Abstract

Dementia poses unique limitations on control over how long one lives. It is a trap: one may want one’s life to end because of dementia, but then because one is demented one cannot and may not end one’s life (D. Davis, 2013). Ordinary advance directives for refusing life-sustaining treatment do not provide much protection; people may live for years into progressive dementia without needing any of the treatment that they have refused.

There is a way out: withholding food and water by mouth according to clear advance directive. It is a comfortable and arguably already legal path to escaping dementia’s decisional trap. To be sure, a major moral challenge, the then-self/now-self problem, confronts the implementation of such directives: the current demented self may not have the desires expressed by the previous competent self. This challenge is satisfactorily met, however, when the current experiential value of survival to demented persons has diminished to a level where it is outweighed by the interests rooted in the evaluations about their whole lives that people have expressed in their directives. In other situations the challenge is not met, in which case directives to expedite death by withholding food and water by mouth should not yet be implemented.

Such selective withholding of food and water by mouth through advance directive is morally supported not only by a solution to the then-self/now-self problem but by various facts about advanced dementia. It is a kind of terminal illness, though without the six-month prognosis. Moreover, it is almost always accompanied by considerable difficulties with eating and drinking. Within an ethic of good care it is realistic to expect nursing homes to respect such directives as long as they are carefully written and cautiously implemented.