Medicines & Healthcare products Regulatory Agency

[redacted]

MHRA Central Freedom of Information Team
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MHRA Website

Our Ref: **FOI2026/00491**

3 June 2026

Dear [redacted]

Thank you for your Freedom of Information (FoI) request received on 5 May. You wrote:

I would like to follow up on the results presented in Table_01 (attached) provided by MHRA.

There are three deaths cited under IMDRF code F02, although one of these seems to be a duplicate, so for our purposes let us assume two deaths in the period from 1 January 2018 up to and including 2 February 2026. We have been able to determine the total number of patients (England-wide) receiving ECT treatment during abovementioned period (this data can be downloaded here; as an example for year 2024-2025 see : https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2024-25

Looking at the table, we see that there were 2254 total admissions to such treatment between 2018 and 2024. For two deaths, this would suggest, roughly, a 1 in 1000 chance of death under this treatement. To put this in perspective: A 1 in 1,000 chance of death (0.1%) is considered extremely high risk by everyday standards. Looking at actuarial statistics on we find at 0.1% chance of death corresponds to

* *Front-line combat exposure over a limited period*
* *Early experimental medical trials with significant unknowns*
* *Unregulated extreme adventure activities (historically)*

From an institutional perspective:

* *Public safety regulators: unacceptable*
* *Workplace safety standards: catastrophic*
* *Medical ethics: far beyond acceptable risk for non-therapeutic benefit*
* *Insurance: typically uninsurable without massive premiums*

We looked further into where 1 in 1,000 begins to appear:

* *Aggressive chemotherapy in advanced cancer*
* *High-risk cardiac or neurosurgery*
* *Organ transplantation (peri-operative period)*
* *Experimental or compassionate-use treatments*
* *Severe trauma or ICU-level interventions*

The above is considered acceptable only if:

* *The patient faces near-certain death or severe disability without treatment*
* *There is no safer alternative*
* *Fully informed consent is obtained*

What is the MHRA's risk assessment for ECT treatment, and is it consistent with the Yellow Card reporting since 2018. Please provide documentation if available.

If we have misinterpreted the data shown in the table above, we are happy to be corrected.

MHRA Response

We confirm that we hold the information you have requested.

The F02 code appeared twice for report 3 due to formatting but represents a single death. After review, we have identified two sets of duplicates (reports 1 and 3, and reports 2 and 4) which have now been merged and an updated table is attached showing a total of two reports.

Clinical guidance is provided by NICE Guidance on the use of electroconvulsive therapy on the use of ECT and that it is recommended that electroconvulsive therapy (ECT) is used only to achieve rapid and short-term improvement of severe symptoms after an adequate trial of other treatment options has proven ineffective and/or when the condition is considered to be potentially life-threatening, in individuals with catatonia or a prolonged or severe manic episode.

If you have any queries about this letter, please contact us quoting the reference number above.

Yours sincerely,

MHRA Central Freedom of Information Team
Medicines & Healthcare products Regulatory Agency

Your right to complain under the Freedom of Information Act

If you are not happy with this response you may request an internal review by e-mailing foi.request@mhra.gov.uk or by writing to: MHRA Central Freedom of Information Team, 10 South, Colonnade, Canary Wharf, London, E14 4PU

Any request for an internal review must be received by us within 40 working days of the date of this letter. Please note we are not obliged to provide a review if it is requested after more than 40 working days.

If you are not content with the outcome of the internal review, you may apply directly to the Information Commissioner's Office for a decision. Generally, the Commissioner cannot make a decision unless you have exhausted our own complaints procedure. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.
Website: ICO FOI and EIR complaints or telephone 0303 123 1113.

Re-use of our information