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Dear Mr. Ibtesam

The following declaration concerns Charles Helmer and is the outgrowth of my being contacted by Anne Fuller, Charles' mother, specifically focusing on the issues surrounding Charles' treatment with elecrtro-convulsive therapy (ECT) against his will. Both Ms. Fuller and Charles asked if I would be willing to review records of his psychiatric treatment and offer any opinions I had regarding ECT as well as the medications being given.

i agreed to evaluate the use of these treatments, indicating to them that first I would need to review documents from his past and present treatments. They indicated they would send me such records, which I have now reviewed. Finally, I indicated that I could not possibly become a treating psychiatrist for Charles, given my residence in California.

Having reviewed legal and medical records pertaining to his past and present treatment, it is my opinion that the treatment plan in place is one that has not promoted his best interests and should be re-evaluated. To that end, I offer the following discussion, beginning with what has already been tried, and concluding with my recommendations for another path.

Charles has been the recipient of treatment that places primary emphasis on biological methods, namely ECT and psychoactive drugs. The problem here is that the clearly documented examples (from his history) of disturbances in thinking have never been demonstrated to be the result of faulty brain chemistry or neurocircuitry.

2. While there is no uniform agreement within Psychiatry on these questions, it seems to me that physicians have a responsibility to use caution when one approach (the biologic) has been tried and is failing. A more psychosocial approach is in my opinion long overdue, one that will be outlined below. First, however, I need to further explain how the present approach goes beyond simply not working; it is in my opinion doing harm.

3. ECT is a procedure that directs electrical energy to those portions of the brain central to memory and learning, i.e. the amygdala and hippocampus, lying beneath the temporal lobes of the cortex. As such the inevitable results of ECT are interference with retention and learning. The effects are cumulative and there is clear evidence that any short term lessening of depressive symptoms is temporary, amounting of a simple masking of emotion, followed in coming months to a return of the previous depression. The track record of ECT is that all too often, another course of treatment results, then another, etc.

4. In the case of a man as young as Charles, the risk of his becoming a long-term brain-injured person, secondary to ECT, is in my opinion grave indeed.

5. In addition, the fact that his ECT has been administered against his will is something that in my opinion is hindering whatever other treatment programs might try to accomplish. How can treating physicians, therapists, etc. expect to establish meaningful therapeutic relationships if their efforts, however well

intended, are part of a program that relies of force. It is simply not possible.

6. Beyond these concerns regarding ECT, I also recommend that his regimen of psychoactive medications be re-evaluated. Benzodiazepines have the best risk/benefit ratio, i.e. the best chance of minimizing the addictive potential and minimizing the brain disabling effects outlined above. (Breggin, “Brain Disabling Treatments in Psychiatry).

7. Finally, I want to outline what I consider an approach much more likely to benefit Charles. It would begin with a reconsideration by the Court of the question of Charles’ Guardanship. I offer no opinion as to whether his mother should be re-appointed, only that an effort be made to find a person open to the above recommendations and agreeable to Charles.

Next, I recommend a psycho-social approach to his treatment, with no ECT whatever, a gradual reduction of his current medications and eventual replacement by a Benzodiazepine in moderate dosage, and voluntary placement in a living situation that does not insist on ECT and heavy medication as a condition for residency.

I realize that these recommendations would involve the Court’s reconsideration of more issues than the question of Charles’ Guardianship, ie. review of his civil commitment. However, my

review of the case documentation indicates that there is no evidence whatever that Charles was *ever* a danger to self or others. *He* was the one who called the police, concerned that he was in danger *from others!* This thinking was clearly not based in reality, but that was not grounds for involuntary treatment.

Lee Coleman,MD

Psychiatry and Child Psychiatry