

April 13, 1997

Mrs. Katherine Graham
The Washington Post
1150 15th Street N.W.
Washington DC 20071

Dear Mrs. Graham,

Reading the story of Mr. Philip Graham's death in your *Personal History* is a sad reminder that even the best educated in America do not get the best medical care. The tragedy reflects the failure of the early recognition of manic depressive illness, the failure to use available medications, and what is most egregious, the failure to use electroshock. While much has been learned since, the benefits of electroshock, including its use against suicide, were clearly well known in the profession at the time of the tragedy.

Why write now? Because your tragedy is still repeated in America. It is one thing to have a fatal illness for which no remedy has been devised; it is another to have an available remedy and not use it because of professional bias and incompetence, encouraged by the bias of the press and the media.

Electroshock, as you hint [pg 329], is different today than what was available a quarter century ago. But the negative attitudes to electroshock expressed by your husband's physicians are as prevalent today. The legislature of the State of Texas is considering a bill to abolish the use of electroshock in the state; it already has regulations that proscribe its use in persons under the age of 16. A starting point could well be the enclosed memorandum from Texas.

The bias against the use of ECT is largely engrained among mental health professionals and managed care companies where ECT is seen as a 'last-resort' therapy -- to be used only after all other possible treatments have been tried and failed. Dependence of oft-repeated ineffective trials encourage suicide and death.

Perhaps you can turn the powerful searchlight of the *Washington Post* on our national bias and hostility against the use of an effective and safe treatment for severe depressive illnesses. Sadly, few of the active psychiatrists at NIMH have experience with electroshock. The only two names that come to mind are Dr. Richard Wyatt and Dr. Matthew Rudorfer; the first has an academic knowledge but little clinical experience; the second a limited clinical experience. But they are knowledgeable.

Thank you for writing such an interesting story and for expressing so clearly the tragic effects of professional bias against an effective intervention.

Sincerely yours,

Max Fink, M.D.