

Christians on Ageing Conference Call

Ethics and dementia: A Christian Perspective

Notes from the Conference Call held with Professor Julian Hughes on 15 November 2023

Julian Hughes is an Honorary Professor at the University of Bristol. He was previously Honorary Professor of Philosophy of Ageing at Newcastle University and Consultant in North Tyneside, before becoming Professor of Old Age Psychiatry at Bristol. He is an authority with a unique experience as an ethicist with training in Philosophy, Politics and Economics, (first degree at Oxford University and PhD in Philosophy from Warwick) medicine and psychiatry, practice as a clinical Old Age Psychiatrist and with a formidable academic record. He is the world leader in the field. His recent book is already acknowledged as a classic: *Dementia and Ethics Reconsidered* by Julian Hughes. Open University Press

We were: Julian Hughes, Marion Shoard, Susan Mary Benbow, Ros Watson, John Wattis, Mike Tapley, Alan Tapley, Ruth Horton, Bernie Larkin, Catherine Cole, Peter Coleman, Sharmi Battachari, Barbara Stephens, Albert Jewell, Joanna Walker, Gerry Burke, Shirley Pearce, Joanna Cox, Bill Hawes, Domini Luca and David Jolley,

We began as always with brief introductions from everyone: a stellar cast.

Julian expressed his pleasure at being with us, ran briefly through his career background and then presented his paper.

What follows uses Julian's notes for the session with the addition of some comments and references from the discussion.

Many thanks to Dave Jolley: This all stemmed from Dave's very kind review of *Dementia and Ethics Reconsidered*.

In this book, there were four mentions of "religion":

- (i) ethical understanding is influenced by religion
- (ii) religion is one of the protected characteristics under the Equality Act 2010
- (iii) if there are doubts about treatment at the end of life because of religion it may be useful to consult someone from the same religion (mentioned twice).

"Faith" is mentioned 3 times:

- (i) Faith traditions stress the intrinsic importance of life
- (ii) Faith traditions allow that resuscitation is not compulsory when it is likely to be futile (mentioned twice)

"Christian" is used twice in connection with virtue ethics. "Spirituality" and "Christianity" are not used at all.

Is this something to feel guilty about?

First, there is perhaps a need to avoid being seen as a Christian or Catholic ethicist and rather to be seen as an ethicist who happens to be a Catholic Christian, for reasons of pragmatism and realism. And, indeed, there is no need to use background faith in bioethics.

As Peter Geach once said in 1969: 'In modern ethical treatises we find hardly any mention of God' (page 165). An argument that has been used by some Christians is that 'God has no essential place in the foundations of morals'. I'm definitely guilty of the former, but don't agree with the latter, although it *is* true if you stay at a particular level of discussion. So, for instance, it is possible to discuss what might be considered the three main ethical theories without having to mention God or Christianity.

1. **Virtue ethics**, where the aim is human flourishing, was established really by the writings of Aristotle, who died in 322 BC. It was not until Aquinas turned up (he was born in 1225) that Aristotle was given a Christian spin.
2. **Deontology**, which is to do with duties and concerning which Kant is the main author, stresses reasons leading to categorical imperatives. In other words, moral laws are binding on all people. One way of expressing this is to say: never treat people merely as a means but as ends in themselves. The obvious example of this used by Kant and relevant to dementia is that of lying.
3. **Consequentialism or utilitarianism** may be useful in some circumstances, for instance to maximise welfare in conditions such as famine and wars. It was, arguably, useful as well in the context of the pandemic.

Actually, all of these three ethical theories (of virtue ethics, deontology and consequentialism) have relevant Christian associations. Let's take them in the reverse order:

(3) **Consequentialism** may seem the least obvious because utilitarianism is often seen as the enemy of Christian ethical thought mainly because it sanctions doing something evil for a good end which, mostly, in Christian thought is anathema. (Or think of "forced care" in dementia, where it can't be that any level of force is sanctioned by the good end, e.g. of cleanliness.)

But if we turn to the Catholic Catechism, paragraph 1750, we see it states that the morality of human acts depends on, or its sources are:

- (i) The object chosen is what is aimed at (normally a good) [*think of the use of covert medication in dementia, where the good aimed at is the person's health or life*]
- (ii) The end in view or the intention, where the goal of the intention suggests the purpose pursued in the action [*where the intention is to keep the person well with the covert medication*]
- (iii) The circumstances, for instance the consequences [*the person is well; however, might there be side effects of giving medication covertly, e.g. the person will no longer eat because he or she thinks the food is poisoned, or where there is simply a complete loss of trust?*]

All of this requires careful consideration. For instance, the object chosen: is it the main thing to think about and does it override the intention and the circumstances or consequences? Or should all three elements in some way be weighed up together?

One thing that it is worth thinking about is what we mean by human 'goods' because we're talking about the 'goods' chosen as an act of will when we talk about the object chosen. Just for interest, I've noted down the seven human goods which should be pursued according to the professor of jurisprudence at Oxford, John Finnis (2011): they are life, knowledge, play, aesthetic experience, friendship (sociability), practical reasonableness and religion.

This Catholic account of the morality of human acts is more profound in my view than many treatments we might find in secular bioethics, for example in relation to issues in dementia such as giving a diagnosis, deciding someone should stop driving or end of life decisions.

(2) Turning to **deontology**, another way of construing the categorical imperative is to use the formulation known as the golden rule: 'Do as you would be done by'. I understand that the golden rule can be found in texts from ancient Egypt, India, Greece, Persia, Rome and of course in the Jewish faith. But we find Jesus saying these words in the Sermon on the Mount recorded in Matthew 7:12 and Luke 6:31. [*Again relevant to dementia care – think of placement in a care home – how many of us would wish to be “placed” with very little say or consultation? (Of course, under some circumstances perhaps we would wish other people to make such a decision for us.)*]

(1) **Virtue ethics** The *virtue words* show what it is to flourish as a good human being. It can look as though we're aiming at perfection, which it is perhaps not possible to achieve in this life. But the question is what would a fully virtuous person do? And if we wish to conceive of a fully virtuous person, then why not think of the life of Jesus?

Sometimes it's difficult to think of the virtue words but here are some from Macbeth:

Malcolm: ... justice, verity, temp'rance, stableness
 Bounty, perseverance, mercy, lowliness,
 Devotion, patience, courage, fortitude ...

[Shakespeare, *Macbeth* 4,3,92-94]

Just to show the connection between the virtues and God, according to Herbert McCabe in his book *On Aquinas*, he talks about Aquinas talking of the 'political virtues' meaning the virtues as defined by the *polis*. He says: 'Here virtues are those dispositions which enable us to live together in society and thereby flourish – this society being based ... upon friendship, *philia*'. But he goes on to say that, at a deeper level, Aquinas is not simply talking about the earthly *polis*, which 'is only a shadow of the Kingdom', which in turn is based upon *agape*, *caritas*: 'friendship, indeed, but the friendship that God grants to us in his grace' (page 105). *Agape* and *caritas* suggest forms of Christian love. Here we might keep in mind this statement by Thomas Gilby (1934): '*Loving draws us to things more than knowing does. ... love takes up where knowledge leaves off*' (p. 34). And where does love ultimately spring from if not from the Divine love in which we share?

(An example of where we don't have to invoke religion, but we can!)

We can think of friendship (and love) and its importance in the context of dementia, particularly thinking about care homes.

How else might a Christian perspective work?

First, there is always **fundamentalism**: do as you would be done by, love your neighbour, you shall not kill, love your enemy, and so forth. These fundamental statements can be applied to several situations in connection with dementia. But I can't help thinking at the moment of physician-assisted suicide and euthanasia which are high on my agenda given the votes recently on the Isle of Man and the things going on in Jersey and in Scotland.

The second thing I want to stress is **a general understanding of God**. Again, I get this from Herbert McCabe (1987: 2-9): God as creator, as the answer to the ultimate radical question, 'How come something rather than nothing?' That is, God as the source of our (and all) being. In which case, our ethics must cohere with the nature of that being. In Christian thought we see that nature as being ultimate goodness, because we see the world (or creation) as good. So here on earth the task, or the inclination, should be to seek the good and to be good.

Geach, in the same book (*God and the Soul*), says: 'whatever a man may think, his rational knowledge that it is a bad way of life for a man to be a liar or an adulterer is in fact a promulgation to him of the Divine law'. Later he quotes Hobbes: 'God declareth his word by the dictates of natural reason'.

But that takes me on to my third area to think about: **conscience**. There are lots of problems with this idea in connection with ethics (because our consciences seem too fickle). But the medieval philosophers drew a distinction between **conscientia** and **synderesis**.

About *synderesis*: St. Jerome (347-420) called it 'that spark of conscience'; Thomas Gilby OP described it as 'the habitual knowledge of the first principles of moral activity'; St Thomas Aquinas said its job is 'to murmur back in reply to evil and to turn us towards what is good' (Potts, p. 128); Potts talks of *synderesis* being made up of rules; *conscientia* is to do with their application and misapplication (p. 18).

So to summarize, the basic point in my mind is that there is, first, a fundamental set of rules inscribed in us by God (*synderesis*), accessible by natural law thinking (i.e. reasoning about human goods and so on) and, secondly, there is the application of those rules (*conscientia*). We can't be sure about the first (*synderesis*), but if we are we'll be right; and we can go wrong with the second (*conscientia*), but we can at least show due diligence as we try to apply the rules of conscience. Seeking a fully informed conscience is the thing.

What's this got to do with dementia and ethics?

It all comes down to teaching and training. Ultimately (even if not on show), we need to have the fundamentals right, we need to have a clear view of what we mean by God and we need an informed conscience; then we shall make the right decisions. But this is not specific to dementia. It's true of all our moral decisions. It is also true that we might wish to argue about the fundamentals, about our understandings of "God" and of what the good life is for human beings and, hence, have a sure (or surer) conscience. We need a good Christian education, but this should also inculcate a good deal of humility, tolerance and acceptance of different ways of achieving the good life; as well as the courage to challenge talk or actions that contradict Christian moral teaching.

Discussion

We sat in silent awe for a while, but there followed expressions of thanks and a thoughtful, respectful and sensitive series of observations:

- Many of us work from a simple code derived from Bible teaching, some preferring Jesus' guidance of two principles: (Matthew 22: 37-40). 'Master, which is the Law's greatest commandment?' Jesus answered: 'Thou shalt love the Lord thy God with all thy heart and with all thy soul, and with all thy mind. This is the first and greatest commandment. And there is a second like it: Thou shalt love thy neighbour as thyself. The whole of the Law and the Prophets depends on these two commandments.'
- Another list of virtues, from Galatians 5: 22-23. 'love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control.'
- And: 1 Corinthians 13: 4-7. 'Love is patient, love is kind. It does not envy it does not boast, it is not proud. It does not dishonour others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes and always perseveres.'
- Is conscience a reliable tool? Many people, in my experience, have a sensitive conscience
- We often work in teams. There is the issue of 'group-think' – personal ethics are contributed to shared team ethics – there may be mismatches
- What is the right thing to do? We look to find justice and social justice.
- The key is communication – listening from the very start

- We heard about the work of Bill Fulford and Values-based Practice.
- Who are the virtuous? A virtuous leader is a great gift – from them there is a trickledown effect.
- We think of examples when working with care homes
- We heard about a ward sister who oozed love.
- We heard about Understanding Dementia – emphasising the attributes of good communication.
- And there was more discussion of lying including a report from The Mental Health Foundation and Ian James' exploration of Therapeutic Lying. Communication with words may not be possible, but communication with feelings may still be felt.
- There was the observation that: 'as with many sessions of this nature, it is the thinking and reflection afterwards that can be so stimulating.'
- And: 'communication is between all parties'.

(For references in relation to ethics and dementia more generally, see Hughes (2023).)

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Additional references from the discussion and notes:

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Bill Fulford Values-based practice: [The Collaborating Centre for Values-based Practice - The Collaborating Centre for Values-based practice in Health and Social Care \(valuesbasedpractice.org\)](http://valuesbasedpractice.org)

Hughes, J.C. and Williamson, T. (2019). *The Dementia Manifesto: Putting Values-Based Practice to Work*. Cambridge: Cambridge University Press. ISBN 978 1 107 53599 2
Paperback <https://www.cambridge.org/gb/universitypress/subjects/medicine/mental-health-psychiatry-and-clinical-psychology/dementia-manifesto-putting-values-based-practice-work>

Hughes, J.C. (2021). Truthfulness and the person living with dementia: embedded intentions, speech acts and conforming to the reality. *Bioethics*, **35**: 842-849. Available at: <http://doi.org/10.1111/bioe.12923>.

Ian James: Therapeutic Lying [\(3\) Therapeutic Lies in Dementia Care - an animation from the CAIT and Newcastle Model series - YouTube](#)

Mental Health Foundation: [MHF-dementia-truth-inquiry-report.pdf \(mentalhealth.org.uk\)](http://www.mentalhealth.org.uk/publications/mhf-dementia-truth-inquiry-report.pdf)

Shirley Pearce: Understanding Dementia [Understanding Dementia – and lessening its impact for those who care](#)

The Catechism of the Catholic Church [Catechism of the Catholic Church \(vatican.va\)](http://www.vatican.va)