

**PROTOCOL FOR: Electroconvulsive Therapy (ECT): Administration Without Patient's Consent**

**POLICY:** The usual practice of the unit will be to administer ECT to a patient only after he/she has given written informed consent as defined in the Connecticut General Statutes as follows: "permission given completely and voluntarily after a patient has been informed of the reason for treatment, the nature of the proposed treatment, the advantages or disadvantages of the treatment, medically acceptable alternative treatment, the risks associated with received the proposed treatment, and the risk of no treatment" (Section 17a-540(h)). If a patient is incapable of giving informed consent, electroconvulsive therapy will be administered only after following the procedure outlined in this policy.

**DOCUMENTATION** Form CM-44

**PROCEDURE:** Administering ECT without the patient's consent

**ACTION**

**POINTS OF EMPHASIS**

1. The patient's Attending Physician ascertains that the patient meets the criteria for a DSM-IV Axis I diagnosis that will respond to ECT.
2. The patient's Attending Physician ascertains that the patient is incapable of giving informed consent.
3. The patient's Attending Physician informs the Director of Adult Services or designee that ECT is the recommended treatment for this patient.
4. The Director of Adult Services or designee will then meet with the patient to assess the patient's ability to give informed consent.
5. If the Director of Adult Services or designee determines that the patient is not capable of informed consent, the Director of Adult Services or designee will request and authorize consultation by the Vice Chair, Clinical Affairs and two psychiatrists to assess the patient's ability to give informed consent, and to determine whether ECT is the only reasonable therapeutic intervention.
6. If, in the opinion of the Vice Chair, Clinical Affairs and the two consulting psychiatrists, the patient is incapable of giving informed consent and that ECT is the only reasonable therapeutic alternative, the following steps will be taken:

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- a. The team social worker will notify the probate court of the request for a hearing for administration of ECT to a patient incapable of informed consent.
- b. Form CM-44 will be forwarded to the probate court with attached documentation from the Vice Chair, Clinical Affairs and the two qualified physicians. Form CM-44 should be witnessed by a notary public.
- c. The team social worker will notify all interested parties as required and facilitate the probate hearing.
- d. The patient's Attending Physician will review the probate court's decision regarding the administration of ECT, and discuss the details of the treatment procedure with the patient.

**DOCUMENTATION:** Clinical reasons for the administration of ECT will be documented in the chart. The opinion of the Director of Adult Services or designee, consulting psychiatrists and the Vice Chair, Clinical Affairs, as to the patient's ability to give informed consent and assessment as to ECT as the only therapeutic alternative, will be documented in the chart. Letters by the Vice Chair, Clinical Affairs and two consulting psychiatrists will be addressed to the Probate Court clearly delineating their opinion. Form CM-44 will be completed and witnessed by a notary public. A copy of the probate court decision will be placed in the patient's chart. Documentation of the actions of team members involved in application to the court of probate will be documented in the progress notes by the team social worker.

**APPROVAL:** Nursing Administrative Council  
Attorney General

**EFFECTIVE DATE:** 11/97

**REVISION DATES:** 12/99, 10/00, 10/03 (reviewed), 6/06, 7/08