

simple to produce with computer graphics packages and could be especially useful when adapted to local patterns of bacterial isolation and sensitivity; sets could be produced for rapid reference on the wards to reinforce antibiotic policies. This method of data presentation might be very useful for students or a general medical audience to whom traditional tables of antibiotic minimum inhibitory concentration values remain a barrier to understanding.

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- 2 Bartlett JG, O'Keefe P, Tally FP, Louie TJ, Gorbach SL. Bacteriology of hospital-acquired pneumonia. *Arch Intern Med* 1986; **146**: 868-71.
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ECT and young minds

SIR—National Association for Mental Health (MIND) seeks the abolition of electroconvulsive therapy (ECT) for children and young people. I support this campaign as a consultant in child and adolescent psychiatry. No body has the power to abolish ECT and the campaign will only succeed if doctors, under the leadership of the Royal College of Psychiatrists, agree to a moratorium on its use. The main difficulties are: (i) the ethics of uninformed consent and compulsory treatment; (ii) risk of brain damage; (iii) misapplication of treatment; and (iv) inadequate knowledge and equipment.

There are no controls for the administration of ECT, provided that the patient (or their parents in the case of minors) gives consent. Although ECT is a so-called life saving treatment for catatonia, melancholia, and mania, can a person in a psychotic state give informed consent? Can a doctor inform about hazards and the efficacy of other treatments when there is insufficient knowledge? Is it ethical to subject a person to a potentially damaging treatment against their will? Does anyone need ECT? ECT is never the only clinical solution.

With respect to consent, Joseph Heller might have said, "You'd have to be mad to say 'Yes'." Perhaps people who say "No" are sane, but they are deemed incompetent to refuse. A catch 22 that is resolved by the phrase "doctor knows best".

In ECT, high electrical currents (to produce convulsions) are associated with memory problems. Young skulls have a lower electrical resistance and for the same electrical charge will be exposed to a higher current than older skulls. Teenagers in the UK do not receive a minimum fit-inducing charge because the technology has not been imported from the USA.

Do psychiatrists use ECT safely and appropriately? Anecdotes of misuse and damage abound. There was nothing to stop a consultant from administering ECT to a 6-year-old boy with Gilles de la Tourette's syndrome. Another used the Mental Health Act to override the objections of parents of a girl who clearly had post-traumatic stress disorder after a gang rape. Research has shown that ECT was used only sixty times in a decade to treat minors. That research did not include teenagers who were admitted to acute adult psychiatric wards by psychiatrists who use ECT routinely.

I hope that rational argument will bring about the following changes. ECT should not be given to patients aged under 16 years. ECT should be given to 16-20-year-olds

only if there are facilities to ensure that a minimum fit-inducing charge is used. All ECT should be conducted under licence issued by regional independent panels. A licence would be issued to a consultant to allow a set number of treatments within a set period for a specific patient. The consent issue needs unambiguous resolution. Could the General Medical Council offer ethical practice guidelines? Lastly, a national clinical audit could elicit data about use and benefits of ECT, and provide evidence of short-term and long-term problems that would outweigh the benefits of rapid symptom resolution.

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Placebos in medicine

SIR—Your series focusing on placebos marks the renewed interest of the profession in this subject. Although most contributions were excellent I was disappointed by Joyce's report of placebo and complementary medicine (Nov 5, p 1279). For instance, the German word for complementary medicine is not, as Joyce states, *Nicht-Schulmedizin* but *Außenseitermedizin* (outsider medicine), chelation therapy is not oral, Kirlian-photography and iridology are not therapies but diagnostic methods, and the Kleijnen paper on homoeopathy is not a meta-analysis (even though it is described as such in its abstract).

More importantly Joyce sets highly questionable criteria for research into complementary medicine. He claims that trials should not necessarily be placebo-controlled, randomised, or patient blind because "patients, to a large extent, select treatments and doctors themselves". Imagine a trial of, say, acupuncture to prevent migraine, in which patients are not randomised but self-selected to have acupuncture, no placebo (sham) intervention is incorporated, and no attempt is made to blind patients towards the type of therapy. Because of the complex nature of the placebo effect it is quite foreseeable that with such a design acupuncture would be perceived as effective irrespective of whether or not it is better than a sham treatment. If such a study were used as proof for any treatment it would fall short of being bad science.

An issue untouched by Joyce might have been more fruitful to cover: are there elements in (complementary) therapy which enhance the placebo effect? Candidates are (a) time spent with a given patient, (b) empathy, (c) exotic flair, (d) invasiveness, and (e) individualisation of treatment. If it is true that complementary medicine is especially good at inducing a placebo response (this is a speculation that needs to be tested by research) then surely mainstream medicine would be well advised to identify the aspects involved and make the best possible use of them? Therefore (and for other reasons) it is in my view relevant to answer the question, are complementary therapies better than placebo interventions or not?

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SIR—Now we have found the solution to the problem: we merely eliminate all words that might clearly describe medieval relicts of quackery and give them a new name—complementary medicine.

This is a typical kind of manipulation by semantics by which Joyce and several others (especially in my country) try to change unconventional treatments into something valuable to cure patients. Readers of *The Lancet* should read very carefully what Joyce has listed under the heading "some