



Informed Consent Form - Electroconvulsive Therapy (ECT)

Label

Electroconvulsive therapy (ECT) has been a standard treatment for about 60 years and has been proven to be both effective and safe. The therapy was discovered after observing that similar seizures occurring in patients with epilepsy improve psychological conditions. ECT triggers a controlled seizure. During treatment, small electric currents are passed through the brain, inducing a seizure. The treatment is done under the supervision of a psychiatrist, anesthesiologist, and nurse, while monitoring vital signs. The standard assumption today in the literature is that the therapy “boosts” improvement of the psychological condition by increasing the secretion of neurotransmitters that lead to regeneration and change brain activity to promote recovery. Some of the changes are evident after the very first treatment, although in many cases, the change occurs more slowly.

Additionally, the following information was explained to me in simple language:

The disorder I have, my medical condition, the expected prognosis of my condition and the treatment options available. Furthermore, the treatment being proposed, its purpose, anticipated benefit and potential risks involved have been explained to me, including possible side effects such as pain and discomfort. The need for general anesthesia as part of the treatment was discussed with me along with the possible results from the anesthesia and treatment. Additionally, the potential benefits and risks of not treating my condition were discussed with me as were those involved in alternative medical treatments.

Before the treatment, I will need to undergo a series of medical tests and consultations with other medical specialists, as required.

The treatment is provided under general anesthetic, which lasts about ten minutes. The anesthesia includes muscle relaxation, and the following people are present during the treatment: the anesthesiologist, psychiatrist and nursing staff.

During treatment, two electrodes will be attached to my head, and they transmit a controlled amount of electric current. The electrodes may be attached to one side (usually the right side) or to both sides of the head. The doctor will select the location that is best for my clinical condition.

The typical series of therapy includes 12 treatments that are performed two or three times a week, and additional treatments are frequently required to achieve the full effect. In some cases, the doctor will recommend continuing the treatment less frequently, even after achieving the desired result, in order to maintain it.

It is impossible to predict in advance the number of treatments that will be required to achieve improvement. Furthermore, the improvement may be full or partial. In some cases, no significant response to treatment is achieved. The patient will need to remain under medical supervision for about two hours following treatment. Additionally, if the treatments are performed in an outpatient setting (without hospitalization), the patient must be sure to be accompanied by an appropriate companion after treatment.

For 24 hours following anesthesia, the patient may not drive.

It is essential to continue with maintenance therapy after the series of treatments has been completed. Such treatment may include medication, regular ECT, therapy sessions or a combination thereof.

During and after ECT, side effects may appear. In this regard, it was explained to me that:

The risk of life-threatening side effects is very low. The risk of death from the treatment is reported to be 1:100,000 treatments. If the patient suffers from a concomitant physical illness, the risk increases relative to the seriousness of the concomitant physical illness.

Mild and passing side effects such as headache, mild muscle ache, nausea, vomiting and confusion may appear in the hours following treatment and generally pass.



ECT may have an undesirable impact on memory. Potential short-term memory loss (of events that occurred during treatment and the weeks prior) passes in the vast majority of cases in a matter of weeks following the series of treatments. Possible negative impact on long-term memory (events in the distant past) is rarer and also tends to pass with time following treatment. There have been cases in which the complaints of memory loss continued for a longer period.

Based on the information given to me, I have considered the expected benefit versus the risks the treatment entails, and I have decided to follow the recommendation. I have made this decision of my own free will and may withdraw my consent to treatment at any time without any negative impact on the treatment I receive.

I have received a copy of the consent form I signed.

I have been told that I can contact the ECT team with any question during and following treatment. I consent to the attending team doing what they believe is required according to their professional discretion for the treatments and according to the circumstances. I confirm that I have not been guaranteed anything regarding the results of the procedures, tests and medical treatments I will receive at the medical center/clinic, and I am aware and consent that the treatments be performed by the person assigned to the task in accordance with the existing procedures and instructions.

I am aware and consent to the treatment and any other procedures being performed by the person to whom the task is assigned in accordance with the procedures and guidelines of the medical center and that I have not been promised that they will be performed, in whole or in part, by a specific individual, provided that they are performed with the standard responsibility and subject to the law.

I hereby declare and confirm that it has been explained to me that there is a possibility that during the main treatment it may become evident that there is a need to expand it, change it or perform other or additional procedures to save my life or to prevent physical harm, including **procedures** that cannot currently be anticipated. Therefore, I also consent to said expansion, change or performance of procedures which the doctors at the medical center believe are essential or necessary during the main treatment or immediately thereafter.

I was informed that because the treatment is performed under anesthesia, an anesthesiologist will explain this to me, and I will sign a separate consent form.

I hereby grant my consent to performance of the main treatment.

Note to consent: _____
_____.

Location of consent discussion: _____

Those present during the discussion: _____.

Date

Time

Patient's signature

Guardian's name (relationship)

Guardian's signature (in the event of a ward, minor, mentally ill patient)

I confirm that I have orally explained everything set out above at the necessary level of detail to the patient/guardian of the patient* and that s/he signed the consent form before me after I was convinced that s/he understood my explanations in full.

Physician's name

Physician's signature

License no.

Delete what is unnecessary

cc: 1. Patient file 2. Patient