



# A 'Modest Proposal': Is It Time to Abandon 'Memory Care'?

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Sunday 24 April 2016*

‘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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