# international news

## Rules for psychosurgery

*Colin Norman, Washington*

*Brown: signed memo*

EACH year in the United States between 100 and 1,000 people undergo a highly controversial surgical operation which consists of the destruction of tiny portions of their brain. Popularly known as psychosurgery and designed to alter behaviour, the operation has become the centre of a bitter public debate over its legal and ethical implications, as a result of which the federal government is cautiously moving toward adopting a set of recommendations and regulations for controlling the technique.

The latest move is that staff members of the National Institute of Mental Health (NIMH), the agency which funds the bulk of government-supported psychiatric research, have sent a report to the Assistant Secretary for Health listing a set of recommendations for consideration as official government policy. As set out in a memorandum signed by the Director of the NIMH, Bertram S. Brown, and prepared with the help of a panel of distinguished outside experts, the suggested regulations would outlaw some of the more controversial applications of psychosurgery—its use on children, prisoners and incarcerated mental patients—but they stop well short of calling for a complete ban on the technique.

The controversy generated by psychosurgery has stemmed largely from charges that the technique is nothing more than a dressed-up version of lobotomy, the surgical operation popularised in the 1950s which has since been discredited, leaving thousands of people with impaired mental function. Supporters of the technique argue, however, that it is an acceptable form of therapy for severe behaviour disorders which have not responded to more conventional psychiatric treatment.

Unfortunately, the debate has not been helped by the fact that many of the psychosurgery operations carried out in the United States have been performed with hopelessly inadequate follow-up procedures, so that it is difficult to form any conclusions about the efficacy of the technique. As the NIMH memorandum puts it, "inadequacy of pre- and post-operative behavioral and psychological testing, lack of long term follow-up of patients, and general inadequacies of clinical and behavioral reporting characterise much of the published literature."

On the other hand, critics of psychosurgery have managed to cite examples in which psychosurgery operations are alleged to have resulted in severe damage to the intellect of patients and they have brought up passionate arguments to suggest that the operation has been used to alter the behaviour of emotionally disturbed children for the convenience of their parents.

One incontrovertible aspect of the operation is that its effects are irreversible because it involves the destruction of brain tissue which is not regenerated. In that case, why did the NIMH not recommend at least a moratorium on the technique until some of the more serious charges that have been levelled against the operation are cleared up?

The memorandum gives three reasons. First, such a recommendation "would constitute an unprecedented federal prescription of the parameters of permissible and impermissible surgery for the medical profession". (The NIMH staff did not feel themselves to be under such a constraint in recommending that the technique should not be used on children, prisoners and involuntarily detained mental patients, however.) Second, since there is no precise definition of psychosurgery, the memorandum suggests that a moratorium would be rendered ineffective because the operation could be performed under the guise of treatment for epilepsy and other neurological disorders. And third, the proposed regulations would at least amount to a partial moratorium on the most controversial forms of psychosurgery.

In short, the memorandum suggests regulations "with the intent of providing the maximum possible protection for potential psychosurgery candidates without unduly inhibiting practice for those cases which, judged by our present standards and knowledge, appear to require psychosurgery for relief of extreme mental illness or behaviour disorders". So the NIMH at least accepts some of the arguments for psychosurgery.

Perhaps the most important recommendation is that psychosurgery should be regarded as strictly experimental and not a form of therapy. Such a designation would slap a number of controls on use of the technique, such as the development of comprehensive research protocols to ensure that maximum scientific value is gained from each operation. It would also mean that psychosurgery should only be carried out in hospitals attached to universities and "every effort must be made to ensure that all reasonable alternative therapies . . . are attempted to an adequate extent before resorting to psychosurgery".

The NIMH is also recommending that a widespread effort be initiated by the federal government to obtain more precise information about the results of psychosurgery operations performed in the past, the idea being that such information can later be used as a basis for more permanent guidelines governing the future use of the technique.

The memorandum is now being reviewed by Charles C. Edwards, Assistant Secretary for Health, but whatever finally becomes of it, the federal government can only directly control those psychosurgery operations performed with government money. The control of such operations carried out in hospitals and universities independently of federal funds lies outside the direct jurisdiction of the Department of Health, Education and Welfare.

But at least the widespread public controversy which has been generated in the past couple of years, chiefly through a court case which halted the use of psychosurgery on an involuntarily detained mental patient last year and a bruising public inquiry conducted by Senator Edward M. Kennedy's health subcommittee, should make it more difficult for the operation to be carried out with inadequate controls.