

Copenhagen, September 30th, 2025.

The Danish Psychiatric Society
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To:

- Dr. Tedros Adhanom Ghebreyesus, General Director, World Health Organization (WHO)
- Mr. Volker Türk, High Commissioner, Office of the High Commissioner of Human Rights, United Nations (OHCHR)

Cc:

- Dr. Dévora Kestel, Director, Department of Mental Health and Substance Abuse, WHO
- Dr. Hans Kluge, Regional Director for Europe, WHO
- Professor Danuta Wassermann, President, and Professor Thomas Schultze, President-elect, World Psychiatric Association
- Danish Ministry of Health

Call for corrections to the WHO/OHCHR report “Mental health, human rights and legislation: guidance and practice”

The Danish Psychiatric Society (DPS) firmly support the continuing work to ensure the human rights of people with mental illness, and we acknowledge the work of the WHO and UN in this regard. However, DPS wish to express its strong criticism of several statements on electroconvulsive therapy (ECT) in a recent WHO/OHCHR report¹. The statements and recommendations on ECT put forward in the report are unfounded in science and could pose a direct threat to the health and lives of people with severe mental illness.

Our deep-seated reservations are three-fold. First, the report severely misrepresents the scientific literature on ECT by selectively referring to ECT-critical work while omitting evidence, published in top medical journals, demonstrating that ECT is highly effective and very safe²⁻⁷. The report alludes to ECT causing brain damage (a vaguely defined term), however, there is absolutely no scientific evidence to support this claim⁸. The cognitive side effects of ECT are well established and have been and continue to be subject to intense research and attempts to mitigate these through modification of the ECT

technique⁹. ECT is used for e.g., severe and psychotic depression, treatment resistant depression, catatonia, and other serious psychiatric conditions associated with a high level of suffering and a high risk of death by medical complications or suicide. To present the known cognitive side effects as an argument against ECT without also considering the severe conditions that constitute the indications for ECT is not reasonable.

Furthermore, the report lumps together ECT with “psychosurgeries, and other irreversible interventions” (p. 58). This is decidedly unfortunate in that ECT cannot be considered an irreversible intervention by any conventional definition and has no relation to psychosurgery, let alone lobotomy, which is discussed at length in the report (p. 58) although it was abandoned altogether decades ago. In the General Disclaimers section of the report, it is stated that “All reasonable precautions have been taken by WHO and/or the United Nations to verify the information contained in this publication”. However, as these examples indicate, we find that there are significant shortcomings in the report’s literature review. DPS fully support and refer to recent responses to the report, written by leading international ECT experts, which addresses these issues and summarize the scientific literature on ECT^{10,11}.

Second, the report states that ECT without consent should be made illegal (p. 58). Danish legislation only allows for the use of involuntary ECT in present or potentially life-threatening situations where ECT is considered the only treatment option and the patient refuses ECT. A typical clinical case is a severely psychotic and/or catatonic individual, who refuses any treatment, fluids or food, thereby being in acute medical danger, and where ECT is the only treatment that can interrupt this acute condition. Without ECT, many of these patients would die. The report further states that ECT in children and adolescents should be made illegal (p. 58). However, similarly severe and acute conditions, where ECT is the only effective treatment option left, also exist in children and adolescents. The available evidence suggests that ECT is safe and effective in children and adolescents^{15,16}. Prohibiting ECT in this group would leave patients without effective treatments, putting them at significantly higher risk for medical complications and suicide.

Third, the contributors to the report would appear across the board to represent highly biased positions against ECT. For example, publications by John Read and Peter Breggin are referred to – both known strong ideological opponents of ECT - while other major references on the efficacy and safety of ECT are omitted, as stated above. Many of the contributors to the report represent the “Network of (Ex)Users and *Survivors of Psychiatry*” [our italics]. We also note that one Danish contributor to the report (Torsten Hjelmar) represents the Citizens Commission on Human Rights Europe, Denmark, an organization with ties to the Church of Scientology that has a strong anti-psychiatric position, labeling psychiatry as such “an industry of death” (<https://www.cchr.org/>, accessed Sep 15th 2025). Strangely, we find no medical ECT experts among the contributors. We consider it most unfortunate that otherwise competent and impartial organizations such as WHO and OHCHR have not taken a more balanced position on this critical issue.

In summary, we regrettably consider the report's statements and recommendations on ECT to be biased and extreme, to be unfounded in modern science and clinical practice, and ultimately to imperil the health and lives of people with ECT-responsive conditions. We believe that it is a basic human right to have access to a scientifically proven and often life-saving medical treatment. We call on the WHO and OHCHR to retract or correct the statements on ECT in the report.

Best regards

On behalf of DPS,



Professor Merete Nordentoft
Chairperson, DPS



Associate professor Anders Jørgensen
Chairperson, DPS ECT and Neurostimulation Committee

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