as the representative of the Connecticut Psychiatric Society. I am here to speak against HB54298, An Act Concerning Involuntary Shock Therapy.

Electroconvulsive therapy is a long established and important treatment option for the treatment of some of the most severe psychiatric conditions. ECT is an evidence based treatment that is highly effective and delivered in a safe and humane manner. Though controversial for its portrayal in the media, ECT today is delivered in the equivalent of a surgical recovery room. A board certified anesthesiologist delivers anesthesia and once anesthetized, the treatment is delivered by a board certified psychiatrist assisted by nurses. The patient generally recovers from anesthesia within minutes and after full recovery is returned to the hospital floor. Significant side effects are rare. The patient may experience mild short term memory loss which generally diminishes over time.

The typical ECT patient is a severely depressed (often psychotically depressed and suicidal) patient who has failed to respond to multiple medication trials. Such patients have no other options for treatment. In the most severely depressed, the patient has stopped eating and sleeping and is totally unable to care for him or herself. In the very worst cases, such patients will live out their lives in institutional care of some kind. Some will die without this treatment of last

resort. Some of these patients may refuse treatment out of fear. Some will refuse out of denial or lack of awareness of their condition. Some will refuse because they are psychotic and grossly delusional. Many do not have the decisional capacity, the competence to consent to treatment. Their lack of capacity to consent is functionally the same as a refusal. Their condition requires a review by probate court and a decision to administer ECT ordered by the court.

Consistent with our role as the tertiary care psychiatric center for northern Connecticut, the Institute of Living has a contract with the Department of Mental Health and Addiction Services (DMHAS) to provide ECT for patients from Connecticut Valley Hospital. We do about one or two new cases from CVH per month. These patients are amongst the most chronically and severely mentally ill in the state of Connecticut. Many have had life threatening reactions to medications and cannot be treated with anti-psychotic medication. Yet, they lack the competence to consent to ECT. They receive monthly maintenance ECT by court order and without it, they would have no treatment options of any kind. Their psychosis would remain untended, their behavior often unmanageable, their lives even bleaker than they need to be.

Representing a number of psychiatric programs in the state and the psychiatrist members of the Connecticut Psychiatric Society and having personal responsibility for the patients receiving ECT at the Institute of Living, I ask you not to strip away this critical treatment option from some of our most disabled citizens.