CORRESPONDENCE

Medical conferences

Please refer to the January 2003 issue of *IME*. The letter from Sevagram was positive. There has been a palpable change in medical conferences over the years. The number has increased manifold, the venue has shifted from medical colleges to five-star hotels. The quality of food offered has improved while that of the papers proffered has declined. The ultimate success of the conference is judged more by the banquet, where there is a free flow of alcohol. There are gifts galore at the exhibition stalls with prizes for lucky dips.

Smaller continuing medical education (CME) programmes can be organized without sponsors as participants do not mind making a contribution if the organizer is sincere and the lecture is of common interest. The local chapter of the Indian Association of Pathologists and Microbiologists (IAPM) is funded entirely by its members numbering about fifty. We are able to get good speakers from neighbouring places. Recently, Professor RK Gupta from Sanjay Gandhi Postgraduate Institute (SGPGI), Lucknow, who is the national president of the IAPM, gave an excellent talk on interpretation of kidney biopsy. The talk was much appreciated, especially by younger pathologists and trainees.

At the Allahabad branch of the Indian Medical Association (IMA), a team of young doctors has started Sunday breakfast meetings. These meetings are well attended, the speakers are usually good, but the sumptuous breakfast is a guaranteed attraction, and is sponsored by one or the other drug company. Things will change only with the active involvement of institutions and organizers.

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The ECT debate: a response

I have gone through the article 'Unmodified ECT: ethical issues' by Chittaranjan Andrade (1) which appeared in *IME* Vol. XI, no. 1 (p. 9–10). In the event of the voluntary organization Saarthak filing a PIL in the Supreme Court (2) demanding a ban on unmodified (administered without anaesthesia) ECT, this article is significant because of its clarity and strength of arguments in discussing the various relevant issues. I agree with the article in its entirety.

I agree with Dr Andrade (1) that ECT is as relevant today as it was six decades ago when it was invented. ECT continues to hold on to its important position in the therapeutic armamentarium by virtue of its remarkable efficacy, rapidity of therapeutic effect and safety.

It is a life-saving treatment in severe depression, a condition in which 15% of untreated patients are known to commit suicide (3). Almost every psychiatrist has had the unfortunate experience of one or more of his patients dying due to suicide in situations where ECT, as a treatment modality, is withheld for some reason.

I also agree with Dr Andrade that the risk:benefit ratio of unmodified ECT is heavily tilted in favour of ECT. Even if administered unmodified, only a very small proportion of patients have complications. Tharyan *et al*.'s (4) data show that only 12 out of 13,597 ECT treatments were associated with fracture. Considering the number of suicides or the psychological morbidity that unmodified ECTs can prevent, the rate of potential complications is not substantial.

Consider a scenario in which the first-degree relative of a psychiatrist either has a suicidal depression or a florid, aggressive psychosis and the former has no facility to administer anaesthesia with the ECT. I am fairly certain that this close relative–patient will be administered unmodified ECT by most psychiatrists!

In India, where resources often fall short of demands, a large number of mentally ill patients will be denied the benefits of ECT if unmodified ones are banned. Such patients are likely to be in one of the following situations:

- where no anaesthesiologists are available;
- where the patients cannot afford the additional expenditure of anaesthesia;
- where administration of anaesthesia can pose a medical risk; and
- where administering anaesthesia is practically difficult due to a large number of such patients being posted for ECTs, e.g. in mental hospitals.

Thus, any legislation against unmodified ECTs will be an injustice to a large number of the mentally ill in India, with potentially disastrous consequences for the patients and their families. Dr Max Fink (5), an American psychiatrist and an international authority on ECT, said during his recent visit to India: 'If we have to choose between a modified ECT and an unmodified one for a seriously mentally ill patient, the choice is certainly a modified one. But if the option is between an unmodified ECT and 'no ECT', without doubt, it has be an unmodified ECT.'

References

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3. Yager J. *Clinical manifestations of psychiatric disorders: comprehensive textbook of psychiatry*. Vol. 1. 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2000:813.
4. Tharyan P, Saju PJ, Datta S, John JK, Kuruvilla K. Physical morbidity with unmodified ECT: a decade of experience. *Indian J Psychiatry* 1993;**35**:211–214.
5. Max Fink (personal communication). 'Current status of ECTs', The MASTERMIND Seminar, Hotel Meridian, Mumbai, September 9, 2002.

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