This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Dementia: ethical issues* between May 2008 and July 2008. The views expressed are solely those of the respondent(s) and not those of the Council.

Department of Palliative Medicine  
Velindre Hospital  
Cardiff

Dear Sir/Madam,

I have read with great interest your excellent report on “Dementia: Ethical Issues”, I wonder whether there should be some specific discussion around **palliative care and end of life issues**. I note that advance care planning is a key theme throughout the document and I also listed a few brief comments which may be helpful below which are covered in more depth in the attached paper,

- Withholding and withdrawing treatment  
  e.g. ethical decision making around:
  - Antibiotics for fever and/or pneumonia in patients with advanced dementia
  - “Do not resuscitate” orders
  - “Do not hospitalise” decisions in advanced care planning

- Ethically, balancing the need for early and realistic discussion about prognosis, the likely disease course and preferences for future care (e.g. preferred place of care, preferred place of death, patient views on artificial feeding) whilst patients still have the capacity to do so against potential harm from divulging this information to patients early in their diagnosis.

- Research into end of life/terminal care as well as new treatments for dementia which carries even more ethical issues e.g. using placebo treatment in a patient with very limited prognosis.

- Ethical issues around managing pain where administration of analgesia has to be guided by non-verbal cues from the patient e.g. facial grimacing.

Kind regards,

**Dr Dylan Harris**  
Specialist Registrar in Palliative Medicine

The paper sent to accompany this response was published in the Postgraduate Medical Journal.