

# The Human Side of ECT

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# Purpose

- To explore what patients and interdisciplinary providers believe is meaningful in the experience of receiving and providing treatment of depression
- To use the words and experiences of participants to help explain clinically relevant information based on experience or observation
- To examine a shared world of meaning constituted by patients and clinicians and implications for therapeutic treatment

# Participants and Method

- 10 patients, 7 registered nurses, 4 nurse practitioners and 1 clinical psychologist
- Recruited through ISEN Nursing Subcommittee and Patient Advisory Committee
- Across the United States and living in community settings/working in diverse settings providing TMS
- Interviewed by phone or submitted their thoughts in writing for qualitative content analysis and telephone f/u for clarification when needed
- IRB approved

# Analysis

- Phenomenology of Merleau-Ponty used to frame analysis
- Basic idea of Merleau-Ponty is that your body immediately grasps the “gestalt” of what is going on
- Illness and treatment is a disruption of a lived body (as opposed to simply a disruption of biological body)
- Patient and clinician perception may differ



# We talk at Each Other: Language of Patients and Language of Clinicians

Clinicians: See the patient every day for a long time; manage safety; pick up on things that need further evaluation by interdisciplinary providers; conduct clinical ratings; coordinate care so all providers are involved; patient and family education around illness and med changes; seizure, EEG, oxygen monitoring; finding the right motor threshold and conducting therapy with patients.

Patients: Need to know that clinicians care about their lives, are optimistic about treatment, affirm choices and see them as “whole persons” seeking meaning in illness/treatment.

# Findings/Themes

Facilitating :

- **Humanization**
- **Meaning**
- **Choice**
- **Quality of Life**
- **Healing**

<b>Humanization</b>	<b>Meaning</b>	<b>Choice</b>	<b>Quality of Life</b>	<b>Healing</b>
Relationship-based care	“This is not because other treatments failed. It is about never giving up”	Allow greater flexibility in treatment frequency and timing of visits.	Comfort measures- assessing for those w vulnerable teeth, pre-medication	Immediacy of illness and treatment transitions to patient as experiencer and assigner of understanding
“When I started to feel like I was relapsing I contacted the nurse- I knew we had a good relationship and she would help”	It is important to communicate optimism about treatment and expectancy of response	Patients need help negotiating taper schedule with doctors. We have to make it feasible	Sensitivity to tolerability Postictal headache, agitation	Clear mind during stimulation. State of mind during treatment ( hopeful/ frustrated) affects outcomes.

<b>Humanization</b>	<b>Meaning</b>	<b>Choice</b>	<b>Quality of Life</b>	<b>Healing</b>
<p>Need to share worlds. Clinicians focus on sx. and preventing adverse events. Pts. focus on how depression affects every day life. Want to talk “with” and not “at” each other.</p>	<p>Follow-up on all patient cancellations (identify instrumental or psychological barriers)  Find a sense of purpose and act on it.</p>	<p>Patient can choose to have family/friend in treatment room  Decision to commit to treatment and health.</p>	<p>Increased vibrancy of color (like Putting on glasses for first time-world is crisp and colors vivid.”  Altruism-”do good to feel good.”</p>	<p>Processing guilt and shame about worrying family.  Begins by catching symptoms early and then staying ahead of depression (maintenance-vulnerable times)</p>



# Creating a Shared World of Meaning

- Phenomenological notions as focusing, habits of mind, finite provinces of meaning and relevance are central to the way "worlds" are constituted
- The phenomenological approach provides a method of exploring the nature of meaning in the context of the patient-clinician relationships. Such an approach requires that one focus upon illness and treatment, not as an "objective" entity in and of itself, but rather as it is experienced by both the patient and clinicians