

# **ELECTROSHOCK IS NOT A HEALING OPTION**

The Report of the Panel

Public Hearings on Electroshock  
Inquiry into Psychiatry held on April 9-10, 2005  
Toronto, Ontario, Canada

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## **ACKNOWLEDGEMENTS**

First, our sincere thanks, deep appreciation and respect to all the psychiatric survivors who testified about their electroshock experiences. We know that for most, if not all, of them, speaking out in public (some for the first time) about their electroshock and other psychiatric experiences was an intensely emotional and personal challenge. We were very moved by their honesty and courage. We also greatly appreciate the support of the Coalition Against Psychiatric Assault (CAPA), which sponsored the public hearings and secured the Council Chamber in Toronto City Hall for the hearings through the office of Councillor Olivia Chow.

More specifically, we thank Shaindl Diamond for providing support and gentle direction; Dr. Bonnie Burstow, Rachel Gorman and Ken Innes for reading the written testimony of those electroshock survivors who were unable to attend the hearings; and Erick Fabris, Patricia Poulin, and Margaret Way who took written notes of the testimony and made them available to us. Special thanks also to the Women's Counselling Referral and Education Centre (WCREC)- particularly counsellors Chris Rahim, Ali Lennox, Jan Steele, and Pam Lorrando who were present throughout the hearings in case any psychiatric survivors wanted their support. We also appreciate Jeff Myers who showed considerable sensitivity while videotaping the testimony. Last but not least, our sincere thanks to all those members in the audience who cared enough to attend the hearings and show their support.

The Panel

## **INTRODUCTION**

The public is generally unaware that electroshock, officially called "electroconvulsive therapy" or "E.C.T.", is still prescribed as a psychiatric treatment. In fact, electroshock is still legal in every province and territory of Canada, increasingly prescribed and administered to thousands of citizens each year as a treatment for depression and other conditions. Since it was introduced in Canada and the United States in the early 1940s, electroshock has been one of the most controversial procedures in psychiatry today. However, no government in Ontario or Canada has ever held public hearings on electroshock.

## **HISTORY**

However, public forums and hearings have been held by grassroots community groups in Toronto since the 1980s. On August 21, 1983, the former Ontario Coalition to Stop Electroshock held a public forum in the Council Chamber of Toronto City Hall - the first public forum on electroshock in Canada. All six panel members were psychiatric survivors, five had undergone electroshock. On three consecutive Saturdays in October 1984, the Coalition organized public hearings on electroshock in Toronto City Hall - the first public hearings in Canada. The Coalition decided to hold public hearings for three reasons:

1. Former Ontario Health Minister Keith Norton refused to call or support public hearings.
2. The government-appointed "ECT Review Committee" accepted written briefs only.
3. This Committee reflected a strong medical-psychiatric bias and included only one "consumer" on its 16-member committee.

Virtually everyone testified about the many serious effects of electroshock - such as permanent memory loss, brain damage, intellectual and learning disabilities, fear, trauma, as well as coercion, and lack of informed consent. Except for one person, everyone urged a total ban on electroshock (see summary of these hearings in journal article in Appendix C). Also, on November 20th, 1997, a public forum focussed on the impact of electroshock on women and the elderly was held at the University of Toronto.

## **SUMMARY OF TESTIMONY - 2005**

We wish to briefly summarize the testimony on electroshock.

- Two-thirds of the people who testified were women.

- Doctors generally failed to inform patients about electroshock, particularly its major risks and non-medical alternatives.
- Doctors frequently coerced, pressured or threatened patients to consent.
- The medico-legal principle and person's legal right of informed consent was seriously violated.
- Patients frequently felt intense fear and trauma - sometimes years after electroshock.
- A few of the immediate or short-term effects of electroshock were severe headache, confusion, disorientation, and memory loss.
- Many testified about the long-term or permanent effects of electroshock.
- Permanent memory loss was the most commonly reported effect - this testimony revealed severe gaps in memory, sometimes covering many years and persistent problems recalling or recognizing friends and family relatives and recent events.
- Persistent problems in concentrating, studying and/or reading were also reported.
- Many testified as suffering severe intellectual disabilities, which made it very difficult to study, work, and/or create - sometimes years following the last shock treatment.
- Physical injuries related to or caused by electroshock were also mentioned - these included heart and back problems and "CT scan irregularities" in the brain.
- Methods of recovery from electroshock included self-help groups, social support, counselling, and re-education programs.
- Most people recommended a total ban on electroshock.
- A moratorium was also mentioned.
- No one mentioned electroshock as a healing or treatment option.

## **PROCESS**

This second set of public hearings, sponsored this time by the Coalition Against Psychiatric Assault (CAPA), was held in Toronto City Hall in April 2005. These hearings were an integral aspect of CAPA's "Inquiry Into Psychiatry" which also featured public hearings on psychiatric drugs a week earlier. The hearings were widely advertised--posters were widely distributed to social agencies and community groups, ads placed in magazines, public service announcements aired on radio, and press releases e-mailed to the media and community groups.

The hearings on electroshock, held on April 9-10, 2005 in the Council Chamber of Toronto City Hall, were historic and unique for two reasons. First, they grew out of a town hall meeting ("Curbing

Psychiatry: Citizens Making a Choice") on July 5, 2004 in Toronto City Hall. At that time, members of the public voted to make electroshock and psychiatric drugs priority issues for CAPA. This was the first time in Ontario or Canada that the public was allowed to vote on the strategic priorities for a grassroots organization. Electroshock received only one vote less than psychiatric drugs. Second, it was the first time that public hearings were restricted to the personal testimony of former psychiatric patients who underwent electroshock. We believe this restriction was justified for two reasons: 1. It is our collective experience and belief that the testimony of former psychiatric patients at public hearings is generally minimized or completely dismissed as lacking credibility, and 2. At most public meetings and conferences on mental health issues, health professionals or "service providers" usually manipulate or take over the discussion. These hearings were held before a panel consisting mainly of non-medical professionals from the community.

#### **THE PANEL**

A quasi-independent five-member panel, included one CAPA member, who acted as chair. The panel facilitated testimonies by taking affirmative action such as listening only to electroshock survivors, not interrupting them, and refusing to question their testimony except for the purpose of clarifying any vague, ambiguous or incomplete statements. As panelists, our mandate was to facilitate the testimony - not make speeches or offer opinions. We volunteered our time and energy to listen to and facilitate personal testimony and contribute to this report. As panelists, we represent different backgrounds and expertise: street nurse and housing activist, journalist, professor of counselling psychology, feminist counsellor-coordinator, and a psychiatric survivor-activist who acted as chairperson(see biographical information in Appendix A).

On two consecutive days in April 2005, the Panel carefully listened to the testimony of fifteen people, ten women and five men. We also reviewed as testimony written statements from six people who were unable to attend the hearings. We have no doubt that many more citizens would have testified about electroshock, were it not for the social stigma and shame surrounding electroshock, as well as people's fears of going public about their shock experiences. We consider their testimonies including recommendations valid, valuable and essential to this report.

#### **THE TESTIMONY**

Since three of the fifteen people who testified were not electroshocked, we are not including their testimony. However, one woman reported she was threatened with electroshock, which is an illustration of the frequently coercive nature of this procedure. This report is therefore based on the personal testimony of twelve (12) former patients. We are indebted to all these survivors who honestly, and sometimes painfully, shared some of their personal experiences on electroshock, several for the first time in public.

We have organized this testimony around several major themes. Under each theme or heading, we have quoted directly and extensively from the testimony of these former patients, letting their testimony speak for them. Their recommendations and the Panel's recommendations are listed separately. Our report ends with an Appendices Section, which include a major journal article, electroshock statistics in Ontario, and short biographies of the Panel members.

### **Personal Stories - Brief Summaries**

We include the following six stories to give the reader a sense of the content and range of the testimony.

#### **Sue Clark**

Sue was 17 years old when she ran away from a middle-class home after many years of physical and psychological abuse. During an 18-year period (1972-1990), she was hospitalized twenty times in five different hospitals and given seven different psychiatric diagnoses. At Brockville Psychiatric Hospital, Sue was forcibly electroshocked five times and tried to resist. Her heart stopped on the fifth shock, and she suffers from "permanent memory loss". Sue asserts, "ECT is a brutal method of torture and crime against humanity". She wants electroshock banned.

#### **Wendy Funk**

In 1988, Wendy was a young mother in Lethbridge, Alberta. Although "not depressed", she was prescribed Prozac and soon found herself in a psychiatric ward where she was drugged and electroshocked for 14 months. Today, she suffers from various disabilities including permanent memory loss, brain damage, a dislocated knee, and heart damage. "I returned home to a family I had no memory of. My social work career and law aspirations vanished. The intent of ECT is to kill brain cells. I would very much like to...move forward with my life, but it's been 14 years, and so far I haven't been able to."

#### **Carla McKague**

In the mid-1960s at age 24 with two children under two years old, Carla visited a psychiatrist in Hamilton, Ontario for depression. After 20 minutes, he prescribed 15 shock treatments, and told her nothing about the common risks of electroshock including seizures and memory loss. Today, almost 40 years later, Carla suffers from permanent memory loss. She writes, "huge chunks of my life are still missing." She also lost much of her ability to memorize and play classical music. Although Carla has degrees in mathematics and law and once worked as a lawyer, she says, "I am not as smart as I used to be."

### **Wayne Lax**

Wayne lives in Kenora, Ontario. After his brother died, he became an alcoholic. During a 20 year period until 1992, he was hospitalized 108 times, once was prescribed "17 pills a day", and underwent a total of 80 electroshocks in Lakehead Psychiatric Hospital. As a result of the shock treatments, he suffers from permanent memory loss, so severe he can't recognize other patients he once knew. He writes, "they [psychiatrists] treated us like guinea pigs...Why would delivering electricity through a brain be anything less than destructive and damaging."

### **Jacqueline Guest**

A career counsellor today, Jacqueline was prescribed the antidepressant Zoloft because she felt suicidal in 1995. The drug triggered a manic episode, which lasted six to eight months, and eviction. She then "crashed dramatically" and attempted suicide. As an outpatient at the Clarke Institute of Psychiatry in 1998, Jacqueline underwent thirty-eight "bilateral" shock treatments in two months. The shocks caused severe memory loss and intellectual disabilities. Today, she can't recall any experiences "between 1995 and 1999... Pre 1995 has been wiped out for me by ECT." Although Jacqueline has a B.A. degree, she had to relearn how to write a sentence and the multiplication tables.

### **Chris Dowling**

Chris is a community mental health worker. While hospitalized for two periods, 1988 and 1998, at Homewood Sanitarium in Guelph, he underwent three courses of electroshock or approximately 30 treatments. Although he claims he has no "recognizable impairments", the treatments didn't help. He never consented to electroshock, and recalls he once was shown a video about electroshock, but there was no scene showing people waking up from the treatment. Chris asserts, "ECT is an assault on my brain... ECT should be banned. In no way is it a healing option."

## **WHAT WE LEARNED**

### **Number of Treatments**

We learned that nobody received only one shock because ECT is typically prescribed and administered in a series or "course". One course usually consists of 8 or 9 ECTs administered over a 3-week period. Only one survivor could not recall the number of shocks he experienced. The smallest number mentioned was 5, the largest was 80. Two or three courses totaling 20-30 shocks were commonly mentioned. Before undergoing electroshock, some people told us their doctors did not inform them of the number of treatments prescribed or administered. For example, Mel Starkman underwent 38 shock treatments during a 2-year period, 1966-1968, at Branson Hospital in North York. He was not told the treatments would be administered in a series. "He [the doctor] never said they [ECTs] come in series, he never said how many there were."

### **Coercion**

We learned that forced electroshock is common practice. No person should be forced or coerced to consent to any medical treatment or procedure. In medical ethics, the right to informed consent is a fundamental principle and a moral imperative. Patients generally experience this forced treatment as assault. Unfortunately, we heard most former patients (60%) claim they were forced or threatened to consent to electroshock as well as psychiatric drugs. A few, like Sue, felt the treatment was punishment; terrified she tried to resist. "I yelled and screamed as loud as I could, I bit and kicked them as I did not want to go into the ECT room." A number of electroshock recipients testified they experienced electroshock not only as trauma but also as assault. For example, Chris, a community mental health worker, sometimes wept while he described the procedure as totally devastating, "an assault on [my] mind, body, spirit."

### **No Informed Consent**

The testimony clearly revealed that people's right to information about electroshock, including its risks and alternatives, an essential element of informed consent, was seriously and frequently violated. According to Ontario's Health Care Consent Act, a valid consent must include these three elements:

1. It must be voluntary - without coercion, pressure or threat;

2. Doctors must inform patients about the nature and reason(s) for treatment including its risks and alternatives; and
3. Consent must be given by a capable or competent person.

All shock recipients who testified told us the doctors told them absolutely nothing about the serious risks of electroshock and alternatives and usually pressured or coerced them to consent. Several shock recipients testified they were given no information about the immediate effects and risks of electroshock, and its alternatives before or during the shock treatments.

In 1963, Carla underwent several shock treatments in Hamilton Psychiatric Hospital. In her written statement, she recalled, "I had no idea what I was getting into. Nobody told me anything. Nobody mentioned the fact this was enduring grand mal seizures. Nobody told me anything."

Chris was also told nothing about electroshock and the psychiatrists told him nothing about alternatives. "I was never given any information about potential risks." When he was shown a video about shock before the treatment, Chris pointed out that there was no scene showing the person waking up after the treatment. In severe crisis, he also stated he could not give a valid consent. "When you're in such pain that suicide seems the only reasonable escape, you cannot consent."

In their written testimony, a number of people bitterly criticized the doctors for having withheld crucial information about electroshock and for being so uncommunicative. Significantly, in his statement, Maynard Plane wrote, "Why can't they [doctors] talk to us, so we'd be able to understand and give the answer if we need the treatment or if we don't." Another survivor, Pamela also complained of being kept in the dark about electroshock. "I didn't understand what I was about to undergo." Despite the fact that memory loss is a very common and frequently permanent effect of electroshock, Mel told us his doctor, "told me nothing about it [ECT]... he never told me about any side effects, he never told me of memory loss."

#### **MAJOR EFFECTS**

In their testimony, people described, frequently in vivid and emotional terms, the various emotional, psychological and physical effects of electroshock. For many, these effects have become disabilities that have seriously disrupted or ruined their lives. They are still trying to recover.

#### **Disorientation**

A number of people told us about various effects they suffered immediately disoriented after waking up from each treatment. Mel recalled that after each shock treatment, "I was totally dazed." Sometimes when his family visited him, Maynard was so confused or disoriented he didn't recognize them. "Once after I had shock treatment, when my mother and my aunt came to visit me, I couldn't tell one from the other." In 1998, Jacqueline underwent 38 shock treatments in two months. Sometimes, the treatment left her seriously confused and disoriented. "When I woke up after the first treatment, I didn't know the year or what country I was in."

### **Memory Loss**

In their testimony, every person told us that memory loss was the most common, significant and devastating effect of electroshock. Most of these former patients (11 or 73%) testified, often movingly and bitterly, that their memory loss is severe and permanent; they find it difficult, if not impossible, to recall many personal experiences years later. They continue to forget familiar names and places, or can't recognize friends. Their memory loss is permanent.

Over ten years ago in Kenora, Wayne endured the last of 80 shock treatments. The treatments caused massive and permanent disabilities in his memory including his inability to recall or recognize patients he once lived with in hospital. In his personal statement, Wayne wrote, "As a result of the shock treatments, I am missing large portions of my memory. When I walk down the halls of Lakehead Psychiatric Hospital, patients come up to me and say, 'Hi', they know me, but I have no idea who they are. I have no memory. A part of me is missing forever."

After 40 shock treatments in 1988-1989 in an Alberta hospital, Wendy also suffered massive memory loss; so severe she once was unable to recognize her own family. In her written statement, she writes, "After 14 months locked up in a psychiatric unit I returned home to a family I had no memory of." For others like Carla, electroshock also seriously impaired their musical memory and ability. "There was selective interference with my ability to remember things. I couldn't memorize music anymore. I played the piano. I would spend 8 hours trying to memorize one page of music...There were huge chunks of my life that were missing. I kept waiting for them to come back, and they didn't."

After undergoing 38 "bilateral" shock treatments approximately ten years ago, Jacqueline still suffers major gaps in her memory. "I

had bigger and bigger memory gaps [between 1995 and 1999], that time doesn't exist for me except what I've been told. Pre-1995 has been wiped out for me by ECT." After the ECTs, Jacqueline also forgot how to spell despite the fact she has a B.A. degree.

Thirty-seven years later, Mel still has problems remembering what he recently experienced. "I go into a movie, I forget where I was." In 1983 and 1984, 'Paivi Lane' (pseudonym) was administered a total of 30 shock treatments. For a period of 6 weeks, she was administered 18 electroshocks. More than twenty years later, she has problems remembering. "Chunks of my memory are missing, a part of my being has been wiped away."

### **Intellectual Disabilities**

Many survivors also testified that electroshock permanently impaired their abilities to work, think, imagine or create. For example, Carla has a Master of Science degree in mathematics and law degree, and once played Beethoven sonatas. After electroshock, "I couldn't memorize music anymore. I'm not as smart as I used to be."

'Paivi' is an artist, but she's not as creative and emotionally sensitive as she once was. Electroshock "stunted many aspects of my creativity, my imagination...I used to be able to use my imagination to paint...this extreme treatment has numbed my emotions. The numbed emotions continue today. I've never been able to connect. It's as if I'm looking through a window watching." Today, approximately 10 years after her last treatment in 1995, Jacqueline told us she not only has great difficulty recognizing friends she used to know well, but she also lost some basic abilities. "I had to relearn how to write a sentence, how to write a paragraph, how to calculate multiplication tables, I'm not as quick or smart as I used to be."

Persistent problems in concentrating, reading and studying caused by electroshock were also mentioned. Mel, a trained archivist, testified he still has difficulties in reading and concentrating approximately 37 years after the last shock treatment. He had no such problems before electroshock. "I can't do research anymore. I can't follow up on things...I had manic highs and suicidal attempts I never had before [the shock treatments]... [Shock treatment] invades your entire being."

### **Physical Disabilities-Injuries**

Most shock survivors (10 or 60%) testified they've also suffered major physical and/or psychological injuries caused by the treatment - some are permanent. 'Paivi' testified she currently suffers from chronic "back deterioration" which she believes is related to electroshock. She had back surgery 3 times, and has been receiving a disability support pension (ODSP) since 1984. As mentioned in her statement, Wendy testified she has suffered a "dislocated" knee and heart problems, and probably brain damage - "a recent head CT scan revealed irregularities."

### **Headache**

Immediately after one shock treatment, 'Paivi' told us she suffered "an excruciating headache, I thought my head was about to explode it was so bad I was unable to eat [for the next 2 days]."

### **Drug Effects**

Jerry Jones told us what it felt like to feel the succinylcholine (a "muscle relaxant" which paralyzes all muscles including the diaphragm) administered shortly before the shock treatment. "...the scoline felt like somebody pouring ice cubes into your lungs."

### **Fear/Humiliation/Trauma/Sexism**

In these autobiographical accounts of electroshock, fear is a major factor. While giving testimony, many survivors painfully and emotionally recalled feeling fear, humiliation and/or trauma before, during and after electroshock. For several, the fear and trauma surrounding electroshock have left permanent psychological scars.

Thirty years later, Sue recalled, "It was a traumatizing experience for me that still haunts me to this day."

A few people like Wayne felt used and experimented on. In his personal statement, he wrote, "they [psychiatrists] treat us like guinea pigs, trying anything on us with no concern about the damage they do."

After a doctor told him he was going to prescribe shock, Mel felt terrified, almost panic-stricken: "I was bawling, crying my eyes out, I did not sleep, I was terribly afraid. The fear factor is absolutely horrendous."

In the 1970s when he was 23, Jerry underwent thirty-six shock treatments at Hamilton Psychiatric Hospital. He's never forgotten that experience. "It was almost like I died thirty-six times."

Others, like Chris described electroshock as "a blunt force trauma to the brain."

Approximately one-third of the women who testified said they were also subjected to sexism in hospital. They specifically mentioned sexist remarks or innuendoes expressed by male psychiatrists. During one crisis, 'Paivi' recalled one doctor threatening to hospitalize her if she didn't change her lifestyle, which included working outside her home, and caring for her two children. She said he told her, "'Change your life or I am bringing you in [the hospital].'"

Although 'Anik' (pseudonym) was not electroshocked, she testified she was "threatened with shock" after a hospital psychiatrist discovered she had suffered sexual abuse and trauma.

Carla succinctly summed up the situation, when she said, "Women get ECT 2 1/2 to 3 times as often as men do - I think it's a feeling that women's brains are more expendable."

## **RECOMMENDATIONS OF ELECTROSHOCK RECIPIENTS**

### **Alternatives-Options**

When we provided all speakers the opportunity to recommend any treatment options or alternatives, not one mentioned that electroshock or any medical treatment had helped them or would help them. Instead, they favoured non-medical, community-based alternatives such as self-help and support groups, support from family or friends, counselling, and self-healing.

"Psychiatrists need to do therapy so patients could self-heal." - Anonymous

"What has helped me is counselling and the peer support I receive from the self-help group I am actively involved with." - Wayne

The panel encouraged all the electroshock recipients who testified to tell us what recommendations they wish to offer. We also looked for recommendations in the written submissions of those survivors who couldn't attend the hearings. We carefully listened to and recorded these recommendations. Their key recommendations included the following: ban electroshock; legislate a moratorium; public hearings; individual and vocational counselling or psychotherapy; networking; better information and communication from doctors. Whenever possible, we quoted from or summarized their recommendations.

### **1. Ban Electroshock**

"Electroshock is barbaric, unethical, torture. ECT must be stopped a crime against humanity." - Sue

"Shock should be banned." - Mel

"Electroshock should be banned. In no way is it a healing option." - Chris

"ECT has to be stopped." - Jerry

"ECT should be banned absolutely, no question." - 'Paivi'

### **2. Moratorium/Public Hearings**

At least one person recommended a moratorium on electroshock and public hearings.

"I want the Ontario Ministry of Health to put a moratorium on the use of electroconvulsive therapy in Ontario, and have a public inquiry into the use of electroconvulsive therapy in Ontario. I

want all other provincial ministries of health in Canada to do the same." - Sue

A number of people stressed the importance of networking, peer counselling, and self-help alternatives. It is important to note that none mentioned medical or psychiatric treatment as sources of healing.

### **3. Networking**

"[We] need networking through the emotional experience of abuse."  
- Anonymous

### **4. Counselling/Therapy/Self-Help Group**

"What has personally helped me is counselling and the peer support I receive from the self-help group I am actively involved with." - Wayne

### **5. Career-Vocational Counselling**

Jacqueline testified she benefited from and recommended George Brown College's educational program for psychiatric survivors, "Redirection Through Education", as well as "support from family and friends".

### **6. Better Doctor-Patient Communication/Self-Healing**

Another woman was critical of the minimal time and attention doctors generally give patients. She recommended more effective communication. "We need doctors to spend more time with patients instead of five minute prescription visits. Psychiatrists need to do therapy so that patients could self-heal." - Anonymous

## **RECOMMENDATIONS OF THE PANEL**

We have addressed our recommendations to various levels of government, because we believe some are more relevant or practical to one level but not the other(s). Some of our recommendations are specifically addressed to the Toronto Board of Health; others to the Ontario government's Ministry of Health and Long Term Care (MHLTC); and others to Health Canada, the federal government's chief regulatory-health agency. We urge government action on these recommendations.

## **RECOMMENDATIONS FOR THE TORONTO BOARD OF HEALTH**

### **1. Ban Electroshock**

The Board should recommend a ban on electroshock in all hospitals in Toronto. The Board should send this recommendation to the Ontario government's Minister of Health and Long-term Care as soon as possible.

### **2. Educational Campaign**

The Board should launch an educational campaign on electroshock in Toronto, and publicize it as an urgent public health and human rights issue. Its purpose is to make citizens aware of the many health risks of electroshock and non-medical alternatives available in the community. To help facilitate this educational campaign, the Board should appoint a Citizens Working Committee on Electroshock.

## **RECOMMENDATIONS FOR ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE (MHLTC)**

### **3. Ban Electroshock**

The panel unanimously recommends that the Minister ban electroshock throughout Ontario. This key recommendation supports the shock ban urged by most people who testified.

We call attention to a major conclusion written twenty years ago by Charles J. Clark, Q.C., the former chairperson of the Ontario government's 1985 Report of the Electro-Convulsive Therapy Review Committee: "The recommendations of the Review Committee place particularly heavy responsibilities upon the medical profession, the hospitals where ECT is administered, and the Ministry of Health. The Chairman holds the view that unless those responsibilities are accepted and fulfilled, there is a strong argument for the discontinuance of ECT as a treatment" (p.96). Since most of the Committee's 39 recommendations have not been implemented in the last 20 years, this fact alone justifies a ban on electroshock.

### **4. Draft Electroshock Ban Law**

We urge the Minister to draft a law to ban electroshock in Ontario. More specifically, we recommend an amendment to Section 49(1) in Ontario's *Mental Health Act*, which would prohibit

administering electroshock to any patient or person. The Section currently prohibits psychosurgery for involuntary patients.

## **5. Public Hearings**

The Ministry should call and hold public hearings across Ontario on electroshock as soon as possible. These hearings should focus on current "ECT" practice, adverse effects, risks, alternatives, and human rights violations. Citizens who have undergone electroshock and/or been threatened with electroshock should be encouraged to testify and given priority when making oral or written submissions. To date, no government in Ontario or Canada has held public hearings on electroshock. Before the Ministry of Health released the "Report of the Electro-Convulsive Therapy Review Committee" in December 1985, it requested written submissions only from the public; the Ministry refused citizen requests for public hearings. We believe this refusal was unreasonable, discriminatory, and undemocratic.

## **6.A Healing House**

As a pilot project, the Minister in consultation with the Minister of Community and Social Services, the Citizens Working Committee on Electroshock and community housing providers should facilitate the establishment of a Healing House for psychiatric survivors trying to recover from electroshock.

## **RECOMMENDATIONS FOR ALL MINISTRIES OF HEALTH**

In Canada, vital information about electroshock, including ECT statistics and adverse effects, is generally inaccessible to patients, researchers, health professionals, and the general public. Given Canada's commitment to freedom of information, the current obstacles to accessing ECT statistics and other public information are frustrating and indefensible - in fact a human rights violation.

### **Recommendation 7. A Mandatory ECT Reporting Law**

There should be a Mandatory ECT Reporting Law in every province and territory of Canada. This law would make it compulsory for every health facility where electroshock is administered to:

- a. compile an accurate and comprehensive electroshock database including frequency and extent of use, target populations including statistical information on age, gender and ethnicity or cultural background, and all adverse effects; and

- b. submit a detailed and annual report about electroshock - including adverse effects such as permanent memory loss, brain damage, physical disability, and death to the Ministry of Health.

### **Recommendation 8. Annual Electroshock Report**

Every Ministry of Health must send an annual electroshock report to Statistics Canada and the Therapeutic Product Standards Directorate of Health Canada. This information must be easily accessible to the public through an Access to Information request at nominal or reasonable cost.

## **RECOMMENDATIONS FOR HEALTH CANADA**

### **9. Ban Electroshock**

Health Canada, particularly its Therapeutic Product Standards Directorate and Medical Devices Branch, should issue a ban on electroshock. This ban should prohibit the administration of electroshock in all medical and psychiatric facilities in every province and territory.

### **10. Adverse Electroshock Reaction Program-Databank**

Health Canada should establish an easy-to-access Adverse Electroshock Reaction Program and databank on a separate website. It should be modelled after its Adverse Drug Reaction Program site. This site should include these links:

- a detailed description of electroshock
- a list of the major short-term and long-term effects of electroshock including disabilities or injuries, such as permanent memory loss and brain damage as reported in the medical-psychiatric literature
- a death chronology which documents all electroshock-related deaths reported in the medical-psychiatric literature
- electroshock statistics for every province and territory
- a list of non-medical community alternatives including crisis counselling centres, safe and supportive houses; and
- a selected Electroshock Bibliography including published personal accounts of electroshock

The public is generally unaware of the many risks of, or adverse reactions to, electroshock. Since Health Canada has developed an Adverse Drug Reaction website, it should also develop a similar

site for electroshock. The public has a right to access this information.

## Appendix A

### Electroshock Panel - Biographies

#### **Don Weitz, Chair**

Don is a psychiatric survivor and antipsychiatry activist. He was co-editor with Dr. Bonnie Burstow of *Shrink Resistant: The Struggle Against Psychiatry in Canada* (New Star Books, 1988), and co-founder of the former antipsychiatry magazine *Phoenix Rising* (1980-1990). He also was a member of the Ontario Coalition to Stop Electroshock and Resistance Against Psychiatry (RAP). Currently, he is a core member of the Coalition Against Psychiatric Assault (CAPA), a member of Psychiatric Survivor Archives Toronto, and producer of "Antipsychiatry Radio" on CKLN (88.1FM) in Toronto.

#### **Cathy Crowe, R.N.**

Cathy is a Street Nurse in downtown Toronto and has worked in the area of homelessness for over 17 years. In October 2004, she received an International Nursing Ethics Award in Amsterdam, Holland. In January 2004, Cathy was awarded the Atkinson Charitable Foundation's Economic Justice Award. In June 2005 she received an Honorary Doctorate of Laws from McMaster University. Along with colleagues, she co-founded the Toronto Disaster Relief Committee (TDRC) which in 1998 declared homelessness a National Disaster. She is currently a member of the Toronto Board of Health.

#### **Catherine Dunphy**

Catherine is an award-winning journalist. She works at The Toronto Star where she was the first reporter in Canada assigned full-time to the homeless beat. She also teaches journalism at Ryerson University and is a freelance magazine writer. She is the author of *Morgentaler - A Difficult Hero*, which was short-listed for a Governor General's Award for non-fiction in 1997. With a screenwriting partner, Catherine has written several episodes for the CBC television series "Riverdale" and the four-part radio mystery series "Fallaway Ridge."

#### **Roy Moodley, Ph.D.**

Roy works in the Department of Adult Education and Counselling Psychology at the Ontario Institute for Studies in Education at the University of Toronto. He teaches courses in multicultural counselling and masculinities. His research and publication interests include traditional and cultural healing; multicultural and diversity counselling; race, culture and ethnicity in psychotherapy; and masculinities. Roy co-edited *Transforming Managers: Gendering Change in the Public*

*Sector* (UCL Press/Taylor and Francis, 1999); *Carl Rogers Counsels a Black Client: Race and Culture in Person-Centered Counselling* (PCCS Books, 2004); *Integrating Traditional Healing Practices into Counselling and Psychotherapy* (Sage: California, 2005), and *Race, Culture and Psychotherapy* (Routledge, 2005).

### **Chris Rahim**

Chris has a background in Women's Studies, Counselling, and Community Development. Chris is an activist and feminist who has been involved in the violence against women's movement, prison abolitionist movement, queer movement, and the anti-racist movement for the past 20 years. She has worked in groups such as the South Asian Women's Action Network, the National Action Committee on the Status of Women, and was a collective member of Joint Effort Vancouver (a women prisoners' rights group). Since 2001, she has worked as a Resource/Self-Help Coordinator at the Women's Counselling Referral and Education Centre--an organization committed to working with marginalized communities. Prior to working at the Centre, Chris has worked in women's centres/shelters and with women and young people exiting the prison and psychiatric systems.

## Appendix B

### Ontario Electroshock ("ECT") Statistics 2000-2002

compiled by Don Weitz

*source: Ministry of Health and Long-Term Care, Government of Ontario*

*note: These shock statistics are the most recently available a through a Freedom of Information application-request. Outpatient shock figures for 2000-2001 and 2001-2002 figures do not include a breakdown by gender, because they are not yet available. Per cents are rounded off to the nearest whole number. If these statistics are cited or published, please indicate they are approximate and incomplete. I calculated all totals and per cents by gender and age from the raw data. My sincere thanks and appreciation to Bill Ng in the Ministry for his assistance.*

#### 2001-2002

(figures based on fiscal year April 1 - March 31)

##### ECTs

Inpatient 11,060 - 80%  
Outpatient 2,974 - 20%  
Grand Total 14,034 - 100%

##### Persons (cases)

Inpatients 1,314 - 80%  
Outpatients 342 - 20%  
Grand Total 1,656 - 100%  
Total Avg ECTs/Patient = 8

##### Women

ECTs 7,514 - 68%  
Persons (cases) 889 - 68%

##### Men

ECTs 3,546 - 32%  
Persons (cases) 425 - 32%

##### Women 65+ years old

ECTs  
2,392 - 32%  
Persons (cases) 295 - 33%

##### Men 65+ years old

ECTs 932 - 28%

Persons (cases) 105 - 26%

Total 65 years old

ECTs 3,324 - 30% (of Grand Total)

Persons (cases) 400 - 30% (of Grand Total)

## 2000-2001

(figures based on fiscal year April 1 - March 31)

ECTs

Inpatient 12,253 - 80%

Outpatient 2,530 - 20%

Grand Total 14,783 - 100%

Persons (cases)

Inpatients 1,372 - 80%

Outpatients 387 - 20%

Grand Total 1,759 - 100%

Approximate Total Avg ECTs/Person = 9

Women (based on inpatient figures only)

ECTs 7,903 - 65%

Persons (cases) 910 - 66%

Men (based on inpatient figures only)

ECTs 4,350 - 35%

Persons (cases) 462 - 34%

Women 65+ years old

ECTs 2,683 - 70%

Persons (cases) 306 - 73%

Men 65+ years old

ECTs 1,131 - 30%

Persons (cases) 113 - 27%

Total 65+ years old

ECTs 3,814 - 25% (of Grand Total)

Persons (cases) 419 - 24% (of Grand Total)

Explanatory Note:

These statistics indicate several major points: First, most electroshock (80%) is administered to inpatients, particularly in general hospitals, and approximately one-fifth (20%) is administered to outpatients. Second, the total number of electroshocks has decreased slightly from approximately 14,783 in 2000-2001 to 14,034 in 2001-2002.

Third, in both years twice as many women as men are administered electroshock (68% vs 34%).

Fourth, approximately 30% of people administered electroshock are elderly, 65 years and older.

Fifth, a disproportionately large number of elderly women are subjected to electroshock.

Approximately 75% of elderly shock patients are women, three times as many women as men.

These facts support the claim of critics who assert that electroshock is both sexist and ageist.

anti-shock websites: [ect.org](http://ect.org), [mindfreedom.org](http://mindfreedom.org), [geocities.com/sueclark2001ca/1.html](http://geocities.com/sueclark2001ca/1.html),

<http://capa.oise.utoronto.ca>