

they don't trust you, the feeling may linger. (A study published in *Cognitive and Behavioral Neurology* in 2014 found that Alzheimer's patients feel emotions long after they remember their cause.) And, even if the person never glimpses, in an awful moment of lucidity, how they are being manipulated, still they have lost something in the relationship, whether they know it or not.

Then there is the issue of inconsistency among all the people with whom the person comes in contact. What if a person with dementia asks for his mother, and one person says, "She's out shopping," another says, "I'm afraid she's dead," and a third says, "Are you feeling sad?" This problem is not a minor one. Many people with dementia are already suspicious of those around them. Some suspect that people are lying to them (and, of course, they are often right), or that someone who claims to be a relative is actually an impostor. Some suspect that their belongings have been taken (they may be right about this, too—residents of nursing homes often wander into one another's rooms and pick things up), or that they're going to be attacked. Some believe that the care staff have abducted their children. Even if they don't suffer from these more extreme fears, they will likely be aware that, since their diagnosis, other people suspect them of being confused whether they are or not, and so may be second-guessing what they say, or making decisions without consulting them. So the risk of arousing suspicion is a big risk to take, especially if the whole idea is to ease a patient's anxiety.

There is also the problem that, since lying implies a lack of respect, its acceptance can lead to disrespect of other sorts. "Most of the caring workforce is quite transient and not very educated, and you want to convey to them the value of the person they're working with," Graham Stokes says. "But, if they see you lying to patients, you're saying, 'They're not *really* people. And then you see other parts of the care changing: they might leave the door to the toilet open, while you wouldn't do that with real people.'"

It might be possible to deal with the problem of lying and dementia by means of advance directives. People already specify what sorts of medical treatment they want and don't want in the future, in case they later lose the capacity to make those decisions; could they not also specify how they want to be treated in other ways? Someone who most values happiness, however simple, might choose lies and medicine; someone who feels that life with late-stage dementia, without a certain degree of

awareness, is not worth living might choose truth and death. The trouble is, advance directives themselves bring up all kinds of problems in the context of dementia. Suppose a woman signs a directive that she is not to be lied to but, at a later stage of the disease, suffers terrible bereavement each day as a consequence—should her family feel obliged to respect her wishes? Or suppose a man believes that life with late-stage dementia is not worth living, and signs an advance directive to have all medical treatment withheld, even antibiotics, once he reaches that point; but then, when he does reach it, he seems very happy with his life—he still enjoys visits (even if he can't identify the visitor), his meals, beloved music, walks in the sun. Should his directive be respected, ending his life?

The late philosopher Ronald Dworkin believed such advance directives should be respected. People don't just live for pleasure, he argued; they also want to preserve their dignity, and to feel that their life as a whole has integrity and coherence. When people dread the total dependency of late-stage dementia, they don't just dread its effect on others; they dread the way it warps the shape and story of their life. For some, the prospect that they might live their last years content with childlike pleasures, kept happy with benevolent lies, would not be a relief but a horror. In the case of such a person, Dworkin believed, it is no more legitimate or kind to contradict their advance directive in late-stage dementia than it would be if they were in a permanent vegetative state.

Dworkin assumed that the man who dreaded late-stage dementia and the one who is perfectly happy are the same person. But what if the happy person can no longer remember anything about the man he once was—is he still the same person in any meaningful sense? And, if not, is it right to end his happy life in order to preserve the dignity of, in effect, somebody else? Also, does it make a difference what his family thinks about this? Whether they feel, in the later stages, that the person they loved is gone; or whether they feel that that person, though much changed, is still there—still recognizable in his body, in his smell, in his eyes, in his hands when held, in some of the things he appears still to delight in? Why should a person be defined by thoughts and memories? Aren't emotions and bodies enough?

Those who advocate lying to people with dementia are usually thinking chiefly, sometimes exclusively, of the short-term happiness of the person with the disease. They