

Policy Title: Administration of Electroconvulsive Therapy

Scope: All facilities operated by the Department of Mental Health shall utilize the stated policy governing the administration of Electroconvulsive Therapy (ECT).

Policy: To ensure the administration of ECT as a valid treatment modality and to protect the rights of patients in the care of the Department of Mental Health, it shall be the policy of the Board of the Mississippi Department of Mental Health to:

- I. Establish guidelines for the determination of the necessity of the administration of ECT;
- II. Delineate indications for the use of ECT;
- III. Establish an ECT Committee;
- IV. Define ECT as a treatment of choice;
- V. Establish guidelines for consent to ECT;
- VI. Establish limitations on the administration of ECT; and
- VII. Establish a reporting procedure of ECT treatments.

Procedure: The following shall be the procedure and definition of terms to implement the stated policy for the administration of ECT:

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I. DEFINITIONS

- A. Electroconvulsive therapy (ECT) means a form of somatic treatment for certain psychiatric illnesses in which electrical current applied to the scalp results in a seizure. *ECT is a valid treatment modality which may be the treatment of choice. No patient will receive in excess of 30 ECT treatments per year without approval by the Clinical Director. This regulation governing the administration of ECT is promulgated pursuant to Section 41-4-7 of the Mississippi Code of 1972 as amended.*
- B. Emergency means a psychiatric disorder of such severity as to constitute an immediate threat to the life of a patient.
- C. Psychiatrist means a licensed physician *licensed by the State of Mississippi and* who is certified or eligible for certification in psychiatry by the American Board of Psychiatry and Neurology.
- D. Nurse anesthetist means a nurse certified by the Mississippi State Board of Nursing as a registered nurse anesthetist.
- E. *Maintenance ECT means a sustained course of ECT treatments given beyond the acute course of ECT. The Acute Course of ECT is defined as up to 20 treatments, generally given twice a week, but not to exceed a period of 90 days from the initial treatment.*
- F. *Correspondent means the patient's authorized representative as defined by Mississippi statute.*

II. DECISION TO USE ECT-PRELIMINARY CONSIDERATIONS

- A. The decision to use ECT must be based on a careful assessment of the etiology of the disease, the patient's

symptomatology, the degree of impairment, emergency factors such as suicide risk or danger of exhaustion, and the patient's physical status. The latter is to be viewed not only from the standpoint of the danger of treatment itself, but is to include an assessment of suspected potentiation of combined anesthetic and chemotherapeutic agents. Consideration must be given to alternative methods of treatment.

- B. The use of ECT will be determined by positive indication. Fully supportive documentation of all factors considered in arriving at the decision to use ECT will be entered into the patient's permanent medical record by the patient's attending physician and any consultants, medical or legal, who review the patient's need for ECT.
- C. Indications of the use of ECT:
 - 1. ECT is an effective treatment in cases of:
 - a. Severe depression where the risk of suicide is high, and/or where the patient is not taking adequate food or fluids, and/or where the use of drug or other therapy entails high risk, and/or *where alternative therapies* will take an unacceptably long period to manifest a therapeutic response;
 - b. Severe psychoses characterized by behavior which is a threat to the safety and well-being of the patient and/or others and for which anti-psychotics and/or *mood stabilizers and/or* antidepressants cannot be employed because of adverse reactions or because of the risks which their use entails;

- c. Severe catatonia which has not responded to drugs and/or where the patient is not taking food or fluids and/or drug therapy or other means entail unacceptable risk and/or coexisting medical problems either require prompt resolution of the *catatonia* and/or make the use of drug therapy unacceptable.
2. ECT is probably effective in:
 - a. Depression, particularly that characterized by vegetative or endogenous symptoms, which has not responded satisfactorily to an adequate course of therapy with antidepressant medications, or when the use of drug therapy is contraindicated; or,
 - b. Psychoses, particularly those with an endogenous affective component, which have not responded to an adequate trial of anti-psychotic *medication* or where drugs cannot be used because of adverse reactions.
- D. Decision to use outpatient ECT.
1. The decision to use outpatient ECT will be based on careful assessment of the patient's ability to be treated in the least restrictive environment.
 2. Attending MSH physician will submit a consult to the ECT chairman for evaluation of patient/resident/client for outpatient ECT while a pending resident/client of Mississippi

State Hospital Community Services.

3. The patient/client resident should demonstrate a period of appropriate functioning for a period of 6 months while on maintenance ECT.

Prior to imminent discharge:

4. Maintenance ECT should be required no more frequently than every three weeks.
5. The chairperson of the ECT department, along with the MSH Community Services physician, can determine frequency of outpatient ECT according to improvement of patient or imminent decompensation.
6. See Community Services policy A "Outpatient (Consumer) Electroconvulsive Therapy" for detailed procedures regarding preparation of patients/consumers scheduled to have ECT on an outpatient basis and post ECT observation - monitoring.

III. ECT COMMITTEE

Each institution offering ECT shall have an ECT Committee composed of three (3) members. *At least two physician members will be psychiatrists who are active members of the Medical Staff. The Clinical Director or the President of the Medical Staff will appoint the physician members of the Committee. The Clinical Director, the President of the Medical Staff, and the Hospital Director may designate alternate physician, nurse practitioner, and patient advocate members respectively.*

IV. ECT AS TREATMENT OF CHOICE

- A. ECT shall not be administered, even in an emergency, *without*

the written approval of a psychiatrist of the ECT Committee, and the written approval of a lawyer licensed to practice in the State of Mississippi. The lawyer shall be appointed by the Hospital Director to access the patient's ability to consent freely and without coercion to ECT. Approval must be documented in writing together with the clinical evaluation and will be part of the patient's permanent medical record. This evaluation shall include, but not be limited to, the patient's physical and neurological condition, the disorder for which ECT is proposed, and the results of laboratory, x-ray, and electrocardiogram (ECG) tests. The medical evaluation shall also include the opinion of the staff committee member as to whether the patient is capable of giving informed consent to the proposed treatment.

B. ECT will not be administered to persons under sixteen (16) years of age unless all of the following conditions are met:

1. Two *Board Eligible or Board Certified* child psychiatrists who are not directly involved in treating the patient will: examine the patient, consult with the attending physician and document their concurrence with the treatment in the patient's medical record, and
2. The parent or legal guardian of the patient has given informed consent, and
3. A court order for treatment is obtained.

C. ECT shall not be administered to patients with serious physical conditions, such as space occupying lesions of the central nervous system, myocardial infarction within the past three (3) months, or uncompensated heart failure, only after an evaluation by a physician who is knowledgeable and experienced in the appropriate area of medicine.

V. CONSENT TO ECT

A. Full Explanation.

Every patient *and/or consenting party to whom ECT is proposed shall* be given a full explanation of ECT *by the physician.* The patient *and/or consenting party* shall be given the opportunity to have any questions concerning the procedures answered, to meet with a member of the ECT Committee, and to seek legal counsel.

B. Determination of Competence.

Following the medical evaluation of the patient, if ECT is approved by a psychiatrist Medical Staff member of the ECT Committee, the remaining member will be informed of the proposed treatment and the opinion of the ECT Committee members with respect to the patient's competence and ability to give informed consent.

C. Legal Review and Independent Evaluation.

The lawyer appointed by the Hospital Director will evaluate the patient's willingness and ability to consent to ECT freely and without coercion. If, after the lawyer has reviewed the medical record and met with the patient, the lawyer requests an independent evaluation of the patient's competence, the Clinical Director will arrange for an evaluation of the patient's competence by an independent psychiatric consultant, who may be on the consulting staff of Mississippi State Hospital. The independent psychiatrist will document the findings of his/her evaluation in the patient's clinical record and report such findings to the ECT Committee.

D. Committee Concurrence

Following an evaluation by the independent psychiatrist, (if required) ECT shall not be administered without the concurrence of two (2) members of the ECT Committee with the *positive* determination of the consulting psychiatrist.

E. Competent Patients (except in an emergency).

1. No adult patient shall be given ECT unless informed consent has been obtained.
2. No minor patient between sixteen (16) and twenty-one (21) years will be given ECT unless the parent or legal guardian of the person has given informed consent.
3. No minor patient under sixteen (16) years of age will be given ECT without an order from court of competent jurisdiction.

F. Incompetent Patients.

ECT shall not be administered to incompetent patients unless informed consent has been obtained from:

1. The individual designated as the correspondent next of kin in the patient's medical record, provided that person meets the criteria set forth in Section 41-41-3 of the Mississippi Code of 1972, or, if that person is not qualified, or unavailable, from another person as designated by the same statute. Documentation should reflect whether consent is sought from more than one person, and consent shall not be valid if there is disagreement between persons related to the patient to the same degree or
2. Unless treatment has been ordered by a court of competent jurisdiction.

G. Emergency.

If an emergency exists, consent to ECT may be

implied as provided in Section 41-41-7 of the Mississippi Code of 1972, only for such treatment as is necessary to remove the immediate threat to the life of the patient.

VI. INFORMED CONSENT

- A. In order to obtain informed consent, the following information must be communicated:
1. A fair explanation of the procedures to be followed and their purpose; which shall include disclosure of the extent and duration of the proposed treatment.
 2. A description of any benefits reasonably to be expected.
 3. A description of any attendant discomforts and risks reasonably to be expected.
 4. A disclosure of any appropriate alternative procedures that might be advantageous to the patient.
 5. An offer to answer any questions about the procedures.
 6. Instruction that consent may be with-drawn at any time without prejudice to the patient.
- B. If consent is being sought from a *correspondent*, an effort should be made to inform that person of any statements made by the patient about such treatment.
- C. Consent should be obtained in writing by a physician and shall be witnessed. *When the correspondent cannot be contacted other than by telephone, informed consent may be obtained by telephone and such conversation will be witnessed by a member of*

the hospital staff – nurse, physician's secretary, social worker, hospital switchboard operator. Both the physician and the witness will then document the elements of the acquired informed consent along with the date and time in the patient's medical record.

- D. When consent is obtained by telephone, *arrangements should be made immediately thereafter by the social worker to mail a copy of the approved hospital ECT consent form to the person from whom consent was obtained and request that the form be returned to the hospital signed, witnessed, dated, and timed.*

VII. LIMITATIONS

- A. No patient may be administered more than thirty (30) ECT treatments in a twelve (12) month period, dated from the date of the first treatment, without the written approval of the Clinical Director of the hospital administering the ECT.
- B. The need for continued ECT will be assessed at least annually for each patient at Mississippi State Hospital who receives Maintenance ECT. *The attending physician will consult the ECT Committee annually for this reassessment.*
- C. Informed consent must be obtained at least annually for each patient receiving Maintenance ETC.

VIII. REPORTING

- A. The clinical record of each patient receiving ECT will contain at least the following documentation:
1. Sex, age and hospital number of the patient;
 2. Identity and relationship of person giving consent;

3. Diagnosis for which ECT is given;
 4. Whether condition considered an emergency;
 5. Documentation by a representative of the ECT Committee *indicating the consensus of the committee* with regard to administering ECT to the patient, the attorney's opinion, and whether an independent psychiatric consultation has been ordered;
 6. The written report of an independent psychiatric consultant where ordered;
 7. Dates and numbers of treatments given; and
 8. Documentation of positive effects, complications, or adverse effects of ECT.
- B. The ECT Committee shall make a written report monthly to the Executive Committee of the Medical Staff. The written report shall include but not be limited to:
1. Number of patients receiving an acute course of ECT during the previous month;
 2. Number of patients receiving Maintenance ECT and the frequency of the ETC.
 3. Description of any procedural problems in implementing ECT regulations during the previous month; and
 4. Description of any unusual or complicated or serious adverse effects to any patient receiving ECT.
 5. Number of Outpatient ECT treatments.

- C. Annually, the Director of the Institution shall forward to the Executive Director of the Department of Mental Health, a report which shall include but not be limited to:
1. The number of patients receiving an acute course of ECT during the previous year;
 2. The number of patients receiving Maintenance ECT during the previous year, including the frequency of the ECT and the total number of ECT treatments in the previous year;
 3. A description of any procedural problems in administering the ECT regulations which have occurred during the previous year; and
 4. A description of any unusual complications or serious adverse effects experienced by any patient receiving ECT in the previous year.
 5. The number of outpatient ECT treatments.

IX. EFFECTIVE DATE

This regulation shall take effect and be in force from and after its adoption by the State Board of Mental Health.