A ‘Modest Proposal’:
Is It Time to Abandon ‘Memory Care’?

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‘By 2015, we want there to be a million people with the know-how to help people with dementia feel understood and included in their community.’
Consider this...

If a *Dementia-Friendly Community* can be defined as a community that seeks to include and positively engage those who live with dementia, then the aged care sector is on track to become the most *dementia-unfriendly* part of our society.
A series of brief arguments for integration

• Seeing the person, not the disease
• Clinical outcomes
• Programming and ‘ageing out’
• The ubiquitous locked door
• Value of diversity
• Civil rights
Is This the Biggest Misconception in Aged Care??

• Over 100 forms of dementia
  • Many variations and levels of ability
  • Many histories, strengths, coping skills
    • Many cultures
  • Over 46 million people worldwide

*but*...

“One size fits all” housing and care???
Questions for You

• If you are diagnosed with dementia, do you want to live the rest of your life in a place that only has other people with dementia living there?

• Would you ever want to live in:
  - The Care Home for People with High Blood Pressure?
  - The Care Home for Former Aged Care Administrators?
  - The Care Home for ____ (a Certain Race, Religion, Ethnicity)?
  - The Care Home for People Who Had the Same School Exam Scores?

• Would such a place treat you like more, or less of a unique individual?

• Do you think that having segregated living makes other residents’ and families’ fear and stigma greater or less?
Clinical Outcomes

‘There are no identified RCTs investigating the effects of SCUs on behavioural symptoms in dementia, and no strong evidence of benefit from the available non-RCTs. It is probably more important to implement best practice than to provide a specialized care environment.’

- Cochrane Review 2012
  (http://www.cochrane.org/CD006470/)
Keep in Mind...

• This is not about bad people.

• It is about systemic and paradigmatic barriers to well-being, similar to what we have seen in institutional care homes.
‘Programmed Units’ and ‘Ageing Out’

• The concept of activity programming driven by cognitive score, functional level, or diagnosis category is antithetical to individualised care.

• Those who no longer ‘fit’ the organisation’s programmatic approach often are moved out, which is antithetical to the primacy of relationship, and disruptive to the person’s well-being.
A Locked Door Is a Locked Door

- Staff-centred
- Often causes a *decreased* sense of security for the person and *increased* distress
- Erodes staff’s critical thinking skills
- Erodes individualised approaches
- How long could *you* last??
Value of Diversity

- Sabat (2001): Being with healthy others creates ‘positive social personae’

- Caring roles for cognitively-able people

- Dangers of concentrating people with compromised stress thresholds, coping mechanisms and verbal skills

- Universal physical design preserves well-being through one’s changing physical and cognitive abilities
Civil Rights

• Who else, besides convicted felons, is barred from living around others in aged care?

• Visualisation
Antidotes to Fear

- Education
- Destigmatisation
- Relationship and deep knowing
- Well-communicated value-based organisational philosophy
- Enlightened practises that facilitate well-being for all
One Last Question...

If segregated ‘memory care’ is so desirable, why is there an international movement to create inclusion in our larger communities?
Thank you!

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