

Treatment of Patients with Advanced Dementia

Severely and irreversibly demented patients: Patients in this category, most of them elderly, are at the end of the spectrum of decreasing mental capacity. They do not initiate purposeful activity or communication but passively receive nourishment and bodily care.

When the severely demented patient has previously made his or her wishes known and when there is intercurrent illness, it is ethically permissible for the physician to withhold treatment that would serve mainly to prolong the dying process. When there is no prior expression or living will, responsible family members or the patient's guardian should indicate their wishes regarding treatment. When no family or advocate is available, the physician should be guided by the need to provide the most humane kind of treatment and the need to carry out the patient's wishes insofar as they are ascertainable.

Severely and irreversibly demented patients need only care given to make them comfortable. If such a patient rejects food and water by mouth, it is ethically permissible to choose to withhold nutrition and hydration artificially administered by vein or gastric tube. Spoon feeding should be continued if needed for comfort. It is ethically appropriate to choose not to treat intercurrent illness except with measures required for comfort. For this category of patients, it is best if decisions about the handling of intercurrent illness are made prospectively, before the onset of an acute illness or threat to life. The physician must always bear in mind that perpetuation of the status quo is decision by default.

Elderly patients with permanent mild impairment of competence: Many elderly patients have mild impairment of memory and cognitive function. Although somewhat limited in their ability to initiate activities and communicate, they often enjoy their moderately restricted lives. Medical care of these individuals should be essentially the same as for other elderly patients. Freedom from discomfort should be an objective in the care of such a patient, as in all elderly persons. If emergency resuscitation and intensive care are required, the physician should provide these measures as appropriate, guided by the patient's prior wishes, if known, by the wishes of the patient's family, and by an assessment of the patient's prospects of improvement.

- Adopted by the Alzheimer's Association National Board of Directors, May 1988