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Reviews

The Practical Administration of Electroconvulsive Therapy (ECT).
ECT Sub-Committee of the Research Committee, Royal College of Psychiatrists. London: Gaskell. 1989. Pp. 30. £2.50.

Electroconvulsive therapy (ECT), after over 50 years effective application, can be fairly said to have stood the test of time. Ten years ago the College performed a signal service in its survey of the practical aspects of ECT administration which stimulated a widespread improvement in standards of equipment, facilities and clinical practice. With the current emphasis on medical audit, the publication by the College of these guidelines on the practical administration of ECT is timely. Prepared by an experienced and knowledgeable sub-committee of the College Research Committee, chaired by Chris Freeman whose credentials for ECT studies and clinical wisdom are not in doubt, this document achieves the rare distinction of being both comprehensive and succinct. The actual guidelines cover only six pages but specific areas are expanded in 15 appendices in a further 23 pages.

After a brief introduction the first section deals with Patient Selection. The use of ECT in depressive disorders, mania, schizophrenia and certain 'other disorders' is briefly discussed. As befits an official publication, much emphasis is placed on research evidence but this results in rather anodyne statements where it is lacking, as in the section on mania. Although research backing is useful for convincing sceptics, surely collective clinical experience can also make a significant contribution. In passing, one wonders when anyone last terminated a delirious episode with ECT, as reported by Roth & Rosie back in 1953.

Next comes Consent to Treatment, which deals with the explanation to the patient and relatives and how to proceed in different situations of patient incapacity or refusal of consent. Having highlighted the difficulties patients experience in taking in and retaining verbal material, it might have been useful to recommend a supplementary written explanation. The section on ECT Instrumentation includes a brief explanation of the effects of different electrical wave forms but wider technical considerations are covered more extensively in Appendix 11.

The section on Practical Administration deals with the standard of treatment facilities, preparation of patients, the role of the anaesthetist, application of electrodes, the choice of unilateral or bilateral treatment, monitoring seizure activity, and how to proceed if there is no, or only a doubtful, observable seizure. Bilateral brief-pulse treatment is preferred but routine EEG monitoring is not recommended. Number and Frequency of Treatments provides commonsense advice which is generally acceptable. The last section on Special Problems discusses ECT and physical disorders, contra-indications, outpatient ECT, treatment resistant depression and concurrent drug therapy, including monoamine oxidase inhibitors. The last is not a contra-indication although concurrent reserpine therapy is because of an increased risk of cardiac arrest.

Appendices 1–4 expand on the use of ECT in the diagnostic categories described earlier. The comments are unexceptionable although greater emphasis on the rapidity of action of ECT as an important consideration in the selection of patients would have been appropriate. Appendix 5 reviews biological aspects of ECT but only demonstrates our ignorance of its mode of action. Appendix 6 expands the discussion of Consent to ECT and includes an account of the different legal frameworks for compulsory treatment in Scotland, Northern Ireland and the Republic of Ireland. The recommendation to apply Section 2, rather than 3, of the Mental Health Act in England and Wales, preliminary to obtaining a second opinion under Section 58, is controversial as, in my experience, few Approved Social Workers are willing to comply.

Appendix 7 deals with ECT morbidity, including the major complications and effects on memory. Appendix 8 extends the discussion on the relative merits of unilateral versus bilateral ECT and the previously mentioned final recommendation accords with current clinical practice. Appendix 9 illustrates the recommended electrode positions for unilateral ECT.

Appendix 10 discusses training for ECT and suggests four useful videos for this purpose, three from the UK and one from the US. Perhaps the most important advice here is that a senior psychiatrist, preferably (I would suggest always) a consultant, should accept responsibility for the ECT clinic, including the standard of equipment and its upkeep, and the training of medical staff.

Appendix 11 is devoted to the choice of an ECT machine. Details are provided of two UK and four US machines in current production as well as three UK machines out of production but still widely used. Technical descriptions are kept simple and are understandable, even by technological nincompoops. The high cost of these machines leaves one wondering if they have not become just a little too elaborate and sophisticated.

Appendices 12 and 13 are specimen treatment record and consent forms which are reasonably standard. Although a sickle test might be useful in specific populations, it is hardly the routine test which its inclusion here implies. Appendix 14 is a specimen instruction leaflet for patients receiving out-patient ECT and Appendix 15 reprints the 1982 Royal College of Nursing guidelines for nursing aspects of ECT. Page 30 lists the references quoted in the document.

This is an excellent document which provides sensible and authoritative advice on all aspects of ECT and its application. It should certainly be read by all who use ECT, especially those who undertake administrative responsibility for ECT departments.

KENNETH DAVISON
Consultant Psychiatrist Emeritus
Newcastle-upon-Tyne

A Schedule of Repeal – What Labour will do to the NHS and Community Care Bill.
Robin Cook, MP (in *Socialism and Health*, July 1990)

The central innovation of the NHS and Community Care Bill is the division of purchase of health care from its provision, with the agencies responsible for these distinct functions conducting their relationships through service agreements (or contracts). The hurried timetable for establishing contracts during the current financial year has disguised the true potential of this arrangement as contract managers scurry to reflect historical service usage in documents largely written by providers. Nonetheless, nobody should under-estimate the power of contracting as a tool for achieving change in the NHS, and it appears that this potential may have been recognised by the Labour Party.

This press release from Robin Cook forewarns of the dismantling of many aspects of the Conservative reforms by a Labour government. NHS trusts, GP fund holding, indicative drug budgets, tax relief for private medical cover and charges for eye checks and dental examinations would all be abolished. Furthermore, Labour would not proceed with the internal market. But the language of the statement is consistent with the continuation of contracting; the Labour party "will require local health authorities to secure the provision of comprehensive health services".

The Labour party is keen to stress the emphasis it would place on health promotion, disease prevention and community care. Perhaps it has realised that the traditional clinical and managerial hierarchy of the NHS spent over 40 years ignoring these components of health care. The role of purchasers, with its emphasis on assessing need and monitoring quality, offers the opportunity for power to shift from clinicians interested in the next surgical patient to community physicians interested in optimising the health of populations. Thorough needs assessment, linked to methodical monitoring of effectiveness, may well lead purchasers, over time, to move resources from acute surgical intervention to improved health education. This transformation would happen without any requirement for the internal market envisaged in *Working for Patients*.

In order to achieve these benefits, however, the American experience suggests that purchasers will have to be independent of providers. Experience of contracting in the NHS has so far demonstrated that those district health authorities with a network of aspirant trusts are concentrating most effectively on achieving change through contracts. It is presumably a political necessity that the Labour party should condemn NHS trusts. This political condemnation does not solve the problem of how to structure the NHS such that district health authorities are not both purchasers and, as ultimate managers of hospitals, also providers. A less dogmatic approach which amended NHS trust powers and board membership, as Labour proposes to do with health authorities, might be more conducive to empowering purchasers to achieve change.

The implications for community care are mixed. Labour would follow Griffiths and introduce a ring-fenced grant for local authority community care programmes. But Labour opposes the proposal for local authorities to themselves adopt a purchasing role which might lead to the "privatisation" of services such as home helps. Labour is still committed, as a consequence of its financial links with ancillary staff unions, to the notion of the inevitable virtue of State provision. The impact of these alliances is no more helpful to an open discussion of health provision as the Conservative party's wish to reward their friends in the private insurance companies by introducing tax relief for private medical cover.

The underlying message is that the NHS will remain under Labour as politicised a service as it has become under the Conservatives. This is hardly a surprise. The issue for mental health services then becomes whether a politician in the Department of Health is interested in the subject. Roger Freeman was, and it showed. It is reassuring therefore to realise that an incoming Labour government would probably contain in its ranks MPs such as Tessa Jowell who have a genuine commitment to introducing innovative community mental health services. The Labour Party has elsewhere promised a Minister with specific responsibility for community care. This can but be welcomed if it is to be filled by such individuals.

EDWARD PECK
Lecturer in Management
Health Services Management Unit
University of Newcastle-upon-Tyne