SHORT NOTES

procedure though today modified ECT is a preferred form of treatment in cases where patients can take anaesthesia. The advantages and disadvantages of ECT in its direct and modified form are still being debated."

The institute started modified ECT in 1988. However, it stopped the practice in 1992, after the anaesthetist left. In 1995 the government instructed them not to fill up the post; the senior resident in anaesthesia attached to the Goa Medical College would be at their disposal. On September 22, 1998, the Goa Medical College deputed an anaesthetist twice a week to the Institute.

"Since the inception of the establishment of the Institute in 1980, (it) has been treating patients requiring ECT with direct form without administering anaesthesia without any hazards... Our procedures h ave been free of incidents of fractures."

ECT is conducted after taking consent of patients or when appropriate their relatives.

The director attached a list of 11 mental hospitals in India, practicing only direct ECTs, and eight practicing both.

Advocate Collasso responded:

Affidavits from doc tors and psychiatrists state that ECT without anaesthesia is barbaric, causes needless pain and injuries, and has no medical justification today. The use of anacsthesia, muscle relaxant and oxygen is now standard practice in the administration of ECT.

Direct ECT is not a medicallyindicated choice but a practice based on non-medical grounds such as non-availability of anaesthetists and the accompanying infrastructure. "Lack of such facilities are due to socio-political reasons not germane to sound medical practice and procedure."

At least two of the hospitals listed

by the respondent have been severely criticised by the Supreme Court. Also, the High Court of Maharashtra (PIL Shukri vs. State of Maharashtra, 1989, regarding conditions in the Central Institute of Mental Hygiene and Research, Yervada, Pune) stated: "Hospital authorities should review the effects of direct ECT an patients and should decide whether the method should be continued in view of the fright taken by the patients. Modified ECT is recommended."

As a teaching institute, the IPHB must adopt modified ECT in order to instruct its students in the procedure.

Only a proper enquiry would disclose whether the Institute had been doing ECT without injuries.

The consent form for patients being administered direct ECT at the IPHB contains no information on the treatment, the need for it, and its pros and cons.

Finally, anaesthetists deputed to the IPHB are reluctant to administer anaesthesia due to the lack of supportive monitoring equipment such as a cardioscope and pulse oximeter.

The final order of the high court in Writ Petition 357/98 delivered on October 14, 1998:

"Learned Advocate General appearing on behalf of the Respondents states that Hospital Authority would as far as possible give modified ECT on patients and would also decide whether the unmodified form of ECT should be continued or not depending upon the medical advice. He states that if there are any further directions issued by the High Court in judgement delivered on 10th November, 1989, in the case of Shukri vs. State of Maharashtra, other directions would also follow."

Note. The above report has been condensed from documen ts sent courtesy of advocates Caroline Collasso and Peter D'souza.

Appeal

O ⁿ January 19, 1999, the Philippine Supreme Court January, 19, 1999, lifted the temporary restraining order on the execution of Leo Echegaray issued hours before Mr Echegaray was to be executed.

Appeals are urgently requested from health professionals:

The death penalty is a violation of the right to life as guaranteed in many international human rights standards, including Article 3 of the Universal Declaration of Human Rights. It carries a risk of irreversible judicial error, heightened by credible reports of the use of torture to extract confessions in the Philippines. Executions themselves are inhumane, and not rendered humane by the use of lethal injection as execution method. President Estrada is urged to commute the death sentence passed on Leo Echegaray

Send appeals to: President Joseph Estrada, Malacanang Palace, Manila, Philippines. Fax: +63.2.731.1325 [via Press Secretary to the President] or: +63.2.833.7793 [via Department of Foreign Affairs} Email: president@philippines.gov.ph; Serafin Cuevas, Secretary of Justice Department of Justice, Padre Faura, Ermita, Manila Philippines Fax: +63.2.521.1614; Domingo Siazon Jr, Minister of Foreign Affairs, Ministry of Foreign Affairs, DFA Building, 2330 Roxas Boulevard, Pasay City Metro Manila, Philippines. Fax: +63.711.9503; Philippine Medical Association P.O. Box 4039 Manila Philippines Fax: +63.2.929.4974

Send copies of your letter to the medical association in your country, mentioning Amnesty International's concerns and noting that medical ethics forbid participation of health professionals in executions; and to representatives of the Philippines accredited to your country.