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Correspondence

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Provision of electroconvulsive therapy in Italy

24 March 2022

Sashidharan lauds Trieste's 'humane, person-centred and effective' psychiatric services[1] but omits to mention that, in common with most Italian cities, it has no electroconvulsive therapy (ECT) service.[2] Indeed, only a handful of Italian centres offer the treatment, a lack of provision that has its basis entirely in politics rather than science.[3] Since ECT was first developed in Rome in 1938[3,4] and its lifesaving properties promptly recognised, it has been refined and improved to enhance its safety and effectiveness, while a large evidence base has built up to inform its ongoing use.[5] An extremely safe treatment, it is undoubtedly the most effective strategy for moderate to severe depressive illness[5] and one of the most effective treatments across the whole of psychiatry.[4] Yet, staggeringly, Sashidharan's fellow ideological proponent of the Trieste model of care, Mezzina, has written positively of the lack of access its patients have to ECT, as though this vast gap in service provision were something of which to be proud.[2] This could not happen in any other branch of medicine: it is akin to an oncologist boasting of an inability to provide patients with chemotherapy. It has been convincingly argued that refusal to provide ECT, when clinically indicated, is an infringement of patients' human rights.[4] Indeed, most low- and middle-income countries strive to provide ECT services, even if access is limited owing to minimal resources. A supposedly 'humane, person-centred and effective'[1] psychiatric service in western Europe cannot continue to justify denying its patients such a safe and effective treatment.

Declaration of interest

None

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Richard Braithwaite, Lead Consultant Psychiatrist for Neuromodulation, Sussex Partnership NHS Foundation Trust, Meadowfield Hospital, Worthing, UK. Email: richard.braithwaite@nhs.net

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Author's reply

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My article[1] was about the political threats facing, arguably, one of the best mental health services in the world and not about use of ECT. In this context, it is specious and misleading for Dr Braithwaite to suggest that Trieste's services somehow fall short of providing effective, humane and person-centred care because ECT is not part of routine clinical practice. This is not unique to Trieste; there are many mental health services and psychiatrists, including in the UK, that do not use ECT. There are others that use it frequently and routinely. This, by itself, does not mean that patients are being deprived of an effective treatment or that they are subject to treatment they may not need. It is perverse to suggest otherwise and to imply that the use of ECT should be considered as a hallmark of good mental healthcare.

Apart from offering the usual paean of praise for ECT, Dr Braithwaite does not provide any evidence which indicates that people in Trieste are being deprived of effective treatment or appropriate care. I am not aware of any clinical evidence of this, nor of any concerns raised by anyone familiar with Triste's mental health services at any time or in any literature relating to the remarkable achievements of the mental health reforms in Trieste over the past 40 years. If Dr Braithwaite has evidence to the contrary, he should present it rather than resorting to a strawman fallacy. The question is not why ECT is not used in Trieste but why there been no need to use ECT in Trieste in the past 40 years.

It is depressing to see the continuing antipathy towards Trieste within British psychiatry. Our rejection of Trieste has never been based on facts or on a detailed understanding of mental healthcare there and its ethos and culture. Dr Braithwaite's comments are in keeping with this, but I am glad that such attempts to discredit Trieste are increasingly at odds with the growing recognition of the value and long-term benefits of the key components of the Trieste model of mental healthcare.[2]

Declaration of interest

None

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S. P. Sashidharan, MRCPsych, PhD, Independent Psychiatrist, UK. Email: s.p.sashidharan@gmail.com

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Is there enough evidence for ECT?

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In an opinion piece in the *BJPsych*, Gergel[1] dismisses research that raises significant concerns about whether electroconvulsive therapy (ECT) is an effective treatment for depression. The author found net benefit from her own treatment, but the scientific approach does not generalise from personal experience. Research is a better basis for practice, and for ECT there is very little evidence.

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