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## EDITORIAL

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In 1996 the role of social sciences in the health care arena will be expanded. In this editorial, social science perspectives and solutions will be discussed in the context of one specific treatment given by health care professionals to children and adolescents: electro-convulsive therapy (ECT)/electro-shock therapy (EST).

One recent reviewer described ECT with children and adolescents as a 'non-issue' (Australian Psychologist, pers. comm.). Authors of one recent audit found evidence of 60 reported cases of ECT use with this population in the UK, however. (Royal College of Psychiatrists, pers. comm.). It has also been estimated that between 500 and 3500 children and adolescents are given ECT treatment each year in the USA (Thompson and Blaine, 1987). Thus ECT with children and adolescents clearly is *not* a non-issue.

ECT administration to one child or adolescent per year is one too many. In the context of a still-developing neurological system, the use of an invasive and possibly damaging treatment with an unknown mechanism of action, cannot be justified. The use of electric currents to produce seizures in children and adolescents has no place in the mental health services of the 1990s. Moreover reviewers of the literature have indicated that ECT treatment is often given to children and adolescents as a 'treatment of choice', and not a 'treatment of last resort' as psychiatrists have repeatedly claimed. Usually other proven psychosocial interventions have not been tried prior to ECT administration. It is not necessary to use ECT, as either a 'treatment of choice' or as a 'treatment of last resort'. There are many safer, less-invasive alternative interventions available with a known mechanism of action.

The discussion of administration of ECT to minors in a social science framework will add a new dimension to the debate about this inappropriate treatment. The debate about ECT often is focussed on discussions about the effectiveness of this treatment in comparison to other rival interventions, or about methods of administering ECT 'ethically' (sic). In a social science framework, ECT treatment will be discussed as a series of linked interdisciplinary themes. Sociological perspectives, psychology, social policy, philosophy and health economics will be used to provide a commentary. Use of a social science framework also will allow discussion of ECT by different health care providers. Students of health care, health care educators, managers and researchers should determine their professional and ethical values about the use of ECT with children and adolescents.

*Social Sciences in Health* is aimed at a readership of: professional carers, students in training for a career in a health profession, health care educators,

managers and researchers. Professionals targeted by this journal should speak out about this unethical form of treatment. Changes in policy should be initiated, with more research into safer, less-aversive interventions.

The discussion of ECT administration to children and adolescents (some aged only four) should be thought-provoking. Professionals should refuse to take part in this treatment, on social, moral, philosophical and ethical grounds. When health professionals refuse to deliver this treatment, psychiatrists will have to prescribe alternative interventions.

Thank you for your interest and support of *Social Sciences in Health* throughout 1995. We look forward to your continued support and contributions in 1996.

*Steve Baldwin*

## References

- Thompson, J.W. and Blaine, J.D. 1987: The use of ECT in the United States in 1975 and 1980. *American Journal of Psychiatry* 144, 557-62.