Provision of electroconvulsive therapy in Italy

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Sashidharan lauds Trieste’s ‘humane, person-centred and effective’ psychiatric services1 but omits to mention that, in common with most Italian cities, it has no electroconvulsive therapy (ECT) service.2 Indeed, only a handful of Italian centres offer the treatment, a lack of provision that has its basis entirely in politics rather than science.3 Since ECT was first developed in Rome in 1938,4 and its lifesaving properties promptly recognised, it has been refined and improved to enhance its safety and effectiveness, while a large evidence base has built up to inform its ongoing use.5 An extremely safe treatment, it is undoubtedly the most effective strategy for moderate to severe depressive illness6 and one of the most effective treatments across the whole of psychiatry.7 Yet, staggeringly, Sashidharan’s fellow ideological proponent of the Trieste model of care, Mezzina, has written positively of the lack of access its patients have to ECT, as though this vast gap in service provision were something of which to be proud.8 This could not happen in any other branch of medicine: it is akin to an oncologist boasting of an inability to provide patients with chemotherapy. It has been convincingly argued that refusal to provide ECT, when clinically indicated, is an infringement of patients’ human rights.9 Indeed, most low- and middle-income countries strive to provide ECT services, even if access is limited owing to minimal resources. A supposedly ‘humane, person-centred and effective’1 psychiatric service in western Europe cannot continue to justify denying its patients such a safe and effective treatment.

Declaration of interest

None

References