

# Audit in ECT: Humpty Dumpty and the psychiatrists\*

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Soon after my appointment in 1979, after retirement from the NHS, to carry out the College ECT Survey (Pippard & Ellam, 1981), I was invited to Belfast to talk about our plans, with the possibility of including Northern Ireland in the survey. Fourteen years on, the revision of the College booklet on *The Practical Administration of ECT* (1989) is nearly complete and my involvement with ECT audit is coming to an end. An invitation to open the Divisional meeting in Belfast, at which the recent audit in the Province was being reported, provided a timely opportunity for a final brief review of these years before I end my most important post-retirement activity and leave ECT for others to worry over.

Lewis Carroll's creations often illustrate universal oddities of human language and behaviour and I had been thinking about his Humpty Dumpty's apparent understanding of the frustrations of audit when I, too, had a great fall (from a stepladder) and broke a shoulder. This, to my disappointment, stopped the planned visit, but not my reflections.

"As to poetry, you know," said Humpty Dumpty . . . "I can repeat poetry as well as other folk, if it comes to that—" "Oh, it needn't come to that!" Alice hastily said, hoping to keep him from beginning.

"The piece I am going to repeat", he went on without noticing her remark, "was written entirely for your amusement".

I sent a message to the fish:  
I told them "this is what I wish!"  
The little fishes answer was  
"We cannot do it, Sir, because—"  
I sent to them again to say  
"it will be better to obey",  
I told them once, I told them twice:  
They would not listen to advice.  
Then someone came to me and said  
"The little fishes are in bed"  
I said to them, I said it plain  
"Then you must wake them up again".  
I said it very loud and clear:

I went and shouted in his ear  
But he was very stiff and proud:  
He said, "You needn't shout so loud!"  
And he was very proud and stiff:  
He said "I'd go and wake them if—"  
I took a corkscrew from the shelf;  
I went to wake them up myself.  
And when I found the door was shut  
I tried to turn the handle, but—

The College audit process began with the publication of the *Memorandum on the Use of Electroconvulsive Therapy* (1977) and we used this as the standard with which to compare the ECT clinics we visited in 1980. Practice varied between being as good as could be expected and plain dreadful. Our findings prompted vigorous activity in the College through a special ECT committee, a DHSS committee on ECT machines and Royal College of Nursing recommendations on nursing. Many clinics acted upon at least some of the recommendations which resulted. I was kept busy for some time answering queries, advising and taking seminars throughout Britain.

At first there seemed to be an increased effort to provide better training and supervision for the junior doctors who actually gave most of the ECT but too few consultants had themselves been trained in ECT skills and this initiative soon slackened.

Meanwhile, manufacturers, here and in the USA, were beginning to produce constant current apparatus and the American Psychiatric Association backed the drive to set better standards for training and practice. In several centres important research is being done with implications for administrative technique.

Attempts by the College, through the ECT Subcommittee, to mount a repeat survey were blocked by the Department of Health's refusal to provide funds; ECT again moved to the periphery of interest. In the context of administrative re-organisation of the health service and increasing workloads it is understandable that many consultants lost sight of it and, like some I met in 1980, assumed that clinics were running satisfactorily and did not go to see.

\*A paper given by proxy to a meeting of the Irish Division in Belfast on 25 November 1993.

From 1984–90 I was involved in the work of the Mental Health Act Commission and saw patients for second opinion who were not being given ECT effectively. It is astonishing, when you recall that most general adult and old age psychiatrists regard ECT as valuable and often indispensable, that for various reasons it is left to poorly trained doctors to administer with often inadequate ECT apparatus.

The situation was so unsatisfactory that I went and shouted in the College's ear and, as a result, unintentionally found myself commissioned by the Research Unit to do a repeat audit on a more limited scale and more than five years later than it should have been done. The publication of this work (Pippard, 1992) has again led to an outburst of activity for, despite many improvements since 1980, especially in clinic premises, nursing and anaesthetic practice, many of the criticisms I made in 1981 were still, or are again, applicable.

My old chief Archie Clark-Kennedy used to teach us as medical students not to try to change the fixed habits of anyone over the age of 40. ECT is 55 years old and we were wrong in thinking that pointing out unsatisfactory practice would be enough to change it. Routines are too engrained to be changed so easily. As Humpty Dumpty says "and when I found the door was shut I tried to turn the handle but—".

The little fishes will have to open the door if there is to be progress. The ECT Committee's new booklet on ECT will be published in 1994 and my colleagues on the ECT Committee have already run several training courses especially for consultants in charge of ECT clinics, providing teaching, video tapes and packs so that the nec-

essary skills may be taken back to the regional hospitals. The door is opening but past experience shows how easily it could swing shut again if initiatives like this falter. Local audit of practice, such as is being reported in Belfast, is crucial to keeping it open, with enough consultants genuinely interested in and taking active responsibility for ECT, so that practice is reformed and enthusiasm maintained in the clinics. This needs local commitment and strong support from the College, perhaps through accreditation teams advised by an ECT Committee which will need to be active long after the publication of new guidelines.

'After Humpty Dumpty had stopped speaking . . . there was a long pause. "Is that all?" Alice timidly asked. "That's all," said Humpty Dumpty – "Goodbye".'

## References

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