



Psychiatrists say Electroshock
“is a safe and effective treatment”

BUT

1 in 150 elderly will die

EVERYONE

will get brain damage

NO ONE

will be cured

"SHOCK"



**They don't do that any
more, do they?"**

YES THEY DO

SHOCK

for your **MUM**

your **GRANDMA**

your **WIFE**

your **DAUGHTER**



Over 70% of **ALL** ECT is on women

**You don't want
ECT?**

TOO BAD!



**1 PERSON IN 3 GETS IT
WHETHER THEY LIKE IT
OR NOT, BY **FORCE****

TOO YOUNG FOR SHOCK?



Not in Victoria
NO age restrictions means
toddlers can & do get
electroshocked

Too old for ECT? Certainly Not

BUT

The **death** rate is more than
1 in 150 over 65

Life expectancy is 20% less
after 12 months compared
with non-ECT

Brain damage is ALWAYS
more severe

*(But you probably won't live
long enough to care)*

ECT and the elderly. A recipe for abuse?

It is well known that there is a hidden abuse problem among the elderly in our society. The expression of this in the abused old person (usually female) is often called 'depression'.

This may be suggested by the 'caring' family member(s) who take Mum to the doctor because she 'isn't eating or sleeping, is crying all the time, is forgetful, doesn't realise she can't take care of herself (no insight)... 'do you, Mum? We're afraid she might harm herself, take too many pills, or something.'

(subtext - Mum is becoming 'difficult', she won't die or sell the house and go into care and we need the money. She's getting demanding and we're getting fed up. FACTS - Mum is being bullied and threatened by her beloved children, they have taken over her finances, harangue her daily about her 'selfishness' for not selling up, have taken her car keys, force her to take medication they have brought and won't tell her what it is, cut off her phone, cut her off from her friends and other relatives, she has heard them telling her sister/friend/other she doesn't want to talk to them. BUT she has no obvious bruises, is not starving, dirty, limping or showing any sign of physical abuse.

Even if there were there is very limited facility to investigate claims other than gross examples of abuse if there IS a suspicion and most GPs would be loathe to go to the bureaucratic lengths required unless the abuse WAS very severe.

A familiar scenario to most GPs. GPs are not trained in what social or psychological issues/clues to look for when anyone presents as 'depressed' so they refer to psychiatrists (not psychologists, who are not well supported by Medicare or recognised by GPs as proper doctors).

After a brief half hour interview with the family and Mum together, the psychiatrist will suggest Mum leave the room while he discusses her future treatment with her loving family. He says Mum is too old to use the anti-depressants and since she is privately insured he knows a very nice clinic where she will be looked after for as long as it takes, and ECT is the best, safest treatment for the depression of old age. There may be some out of pocket expenses for the ECT but 'we can make sure her pension will cover that. You'll be very happy with the results.'

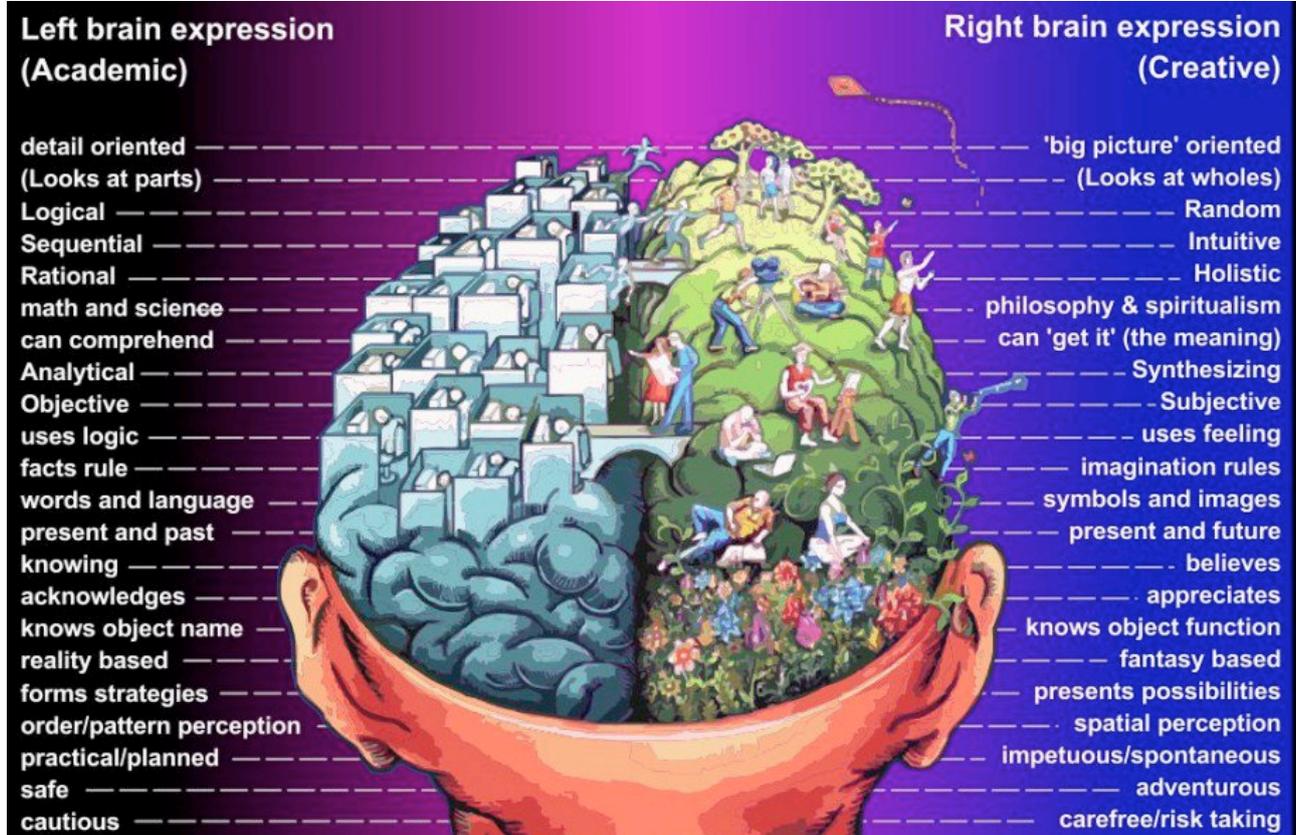
What are the outcomes?

1. She becomes apathetic and stops complaining. **WIN**
2. She no longer objects to selling the house and going into care - **WIN**
3. She has a significant chance of a stroke or other serious adverse event from ECT which means they'll sell the house and put her into care - **WIN**
4. She has a 1:150 or more chance of dying in the 2 weeks after ECT - **WIN**
5. She has a 20% chance of dying in the next year - **WIN**
6. The doctor makes \$5000+, the clinic makes \$50,000, the family make \$5-9K from the house **WIN WIN WIN**
7. Mum? **LOSER**

WHY WE MUST BAN ELECTROSHOCK



- 1. It is NOT treatment- OR therapy, it is a closed head electrical injury**
- 2. It ALWAYS causes brain damage**
- 3. Its effects are irreversible**
- 4. It can destroy memories of 30 years +**
- 5. It lowers IQ and cognitive functions**
- 6. It reduces the ability to learn**
- 7. It doesn't work**



WHY IS IT OK TO WRECK THE RIGHT SIDE OF THE BRAIN, THE GENTLER OR “*FEMININE*” SIDE?

IS IT FOR THE SAME REASONS THAT WOMEN GET MOST OF THE ECT?

BECAUSE THE APATHY & COMPLIANCE THAT COME WITH ECT'S BRAIN DAMAGE ARE DESIRABLE TRAITS IN WOMEN?

BECAUSE ALMOST ALL DOCTORS WHO DO ECT ARE MALE CONSERVATIVES OR FROM CULTURES WHERE IT'S WOMEN'S PLACE TO BE OBEDIENT & SILENT?

BECAUSE OUR MEDICAL PROFESSION IS EXTREMELY PATRIARCHAL?

BECAUSE, OLD PEOPLE, ESPECIALLY WOMEN, BUT OLD MEN TOO, ARE NOT VALUED IN OUR CULTURE.

OR BECAUSE PEOPLE MIGHT NOT EVEN KNOW IT'S GONE?

ECT FACTS

FACT: It causes a traumatic brain injury every time.

FACT: It causes permanent brain damage.

FACT: The symptoms for Traumatic Brain Injury (TBI) & ECT are the same. The brain starts to heal over 4 weeks - the benefit period.

FACT: Only 16-46% get a very short relief, for a few weeks - meaning 55-84% of people get NO benefit at all.

FACT: Depression does NOT `remit' (go away), it just gets `masked' by head injury symptoms. When they heal, the depression is still there.

FACT: The results from `fake' ECT are the same or better than for `real' ECT + no brain damage

FACT: `Maintenance' ECT is a recipe for dementia

FACT: Suicide is 5 times MORE likely WITH ECT

FACT: There are significant negative psychological effects such as Post Traumatic Stress Disorder (PTSD) in many ECT survivors.

FACT: People with ECT brain damage often become apathetic so don't complain, deny or are unaware of the changes in them

FACT: People DIE from ECT particularly the elderly.

FACT: There is a LOT of money in ECT