OREGON HOSPICE ASSOCIATION

DEMENTIA DILEMMA:
The Good, The Bad & The Maybe

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Founding Executive Director

EOLCOR | End of Life Choices
OREGON
PEACEFUL DEATH

DIGNITY

COMFORT

CONTROL

CHOOSE OWN TERMS

NO PAIN

TIMING
ADVANCE DIRECTIVE

POLST: PHYSICIAN’S ORDER FOR LIFE-SUSTAINING TREATMENT

DNR: DO NOT RESUSCITATE

AID IN DYING
WHO DECIDES

AUTONOMY — Ability To Make Own Decision?

SELF-DETERMINATION — Personal Empowerment?

PERSONAL BELIEFS — Patient’s Beliefs and Goals?

BENEFITS vs. BURDENS — Is There a Burden?
EUTHANASIA or PHYSICIAN-AID-IN-DYING

EUTHANASIA: Physician makes you die (injection)
Against the law in the U.S. - Should this change?

PAD: Must self-administer the medication

Must make autonomous decision - Dementia?
DWD REQUIREMENTS

TERMINAL ILLNESS ... 6 MONTH PROGNOSIS  X

AN AUTONOMOUS REQUEST ... NO COERCION   X

MENTAL AND PHYSICAL CAPACITY  X
NON-QUALIFIERS

FATAL DISEASE: MORE THAN 6 MONTH PROGNOSIS

CHRONIC, DEGENERATIVE OR DEBILITATIVE DISEASES

TRAUMA RELATED DISABILITIES

DEMENTIA
DEMENTIA: COMPLICATED ISSUE

MEDICAL
LEGAL
BIOETHICAL
RELIGIOUS

PERSONAL
FAMILIAL
SOCIETAL
FINANCIAL
PRINCIPLES OF MEDICAL ETHICS

BEAUCHAMP and CHILDRESS

• Autonomy - The right to make your own decision
• Beneficence - Act with best interest of person in mind
• Maleficence - Act without malice
• Justice - Fairness and equality among individuals
DEFINING DEMENTIA

INABILITY TO:

- Recall long-term memories
- Understand ideas & concepts
- Respond to requests
- Use language correctly
- Read or write
- Recognize family or friends
- Remember time or location
- Distinguish between objects
HEALTH CARE PROXIES

Allows control to someone else over health care decisions

Gives direction to the medical community

Reduces conflict between caregivers

Assumes “substituted judgment” ... best interest
CRITICAL VS. EXPERIENTIAL INTERESTS

CRITICAL INTEREST

“Precedent Autonomy”
Authority of the Health Care Proxy

EXPERIENTIAL INTEREST

Considers the person’s present state of being
HOW CREDIBLE?

ASSUME RIGHT DECISION FOR FUTURE TREATMENT?

• "Then" person vs. the "Now" person
• Can’t grasp future situation
• Could be happy now; change values & preferences
DUTCH CRITERIA - DUE CARE

UNBEARABLE AND IRREVERSIBLE CONDITION

- Request is voluntary and well considered
- Unbearable suffering, without prospect of improvement
- Patient knows the situation and prospects
- No reasonable alternatives to relieve suffering
- Two physicians must agree
- Method used must be done with due medical care and attention
<table>
<thead>
<tr>
<th><strong>PRO</strong></th>
<th><strong>CON</strong></th>
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<tbody>
<tr>
<td>Person currently appears happy</td>
<td>Person is suffering irreversibly</td>
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<tr>
<td>Inability to communicate clearly</td>
<td>Trust in their Health Care Proxy</td>
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<tr>
<td>Unfamiliar doctors</td>
<td>Previous confidence in doctor</td>
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<tr>
<td>Source of request</td>
<td>Financial benefactor is long term care</td>
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ARGUMENTS AGAINST

• Timing of dementia and voluntary euthanasia
• Drugs can slow the changes of detrimental brain changes
• By the time diagnosed, could be too late to understand
• Burdens vs. compromise ...“bargaining down.”
• Margo
DUTCH EXPERIENCE

• Two doctors must agree on situation
• Must be voluntary and informed (Due Care)
• Advance Euthanasia Directive (AED)
• Contemporary competence?
• Doctors react to patients with co-morbidities
Physicians’ Experiences

- Current physician doesn’t know the patient
- Neither physician can communicate with patient
- Act of commission
- Who is actually requesting?
HOW TO ASSESS?

• Autonomy ... ability to communicate?
• Should this be a function of psychiatrists?
• How to assess someone who can’t communicate?
• Vulnerable population
• Whose request is this?
• Conflict of interest?
RESOURCES


E.E. Bolt et al, *Can Physicians Conceive of Performing Euthanasia in case of ... Dementia...?* JMed Ethics, 2015, Vol.41


S. Frankel, *The Dementia Dilemma*, Perspectives in Biology and Medicine, Winter 1999 (42.2)

P. Menzel & B. Steinbock, *Advance Directives, Dementia and Physician Assisted Death*, Revising the Common Rule, Summer 2013

M.D. Mezey et al, *Advance Directives, Older Adults with Dementia*, Clinics in Geriatric Medicine, May 2000, Vol. 16, Number 2


THANK YOU