

## Right to Treatment

### COMMON QUESTIONS

- Does a diagnosis of dementia prevent an individual from being a candidate for any type of medical treatment?
- How is refusal and withdrawal of medical treatments by a person with dementia or his or her surrogate different from assisted suicide or euthanasia?

### BACKGROUND

Making medical decisions about treatment remains the right of the person with Alzheimer's disease or another dementia until he or she no longer has the capacity to make the decision. At that time, medical decisions are made by the person's legally defined surrogate. Preferences about future medical treatment and decisions should be addressed early in the disease process through the execution of advance directives. In the absence of advance directives, the surrogate decision-maker should be guided by the values and any expressed wishes of the person with Alzheimer's disease.

Interventions may help the person with dementia to maintain functionality or quality of life, or can be used to treat another disease. However, the disease process can make it difficult to determine how effectively those interventions are working, and consequently, people with dementia may be denied, or fail to seek, medical procedures that could relieve suffering and enhance quality of life.

### ASSOCIATION POSITION

People with dementia have the right to any medical treatment, including the standard of care, for their medical problems. They also have the right to be informed of all treatment options, including clinical trials. People with Alzheimer's or other dementias may require longer courses of some treatments, such as rehabilitative therapies, compared to people with intact cognition. Therapies that may be of benefit should not be discontinued because a person with Alzheimer's disease or another dementia has failed to make progress at the same rate as someone without the disease. Similarly, a person with dementia or his or her surrogate decision-makers have the right to refuse treatment. This right can be asserted by a person with dementia who retains decision-making capacity, through advance directives concerning end-of-life care drafted prior to the loss of decision-making capacity, or by a family surrogate acting on the basis of either "substituted judgment" (what would the person have wanted) or "best interests" (at present, what is the most humane option that will maximize the person's dignity and quality of life).

Consistent with medical practice and law, the Association emphasizes that this refusal or withdrawal of treatment by an individual with dementia or his or her surrogate is not to be equated with assisted suicide or euthanasia.

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When treatment is voluntarily withheld or withdrawn, the intent is not to hasten death but to unburden the person from unwanted medical interventions. If the person lives on, he or she will still be cared for well and attentively, often with a palliative care or hospice philosophy that focuses on providing comfort and treating pain. The Association asserts that individuals with dementia or their surrogate decision-makers, if the person lacks decision-making capacity, has the moral and legal right to accept or reject available medical therapies.

Alzheimer's Association National Board of Directors, approved October, 2015

### **Right to Treatment Bibliography**

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