



Transcript: Electroconvulsive Therapy (ECT)

Name	Dialogue / Actions
Mary	<p>Hi, my name is Mary; I am a psychiatrist, in the Blue Waters Authorised Mental Health Service. In this scenario I am discussing the use of electroconvulsive therapy with Donald, a psychiatric registrar using two case studies to illustrate the issues that need to be addressed, including the importance of informed consent and capacity to consent. The first patient we are discussing is George. I start with giving Donald some background to this patient.</p>
Mary	<p>Donald, we agreed last supervision session that today we would discuss the use of electroconvulsive therapy which is defined in the Mental Health Act 2000 as:</p> <p><i>'the application of electric current to specific areas of the head to produce generalised seizure that is modified by general anaesthesia and the administration of a muscle relaxing agent'.</i></p> <p>I would like to initially discuss the case of a 64 year old gentleman named George who has had recurrent depressive episodes and is currently also diagnosed with early stage dementia. His recent admission was due to a major depressive episode and he was placed on an involuntary treatment order (inpatient category) after refusing to take his medication. He was also refusing to eat or drink, and attempts were made to use intravenous fluids which George also refused.</p> <p>The treating team were concerned that the situation was life threatening. A second opinion was sought from another psychiatrist in relation to available treatment options. Based on George's presentation, the psychiatrist believed that emergency electroconvulsive therapy was the most appropriate option to save George's life or prevent him from suffering irreparable harm to both his physical and mental health.</p> <p>Donald, I now want to discuss informed consent. Can you tell me any of the criteria for informed consent?</p>
Donald	<p>Firstly, the person must have the capacity to consent, and in the case that you've given me of George, it's unlikely that he had the capacity to give consent. Nor is it likely that he had the ability to understand the explanation of the treatment, possible discomfort or alternate methods of treatment, even if the explanation were given using simple language.</p>
Mary	<p>The other components of informed consent are that it is given freely and voluntarily, that the consent is given in writing and that consent can be withdrawn at any time. All of these provisions are contained in Chapter 4, part 3, division 1 of the Mental Health Act. In George's case it was determined that he did not have capacity to consent to the treatment or understand he could freely or voluntarily make a decision regarding electroconvulsive therapy, nor could he communicate his understanding in some way.</p> <p>Given the circumstances, I completed the <i>treatment application electroconvulsive therapy</i> form and the Medical Superintendent (usually known as a Director of Medical Services) and I signed the <i>certificate to perform emergency electroconvulsive therapy</i> form. These forms were emailed to the Mental Health Review Tribunal and Mental Health Review Tribunal had 5 days to make a decision on the application.</p>



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	<p>Donald, what do you know about what else has to happen when these forms are sent to Mental Health Review Tribunal?</p>
Donald	<p>I haven't been involved in this process, but I understand that George and his Allied Person need to be advised that the forms have been completed and sent to the Mental Health Review Tribunal.</p> <p>However, the certificate to perform emergency electroconvulsive therapy form allows for the use of electroconvulsive therapy in emergency circumstances without the prior approval of the Mental Health Review Tribunal. This is only for a period of 5 days during which time the Mental Health Review Tribunal will have made its decision.</p>
Mary	<p>I think you have covered all the requirements. To finish off this case, I will outline what happened once the application was being considered by the Mental Health Review Tribunal. Firstly, they had to be satisfied that George didn't have capacity to consent to the treatment and understand that electroconvulsive therapy was the most appropriate treatment for him. The Mental Health Review Tribunal determined that in George's case, electroconvulsive therapy shouldn't be used more than twice per week due to his cognitive deficit and that there should be the maximum of 12 treatments over a 3 month period.</p> <p>This next case illustrates some of the other complexities with respect to using electroconvulsive therapy.</p>
Mary	<p>Cindy is a 26-year-old female who was admitted to the Authorised Mental Health Service due to a major depressive episode. In the past, medication prescribed for Cindy took a long time to become effective, which delayed her recovery. However, as Cindy had a history of responding well to electroconvulsive therapy it was discussed with her that electroconvulsive therapy could be a beneficial treatment again.</p> <p>We have already discussed the process for obtaining informed consent when we spoke about George. The consent agreement for electroconvulsive therapy was completed and all of the sections were discussed with Cindy, including an explanation of her condition, the risks of the treatment and the risks of not having the course of electroconvulsive therapy. After this discussion, Cindy signed the patient consent section. She was also given the information about electroconvulsive therapy: a fact sheet for you and your family. Cindy also gave her consent for her family to be informed of her decision to have electroconvulsive therapy.</p>
Mary	<p>Things became complicated a week later when Cindy changed her mind and withdrew her consent to have electroconvulsive therapy. Cindy was assessed at that time as having the capacity to give informed consent, as she was capable of understanding the nature and effect of decisions, could freely and voluntarily make decisions and communicate them. Therefore, the administration of electroconvulsive therapy was ceased, however Cindy continued on her current medication regime.</p>
Donald	<p>So, what happened next?</p>
Mary	<p>Cindy's medication didn't seem to have the desired effect and within two weeks she started to refuse all medications, expressed thoughts of harming herself, and was crying constantly. The treating team reassessed her capacity to consent to electroconvulsive therapy, and decided she was now</p>



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	<p>incapable of giving informed consent. Assessment documents were completed and, as she met all the treatment criteria under the Mental Health Act, Cindy was placed on an involuntary treatment order.</p> <p>Once the involuntary treatment order was in place, a treatment application electro-convulsive therapy form was made and sent to the Mental Health Review Tribunal and Cindy and her Allied Person were informed of the application. The Mental Health Review Tribunal approved 12 sessions of electroconvulsive therapy. A second application was also made for an additional 12 sessions to be used over the next 3 months.</p> <p>Do you have any questions regarding this case?</p>
Donald	Did the electroconvulsive therapy make a difference?
Mary	Cindy responded well to electroconvulsive therapy and is currently living in the community.