

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

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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?**

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- 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  
South Dakota Advocacy Services.**

## **South Dakota Advocacy Services Office Locations:**

**SD Advocacy Services**  
1719 Broadway, Suite B-2  
Yankton, SD 57078  
(605) 665-5616

**SD Advocacy Services**  
1575 North LaCrosse Street, Suite K  
Rapid City, SD 57701  
(605) 342-3808

**SD Advocacy Services**  
2121 West 63<sup>rd</sup> Place, Suite 30  
Sioux Falls, SD 57108  
(605) 361-7438

**SD Advocacy Services**  
221 South Central Avenue, Suite 38  
Pierre, SD 57501  
(605) 224-8294 (Voice/TDD)

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.

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

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*Assisting South Dakotans with Disabilities*

## **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

South Dakota Advocacy Services  
1-800-658-4782 (Voice or TDD)  
[www.sdadvocacy.com](http://www.sdadvocacy.com)

## **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 doctors 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.