

## **ELECTROSHOCK FACTS**

We choose not to call Electroshock “Therapy” so we will not use the sanitised “ECT/Electroconvulsive Therapy” term to describe it.

1. Electroshock is NOT treatment or “therapy”. It is a closed head electrical injury. It causes a Traumatic Brain Injury (TBI) every time.
2. It causes permanent irreversible brain damage. Electroshock “works” by damaging the brain. Each treatment results in a temporary coma and often flat-lining of the brain waves, which is a sign of impending brain death.
3. It fails to give 55-84% of people ANY symptom relief whatsoever, leaving the rest with relief for no more than a few weeks.
4. It fails to treat the illness at all. It only “masks” it with head injury symptoms, so that the “remission” goes as the brain recovers, leaving the illness intact.
5. The results from `placebo` ECT (placebo where the person gets the anaesthetic but NO shock) are the same or better than for `real` ECT.
6. It causes steadily deteriorating mental function under than name of `Maintenance` treatment.
7. It can make the person 5 times MORE likely to commit suicide.
8. It causes the person to lose past memory, new memory, and reduces their abilities in learning, intelligence, problem solving, judgment, planning and concentration.
9. It leaves a person so apathetic that they don't complain, refuse to believe and/or is unaware of the changes in them.
10. It gives a person severe emotional problems including stress disorders, depression and mood swings.
11. It can cause life threatening complications during the treatment in up 1 in 6 people.
12. It may cause life long epilepsy, mania or other psychiatric problems as well as cardiac and breathing complications.
13. It causes people to DIE, particularly the elderly who have a 1 in 200 chance of dying within two weeks and a 25% chance of not living another year.
14. 70% of Shock patients are female, typically an elderly white female paying for treatment with insurance or private funds.
15. None of this is told to people BEFORE they have the treatment, and when they complain of difficulties with memory, new learning etc they are told they are mistaken, lying or deluded and need more treatment..
16. Several countries have banned it altogether, many others have partial bans as a compulsory treatment, and for children, the elderly and pregnant women.
17. **IN VICTORIA WE HAVE THE HIGHEST USE IN THE WORLD - THERE ARE NO BANS, NO RESTRICTIONS AND 35% IS AGAINST THE PERSON'S WILL .**
18. Shock is lucrative. Psychiatrists can get \$25,000 per WEEK just doing shock. Private hospitals make very large profits from shock. It is a multi-billion dollar industry world wide.
19. A group of Psychiatrists is now lobbying Medicare to have payments for electroshock increased in Australia.
20. The so-called `new developments` in shock are all over 40 years old and the power used now is over 4 times higher and the duration of the electrical charge is 8 times as long as in the “bad old days”.

**FACTS VERSUS CLAIMS BY THE ROYAL AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF PSYCHIATRY**

PSYCHIATRIC CLAIMS	FACTS
<p>There is no evidence that ECT causes any structural cerebral damage.</p>	<p><i>In the beginning, 80 years ago brain damage was the intended effect. .</i></p> <p><i>“...to cure these patients...[it is] necessary to <b>destroy</b> cellular connexions in brain, particularly those related to frontal lobes...”</i></p> <p><i>“The <b>reduction of intelligence</b> is an important factor in the curative process...”</i></p> <p><i>“...shock therapies in certain mental conditions must necessarily depend upon <b>brain tissue destruction.</b>”</i></p> <p><i>“...<b>brain dysfunction</b> is not a “complication” or “side-effect” but the sine qua non (<b>indispensable and essential</b>) of the mode of action...”</i></p> <p><i><b>1930s-50s:</b> Animal studies ALL showed pinpoint bleeding and patches of cell death. It was so well accepted that it was considered unnecessary to repeat these.</i></p> <p><i><b>1970s:</b> Russian studies in the 1970s re-affirmed the damage and recommended that shock not be used. The establishment PR machine buried this information for over 40 years.</i></p> <p><i><b>BUT in 2012:</b></i></p> <p><i><b>Perrin et al, using MRI before and after published that they had found ‘changes’ in ALL subjects.</b></i></p> <p><i><b>In 2015 Charles Kellner, a long time shock proponent, admitted “The amazing structural detail that can now be seen with high magnet-strength MRI has resulted in a re-thinking of the old dictum that ECT does not cause structural brain changes.”</b></i></p>
<p>Electroconvulsive therapy has been an important and effective treatment in psychiatry for over half a century...<b>Its effectiveness in a variety of psychiatric conditions has been established beyond doubt.</b></p>	<p><i>A thorough review of the shock literature shows that there are no controlled studies indicating any ‘beneficial’ effect beyond four weeks. Most show little or no improvement at all.</i></p> <p><i>In 80 years there are two Randomised Controlled Trials (the ‘gold standard’ in scientific evidence-based medical practice) offering evidence for the effectiveness and safety of ECT in people with depression, schizophrenia, catatonia and mania. One of these was for schizophrenia and found shock had ‘no value in its treatment’, the other cannot be found.</i></p> <p><i>There are only eight valid placebo controlled studies since 1938, and these show ‘minimal support for effectiveness with either depression or schizophrenia during the course of treatment (i.e. only for some patients, on some measures, by some raters), and no evidence, for either diagnostic group, of any benefits beyond the treatment period’.</i></p>

PSYCHIATRIC CLAIMS	FACTS
<p>It is one of the least risky of medical procedures carried out under general anaesthesia, and substantially less risky than childbirth.</p> <p>Deaths are similar to those as a result of an anaesthetic, approximately 1:10,000</p>	<p><i>Shock machines have NEVER been tested for safety. In 2011 the manufacturers presented the following potential effects to a hearing of the FDA (the US gov. medical watchdog).</i></p> <p><i>Including:</i></p> <p><i>head trauma resulting in a Grand Mal Seizure</i></p> <p><i>prolonged seizures, including Status Epilepticus</i></p> <p><i>epilepsy</i></p> <p><i>cardiac arrhythmias, including cardiac arrest</i></p> <p><i>cardiac ischemia</i></p> <p><i>prolonged apnoea (lack of oxygen)</i></p> <p><i>brain cell injury</i></p> <p><i>brain stem rupture</i></p> <p><i>hyppocampal damage</i></p> <p><i>persistent or permanent memory loss,</i></p> <p><i>risk of everyday or semantic memory loss.</i></p> <p><i>treatment-emergent Mania,</i></p> <p><i>exacerbation of psychiatric symptoms</i></p> <p><i>headache,</i></p> <p><i>death.</i></p> <p><i>A group of anaesthetists in France in 2002 reported that one person in six had a 'potentially life threatening complication' during treatment.</i></p> <p><i>Reports by those giving shock report death rates of more than 1:1000 and as high 1:100, over a hundred times greater than the official line.</i></p>
<p>Its lifesaving against suicide.</p>	<p><i>There is NOT ONE survey/study that supports this, EVER. The latest shows suicide is five times MORE likely in those who have received shock compared with a matched group who did not. (Munk-Olsen 2007)</i></p>
<p>The cognitive side effects of ECT are of most concern to clinicians and to patients. It should be noted that evidence for much of this is based on older studies which used ECT machines with sine wave stimulus and bilateral electrode placement.</p> <p>It should also be noted that severe depressive illness per se is associated with cognitive impairment...</p> <p>...new learning, judgement and reasoning are not affected</p> <p>...persistent subjective complaints of memory disturbance after ECT seem to show greater correlation with residual depression, rather than with any objective evidence.</p>	<p><i>Harold Sackheim et al, 2007, found that cognitive dysfunction persisted after 6 months (and appeared to be permanent) in ALL types of treatment with ALL electrode placements.</i></p> <p><i>There are NO studies using control groups of severely depressed people who have not had drugs, so NO evidence exists that depression causes cognitive impairment. Plus ALL diagnoses treated with shock show the SAME kind of impairment.</i></p> <p><i>(see Sackheim above) New learning, judgment and reasoning difficulties are commonly found.</i></p> <p><i>There is NO correlation between residual depression and memory disturbance. Depressed people who do NOT have shock do NOT have retrograde memory loss.</i></p> <p><i>Memory loss is caused by brain damage, permanent memory loss is caused by permanent brain damage. No brain damage no memory loss.</i></p>

PSYCHIATRIC CLAIMS	FACTS
There is currently no evidence to suggest that ECT causes damage to a young person's brain or adversely affects brain development. However, there is very little empirical data on this subject and therefore no definite conclusions can be drawn.	<i>ALL the evidence indicates universal brain damage. There is considerable evidence in neurology that repetitive head injury in children has more severe consequences than in adults. Any force applied to the head that causes unconsciousness is a head injury. Shock ALWAYS causes unconsciousness. Conclusions MUST be drawn.</i>
ECT does not produce abnormal uterine contractions and it <b>appears to be safe</b> even in complicated pregnancies.	<i>One study that appeared for 5 minutes on the web found that of ten cases there were: 3 premature births, 2 very prem. one baby died 2 miscarried 2 had birth defects Another, an obstetric study (2007) found shock caused brain damage in one baby.</i>
Old age per se is not a risk factor for ECT... ECT may be particularly appropriate for use in this group of patients,	<i>The elderly are particularly susceptible to brain damage from trauma. Shock is trauma (see above). The death rate for over 65s can be as high as 1:100 in the short term and for over 85s there is a 25% lower survival rate within a year compared with people who did NOT receive shock.</i>
MAINTENANCE ECT The use of intermittent individual ECT treatments on a continuing basis may be an effective alternative strategy for relapse... However, it should be noted that there is a <b>paucity of controlled trials examining the efficacy, optimal duration or cognitive complications</b> of maintenance ECT	<i>This is increasing at an enormous rate much to the concern of neurologists. The lack of trials across all shock is emphasised here. Repetitive Brain Injury has severe consequences, and may lead to Parkinson's Disease and dementia.</i>

Despite the claims by establishment psychiatry, less than half of all psychiatrists world-wide use electroshock. These claims by the RANZCP are the basis for the FACT SHEETS given to prospective patients by their doctors. As we can see they are lies. It is obvious that few, if any people are being given sufficient information to make a free and informed decision as required by law.

Another major factor, generally ignored, is the psychological toll on shock victims. Since over a third of people are given it against their will by government order, and most of the rest are lied to, bullied, threatened and coerced, well documented adverse psychological effects such as depression and post traumatic stress disorders are common.

Given the lack of safety re the machines, and the clear evidence of serious and permanent brain damage for the majority of recipients, can we possibly justify the continued use of this brutal treatment in the 21st century. Further reading:

John Read and Richard Bentall, 2010 - "The effectiveness of electroconvulsive therapy: A literature review"

Linda Andre 2009 - "Doctors of Deception: What they don't want you to know about shock treatment".

Robertson & Pryor - 2006 - 'Memory and Cognitive Effects of ECT: Informing and assessing patients.'

Sackheim H A et al - 2007 - 'The Cognitive Effects of Electroconvulsive Therapy in Community Settings'

Johnstone L - 1999 - Adverse Psychological Effects of ECT'

Breggin P - 1981 - 1984 - 1986a - 1998 - 2006 - 2010 - 2011 -Papers

Perrin et al - 2012 - 'ECT reduces frontal cortical connectivity in severe depression disorders'.

And Many, many others.

Remember the haunting moral question we must always ask ourselves about one or another atrocity, in this case, "**Where was I when they came for the shock patients?**"

"Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive...for those who torment us for our own good torment us without end for they do so with the approval of their own conscience..." C. S. Lewis

