

Deception in Dementia Care¹

Amara works in a dementia care home, where the patients are in various degrees of physical and cognitive decline. Some of them find it difficult to perform routine tasks, such as getting dressed and eating. Many have trouble remembering basic information, like what day of the week it is. They sometimes struggle to identify their closest family members.

Barry is a resident of the care home with severe memory problems. Almost every day, he asks Amara where his wife is, forgetting that she died many years ago. When Amara first started working with Barry she would tell him the truth. But learning that his wife had died was extremely upsetting for Barry, and Amara eventually began to wonder whether it might be kinder to spare him the pain of bereavement every day. So now when Barry asks, Amara tells him that his wife is out at work, or has gone to take their granddaughter to a soccer game. This doesn't distress Barry, who soon forgets about his question.

Lying to patients with dementia is extremely widespread. As one author recently put it, "a recent survey found that close to a hundred per cent of care staff admitted to lying to patients, as did seventy per cent of doctors".² Proponents of the practice argue that lying to patients keeps them calm and prevents suffering. It also makes things easier for staff, who might otherwise have to deal with distressed patients that can sometimes become violent.

But some think that lying to patients with dementia is inappropriate. They argue that telling patients the truth is the right thing to do even if it is disturbing or harmful for them. Wouldn't you want to know about a loved one's death, no matter how painful it might be? Lying in dementia care can also cause breakdowns in trust between patients and their caregivers. If different people give them contradictory information, the patients won't know who to trust anymore.

Those who defend lying in dementia care argue that the diminished mental capacity of dementia patients justifies treating them in ways that it would not be permissible to treat competent adults. An analogy is drawn to childhood: just as it can be acceptable to lie to young children, who lack the capacity to decide for themselves what is best for them, so it can be acceptable to lie to those with dementia whose capacities are impaired.

DISCUSSION QUESTIONS

1. Why is honesty generally morally important in healthcare settings? To what extent are these moral issues applicable or inapplicable in a dementia care setting?
2. Are there circumstances in which we are morally required to lie to dementia patients?
3. Is it morally permissible for Amara not to tell Barry that his wife is dead? Why or why not?

¹ Each of these cases originally appeared as competition cases for the National High School Ethics Bowl (NHSEB), based at UNC's Parr Center for Ethics. To learn more about this program and to view a full archive of NHSEB case studies (searchable by topic and keyword), please visit us at nhseb.unc.edu.

² <https://www.newyorker.com/magazine/2018/10/08/the-comforting-fictions-of-dementia-care>

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Nancy, who is in her late 50s, and two of her maternal cousins gave each other gene testing kits for Christmas this year, so that they could discover their ancestral genetic profiles. They fully expected to learn the same information about their maternal family members, as their three mothers are sisters. They were interested to learn how their three different fathers impacted their genetic profiles. However, when they received their results, they uncovered something surprising. Nancy's maternal information is slightly different from her two cousins'.

It turns out that Nancy's mother and her aunts most likely have different fathers. So, this means that Nancy's grandmother Barbara most likely committed infidelity in her marriage with Nancy's grandfather. Nancy and her cousins are faced with the question of whether or not to tell Nancy's mother, who is in her late 80s. Her cousins' mothers, Nancy's aunts, have already passed away, as have both of her grandparents. She has asked her cousins not to say anything to her mother or to anyone else in their family, while she decides what to do.

Nancy never met her grandfather, as he died just before she was born. But Nancy knows that her grandmother Barbara and her grandfather had a very fraught marriage. Her grandfather was an alcoholic and was known to be verbally abusive and financially controlling to her grandmother Barbara. Nancy has always avoided alcohol, assuming that she might have inherited a genetic predisposition to alcoholism from her grandfather, as several of her cousins have struggled with excessive drinking as well. She feels drawn to the idea that her grandmother Barbara found some happiness outside of an abusive marriage, and she doesn't mind thinking of her mother and herself as the results of her grandmother Barbara finding some independence. She is curious to talk with her mother about the possibility that they aren't descended from the man they have always assumed was their father and grandfather. She would be interested in learning more information about her grandparents' close friends, community and church members, or colleagues, on the off chance that she might be able to discover information that would lead her to her biological grandfather and potentially to other biological family members.

However, Nancy's family is religious and they have strong beliefs about the importance of marriage and of being faithful to a spouse. Nancy feels like her mother has a right to know this information about her own parents and ancestry. And, her mother has only ever talked bitterly about her relationship with her father. Yet, she knows that this information might be deeply distressing to her mother. Though Nancy's mother never seemed to express love for her father, she always talked with deep love and respect for her mother Barbara and held her up to Nancy as a role model of virtue and of religious faith. Nancy worries that revealing this information to her mother might cause her to question her relationship with her mother Barbara and to endure pain and sadness upon realizing that her mother Barbara kept secrets from her. Also, Nancy's mother suffers from health problems and receives a twice-weekly home visit from a nurse. The nurse has advised Nancy that protecting her mother from stress is important for keeping her health stable.

DISCUSSION QUESTIONS

1. Should Nancy tell her mother about her suspicions? Is it at all significant that there is some degree of uncertainty about the conclusion she is drawing?
2. How do her mother's health concerns factor into this decision?
3. Do we owe others, especially those near and dear, the hard truth? What if they would be "better off" not knowing?
4. How, if at all, do the facts about Nancy's grandmother Barbara's fraught relationship with her grandfather change the moral dimensions of Nancy's decision?

Believing in Others³

Tamir and Sharon have been friends since their first year of high school when they met during their school's production of "South Pacific." While Tamir realized musical theater was not the right fit for her, Sharon continued performing throughout high school and went to university to get her Bachelor's of Fine Arts in musical theater. In university, Tamir fell in love with philosophy, an alternative outlet for her creativity. Now in their last year of university, Tamir and Sharon are finalizing their plans for after graduation. Tamir plans to attend graduate school so that she can one day become a professor and Sharon plans to move to New York so that she can one day star on Broadway.

After getting passed over for the part of Ariel in a local production of "The Little Mermaid," Sharon questions her plans to move to New York. Hoping that Tamir will reassure her that she is making the right decision, Sharon asks Tamir whether or not she thinks the move is still a good idea. However, Tamir is unsure that Sharon will be successful in New York. Sharon plans to take on a job in a restaurant to support herself in New York so she will have limited time to go to auditions. While Sharon is a talented actor, there are many talented actors in New York who are struggling to make ends meet and never make it to Broadway. Tamir wants to be a supportive friend, but she also doesn't want to lie to Sharon and pretend that she is confident that Sharon will be successful.

DISCUSSION QUESTIONS

1. Knowing that Sharon is looking to be reassured of her decision to move, what should Tamir tell her?
2. What does it mean to believe in someone? Does it mean believing that they will achieve their goals, even when the evidence says that they won't?
3. It seems like it is usually best to believe what the evidence says. Can there ever be any good things about believing something even when the evidence says otherwise?

³ This case was inspired by <https://philpapers.org/archive/PAUBIO.pdf>

Smokers Need Not Apply

While tobacco use is the leading cause of preventable death in the United States, the country has undergone a substantial cultural shift in regard to smoking.⁴ Due to recent changes such as the banning of cigarette vending machines, the creation of no smoking policies, and increased education about the health impacts of tobacco use, the prevalence of smoking has decreased substantially. The Centers for Disease Control and Prevention estimate that smoking-related medical care costs \$170 billion dollars annually.⁵ In the interests of employee productivity, as well as saving on the cost of employees' health insurance, some employers will no longer hire smokers.⁶ Hospitals in particular have taken the lead in adopting such policies, but they are not the only employers making this change. Some states have laws that prohibit this kind of discrimination against smokers in hiring but many others do not.⁷

While the prevalence of smoking has declined, it has not done so evenly across groups. Prevalence is higher than average among non-Hispanic multiple race individuals, American Indians/Alaska Natives, and Blacks. Prevalence is also higher among populations with low socioeconomic status, within the LGBTQ community, and among those who have not graduated high school or who have a GED.⁸

As mentioned above, supporters of anti-tobacco employment policies cite both health insurance costs as well as employee productivity as important factors. In addition, healthcare professions and healthcare settings note that healthcare workers who smoke are setting a terrible example and sending a very bad message to patients. Advocates also argue that such policies create an incentive for prospective employees to quit smoking.

Detractors point out that policies that exclude employees who smoke infringe on employee freedom by dictating their behavior even when they are not at work. Moreover, to the extent that smoking is addictive and difficult to quit, these policies punish smokers for their addiction no matter their efforts to stop smoking. Another worry is that these policies have a disproportionately negative impact on poor and disadvantaged populations. This exclusion is especially worrisome given that many of these populations already struggle with employment discrimination and are already underrepresented in many professions, including those in healthcare settings.

DISCUSSION QUESTIONS

1. Is there a morally significant difference between anti-tobacco employment policies in a healthcare setting as contrasted with other kinds of employment?
2. When, if ever, is it morally permissible for employers to discriminate on the basis of tobacco use? Is it morally permissible to exclude applicants that engage in other health risk behaviors, such as eating unhealthy foods or drinking alcohol?
3. When and to what extent should employers be allowed to exert control over employees' lives?

⁴ <http://www.npr.org/2016/05/24/479349619/cdc-report-reveals-decline-in-american-smokers>

⁵ https://www.cdc.gov/tobacco/data_statistics/index.htm

⁶ <http://www.nytimes.com/2011/02/11/us/11smoking.html>

⁷ <https://www.workplacefairness.org/smoking-rights-workplace>

⁸ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm