

Shock Equipment Taken From Unit

Herald Medical Correspondent
Equipment used for giving electric shock treatment has been taken away from the adolescent unit at Lake Alice Psychiatric Hospital, the Health Department director of mental health, Dr S. W. P. Mirams, revealed yesterday.

The equipment has been at the centre of a controversy since authorities at the hospital admitted that it had been used to administer electro-convulsive therapy to a 13-year-old Niuean boy and some other children without the use of an anaesthetic.

Some Weeks Ago
On Wednesday, the Auckland Committee on Racism

and Discrimination (Acord) put new evidence before Dr Mirams alleging "gross misuse" of the shock equipment for punishing children.

Dr Mirams confirmed in an interview with the Herald that the ECT machine had been removed some weeks ago.

Asked the reasons, he replied: "The medical superintendent at Lake Alice, after consultation with me, decided that ECT should be given at only one place in the hospital. It will now be administered only in the central admission unit."

Dr Mirams said the effect of the change would be that all administration of electro-

convulsive therapy would be under the direct control of the hospital superintendent, Dr S. L. Pugmire.

Difficult Question

Asked whether the change would mean that in future children would not be given electro-convulsive therapy without an anaesthetic, Dr Mirams said the decision on whether to administer anaesthetic was a clinical one for the doctors concerned.

"In general they will follow the procedure they normally use — that is, to give the ECT with an anaesthetic," he added.

(In an earlier interview with the Herald, Dr Pugmire said it was his policy

to administer electro-convulsive therapy only under anaesthetic.)

The question of control over treatment was sometimes a difficult one, Dr Mirams said. "Difficulties arise when you have conflicting or even irreconcilable views about a certain form of treatment, between a medical superintendent and a consultant."

Dr Mirams confirmed that detailed statements from children put before him by Acord alleged that the ECT equipment in the adolescent unit had been used to administer electric shocks to children's legs.

"If this is true it would involve deliberately giving a

painful shock with the intention of it being painful," he said. "The pain would not be incidental to the treatment, as it is with much medical treatment."

Aversion Therapy

"This is the allegation I am looking into. If it is true, a number of considerations of professional judgment could apply but I would find it very difficult to envisage any defence which could be offered in those circumstances."

Administering electric shocks to parts of the body other than the head might be classed as aversion therapy, Dr Mirams said, but as a former child psy-

chiatrist he could not imagine using electric shocks himself as aversion therapy on children.

"I cannot envisage using ECT on children at all except in very unusual situations—perhaps in the case of a profoundly depressed child," he said.

Any suggestion that ECT applied to the brain could be justified as aversion therapy would be unthinkable.

Commenting on allegations that children at Lake Alice Hospital had also been given forced injections of painful sedative drugs, Dr Mirams said it would be quite indefensible if injections of this

kind were given with punitive intent.

However, if a doctor was dealing with a patient who was acutely disturbed and unmanageable, some form of sedative was very often the appropriate thing to use

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