

Correspondence

Letters for publication in the Correspondence columns should not ordinarily be more than 500 words and should be addressed to:
The Editor, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG

THE COLLEGE MEMORANDUM ON ECT

DEAR SIR,

Since you (Editor's comment, 1977) have brought courtesy into the issue, may I first thank you for yours in abrogating editorial unassailability to permit me a riposte?

Sedman (1977) and I (1977b) have made joint headway in that you do not follow the Memorandum (Royal College of Psychiatrists, 1977) in pressing for Section 26 as against 25 (which equally requires that a second medical recommendation and applicant have 'concurred in . . . judgement . . .'). By default you appear also to accept my strictures on the Memorandum's advice to certify, solely for the purpose of ECT, the informal but confused and to determine *in advance* the number of treatments for which consent is sought.

The issue remaining, therefore, is that of consent required of detained patients and their relatives. Readers will see that, despite your apparent unwillingness to acknowledge it, we stand in *agreement* as between your admirable ' . . . communicate openly . . . discuss the reasons for . . . decisions . . . all should receive an explanation of the treatment proposed . . .' and my discourteous, inhumane, senseless ' . . . it would always be reasonable to discuss both with detained patients and their relatives, whenever possible, the reasons underlying the need for ECT . . .'. They will see, furthermore, that, in changing 'consent' to 'agreement', you seat yourself on a semantic fence. Please—your position is influential—come off it. The defence societies insist on formal, written consent, in a form prescribed by them, for ECT and its anaesthetic from all informal patients who can understand the issue. This consent *must* be honoured. Indeed this discourteous Spencer argues that it is *insulting* to any patient and relative to seek their consent and then disregard it. Elsewhere inhumane Spencer (1977b) argues that so to behave debases the coin of consent. 'Consent should never be asked unless the decision of the one asked is to be honoured.' But for you, 'agreement' (which you seem to equate

with 'consent' at the moment you castigate me for not seeking it—why then did you change the word?) *can* be disregarded when ' . . . treatment must nevertheless go ahead'.

Does, then, your 'agreement' from detained patients and their relatives mean the same as 'consent' from informal ones or something subtly different? Do you think consent, once sought, should or should not always be honoured? I do—absolutely.

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References

- EDITOR'S COMMENT (1977) *British Journal of Psychiatry*, **131**, 647.
- ROYAL COLLEGE OF PSYCHIATRISTS (1977) Memorandum on the use of electroconvulsive therapy—part III. *British Journal of Psychiatry*, **131**, 271.
- SEDMAN, G. (1977) College Memorandum on ECT. *British Journal of Psychiatry*, **131**, 647.
- SPENCER, S. J. G. (1977a) The debasement of consent. *British Medical Journal*, *ii*, 1082.
- (1977b) College Memorandum on ECT. *British Journal of Psychiatry*, **131**, 645.

DEAR SIR,

I have long been quietly appalled by discussion of manipulation of the Mental Health Act in order to enforce a particular form of treatment on a patient, the more especially as some have envisaged doing this in respect of leucotomy, and I am very grateful for the Memorandum produced by the College (*Journal*, **131**, 261, September 1977) on the use of ECT, which will give those of us opposed to such suggestions some ammunition.

By a practice which is quite closely in line with College recommendations, I have found that endogenous depressives, when offered an effective alternative to ECT will consent to that alternative. I am quite prepared as a last resort to insist that I am paid