

Ottosson, J-O & Fink, F. (2004). *Ethics in Electroconvulsive Therapy*. NY: Brunner-Routledge. Reviewed by Stephen M. Marson, Ph.D. ACSW Editor,

Although I received my clinical training at Ohio State University in the mid 1970s, I decided not to pursue a clinical path. In those days, Electroconvulsive Therapy (ECT) was held in low esteem. In fact, I can think of at least one book that nearly condemns ECT as an intervention strategy. Years later, as a gerontologist, I adopted McInnis-Dittrich's *Social Work with Elders* for my Gerontological Social Work course. I had one major misgiving regarding this text. Contrary to my clinical training, the author creates a positive image of ECT. I needed a resource for my students that offered an opposing point of view. Thus, I picked up *Ethics in Electroconvulsive Therapy* to reassure myself that ECT should not be used for the elderly.

My immediate reaction can best be described as cognitive dissonance. The first chapter of *Ethics in Electroconvulsive Therapy* unexpectedly supported McInnis-Dittrich's text. My first reaction was to assume that Ottosson and Fink were quacks. The more I read, the more I surrendered my out-of-date perspective. Two particular aspects of this work are compelling. First, are the citations. Although a short book with 127 pages, it includes 420 reputable citations. The number and quality of citations were adequate evidence that the authors are not quacks. Second, the authors include a large number of clinical scenarios -- many of which incorporated gerontology patients (one in his 90s). The authors offer an impressive balance of scholarly research (often including experimental designs) and case illustrations. The combination of impressive scholarship and case illustrations is profoundly compelling to the use of ECT. The authors changed my mind.

Some years ago, I read Salzman's *Psychiatric Medications for Older Adults*. Salzman guides social workers to assist medical staff in identifying the devastating impact that psychotropic medications can have on some nursing home residents. In comparing ECT with what we know about psychotropic medications, ECT appears to be the safer alternative. Throughout *Ethics in Electroconvulsive Therapy*, the authors contend that many clinicians are misserving their clients. Currently, the standard protocol is to employ ECT as the last alternative. That is, ECT is employed only after drug intervention has failed with damaging effects. The authors advocate the inverse. They suggest that ECT is safer and demonstrates greater successful treatment outcomes. Thus, they contend that failure to use ECT first is an ethical issue. In my mind's eye, the clinical and research evidence strongly supports ECT.

I strongly recommend that every clinical social worker read *Ethics in Electroconvulsive Therapy*. In addition, readers should also consider Salzman's *Psychiatric Medications for Older Adults*. Both of these books create a profoundly important picture of psychiatric intervention that has strong ethical implications.