

**WHO ELSE CAN I TALK  
TO BEFORE  
RECEIVING ECT?**

Prior to giving consent for ECT treatment, you have the right to:

- Consult other doctors or mental health professionals
- Talk with an attorney
- Talk to your family members
- Talk to your guardian
- Speak with others who have had ECT treatment

**WHAT ELSE CAN I DO IF  
I THINK MY RIGHT TO GIVE  
INFORMED CONSENT IS  
BEING VIOLATED?**

- Inform hospital staff
- Tell your family members
- Request to speak with an attorney
- **Contact** a local mental health advocate

**Advocacy assistance and referrals are  
available through  
Disability Rights South Dakota.**

**Disability Rights South Dakota  
(DRSD)**

(605) 224-8294 (Voice/TDD)

Or

**1-800-658-4782**

(in state only)

[www.drSDLaw.org](http://www.drSDLaw.org)

The purpose of this brochure is to inform, not advise. If you have questions about this information, please contact an attorney. You can also contact an advocate with the PAIMI Program. Other formats of this brochure can be made available upon request.

*Funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.*

*Statutory References: South Dakota Codified Laws 27A-12-3 through 27A-12-3.18 and 34-12C-6.*

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**Disability Rights**  
South Dakota

**ELECTROCONVULSIVE  
THERAPY**

**(ECT)**

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**INFORMED  
CONSENT**

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**KNOW YOUR RIGHTS**

A Publication of  
the Protection & Advocacy  
for Individuals with  
Mental Illness (PAIMI)  
Program

**Disability Rights South Dakota**

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## **WHAT IS INFORMED CONSENT?**

INFORMED CONSENT means a person knowingly and willingly agrees to undergo a particular treatment.

INFORMED CONSENT contains three main elements:

- (1) *voluntary*,
- (2) *knowledge*, and
- (3) *capacity*.

**VOLUNTARY**—the person must be free from all threats or coercion in making their decision for treatment.

Voluntary also allows for a person to withdraw their consent at any time.

**KNOWLEDGE**—the person has been given the following information about ECT treatment:

1. *Alternative* forms of treatment;
2. Possible *risks* associated with ECT;
3. Expected *benefits* of ECT treatment;
4. How the treatment is *administered*;
5. *Potential outcome* if ECT is not administered.

The person must be provided this information in language they understand, be provided time to study it if necessary, and be able to ask hospital staff and their doctor any questions regarding it.

**CAPACITY**—the person has the mental ability to understand the information, consider the risks and benefits, and make an informed decision.

## **IS A *WRITTEN* CONSENT FORM FOR ECT TREATMENT?**

### **REQUIRED?**

**YES.**

INFORMED CONSENT must be in writing. The form must contain the following information:

- The expected *benefits* of ECT treatment;
- The way the treatment is to be *administered*;
- The possible *risks* and side effects to ECT treatment;
- *Alternative* treatment methods;
- The probable *consequences* of not receiving ECT treatment;
- The period of *time* for which the consent is effective
- The right to *withdraw* consent at any time.

The person receiving ECT treatment must ***sign and date*** the written consent form.

**A COPY OF THE SIGNED WRITTEN CONSENT FORM MUST BE MADE AVAILABLE TO THE PERSON UPON THEIR REQUEST.**

## **WHO MAY CONSENT TO ECT TREATMENT?**

### **The Person Receiving Treatment**

May give informed consent for ECT.

### **A Physician**

May administer ECT in an emergency where the person's life is threatened, the person is incapacitated and there is no time to obtain consent or a court order.

A physician may also order ECT treatment (for one 10-day period) in a non-emergency situation.

### **RIGHT TO REFUSE TREATMENT**

In a non-emergency situation, a person may refuse ECT treatment. It is then the doctor's responsibility to request an order for ECT treatment.

### **The Court or County Board of Mental Illness**

May order ECT treatment if the facility/ doctor shows the person:

1. Is a harm to self or others;
2. Is incapable of consent; or
3. Will deteriorate significantly or will not improve without the treatment.

### **If the Person Receiving Treatment is Incapacitated**

- A court appointed guardian;
- an attorney-in-fact;
- a power of attorney; or
- any other source with authority to give consent;  
may give substituted informed consent.