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Title:

Conceptualizing Alzheimer's Patients:

Issues of Autonomy and Personal Identity

by

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Abstract
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Conceptualizing Alzheimer's Patients: Issues of Autonomy and Personal Identity
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The standard view of people who get Alzheimer's disease is that, while remaining the same person throughout the progression of the disease, they gradually lose their autonomy (and only cease to be the same person when they eventually die from the disease). This thesis carefully examines that view and the concepts of autonomy and personal identity employed by the view. The thesis argues that there are considerable advantages to abandoning the standard view and replacing it with an understanding of Alzheimer's patients which has them lose their personal identity—cease to be the same person—at a stage of the disease prior to those in which they lose their autonomy.

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Preface

This thesis resulted from discussions I had with Shawn Warren about the concepts of personal identity, autonomy, and Alzheimer's patients. I would like to first thank Shawn for lighting the spark that began this thesis topic and for his continued help throughout the writing process.

I would also like to thank my thesis supervisor, Dr. Sheldon Wein for his continued encouragement and assistance throughout the duration of my writing. I would also like to thank Dr. Duncan MacIntosh and Dr. Chris MacDonald for their careful reading of my thesis.

I would also like to extend thanks to my mom Cindy, who was behind me one hundred percent of the way, not only by encouraging me, but also by providing support to me when the light at the end of the tunnel seemed very far away.

Finally, I would like to extend a big thank you to all of my family, friends, and peers for listening to me endlessly go on about topic after topic regarding my thesis. Without all of your input my thesis would certainly not be what it is today.

Chapter 0

Introduction

In this thesis I am going to examine some very difficult philosophical issues—personal identity and autonomy. People have been discussing both of these concepts for many years now and often tie them together. It is my aspiration to make clear that these are two distinct concepts and to employ them to further the understanding of patients with dementia, in particular those with Alzheimer's disease.

Alzheimer's disease is a disease of dementia and of physiological deterioration; it is a progressive disease of the brain. It is a disease that affects many people throughout the world and there is currently no known cure. Family

members and friends of persons with Alzheimer's disease often experience frustration, anger, and despair when dealing with an Alzheimer's patient. It is my contention that such frustration, anger, and despair could be relieved quite a bit if society were to understand personal identity and autonomy in the manner for which I am going to argue. It is important to point out that for the purposes of this thesis, a person shall be defined as a living human being that is composed of characteristics that make up an individual personality.[1] At this point I leave open the question of whether someone must have autonomy—and, if so, to what extent—to properly count as a person.

Alzheimer's patients are typically understood as starting out with both personal identity and autonomy and then they lose their autonomy but retain their personal identity. It is my view that the quite the opposite of this takes place. I believe that Alzheimer's patients lose their personal identity first and only lose their autonomy at the later stages of the disease.

I plan to first thoroughly explore the concept of personal identity. Here my goal is to develop a concept of personal identity that will make it logically possible for a person to lose their personal identity without also losing their autonomy. Having done this, I will thoroughly explore the concept of autonomy. The purposes of this will be to discuss the many different types of autonomy and

[1]This definition was derived after piecing together notes that I had taken from a Metaphysics class at Dalhousie University with Professor Duncan MacIntosh in the fall of 2004.

to draw attention to the particular type of autonomy to which my argument applies. I will then focus in on Alzheimer's disease, taking the time to thoroughly explain what it is, how it is diagnosed, and the different stages a patient with this disease endures before finally dying.

Having done this, I will then discuss in detail the standard view regarding personal identity and autonomy as applied to Alzheimer's patients. This view is that, typically at least, an Alzheimer's patient loses their autonomy before they lose their personal identity. I will be focusing mainly on Ronald Dworkin's argument concerning how we should view Alzheimer's patients. After discussing this, I will then present and defend my position regarding the best way to regard such patients. My position is in conflict with Dworkin's. Seeing the two positions together shows, I believe, the advantages of my way of conceptualizing the various stages such patients go through.

My view that Alzheimer's patients lose their personal identity and remain autonomous agents until the later stages of the disease has many conceptual advantages. The primary advantage to this view is that it is true. In addition, by accepting this view, it is my belief that Alzheimer's patients will be more thoroughly understood by society as a whole and also by their family members and friends.

Chapter 1

Personal Identity

"Personal identity is that which implies the continued existence of that indivisible thing which I call my self".[2] One's identity is constituted of whatever it is that does the remembering and allows for an individual to have the same continued mental existence.[3] When we consider the identity of living things we are faced with questions regarding the constant change that living things endure. Consider a flower for example. A flower starts out as a small seed in the ground, and then with sunlight, water, and the proper nutrients, the seed begins to grow and

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[2]Thomas Reid, "Of Identity", in John Perry and Michael Bratman, Eds., Introduction to Philosophy: Classical and Contemporary Readings, Second Edition (New York: Oxford University Press, 1993) 406-409.

[3] John Locke, "Of Identity and Diversity", in John Perry and Michael Bratman, Eds., Introduction to Philosophy: Classical and Contemporary Readings, Second Edition (New York: Oxford University Press 1993) 395- 396.

consequentially its particles change and remain in a constant state of flux. Even when the flower is fully grown, its particles are constantly changing from day to day and consequently, its properties, such as its color and size, change too.[4]

Most people would say that the various stages from the seed through to the flower are all different temporal stages of the same thing, even though that same enduring thing has new properties. The changes are thought of as changes in one thing; it is merely in different forms (or has different properties) at different times. This particular characteristic is the ongoing essence of life. Although the flower is not made up of the exact same parts as its earlier self when it was a seed, there are new parts, or particles, that are playing the role of the older parts in the same thing.[5]

Let us consider a different example, say that of a human fetus. As a fetus grows in the womb, and is then born into a baby and continues to grow through the many stages of life, from baby to toddler, to school age, to pre-teenager, to teenager, to young adult, to adult, and so on, its particles are in a continuous state of flux. Although most of its particles are in a state of flux as it grows, there is some characteristic, or some thing, about a living being that remains the same throughout all of its stages of its life. Even though there are particles that are continually being subtracted and added, there appears to be something that

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[4] Ibid, 396.

[5] Ibid, 396.

remains constant throughout time.

The difference between a living object like a flower and that of a human is that in addition to having a physical body that grows and changes throughout its life span, humans also have brains, minds, and maybe even souls. The point of this distinction is that some living things are persons and others are not. This suggests that, even though we may not be certain that immaterial substances actually exist, it could very well be the case that immaterial substances allow for an object to have a continuous essence of life, even if its particles are constantly in a state of flux.

This can be simplified by explaining it in terms of the object having properties and the sum of such properties surviving over and throughout time. Consider a table for example. The properties of a table include such things as shape, color, size, location, etc. One could make changes to any of these properties. One could change the color from blue to red, change the size from large to small, change the shape from square to round, change the location from the middle of a room to the corner of a room, and it would still, nonetheless, be the same table. If a strictly material object, such as a table, can go through so many property changes, where its particles are obviously changing as well, and it can still remain a table, one would think it is also possible for a person to endure

similar changes and yet remain the same person.[6]

This is similar to the difference of being a man, or a woman, versus being a person. There are certain traits and characteristics that we use to describe a man, and certain traits and characteristics that we use to describe a woman.[7] For instance, females usually have a vagina and are generally made from two X chromosomes, while most men have penises and are made generally made from one X and one Y chromosome. These traits and characteristics play no role in the distinction of who a person is, for they are merely properties of being a man, or a woman, and not properties of what it is to be a person. And it certainly does not follow from the fact that almost every person we know of is either a man or a woman that being one of these two things is necessary for being a person.[8]

Richard Swinburne argues in favour of the classical dualist theory for personal identity, which holds that persons are composed of both their bodies and their immaterial self. This immaterial self is often referred to as a substance, or a soul; these terms are often used interchangeably. Swinburne argues that the soul is essential in order to be one's self. He makes a distinction about the existence of

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[6]The idea presented in the paragraph is the result of a class discussion in a Metaphysics class that I was enrolled in at Dalhousie University in the fall semester of 2004 with Professor Duncan MacIntosh.

[7] John Locke, "Of Identity and Diversity", in John Perry and Michael Bratman, Eds., Introduction to Philosophy: Classical and Contemporary Readings, Second Edition (New York: Oxford University Press 1993) 402.

[8] Just because $(\forall x)$ (Px) obtains it does not follow that $(\forall x)$ (necessarily Px) for P may be an accidental rather than essential property of being an X.

persons which he calls the reincarnated self and the disembodied self. One has a physical body that one can use to explore and affect the world around it. If one were all of a sudden moving some other body's arms and legs, and receiving sense perception from some other body's senses, one would be said to be having a reincarnated experience. Swinburne explains that a disembodied existence occurs when we effect change on the world through no body at all or are able to receive sense from the world without using our body's physical sense receivers.[9]

Swinburne argues against those philosophers, such as Locke, who favour accounts of personal identity which use the memory criterion, by noting that many of us do indeed forget large portions of our lives. This being the case, he argues that it is logically possible to have been reincarnated or disembodied, without any recollection of our prior selves. He explains that all a person needs in order to be a person is a conscious experience, or to be the subject of a conscious experience. Swinburne holds that it is a person's substance, which is also known as the soul, which constitutes the self. A substance is *that* of which a thing is made. In other words, it is those features that X requires in order to be X, and without such features X would not be X.[10]

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[9] Richard Swinburne, "Personal Identity: The Dualist Theory", Michael J. Loux, Ed., Metaphysics: Contemporary Readings (London and New York: Routledge, 2001) 433-434.

[10] Ibid, 422.

Swinburne contends that his theory, the soul theory, provides a solution to the problem of personal identity. He claims that we are all constantly changing. Not only do our bodies change as we grow older, but our beliefs, attitudes, and desires also change. Nevertheless, these changes happen to one and the same person. Swinburne then posits that if something changes, it is different; and if it is different, then it is no longer the same. From this he questions how a person can go through so many changes yet remain the same person. His solution to this question is the soul theory. The soul theory states that although our thoughts are constantly changing, the thing that has the thoughts, our soul, remains the same.[11]

According to Swinburne's version of the soul theory, your identity resides in your soul. It is what makes you you. It is your essence, your nature, your true self. The soul theory holds that as long as your soul exists you exist. One could survive the loss of almost everything physical, even half of one's brain, and yet one would still remain the same. Swinburne takes this one step further and argues that it is logically possible that one could survive the removal of all of one's physical self and the substance of one's self would still remain. This would be called a disembodied self.[12]

Swinburne posits that by holding a substance to constitute personal identity we are able to solve the problem of fission. Fission is the act or process

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[11] Ibid, 422-423.

[12] Ibid, 433-434.

of splitting into parts.[13] The problem that fission presents is whether one's self would be able to survive fission. So far, no published theory of personal identity has been able to adequately represent the self so that it survives fission, yet Swinburne claims that the soul theory solves the problem of fission because no immaterial substance can be divided into parts like matter can. He explains that a piece of matter necessarily takes up a finite volume of space and that a finite volume of space is inevitably composed of two halves. This being the case, he explains that it makes sense to suppose that the piece of matter has a left space and a right space which are separate from one another. Swinburne posits that this is not the case with immaterial substances. He argues that although substance has no parts, it has functions, so when it ceases to perform its functions it stops existing. [14]

Consider a girl named Sally. For the purposes of this example her self will be a blue dot. The blue dot is a Swinburnian substance; it cannot undergo fission. Now, were we to place Sally in a fission chamber, only one Sally would come out with the blue dot, for the blue dot is an immaterial thing which cannot be split into two, thus two or more identical people could not possibly be created

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[13] Derek Parfit, "Personal Identity", in Michael J. Loux, Ed., Metaphysics: Contemporary Readings (London and New York: Routledge, 2001) 374-394.

[14]Richard Swinburne, "Personal Identity: The Dualist Theory", Michael J. Loux, Ed., Metaphysics: Contemporary Readings (London and New York: Routledge, 2001) 439.

through fission. There would only be one Sally that survived fission and the other(s) would be mere physical replicas.[15]

Swinburne contends that this account of personal identity is a more satisfactory account than that of the memory criterion because it allows for the self to persist throughout time; it allows for the possibility of the self existing without a physical body and it solves the problem of fission. Thinking of the self as a substance does appear to allow for an explanation on how one can remain the same person throughout time, however it is my contention that i) it is simply not plausible and ii) it does not solve the problem of fission.

As Swinburne's soul theory claims, one's personal identity remains the same no matter how many physical changes one endures. That is to say, it is quite plausible that one could go through many physical changes and still remain the same. Consider these few examples: I still remain the same person after I get my hair cut, yet I have lost some of my hair; I am still the same person if I have my arm amputated, even though I have lost my arm; and I am still the same person even though all of the organic material of my body changes every seven years or so. The underlying argument here is that we can survive a whole lot of physical changes without losing our personal identity. In fact, it seems that we could lose almost all of our physical properties and remain the same person. It is our

[15]I leave aside the problems that involve how something immaterial can be blue and dot shaped and how we would know this. Such problems are not relevant here.

physical properties that change on a daily basis, yet we still have the same thought processes, mental states, and memories.

Given that this is the case, we could surely survive soul changes. Keeping in mind that the dualist formula for personal identity argues that the same person equals the same soul, and a different soul equals a different person, imagine a case in which I undergo various changes to my soul. I now draw on an example from the work of Leibniz, who raises the possibility of getting a new soul every night while I sleep. Imagine that each night as I am sleeping my soul escapes my body and is replaced with a new soul. It is not possible for me to tell the difference between my new soul and my old soul, so long as my new soul inherits all of my old memories and mental thought processes.

I now draw on a metaphor—often employed by Theodore Schick—to assist me in presenting my contention that it is what the soul is constituted of that accounts for personal identity. Think of a pincushion as your soul and think of everything that constitutes your self as the pins that are in the pincushion. Such things would include your mental states, your memories, and your thought processes. Now imagine that at night when you are sleeping all of the pins are removed from the pincushion and a new pincushion replaces your current one. Once the new one is in place, all the pins immediately stick themselves in it. Having the same pins, but a different pincushion implies that one could remain

the same person even if one was to get a different soul every night, for it is the pins in the pincushion that constitute one's self, not the pincushion.[16]

So, if we can survive physical changes and soul changes, assuming that we in fact have a soul, what is it that we could not survive the change of? The answer seems simple: memories. John Locke's account of personal identity depended on a memory theory. For Locke, personal identity equals personal memory, which in turn equals memory of what one did, or observed. Locke is on the right track with such criterion, and it is my contention that with a few additions and adjustments, the memory criterion can be shown to constitute what makes up the self.

Thomas Reid raised objections to Locke's memory criterion by noting that our memories change on a daily, even momentary, basis, thus we are never actually the same person from day to day based upon our memories.[17] For instance, if I were to forget that I brushed my teeth this morning, a simplistic version of the memory criterion would hold that I am no longer the same person now as when I brushed my teeth.

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[16] Theodore Schick Jr and Lewis Vaughn, "The Soul Theory" in Doing Philosophy. An Introduction through Thought Experiments (London and Toronto: Mayfield Publishing Pres 1999) 198-201.

[17] Thomas Reid, "Of Identity", in John Perry and Michael Bratman, Eds., Introduction to Philosophy: Classical and Contemporary Readings, Second Edition (New York: Oxford university Press, 1993) 406-409.

To deal with problems such as this, Locke put forth the idea of an interrupted existence. An interrupted existence is a situation in which a person knows who they are at time T1, does not know who they are at time T2, and then at time T3 they are the same person as they were at time T1 again.[18] A classic example of this is someone who has amnesia. A person with amnesia forgets who they are usually because of some traumatic event that occurs in their life, such as a severe blow to the head. Typically they subsequently come to remember who they are. Locke posits that you are the same person when you remember as you were before you ever forgot.[19] This being the case, I am the same person when I remember that I brushed my teeth this morning as I was when I was brushing my teeth. Therefore, it must also be the case that I am the same person, even at a time in which I cannot remember a particular memory. To put it another way, my pins are all still there, it just may be the case that one of them has gotten loose, or is not all the way in the pincushion.

It is not the case that when we lose our memories they are necessarily gone forever; a lot of the time they are only missing until something sparks us to remember them. Relating this back to the pincushion example, it could be the case that the pin that holds a particular memory was loose, or perhaps it was pushed in too far and only when it is properly in its place do I recall the memory

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[18] I have chosen to use the plural pronouns interchangeably with the singular ones in order to avoid the need to he or she.

[19] John Locke, "Of Identity and Diversity", in John Perry and Michael Bratman, Eds., Introduction to Philosophy: Classical and Contemporary Readings, Second Edition (New York: Oxford University Press, 1993) 400-402.

that it represents. For instance, I may forget that I went out for Halloween as a rabbit when I was ten, but later I remember this memory when my sister shows me a picture of myself as a rabbit and tells me the story about that Halloween. This illustrates that I did not actually lose the memory, I simply could not locate it.

Memories are the only things which one could not survive the complete change of and, therefore, it seems only plausible that they play the leading role in constituting one's self. There is however, a time in which a person is no longer the same person. It is my contention that this happens when one loses all of their memories, which is of course a long and often drawn out process. Consider an Alzheimer's patient for example. As their disease progresses, they slowly forget who they are, who their family and friends are, their life experiences, how to do things, etc. As they forget these things, imagine the pins that represent each of their memories falling out of their pincushion. In the later stages of this disease patients have very few pins left in their pincushion and they are often not able to remember anything. This is when their memories stop connecting, or stop overlapping with one another and thus, stories and pictures cease to spark any type of memory. This is when one is no longer oneself; one is still a person, they are just not the *same* person.

Now, let us look back to the problem of fission, and how the soul theory makes the claim that it is able to solve this problem. Swinburne's soul theory

claims that it solves the problem of fission because after Sally goes through the fission chamber there are two Sallys that come out—Sally1 and Sally2. However, only one of the two Sallys has the *same* soul as the original Sally. Let us assume that it is Sally1 that has the same soul as original Sally and that Sally2 is merely a physical replica of the original Sally. Even if Sally2 were to have the same memories and physical make up as the original Sally, she would still not be the identical to the original Sally. The reason that Sally2 is not identical to the original Sally is because Sally2 does not have the same soul as the original Sally.

Now, it may very well be the case the soul's immaterial substance is not able to be divided and thus, a person is the same person before and after fission, only after fission there is also a mere physical replica of that person. It is my contention that if the soul is not divisible, then surely the memories that are contained within one's soul are not divisible either. After all, according to Swinburne's views, the soul contains all of a person's memories and there would be no soul to hold the memories in the person who is a mere physical replica. Let us imagine that Sally was to go into the fission chamber and Sally1 and Sally2 were the results. Let us assume that Sally1 is the same Sally as before fission and Sally2 is the physical replica of Sally. Now, let us suppose that it is the memory that constitutes personal identity. Surely it is silly to believe that some of Sally's memories would remain with Sally1, while some of them would jump into Sally2. It seems more likely that all of Sally's memories would remain in Sally1.

Memories are not matter and since things that are not made of matter cannot be divided like those things that are made of matter, memories cannot possibly be divided. A person can forget old memories and gain new memories, however, a person cannot simply give someone else their memories, and then have the person that they give their memories to be them. That is to say, by having a few of the original Sally's memories, neither Sally1 nor Sally2 could actually be Sally. You cannot possibly divide one's memories or give them to someone else, because memories are only attained through personal experience. Thus, it appears that only one person after fission would retain all of Sally's memories.

Therefore, if memories are the only things that one cannot survive the change of, they must play a leading role in constituting personal identity. Of course, keep in mind that there is room to forget a memory here and there and there is room to gain new memories. It is when one's memories stop connecting to one another that one begins to no longer be the same person. That is to say, I may not vividly remember being five, but my mom can tell me stories about the things that I did when I was five and of the experiences that I had when I was five. I suspect that such stories would spark memories in me of when I was five, and if they did not, it is quite possible that I have memories of me when I was four, in which case it is these memories that connect me to myself at six. It is when such connections and overlapping of my memories cease to function as such that I am no longer the same person. Of course no adult—and certainly not me—

has memories of their very early childhood, infancy, or time in the womb, yet some would claim that they are the same person throughout all these stages. My view is that they may well be the same *thing*, (just as the flower is the same thing as the seed from which it grew) but the adult is not the same *person* as the fetus from which they developed.[20]

When I am no longer the same person, in most instances I am nonetheless still a person—I am still a living, breathing human being. Of course what rights and responsibilities I am capable of possessing is a different matter. One may question where my old self goes when I am a new person, and it seems to me that your old self has died. It no longer exists, thus it did not technically go anywhere in particular. It simply ceases to exist and can only continue on in the memories of other persons.

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[20] Note that it does not follow from the fact that *metaphysically* I am not the same person as the infant Faye Lidstone or as fetus who became Faye Lidstone, that for *moral* purposes we should not think of infants (or fetuses, for that matter) as having the same rights as adult persons. This thesis is not concerned with the morality of abortion or infanticide.

Chapter 2

Autonomy

Each human is constantly seeking independent choice—whatever that choice may be.[21] Man is constantly seeking to be autonomous—*autos* meaning self, and *nomos* meaning norm ,rule or law. This term was first applied to the Greek city state, in which a city had *autonomia.* This meant that the citys' citizens constructed their own laws, as opposed to being governed under some higher power.[22]

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[21]Gerald Dworkin, The Theory And Practice of Autonomy (New York: Cambridge University Press 1998) 62.

[22]Ibid, 13.

When an agent, which for the purposes of this paper will be used interchangably with the term person, is said to be autonomous, they are said to be a law onto themselves. That is to say, they are self-governing agents who have the power to make rules and decisions that govern their lives. Being a self-governing agent is valuable because it is what allows us to be held accountable for what we do. An agent is a person who acts. In order to be able to act, a person must be able to initiate one's own actions. That is to say, all agents have a power over themselves that is grounded in the simple fact that the agent alone can initiate their own actions.[23]

There are two different categories of autonomy, descriptive and prescriptive. Descriptive autonomy, as the name suggests, describes the capacity to be self-governing, while prescriptive autonomy is ethical, in the sense that it holds that those capable of autonomy in the descriptive sense ought to be granted the right of autonomous agents. In other words, one who is capable of being autonomous has the right to control one's own life and to make one's own decisions. It is the former category of autonomy that I am interested in, as it falls under the traditional view of autonomy that states that an autonomous agent is someone that is informed, capable, and uncoerced about their decisions.[24]

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[23] "Personal Identity" Stanford Encyclopedia of Philosophy, 19 January 2005 <http://plato.stanford.edu/entries/personal-autonomy/>.

[24] Chris MacDonald, "Nurse Autonomy As Relational" Nursing Ethics, 9 Sept. (2002): 194-201.

In addition to the distinction between descriptive and prescriptive autonomy there are several other ways the category may be divided. Here I shall be only dealing with personal autonomy. To provide an example of another type of autonomy I shall briefly discuss the notion of professional autonomy, which is the privilege of self-governance held by certain professional groups. Such groups have autonomy in the sense that they are organized into associations that have some independence from the state. For instance, engineers are the people who tell the government how to build buildings, and not the other way around. Another aspect of professional autonomy is that it gives professionals a monopoly over the use of the body of knowledge that in turn gives them their freedom in their workplace. This means that it provides them with a level of control and contentedness to reach the terms, conditions, and goals of their work.[25]

Within professional autonomy it is important to note that there is a further distinction, in which there is both group and individual autonomy. That is to say, there is an instance in which one is an individual physician, and an instance in which one is a professional physician. Things in the web of a professional physician could include things such as other professionals, mainly physicians, the government, etc. and things within the individual web could be things like education, family, hospital, etc.[26]

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[25] Ibid, 195-196.

[26] Ibid, 199-200.

Individual autonomy breaks down even further into two sub-categories. The first is professional individual autonomy, which is the right to exercise professional discretion. These are choices that people make as professionals within the standard of the profession. For example, a doctor cannot make the decision to walk away from a case until another physician is found to take over the case. The second sub-category is personal individual autonomy, which includes human rights and is the right to control your own life. For instance, as a doctor, one holds the right not to participate in abortions if one does not want to, because they are able to exercise their personal autonomy here and say no. More specifically, a physician's professional autonomy involves the ability to deliver medical care to a patient without the uninvited imposition of outside influence.[27]

For our purposes we shall set all other categories of autonomy aside and focus on personal autonomy in the descriptive sense. In order for an individual to possess autonomy one must be free to make their own decisions and do as they choose. By free, I am implying that one's decisions are not controlled by the opinions or obligations imposed by others. Of course one must keep in mind that one's decisions are never completely free, for it would be impossible to make a decision without some form of outside influence.[28] For instance, imagine that Sally has applied to three different post secondary educational institutions. She has applied to Harvard, Oxford, and Stanford. Sally has been accepted to each of these three universities, yet Sally must decided which one she will attend for it is

[27] Ibid, 199-200.

not possible for her to attend all three at the same time. Le us suppose that Harvard has offered Sally a scholarship in the amount of $30 000, Oxford has offered her a scholarship in the amount of $24 000 and Stanford has offered her a scholarship in the amount of $20 000. Sally comes from a middle class family that can help her out a bit with paying for post secondary education, but they cannot afford to pay the entire amount, so scholarship money will play a role in deciding. Another factor that may come into play when Sally is making her decision is the city that the institution is located in. Harvard is located a small city, whereas both Stanford and Oxford are both located in small towns.

Distance away from her hometown may also play a key factor in Sally's decision. Let us suppose that Sally lives in Boston. If she were to attend Harvard she would be very close to home, whereas she would be far away from home at Stanford and even further at Oxford. Another key factor that Sally would have to take into consideration is the type of programs that are offered at each institution and the quality at which they are offered. The underlying point of this example is that Sally is the individual that must take these things into consideration when making her decision about which institution to attend. Sally is the individual who be attending the institution, therefore she must be happy with the one she chooses. Of course her friends and family will give her their opinion on which institution she should attend, but in the end, it is Sally's decision to make. Sally would be exercising her autonomy and choosing the institution that she thinks is right for her to attend. This decision may possibly be made without Sally exercising her

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[28] Ibid, 198.

autonomy. For instance, if Sally's parents were to choose Harvard for Sally because it was close to home and they wanted her to go there and took it upon themselves to decline Sally's offers to Stanford and Oxford and forced Sally to attend Harvard then this decision would not be a case of Sally exercising her autonomy.

One is able to exercise many rights with autonomy. Autonomy allows individuals the right to practice freedom of speech, the right to come and go as they please and the right to act as they please. Autonomy basically provides one with the right to self-governance, as mentioned earlier. It is an implied right that is associated with being a human being. While it may sound as though autonomy is something that is simply a given, one must not take their autonomy for granted, for there are times in which one's autonomy is taken away from them. One's autonomy can be taken away from them for a period of time, and it can also be taken away permanently. A case in which one's autonomy is taken away for a select period of time is when one is tied up. That is to say, when one's arms and legs are bound and one is not able to move them freely. Imagine that Joe has been kidnapped and is tied to a chair. Both of his arms are tied together behind the chair and his legs are tied together as well. Joe has lost his autonomy to move and escape from this situation. He has no power over making any decisions with regards to moving his arms and legs to try and break free. He has a small amount of autonomy left, as he is still able to exercise his autonomy of speaking and thinking. However, if Joe's mouth was stuffed with something like a sock or duct

taped shut, Joe would have only his autonomy of thinking left to exercise. So while not all of Joe's autonomy would be removed, it would be very limited. Joe would of course regain his autonomy once he could speak and move his body parts freely again.

A simple case in which one loses their autonomy for a short period of time is when one is sleeping. When one is sleeping one is not able to make any decisions or exercise their right to make decisions. One's autonomy is taken away from them for this period of time. For example, imagine that Kate is fast asleep on the couch and Kate's husband would like to know what Kate is going to make for supper. Kate is not able to make this decision because a) she is asleep and is probably not even aware that her husband is posing such a question to her; and b) because she is sleeping she lacks the autonomy that is needed to make such a decision.

Another situation in which one would lose autonomy for a select period of time is when one has a gun held to their head. Imagine that Steve is walking home from a party one night and decides to take a short cut home through the park because he is running a little late. While cutting through the park Steve is confronted with a strange woman. The woman grabs Steve and holds a gun to his head and threatens to shoot him if he does not comply with her orders. She orders Steve to walk with her to one of the houses that is close by so they can break in and steal all of the valuable possessions. Although Steve may not want

to break into that house, he does not really have an option to make that decision. The gun that is being held to his head prevents him from exercising his autonomy. The woman with the gun is exercising her autonomy and taking Steve's autonomy away at the same time. Assuming that the woman lets Steve go, he will regain his full autonomy. An interesting fact that goes with this example is that if charges were to be pressed against the woman with the gun for breaking into the house and stealing, charges would not be laid against Steve because he was not free to make the decision to carry out the actions.

A final example in which an individual loses their autonomy for a select period of time is when an individual is drugged. Imagine that a young girl named Lilly goes to a fraternity party with a group of her friends. She finds herself attracted to one of the fraternity boys named Lucas. Lucas notices that Lilly is attracted to him and decides that he wants to take advantage of her for this. He slips a date rape drug into a drink and then offers it to Lilly. Lilly gleefully accepts the drink from Lucas. Within thirty minutes of finishing her drink Lilly feels tired and sluggish but appears to be very drunk to those around her. Lucas takes Lilly's hand and leads her to an upstairs bedroom and tells her that it is so that she can lay down. Lilly allows Lucas to bring her upstairs and once there Lucas proceeds to lay Lilly down on a bed, undress her, and has sex with her.

Lilly's autonomy was taken away from her as soon as the drug Lucas gave her started to operate. Lilly's decision making abilities were clouded by the

influences of the drug. Thus, the decision that Lilly made to go upstairs with Lucas was not in fact a decision that she made freely; just as the decision to allow Lucas to take her clothes off and have sex with her were not decisions that she made on her own. Lilly would not be held responsible for these actions since she had no real authority in making them happen. Again, Lilly would regain her autonomy once the drug wore off.

Each of these examples serves to illustrate that there are certain situations in which one can either lose their autonomy or have it taken away from them for a particular period of time. That is to say, at time T1 they are able to act as an autonomous agent, but at time T2 they have lost their autonomy or it has been taken away from them by someone or some event. Then at time T3 they regain their autonomy and go back to being the same autonomous individual that they were at time T1.[29] There are however, instances in which an individual loses their autonomy indefinitely.

An individual loses their autonomy indefinitely when they are no longer capable of making decisions for themselves. When an individual is no longer capable of making decisions for themselves they are often said to no longer be rational. Rationality is a characteristic that implies that an individual holds reason

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[29] When we die we lose whatever autonomy we had before death. We lose such autonomy permanently. The dead are not capable of making decisions or acting on those decisions. They completely and permanently lack autonomy. This assumes that the dead do not have powers to do things like come back (from where?) to haunt people, or to go to hell, or to reincarnate themselves as a rat. If it were the case that the dead could do these things, they would retain some descriptive autonomy.

or is free to exercise reasonableness and that they are of sane mind. Thus, when an individual loses their rationality they have lost their autonomy to make any decisions. Consider a patient who is suffering from dementia for example. Dementia is the deterioration of the intellectual faculties of an individual, such as memories, judgments, and concentration. It is often the result of a brain related disease or disorder such as Alzheimer's. Individuals with dementia are no longer able to think through their decisions and weigh the pros and cons of their actions. That is to say, they are no longer aware that their actions have consequences. People of this caliber often just act with no or little thought process and thus are deemed to be no longer be autonomous agents.

Let us consider an example here to get a clearer understanding. Imagine that Bill has had Alzheimer's for X amount of years now and he is entering the later stages of the disease, and is no longer capable of doing anything for himself. Bill can no longer dress himself, he can no longer feed himself, nor can he go to the bathroom by himself, or bathe himself. Bill is no longer aware of what day it is, he is not able to recognize any of his friends, family, and caregivers; nor is he able to remember the things that he does five minutes after he does them. In this later stage, Bill has even lost his capabilities to speak. Once a patient like Bill reaches this late stage of Alzheimer's disease they no longer possess autonomy because they are no longer competent to make decisions for themselves.

Now, you may find yourself wondering just who makes the decision that

people like this are no longer autonomous agents. Often it is the family of these individuals that make the decision that they are no longer competent to make decisions for themselves because it is no longer "safe" for them to do so. The family often fears for the individual's safety as well as their own. Consider the idea of allowing someone like Bill to drive a car. Evidently this would be a bad decision, because Bill cannot remember what he did five minutes ago, let alone how to drive. This would clearly not be a safe decision for Bill nor the other motorists on the road.

In other cases, it is often the law that makes the decision that people of this nature are no longer considered to be autonomous agents. They are not capable of comprehending what they are actually doing, nor are they able to understand the effect that their actions have on those around them. The law feels that it is in the best interest of everyone to deem people of this nature incompetent to make decisions for themselves.

Medical practitioners are also often said to play a role in deciding when individuals are no longer competent of making decisions for themselves. This is largely due to the fact that it is most often the medical practitioner that diagnoses an individual with a disease or disorder of dementia, and also due to the fact that medical practitioners hold an esoteric knowledge base about the disease or disorder, thus qualifying them to make such decisions. I will however, discuss the topic of Alzheimer's patients in more detail in the chapter to follow.

Chapter 3

A Look at Alzheimer's Disease

"In Alzheimer's [disease] the mind dies first: Names, dates, places—the interior scrapbook of an entire life—fade into mists of nonrecognition".[30] Alzheimer's is a disease of dementia and of physiological deterioration; it is a progressive disease of the brain. Alzheimer's was named after the German psychiatrist and neuropathologist, Alois Alzheimer who identified and described the disease in 1906.[31] The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* or the American Psychiatric Association defines dementia as "the

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[30] Matt Clark Quotes <http://en.thinkexist.com/quotation/in_alzheimer-s-disease-in-the_mind_dies_first-names/215303.html>. Accessed on December 23, 2004.

[31] Ronald Dworkin, Life's Dominion (New York: Alfred A Knopf, Inc 1993) 218.

development of multiple cognitive defects that include memory impairment and at least one of the following: aphasia, aproaxia, agnosia, or a disturbance in executive functioning in which executive functioning is the ability to inhibit inappropriate responses and to select key information and behaviors for actions".[32]

In patients who have Alzheimer's disease the nerve terminals in the brain degenerate into a matted plaque of "fibrous" material. Degeneration occurs gradually and inevitably, usually leading to death in a severely debilitated immobile state between four to twelve years after the onset of the disease.[33] Patients with Alzheimer's disease lose all of their memories of their earlier lives and often cannot recognize or respond to other people. It is often the case that they fall frequently, or are simply unable to walk. They are incapable of making plans or projects or even desires of a simple nature. They do often express wishes and desires, however, these wishes and desires are in a constant state of flux.[34]

Alzheimer's disease is determined based on the cognitive state of the individual and is usually present when there appears to be a significant cognitive

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[32]Katherine L. Bick "The Early Story of Alzheimer Disease" in Katherine L. Bick, Robert Katzman, Sangram S. Sisodia and Robert D. Terry, Eds., Alzheimer Disease, Second Edition (Philadelphia: Lippincott Williams & Wilkins 1999) 1

[33] Ronald Dworkin quoting Selkoe p 68, Life's Dominion (New York: Alfred A Knopf, Inc 1993) 219.

[34]Ronald Dworkin, Life's Dominion (New York: Alfred A Knopf, Inc 1993) 218.

loss. This type of cognitive loss is more often than not reported by someone who knows the patient well, such as a family member or a friend. On the flip side of this informants report that the patient performs their normal activities without any difficulty aids to identify the nondemented elderly, despite complaints about memory loss.[35]

Ronald Dworkin briefly discusses the three levels of diagnostic certainty from the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association (NINCDS/ADRDA). Possible Alzheimer's disease is the first level in which dementia is characterized by the gradual onset and progressiveness of cognitive defects. Such defects are present in two or more cognitive areas and are documented by examination and testing by a physician. Probable Alzheimer's disease is the second level. At this level patients have variations in the presentation of their dementia and it is often at this level that another dementing disorder is present, but is believed not to be primarily responsible for the dementia that the patient is experiencing. The third level of diagnostic certainty is definite Alzheimer's disease. At this level the patient is clinically diagnosed with Alzheimer's disease which is confirmed by histopathology through a cerebral biopsy or autopsy.[36]

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[35] John C. Morris "Clinical Presentation and Course of Alzheimer Disease" in Katherine L. Bick, Robert Katzman, Sangram S. Sisodia and Robert D. Terry, Eds., Alzheimer Disease, Second Edition (Philadelphia: Lippincott Williams & Wilkins 1999) 15.

[36] Ibid, 14.

The Alzheimer's Association states that Alzheimer's disease is diagnosed by an exam that includes a complete medical and psychiatric history; a neurological exam; lab tests that are used to rule out anemia, vitamin deficiencies and other conditions; a mental state exam to evaluate the person's thinking capabilities and memories; as well as talking with family members or caregivers about changes that they may have noticed in the individual.[37]

John C. Morris discusses the hallmark features of Alzheimer's disease and explains that memory loss is the biggest one. It is the uncharacteristic forgetfulness that is manifested by the repetition of utterances, misplacing of material things, and the failure to recall certain conversations that represent the cardinal features of this disease. He explains that often Alzheimer's patients will experience minor temporal and geographical disorientation. That is to say, they cannot remember directions to familiar locations nor can they recall information about important dates. Both their judgment and problem solving are impaired and they often have difficulty completing the simplest of tasks, such as putting on a pair of socks. In general they become less productive in their everyday activities, they experience personality changes and they often experience language

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[37] 27 December 2004
<http://www.aan.com/professionals/practice/pdfs/dem_pat.pdf>

disturbances such as not being able to find the correct wording for what they would like to say.[38]

The Alzheimer's Association outlines ten warning signs of Alzheimer's disease. The first is memory loss at job skills. As we get older it is only natural that we forget things at times, but an Alzheimer's patient will forget things frequently and have no explanation for their forgetfulness.[39]

A second warning sign is when an individual is having difficulty performing familiar tasks. It is normal for people to forget that they left a pot boiling on the stove every now and again, but a patient with Alzheimer's disease may not only forget that left the pot boiling on the stove, they could also forget that they even put the pot on the stove in the first place.[40]

A problem with language is the third warning sign. Quite often people forget the correct word to use in a sentence, or forget the correct expression to use. However, an individual with Alzheimer's disease often forgets the simplest

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[38] John C. Morris "Clinical Presentation and Course of Alzheimer Disease" in Katherine L. Bick, Robert Katzman, Sangram S. Sisodia and Robert D. Terry, Eds., Alzheimer Disease, Second Edition (Philadelphia: Lippincott Williams & Wilkins 1999) 15.

[39] 27 December 2004< http://www.aan.com/professionals/practice/pdfs/dem_pat.pdf> and < http://www.alz.org/aboutad/warning.asp>.

[40] Ibid.

of words, such as "cat", and they often use inappropriate or wrong words in their sentences, for instance using "lion" to describe a cat that they see on the lawn.[41]

Disorientation with regard to time and place is the fourth warning sign of Alzheimer's disease. It is normal to momentarily forget what day of the week, or month it is, or even what street you are on, however, when people with Alzheimer's disease are reminded what day or month it is, or the name of the street that they forgot they still have little if any understanding of what day, month, or street it really is.[42]

The fifth warning sign is an individual's poor or decreased judgment. On occasion we can all make decisions using poor or decreased judgment, but people with Alzheimer's disease make poor decisions in an inappropriate way. For instance, they may decide to dress in a sweater and a hat on a nice sunny summer day, and put on a pair of shorts and a t-shirt to go outside in the dead of winter.[43]

A problem with abstract thinking is the sixth warning sign of Alzheimer's disease. Things such as balancing checkbooks and keeping track of monthly finances can become a bit confusing at times for the average individual, but such tasks become impossible for persons with Alzheimer's disease. Simple things

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[41] Ibid.

[42] Ibid.

[43] Ibid.

like recognizing numbers and basic calculations may also become impossible for Alzheimer's patients.[44]

The seventh warning sign is when an individual starts misplacing things. It is a given that everyone misplaces things from time to time, however persons with Alzheimer's disease often put things in the wrong places without realizing what they are doing and when questioned about it they have no recollection of how the misplaced thing got there in the first place. For instance, an Alzheimer's patient may place the milk in the cupboard or they may place their watch in the fridge.[45]

Changes in mood or behaviour are the eighth warning signs of Alzheimer's disease. While everyone experiences mood or behavioural changes from time to time, people with Alzheimer's disease experience mood swings and behavioural changes rapidly without any particular reason.[46]

The ninth warning sign of Alzheimer's disease is changes in personality. People's personalities change as they age, however the personalities of people with Alzheimer's disease change dramatically and over a sudden period of time.[47]

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[44] Ibid.

[45] Ibid.

[46] Ibid.

[47] Ibid.

A final warning sign of Alzheimer's disease is the loss of initiative. While it is normal to get tired of doing daily household chores, going to work, and keeping up a social life, people with Alzheimer's disease simply become uninterested or uninvolved with these sorts of activities.[48]

I would now like to go into a bit more detail about Alzheimer's disease and discuss the seven stages of Alzheimer's disease that were developed by the New York University Medical Center's Aging and Dementia Research Center. The first stage is known as the "normal adult" stage, in which there is neither cognitive decline nor any subjective complaints about memory deficit.[49] The second stage is known as normal older adult. During this stage an older adult experiences personal awareness of some functional decline. They are aware of their forgetfulness of memories, names, dates, times, where they placed things, etc.[50] The third stage is known as an early confessional stage, or early Alzheimer's disease. During this stage the individual is aware of their forgetfulness of memories, names, dates, times, where they placed things, etc,

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[48] Ibid.

[49] 18 December 2004 <http://www.ec-online.net/knowledge/articles/alzstages.html.>

[50] Ibid.

however it is at this stage that other people also become aware of their forgetfulness of these things.[51]

The fourth stage is described as a late confession, or a mild stage of Alzheimer's disease. During this stage the individual experiences a decrease in their knowledge base about current and recent events; they experience memory loss about their personal history; and there is also a decreased ability for the individual to travel alone, to do their own finances, and other such significant tasks. It is also during this stage that the individual begins to lack orientation to the time and the date, as well as a lack of recognition to familiar faces and persons.[52]

The fifth stage of Alzheimer's disease is known as moderate Alzheimer's disease, or the early stages of dementia. During this stage the individual experiences a moderately severe cognitive decline for they can no longer function without assistance. At this stage the individual has no memory of addresses, names, dates, close friends and family members, but they do retain some recollection regarding facts about themselves and their spouse and children. The individual begins to require assistance in choosing proper attire to wear, but is still able to feed and bathe themselves.

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[51] Ibid.

[52] Ibid.

Stage six is known as the middle stage of dementia in which there is a more severe cognitive decline than experienced in stage five. The individual is largely unaware of any recent events and experiences and no longer remembers anything in the past. They become forgetful both of their spouse and children; they also become less and less aware of their surroundings—year, season, location, etc. During stage six the individual's personality and emotional states change drastically. Both their ability to make judgments and problem solve are lost. They often experience delusive behaviour, such as talking to pink rats, or people who are not actually there. They experience symptoms of obsessive behaviour, such as continually putting layers and layers of clothing on. The individual often experiences anxiety agitation, such as lashing out at their caregiver when their caregiver is giving them their daily dose of medication. They also experience cognitive aboulia, which is the loss or impairment of the ability to make decisions or act independently. The individual often experiences a loss of will power because they cannot carry a thought long enough to determine a purposeful course of action.[53]

The last stage of Alzheimer's disease is called late dementia. This is most severe state of cognitive decline. In this stage the individual has either extremely limited verbal abilities or has completely lost all of their verbal abilities. They often only make grunting, moaning, and other noises. An individual at this late

[53] Ibid.

stage requires assistance with everything that they do because their brain no longer functions well enough tell their body what to do.[54]

Patients with Alzheimer's are not the only people who are affected by this disease; it presents a tremendous amount of sadness, frustrations and stress upon their family members, friends, and caregivers. This is the case because it is these people who have to not only take care of them, but live with the anguish of this deteriorating disease.

I would now like to paint a picture of an imaginary typical Alzheimer's patient. Our Alzheimer's patient's name is Jenny. Jenny is sixty-five years old. She has chin length brown hair that her daughter Joanne dyes for her. She has a small frame and stands about five foot three inches tall. Jenny has a husband, Fred. Jenny and Fred have been married for forty years now and they have one wonderful daughter. Jenny was diagnosed with Alzheimer's disease when she was fifty-seven. Jenny herself noticed that her memory was slipping at times. She had trouble remembering where she placed things, as well as remembering dates and tid-bits of information that people would tell her. At first Jenny simply assumed that this was just a part of her getting older.

Jenny then began to have trouble recognizing people's faces, realizing her location, and her memory started to get worse that it had been. For a little while

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[54] Ibid.

Jenny again simply assumed that this is what happened when you got old, but then Fred and Joanne stated noticing how forgetful she was becoming and they noticed the confused looks on Jenny's face when she would see what should have been familiar faces. Fred and Joanne did not put much thought into Jenny's forgetfulness at first, but as it got worse and worse Fred and Joanne decided to bring Jenny to the doctor. There Jenny was diagnosed with Alzheimer's disease. The doctor estimated that Jenny was somewhere between stage three and four.

Jenny's Alzheimer's disease slowly progressed through stages three, four, five, and Jenny is now approaching the sixth stage in which she now can no longer function normally without assistance, she has no memory of addresses, faces, names, dates, etc. and she is even becoming forgetful of who Fred and Joanne are. Her behaviour is beginning to become delusive and obsessive at times and she has lost a significant amount of her problem solving and judgment making skills. Both Fred and Joanne expressed concerns that Jenny is slowing deteriorating as a person; that she was slowly loosing the characteristics that made her Jenny.

There were times in which Jenny appeared to be her normal self. She would sit in her rocking chair in the living room and star out the window and knit, or she would pretend to read a book. I say pretend because at this stage Jenny no longer knows how to read, but she is still familiar with what books are. Jenny appears to be happy and smiling and when she is not confused or overcome with

anxiety she is generally content. Jenny is able to help out in the kitchen when Joanne or Fred are cooking dinner, but she cannot tie her own shoes. She is able to help Joanne make her bed in the morning, but she cannot go to the bathroom herself.

Months later, Jenny's Alzheimer's is still progressing and she no longer has any idea who Fred and Joanne are. Fred and Joanne have finally comes to terms with the idea that Jenny's memories are gone and she can no longer retain any new ones and are faced with the question "who is Jenny?". In the next chapters I hope to answer this question.

Chapter 4

The Standard View

In this chapter I will give a brief account of the more standard view regarding personal identity and autonomy. I will be focusing specifically on patients with dementia, and more specifically on patients with Alzheimer's. Since there are many different accounts of personal identity, I will not spend any time on a standard view of that topic specifically as there is no real standard view. However, there is a standard view on personal identity ***and*** autonomy which is defended by Ronald Dworkin.

Dworkin argues in favour of the common view regarding personal identity, autonomy, and Alzheimer's disease. I will be focusing on his arguments. Briefly the standard view about personal identity, autonomy, and Alzheimer's disease states that a patient with dementia, Alzheimer's disease to be more

specific, loses their autonomy as their disease progresses, yet they remain the same person throughout time.

As we have already seen the main notion behind autonomy is that an individual is autonomous when they have the capacity to evaluate their own desires and to exercise control over their actions. For instance, an individual who has a desire to lose weight is able to exercise control over their actions and not overeat. An autonomous person is also capable of having instrumental desires. That is to say, when an individual has one desire, say desire A, they are capable of having another desire, desire B because of their desire for A. For instance one's desire to wear a bikini, allows one to have an instrumental desire to lose weight. The desire to lose weight comes from the desire to wear a bikini in the summer.

The standard view of autonomy assumes that individuals with Alzheimer's are not capable of doing either of the above mentioned things. They are not capable of acting on their desires, of controlling their actions, or of having second order desires.

Dworkin explains that Alzheimer's is a disease of dementia that is more specifically a progressive disease of the brain and that patients with Alzheimer's disease generally lose all memory of their earlier lives and slowly become unable to recognize or respond to familiar people. Behavioral characteristics of patients with Alzheimer's disease include things such as often being incompetent; falling

frequently; unable to walk; and being incapable of sustaining plans, projects, or desires—even those of a simple nature. However, Dworkin also notes that patients with Alzheimer's disease are capable of expressing *some* wishes and desires, but such wishes and desires are in a constant state of flux and are seldom taken seriously by the patient's family, friends, and caregivers.[55]

Dworkin notes that Alzheimer's is a disease of psychological deterioration in which nerve terminals of the brain degenerate into a matted plaque of fibrous material.[56] Degeneration occurs gradually and inexorably, usually leading to death in a severely debilitated immobile state between four and twelve years after the onset of Alzheimer's. However, in some cases death may be delayed up to twenty-five years.

Dworkin contends that there are two ways that one can think of an Alzheimer's patient. The first way to think of them is as a demented person which forces one to place emphasis on the Alzheimer's patient's present situation and on their capacities and capabilities as well. That is to say, one would think of an Alzheimer's patient solely as a person who is demented and has Alzheimer's and not really think of them in the way that they used to be thought of before they were diagnosed with Alzheimer's.[57] For instance, imagine that Bob and Joe are

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[55] Ronald Dworkin, Life's Dominion (New York: Alfred A Knopf, Inc 1993) 218.

[56] Ibid, 218.

[57] Ibid, 221.

friends. Now imagine that Bob has been diagnosed with Alzheimer's disease. In this way of thinking of individuals with Alzheimer's Bob would no longer necessarily think of Joe as a friend. Bob would only think of Joe as a person who has Alzheimer's disease.

The second way to think of an Alzheimer's patient is as a person who has become demented, having an eye to the course of his whole life. That is to say, one can also think of an Alzheimer's patient as the same person who they were before they were diagnosed with Alzheimer's, only now they happen to have Alzheimer's disease. For instance let us imagine that Bob and Joe are good friends. Now let us imagine that Bob has Alzheimer's. In this particular way of thinking of an Alzheimer's patient, Joe would still think of Bob as a friend, only now he is a friend who has Alzheimer's. [58]

According to Dworkin, an agent is autonomous when one is capable of making important decisions that are in turn used to define one's own life for oneself. Now, you may find yourself asking questions such as "Is the right to autonomy ever lost?" "When is it lost?"; "How demented does a demented person have to be before they are considered no longer capable of possessing the right to make decisions for themselves?"; and "At what point is it okay for other people to take over and start making decisions for the demented that they feel are in the demented patient's best interests?". That is to say, how mentally demented does

[58] Ibid, 222.

an individual have to be before their rights to autonomy are overridden? Such types of decisions usually begin with harder and more complicated tasks such as managing finances, choosing a doctor, choosing guardians of children, household management, writing wills, etcetera.[59]

Dworkin places this view of autonomy into two sub-categories. The first sub-category is called the evidentiary view. The evidentiary view argues that we should respect the decisions that individuals make for themselves. Dworkin claims that we should even respect decisions that we regard as imprudent or unusual. He justifies this by explaining that we should respect the decisions of each individual, because generally speaking each person knows what is in their own best interest better than anyone else does.[60]

Dworkin argues that the evidentiary view is far from compelling. He supports this contention by explaining that autonomy requires us to allow someone to run his own life even when perhaps in a way that the person himself would accept some decisions as not being in his own best interest. Let us consider an example to make this point clearer. Imagine that Sam goes to a party at a fraternity house. Sam does not do drugs and feels that doing drugs is not in his best interest because it will affect his health. However, while at this party, Sam is faced with an overwhelming amount of peer pressure to do drugs. Sam

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[59] Ibid, 222.

[60] Ibid, 223.

experiences a case of weakness of his will and gives in to this peer pressure and does drugs. Dworkin would argue that while taking drugs is not in Sam's best interest, under the evidentiary view Sam is still fully capable of making a decision to take drugs.[61]

Dworkin argues that if we believe, as we in fact do, that respecting an individual's autonomy implies that we allow for them to act in the manner demonstrated by the example of Sam—having a weakness of will—then we can accept that that view of autonomy means that we allow individuals to act in this manner. That is to say, we allow individuals to make decisions that they know are not in their best interest. Dworkin concludes that based on this view of autonomy we cannot contend that autonomy serves, or is used to, protect the welfare of an agent, so it is no good.[62]

Based on the evidentiary view, the purpose of respecting autonomy, to some degree, must be independent from the claim that a person generally knows his best interest than anyone else. This view then implies the possibility that patients with dementia may have a right to autonomy after all. I will return to this very notion in the proceeding chapter.

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[61] Ibid, 223.

[62] Ibid, 223.

The second sub category of autonomy is called the integrity view. The integrity view of autonomy focuses on the integrity of the individual rather than the welfare of the individual. Webster's dictionary describes integrity as the state of soundness, wholeness, or being unimpaired. Dworkin explains that having this type of autonomy protects many capacities that individuals possess; capacities include things like expressing one's own character, values, commitments, convictions, and critical and experimental interests in the particular life that the individual leads.[63] We will shortly see that under the integral view of autonomy patients with dementia, particularly those with Alzheimer's, do not in fact possess a right to autonomy.

The integrity view of autonomy does not assume that competent people have consistent values or that they always make consistent choices; nor does it assume that they always lead structured reflective lives. That is to say, it does not follow that people who are completely capable of performing a particular task or function are able to make consistent choices and hold consistent values.[64]

Recognizing an individual's right to autonomy makes "self-creation" possible. That is to say, the right to autonomy allows each individual to lead their own lives in the manner in which they choose rather than simply being led along by other people. In living our life this way, we are then each able to be only what

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[63] Ibid, 223.

[64] Ibid, 224.

we have made ourselves.[65] Often someone's autonomy is associated with their level of competence which is sometimes used in a task-specific sense. That is to say, it is used to refer to the ability to grasp and manipulate information bearing on a particular given problem. He explains further that competence in this sense can vary greatly, even among ordinary, non-demented individuals. For instance, I may be more competent than Sally is at making decisions, but I may be less competent than Bill is at making decision.[66]

The medical literature that concerns surrogate decision making for people with dementia claims that competence in the task-specific sense is relative to the character and complexity of the particular individual and the particular decision that is in question for them. Dworkin offers the illustration of a patient who is not competent enough to administer his complex business and financial affairs, but whom is still capable to grasp and appreciate information regarding whether he should remain living at home or move to an institution where he would be taken care of.[67]

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[65] Ibid, 224.

[66] Ibid, 225.

68 Ibid, 225.

69 Ibid, 225.

However, competence in the sense in which it is understood by an individual's autonomy is a very different matter than what has been mentioned above. Autonomy in the sense that we have primarily been discussing mainly refers to the general ability to act out of genuine preference, character, or conviction of a sense of self.[68] Dworkin takes this into consideration and offers an argument directed at demented individuals. He argues that it is no kindness of us to allow a person to make decisions against his own personal best interests in order to protect a capacity that he does not and cannot possibly have. Thus, under this standard view of autonomy neither the evidentiary nor the integrity views of autonomy actually recommend that the demented have any right to autonomy at all.[69]

This being the case, we can then question what role we allow precedent autonomy to play. For instance, what decisions and wishes should be respected when an individual has Alzheimer's? And does our decision change if the individual affected with Alzheimer's appears to be perfectly happy and content? He also asks us to consider decisions that individuals made before they were diagnosed with Alzheimer's disease. For instance, imagine an individual who has made the decision that if they are ever to be diagnosed with Alzheimer's disease they would like to be euthanized. Now, imagine that this individual is diagnosed with Alzheimer's disease and this individual says that they no longer wish to be

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[69] Ibid, 226.

euthanized; do we respect the decision that they made before they were diagnosed with the disease, or do we respect their decision to continue living?

According to Dworkin, who uses the standard view of autonomy, if we accept the evidentiary view of autonomy, we would find the case for respecting this individual's past decisions very weak. The reason that it is very weak is because people are simply not the best judges of what their own best interests would be under certain conditions and circumstances that they have not primarily encountered before. That is to say, I can make a prediction about what my choices would be in a certain situation, but I cannot guarantee that that would be my actual decision if I was to be put in that decision, for my preferences and desires may change when I am actually in such a situation.[70] For instance, right now I may decide that if I was to get terminal cancer that I would want to be euthanized before I experienced any large amounts of pain. However, if I was to actually get terminal cancer, I cannot say for certain that I would still hold my decision to be euthanized. This is a decision that I could only *actually* make if I was in this exact situation. So our decisions about possible future situations appear to be mere predicted decisions, and since predictions usually do not hold any certainty, we simply cannot use this to define autonomy.

On the other hand, if we accept the integrity view, we would be drawn to the view that an individual's past wishes must be respected. That is to say, a

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[70] Ibid, 226

competent person who is making a living will that decides that his form of treatment if he becomes demented is making the exact kind of judgment that most autonomy experts would.[71] So, relating back to the above example. If I made the decision today that were I to get terminal cancer I would want to be euthanized, and I got terminal cancer three years down the road, the decision that I made today would still be respected.

Most people contend that a person's autonomy is something that only an individual's present decisions have effect over. That is to say, it does not have an effect over one's past decisions, and decisions that an individual has since disowned.[72] An individual's decisions get disowned when the individual chooses to change them. In the case with an Alzheimer's patient, I believe that their decisions become disowned because they are no longer the same person, however I will get into this notion in much greater detail in the next chapter.

For now, let us consider an example in which a person's earlier decisions change. Imagine a Jehovah's Witness, let us call him Bill, has to have routine heart surgery. He signs formal documentation requesting that he not receive a blood transfusion if something should go wrong during his surgery. Bill makes this decision because he wants to stay true to his faith, even if he would otherwise die. Then, during his surgery there are a few complications and Bill loses a large

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[71] Ibid, 226.

[72] Ibid, 226.

amount of blood. When Bill wakes up in the recovery room, he learns of the complications and is told that the only way to save his life is by giving him a blood transfusion, and remembers that he has signed formal documentation which clearly states that in such an instance he would rather die than receive a blood transfusion. Bill acknowledges his earlier decision to not have a blood transfusion, but now changes his decision and begs to have a blood transfusion in order to save his life. Surely the doctor will give Bill a blood transfusion to save his life and not worry about the documentation that Bill signed before he was put in this situation.[73]

This case is important because it illustrates the more contemporary desires that autonomy permits an individual to express. Dworkin uses this example to illustrate his argument that precedent autonomy is illusionary. He claims that we treat a person's past decision as important only because past decisions are evidence of an individual's present wishes and we disregard their past decisions when we know that they are no longer part of the individual's wishes and desires. He explains that the later plea by Bill to receive a blood transfusion was simply a fresh exercise of his autonomy and if the doctor was to disregard and ignore it, he would be treating Bill as though Bill were no longer in charge of his own life.[74]

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[73] Ibid, 227.

[74] Ibid, 227

Chapter 5

Personal Identity is the First to go

We have now reached the focal point of my thesis—and now I will present my argument that over time Alzheimer's patients lose their person identity, yet for a while, at least, they remain autonomous agents.

I will begin by briefly recounting a few main points that were discussed in earlier chapters. In Chapter one, I explained the view that it is some type of memory criterion that constitutes one's personal identity. I held that even though I cannot say exactly what constitutes one's personal identity, it definitely involves memories in some shape or form. That is to say, my contention is that memory is very central to personal identity. As long as one is using an account of personal

identity that involves memories as part of the criterion for personal identity, even if it is a small part, that will be sufficient for my argument presented.

In Chapter two I outline the standard view of autonomy. It is my contention that autonomy basically consists of self-control, self-management, the capabilities to make future plans, and to hold wishes and desires. Being able to plan for one's future plays a large role in autonomy, because by being capable of thinking about one's future, one is demonstrating that one is capable of considering the choices that one may make now and what effects those choices will have on one in the future. So, as long as one follows some definition, or understanding, of autonomy that involves the notion that autonomous persons must be able to demonstrate, to some degree, self-governance, self-control, the ability to make plans for one's future, and to express present desires, wishes, and goals, then it will apply to the argument that I am about to put forth.

Before presenting my argument I shall point out that people in the later stages of Alzheimer's disease are not those I am considering. They are not relevant to my argument because during the later stages of this disease, Alzheimer's patients have lost their autonomy and their personal identity. My claim is only that we should think of Alzheimer's patients as, typically at least, losing their personal identity before they lose their autonomy.

At the later stages, which is generally some point between stage six and seven, Alzheimer's patients are no longer capable of any form of self-control, self-governance, or of making the simplest of plans for one's future. Alzheimer's patients at these stages are not capable of doing these things because their brains are too far deteriorated at these later stages to even formulate a simple thought such as "I am happy". Alzheimer's patients also become completely reliant on their caregivers to do virtually everything for them, from getting dressed in the morning, to toiletry tasks, to eating. [75]

Most of the time Alzheimer's patients at these later stages are no longer capable of speaking or understanding the words that someone else is speaking to them, and often they become uncommunicative and unable to care for themselves. Their behaviour also changes drastically, for they generally become agitated more easily and displays of aggression occur often. The majority of Alzheimer's patients that reach these later stages of the disease are institutionalized.[76]

Thus, once an Alzheimer's patient reaches these later stages, it appears that they have lost their ability to do anything for themselves, as well as their capabilities to formulate thoughts and desires. Such patients have lost their

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[75] Ideas mentioned throughout this particular paragraph are results from a discussion that I had in December of 2004 with Dr. Reginald Hutchings, who is a neurologist from Prince Edward Island.

[76] Jody Corey-Bloom, "Alzheimer's Disease," Continuum 10:1 (Feb. 2004) 36-37.

autonomy. It is because of this that Alzheimer's patients at these later stages do not apply to my argument.

Given that memory constitutes at least part of what it is to retain one's personal identity, and considering the fact that individuals that have Alzheimer's disease begin to slowly lose their memory, it is only commonsensical that once an individual loses their capacity to remember who they are, who their friends and family are, their environment, among other things, they are no longer the same person. Of course, they may remain the same living thing, but what we are considering now is whether they are the same person that they used to be. So, even if we grant, as I am perfectly willing to, that an individual at say stage six of Alzheimer's disease is the same living thing as he was decades before he got the disease, it does not follow that he is the same person. Indeed my contention is that some people who lose their memories remain a person—albeit a different person—but a person nonetheless.

So, it is my argument that a person can lose their personal identity, yet they can remain an autonomous agent. I will be specifically focusing in on Alzheimer's patients in illustrating this contention. I believe that this way of thinking about Alzheimer's patients is superior to the standard view advanced by Dworkin, and adopted by so many people who have reflected on such matters.

One can lose their personal identity and yet remain an autonomous agent because autonomy is not a necessary condition for personal identity. That is to say, one does not have to be an autonomous agent to retain one's personal identity. As I have already mentioned, it is my contention that personal identity consists in part, at least of one's memories, and while I hope in the future to develop my own account of the memory criterion, for now my argument applies to any theory that uses memory as part of what constitutes personal identity. That is to say, as long as memories play a role in the criteria that one must meet in order to be the same person, my argument will apply.

By holding memories as a key criterion to constituting personal identity, it is my aspiration to illustrate that one would be capable of losing their personal identity. Once an individual loses their personal identity, they are still a person, albeit a different person, but they are still a person. Such an individual would simply begin gaining and storing new memories to constitute their new personal identity.

Now, it is important to keep in mind that while one may lose one's personal identity, that does not imply, nor is it necessary, that one loses everything else—such as their autonomy. For instance, a person who has amnesia and loses the whole of their memory is said to have lost their personal identity, and hence is no longer the same person. However, simply because they are no longer the same person, it does not follow that they are no longer a person. In

society we still treat such individuals as persons, and because we still treat them as persons, it suggests that we believe that they are still autonomous agents.

One may question whether one is still an autonomous agent after one has lost one's personal identity—after all if one has lost their memories and their sense of self, would that not imply that one has lost all recollection of their desires, hopes, goals, wishes, and plans for the future? When an individual loses their personal identity, and hence their memories, which does in fact imply that they have lost all recollection of their desires, hopes, goals, wishes, and plans for the future, such an individual gains a different autonomy at the same time as they gain a new personal identity. A new autonomy simply implies that one's desires, hopes, goals, wishes, and plans for the future have changed along with one's personal identity.

If a person gains a new personal identity, after losing one, then their old personal identity is gone. Identity is an on/off thing, however, by gaining a new personal identity, for however long a period it may be, one also remains an autonomous agent—it is simply that one's desires, hopes, goals, wishes, and plans for the future have changed. If all of one's desires, hopes, goals, wishes, and plans for the future have changed it is quite likely that one's idea of what is in their best interests has also changed.

Imagine a man named Charles. Charles works at a bakery in Halifax, Nova Scotia and lives with his wife Martha. Charles and Martha have one daughter Simone, who attends Oxford University. Charles's memory is not what it used to be when he was younger. He now finds himself misplacing his belongings all the time, and he often forgets names of people, places, and things, as well as important dates. However, Charles still remembers when he met his wife Martha; he remembers their first date; he remembers their beautiful outdoor wedding; he remembers Martha being pregnant with Simone; and Charles remembers Simone's first steps, her first words, and even her very first ballet recital.

In this imaginary scenario, Charles is still the same person even when he experiences slight memory loss of misplacing his belongings, forgetting names, places, and dates. In fact, the majority of the time that Charles does forget something, once is he is told the name of the person, place or thing, or reminded what the importance of the date is, Charles says "Oh yes, now I remember" and then the memories that Charles had of that person, place, or thing would start connecting to his memories of them. Charles is still the same person because he is still self-aware, he still remembers who he is and he is still able to connect his older memories to his new memories.

It is when such connections can no longer be made that one is starts to no longer be the same person. Let us now imagine that Charles has Alzheimer's

disease. As he progresses through the various stages, Charles slowly begins to lose his memory and is no longer able to recognize his friends—even when shown a picture, or told a story. He is no longer able to recall when he and Martha first met; he is no longer able to remember their first date; their wedding; or Martha being pregnant with Simone. Charles does not even remember who Simone is. Charles does not even remember his own childhood or his adulthood—even after he is shown pictures and told stories.

Charles's behaviour begins to change drastically. He is easily agitated, he is often paranoid, and he becomes aggressive very easily and quickly. Charles is however, still capable of very many things. He is still capable of getting up in the morning and making his bed; he is still able to pick out clothes and dress himself—even if his clothes do not always match; he is still able to make simple things in the kitchen and feed himself. Charles is also still capable of holding desires, hopes, goals, wishes, and of making plans for his future. However, such desires, hopes, goals, wishes, and plans for his future may frequently change. But, even if they were to change every five minutes, the fact that Charles is still capable of holding and expressing such things illustrates that he is still a person and there is strong evidence that he is still autonomous.

Now, given these circumstances, and given the fact that Charles has lost all his specific memories it is correct to say that Charles is no longer the same Charles that he was before he developed Alzheimer's disease. Charles has lost his

personal identity. Now what, you may ask? Well, now Charles has taken on a new identity. That is to say, he is now a different Charles. He is still a person; he has not lost his personhood, for he has simply lost his personal identity.

A person may still be a person even if they are not the same person throughout time. It does not seem necessary that in order to be counted as a person, one must be the exact same person throughout time. A "person" is a living human being that is composed of characteristics that make up an individual personality.[77] Given that this is the case, Charles, although he is not the same Charles, is still a person. As a person Charles is still capable of self-governance and self-control—even if these capabilities are not present in the same capacities that they once were, they are still nonetheless present.

Just the same, Charles is still capable of making plans for his future—even if he forgets about them the next day, or even five minutes after he makes them. For instance, imagine that after sitting and chatting with Martha for thirty minutes, Charles begins to think that she is a nice woman—remember that he has forgotten who she is—and he agrees to go for a walk with her the next morning.

Now, suppose that the next morning comes and Martha wakes Charles up and tells him that it is time to get ready to go for their walk. Charles begins screaming and waving his arms about frantically at Martha in attempt to protect

himself against who he believes to be a stranger attacking him. Charles has no idea who Martha is, and he certainly no longer recalls the plans that he made with Martha to go for a walk.

This same situation could have easily happened as quickly as five minutes after Charles had made plans with Martha to go for a walk the next morning. Perhaps Charles is living at an institution and Martha is there to visit him. After making plans to go for a walk with him the next morning, Martha begins to pack up her stuff and gets herself ready to leave. She gives Charles a hug goodbye and tells him that she will see him bright and early the next morning for their walk. Upon hearing this, Charles is taken aback and looks confusedly at Martha and asks "What walk?" "Who are you?".

Even if the situation played out this way, the underlying notion that Charles was still able to make plans for his future still remains. Charles illustrated that he is able to have desires, goals, hopes, and wishes, and that he has the capabilities to make plans for the future in order to attain his desires, goals, hopes, and wishes.

Charles is still capable of making decisions for himself—such as what he would like to eat; what he would like to do—read a book, take a nap, watch tv; he is even capable of dressing himself and of performing simple household chores

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[77]This definition was derived after piecing together notes that I had taken from a Metaphysics class at Dalhousie University with Professor Duncan MacIntosh in the fall

and tasks. The main point that I am trying to stress here is that Charles is still able to make some types of decisions for himself—even if they are not the important decisions that other individuals would be making in their lives, such as financial decisions or family oriented decisions, he is still able to make decisions and he is still able to comprehend what decisions he has made and the effects that they could produce.

Based on the idea that Charles is still capable of having desires, goals, hopes, wishes, and of making plans for his future, it follows that he is still capable of being an autonomous agent, even if he is no longer the same Charles that he used to be decades ago before he developed Alzheimer's disease.

Exploring different types of Autonomy

If we look back to chapter four, in which I discussed the distinction between the evidentiary and integrity views of autonomy, it is my contention that an Alzheimer's patient up to stage six would still be an autonomous agent under either one of these views.

If you recall, the evidentiary view of autonomy requires that we respect the decisions that individuals make for themselves based on the notion that generally speaking each individual knows what is in his or her own best interest better than anyone else does.[78] Now, some people may object to Alzheimer's

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of 2004.

[78]Ronald Dworkin, Life's Dominion (New York: Alfred A Knopf, Inc 1993) 223.

patients having evidentiary autonomy and would argue this contention on the grounds that Alzheimer's patients do not know what is in their own best interest.

While it may be the case that some Alzheimer's patients do not know what is in their best interest, there are many Alzheimer's patients who are still coherent enough to make decisions that are aimed at achieving what they deem to be their best interests. I will grant that there may be certain circumstances and situations in which Alzheimer's patients would not know what is in their best interest—such as getting behind the wheel of a car and driving, but surely there are also instances in which an Alzheimer's patient would know that it is not in their best interest to get behind the wheel of a car and drive. This is comparable to someone who is intoxicated. It is often the case that such a person would think it was in their best interest to drive home in their intoxicated state and other times in which they would not think that it was in their best interest to drive home.

Also, we must take an in depth look at all so-called "normal" people. By "normal" people I am referring to human beings who lack a form of dementia. If we look at "normal" people, we quickly realize that even "normal" people do not always know what is actually in their best interest, or how to make decisions that will allow them to attain the things that are in their best interests. That is to say, even every day, run of the mill, ordinary, "normal" people do not always make decisions that will lead them to the things that they deem in their best interests, nor do such people always know what is in their best interest. We are all capable

of making poor decisions, of being confused, and of not knowing what is actually in our best interest to do.

For instance, consider a young teenaged girl named Sally. Now, imagine that Sally and her boyfriend John have decided that they are ready to have sex. Sally and John both feel that it in their best interest not to use a condom because they believe that using a condom decreases the level of pleasure that they will each experience and they will have to stop for a few minutes so that John can put on the condom. So, based on the thoughts of Sally and John, they both think that it is in their best interests to have sex without a condom. Now, while many people feel this way about condoms—providing less pleasure, taking time away from sex to stop and put one on—many people think that it is in one's best interest to use a condom if one is going to have sex, so that one does not end up pregnant, or contract a sexually transmitted infection. One may think that it would be in Sally and John's best interest to use a condom since they are both teenagers and probably not ready to be pregnant or to get a sexually transmitted infection. I must point out, that such a decision could also, just as easily, be made by two mature adults.

This instance serves to illustrate the fact that even ordinary, "normal" people sometimes are not sure what is actually in their best interest. So, since we do not expect normal people to always know what is in their best interests, it

seems absurd of us to expect that Alzheimer's patients should always know what is in their best interest if they are to be counted as autonomous agents.

Consider an Alzheimer's patient who is faced with the decision of living at home, or going to live in a nursing home. The Alzheimer's patient is probably well aware that it is in their best interest to move into a nursing home so that they can have constant care and attention if they should need it, or if something should ever happen and they need the help of someone immediately. However, being aware of one's best interest and acting to attain them are two different things. For surely, just because an Alzheimer's patient decides to live at home, we cannot assume it is simply because they are not aware that it is in their best interest to be living in a nursing home. They are probably more aware that living in a nursing home would be in their best interest than anybody—however, they may decide to stay living at home simply because they do not want to live in a nursing home. Deciding that they want to live at home should not reflect the autonomous state of an individual—they are still making a decision, even if it may not be in their best interest.

The point that I am trying to stress is that simply because there are certain things that may be in one's best interest to do, or to strive towards, it does not necessarily follow that one will always act upon such interests. We may even often hold things to be in our best interest that most people would not hold to be in their best interest, such as smoking ten packages of cigarettes a day.

The integrity view of autonomy focuses on the integrity of the individual rather than the welfare of the individual. Webster's dictionary describes integrity as the state of soundness, wholeness, or being unimpaired. Dworkin explains that having this type of autonomy protects many capacities that individuals possess; capacities include things like expressing one's own character, values, commitments, convictions, and critical and experimental interests in the particular life that the individual leads.[79]

Given this account of autonomy, one may easily object to the notion that Alzheimer's patients are autonomous agents. Such an objection is rooted in the conception that Alzheimer's patients are not of sound mind and that since they are not of sound mind they must be impaired to some degree. It is argued that Alzheimer's patients have lost the capacity to express their character and values; and they have also lost the capacity to make commitments.[80]

However, it is my contention that they have not lost the capacity to do any of the above mentioned things. It is my contention that all of these things simply change when an individual has Alzheimer's. They do not lose the capacity to do any of these things until the later stages of the disease—they merely have a different character to portray; they have different goals and values; and they have

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[79] Ibid, 223.

[80] The ideas in this paragraph come from a discussion that I had in December of 2004 with Dr. Reginald Hutchings who is a neurologist from Prince Edward Island.

a different way of making commitments. They can make a commitment, however they can not always follow through with it.

I believe that this is a key notion that people need to comprehend and accept—when an individual is correctly diagnosed with Alzheimer's, and as they go through the different stages, although they lose their personal identity, they do not necessarily lose everything else. They do not lose everything else because they only lose their personal identity, they do not lose their status as a person, nor do they lose their autonomy.

Let us now go back a bit further to an earlier discussion about times in which one can lose part or all of their autonomy. Based on this current understanding of autonomy, the standard view of autonomy has been misunderstood in the examples that I employed in Chapter two.

Reconsider the example of Joe being tied up. Imagine that Joe's arms and legs are bound up to a chair and he is not able to move them around freely. Thus, Joe has no power to move his arms or legs, thereby causing him to lose all autonomy to act on his desires and wishes to escape from his current situation. In this instance, I contend that Joe has not completely lost his autonomy, for he is still able to make wishes and have desires about his future, even if he is not able to act upon them. Joe would still be capable of desiring to kiss his wife again; of having children; of going on a vacation; of getting a promotion at work; or of

simply having his legs and arms unbound. The main point to stress here is that Joe is still able to hold such desires and wishes, and to make plans for his future about how to go about fulfilling such desires and wishes, even if he is not physically capable of acting on them at the present moment.

This situation is comparable to an Alzheimer's patient in that an Alzheimer's patient is able to hold desires and wishes, but sometimes they are not physically able to act upon them at that exact moment in time because a) they may not be certain on how to act upon them or b) they may simply forget them a few moments after having them. Nonetheless, they are still capable of having them.

Now, reconsider the example in which Steve had a gun pointed at his head. Steve was approached by a woman in a park one evening on his way home from a party. The woman grabbed Steve and held a gun to his head and told him that if did not help her break into some nearby houses, she would shoot him in the head. Steve certainly does not want to get shot in the head so he fully complies with everything that the woman orders him to do.

In this situation, Steve has lost his autonomy because he is no longer able to act on his present wishes, goals, hopes, and desires. One may argue though, that Steve has not lost all of his autonomy for the same reasons that Joe did not lose all of his autonomy—Steve is still capable of planning for his future and of

holding wishes, goals, hopes, and desires, even if he is not capable of attaining them at the exact moment in which he holds them. Steve is also capable of holding wishes, desires, hopes, and goals at the present moment, he is simply not physically capable of acting upon them, unless of course he wishes to get shot in the head.

Again, this is similar to an Alzheimer's patient because an Alzheimer's patient is capable of holding desires, goals, hopes, and wishes about the present and is capable of acting on them. An Alzheimer's patient still retains their autonomy, even if they forget what wishes, desires, goals, and hopes they had, for always remembering your desires, goals, hopes, and wishes is not a characteristic or property of being an autonomous agent. One must only be able to formulate such things in the present and for their future in order to be an autonomous agent.

Now think back to the example of an individual who is sleeping. When one sleeps, one is not able to make any decisions about their present or their future. In this situation, one is simply not aware of their present or their future, thus one is not capable of having any desires, goals, hopes, or wishes about the present or about their future while one is sleeping.

If we compare a sleeping individual with a wide awake Alzheimer's patient, I think it is quite easy to see how they differ. An Alzheimer's patient is at least aware of their present desires, goals, hopes, and wishes to some degree while

a sleeping individual is not capable of holing any of these to any degree while still sleeping. While it may be the case that they are more than likely to get confused about who they are, what they are doing, and who they are with, an Alzheimer's patient is nonetheless still capable of holding and expressing their present desires, goals, hopes, and wishes, just as they are capable of expressing their plans for the future based on what they believe to be in their best interest.

Even though Alzheimer's patients may often forget their desires, goals, hopes, and wishes, and their plans for their future, their status as autonomous agents rests simply on the fact that they are still capable of formulating such desires, goals, hopes, and wishes and plans for the future. Since they are capable of doing this, it seems only commonsensical to grant them with an autonomous status.

Lastly, think back to the example of Lilly who "lost" her autonomy when she consumed a drink that Lucas gave her containing a date rape drug in it. Based upon the standard view of autonomy, Lilly is said to have lost her autonomy while she is under the influence of the date rape drug. However, it is my contention that Lilly has not lost her autonomy, it is simply the case that while she is under the influence of the date rape drug her desires, goals, hopes, and wishes change. While under the influence of the date rape drug, Lilly is still capable of holding present desires, goals, hopes and wishes, just as she is still capable of making plans for her future based on what she feels is in her best interest and on her

present desires, goals, hopes, and wishes. But, keep in mind that Lilly's best interests for herself will probably change while she is under the influence of the date rape drug.

The point that I am trying to stress here is that Lilly is still capable of holding present desires, wishes, goals, and hopes, and she is capable of planning such things for her future. The fact that she is capable of doing all of this illustrates that she is still an autonomous agent when she is under the influence of the date rape drug. It is my contention that the relevant question here is whether Lilly is the same person at the time that she is under the influence of the date rape drug as she was before she took it, but I will save that argument for another time.

As discussed in chapter four, one can make decisions about their future, however, one can change one's decisions about the future once it arrives, for one can only predict what one would do in any given situation, one would not know what one would actually do in any given situation until they are actually put in that situation. For instance, I can predict that if I were to be diagnosed with cancer, I would immediately break down and cry and then I would most likely mope around the house in a depressive state for weeks before I would be able to come to terms with the fact that I had cancer. Now, this is simply a prediction of how I *think* I would react to the news that I had cancer, however my reaction and desires to mope around may change were I to actually be diagnosed with cancer.

If we grant that an Alzheimer's patient slowly loses their memories, which also results in this patient slowly losing their personal identity, we must also grant that this patient is still, nonetheless a person—albeit a different person—but still a person. And, if one is still a person, then they are still an autonomous agent, it is simply the case that as a new person they have a new personal identity.

Given all that I have discussed thus far, I feel confident that I have illustrated that it is possible for an Alzheimer's patient to retain their autonomy until they reach the later stages of the disease, at which point they lose their autonomy.

It is possible for an Alzheimer's patient to retain their autonomy even though they have lost their personal identity because being having the same personal identity throughout time is not a characteristic of having autonomy.

Autonomy is a characteristic in and of itself. Autonomy is something that one has or does not have. When one has autonomy, on is able to make informed decisions for oneself based on the consequences that one is able to predict of their decisions. When one is autonomous, one is able to foresee the obvious consequences of their actions and one is also able to make plans for one's future—plans that they feel are in their best interest.

Being able to remember all the plans that one has made for the future is not one of the characteristics, or requirements, of being an autonomous agent. Surely it helps when one can remember all of the plans that one makes, but even the person with the best memory forgets plans that they make from time to time. Thus, surely remembering all of the plans that one has made for the future is not necessarily a large factor for one to hold when being considered as an autonomous agent. If it was, then no one would ever be considered as an autonomous agent.

The simple fact is that people forget all the time, thus having a memory that remembers things one hundred percent of the time is not possible. If having a memory that remembers everything one hundred percent of the time is not possible, then clearly being able to remember everything we say and do cannot possibly be a characteristic, or property, of being an autonomous agent.

Personal identity falls into a similar ball park. While it is my contention that memories play the leading role in constituting one's personal identity, there is always room for one to forget memories and for one to gain new ones. However, when one no longer has any old memories, one is no longer the same person. One is still a person, after all one is constantly gaining new memories, one simply cannot retain their old memories which in turn makes them no longer the same person.

If one cannot retain their old memories, then one is no longer the same person. If one loses their old memories and then gains them back at some point in time, it is quite possible that they would then go back to being the person that they used to be before they forgot all of their older memories, however I not will discuss this notion in any further detail at this time.

This is how an Alzheimer's patient can lose their personal identity, yet remain an autonomous agent, for to be an autonomous agent one does not have to have the same personal identity throughout time. Given that this is the case, it is my contention that we must treat Alzheimer's patients with the same dignity and respect that we give to any 'normal' person. We must grant Alzheimer's patients the power to make their own decisions, until they reach the later stages of the disease of course, and entrust in them to make decisions that they feel are in their best interests, even if there are times when we disagree with the decisions that they are making. After all, there are times when each of us has made a decision that we felt was in our best interest to make, yet someone else disagreed with us.

Chapter 6

Conclusion

In this thesis I have presented and defended my view that Alzheimer's patients lose their personal identity before they lose their autonomy. I have argued that Alzheimer's patients remain autonomous until the later stages of the disease—sometime around stage six or seven.

I have thoroughly explored the philosophical concepts of personal identity and autonomy. It is my contention that the main ingredient constituting personal identity is memories. I have also put forth an argument regarding personal autonomy that allows for demented individuals to retain their autonomy longer than is possible on the standard view. I have given a thorough account of Alzheimer's disease which gives a solid understanding of the many stages and levels that an individual who develops Alzheimer's experiences.

I provided an in-depth account of the standard view regarding personal identity, autonomy, and persons with Alzheimer's disease from the works of Ronald Dworkin. The standard view argues that a person with Alzheimer's disease loses their autonomy before they lose their personal identity. I argued against this and defended the very opposite view—that a person with Alzheimer's disease loses their personal identity before their autonomy.

It is my contention that this view should be adopted by society, not only for the benefit of persons with Alzheimer's, but also for society as a whole. By understanding and treating a person who clearly has autonomy as an autonomous agent society becomes stronger as a whole. This view also allows for family members and friends to reduce the amount of frustration, anger and despair that they often encounter with an Alzheimer's patient. When one realizes that one is no longer dealing with the same person, one may be able to act a bit more patient with an Alzheimer's patient. One may also be able to allow an Alzheimer's patient to have more responsibilities and not feel as if they must baby-sit an Alzheimer's patient.

By undertaking this view regarding personal identity, autonomy and persons with Alzheimer's disease, persons with Alzheimer's disease will also benefit. They will be less likely to be looked down upon as powerless individuals that are incapable of making decisions for themselves. There are many more

advantages to adapting this particular view of personal identity and autonomy when considering Alzheimer's patients, however I shall save those for another time.[81]

[81] I concede that there are substantial legal problems that would be faced if my view were widely adopted. Thus, if Alzheimer's patient Joe at stage 5 is not the same person as patient Joe at stage 3 who owns stage 3 Joe's house? But I note that we already face substantial legal problems under the present regime and that many of the remedies—such as power of attorney provisions and substitute medical decision maker rules—could be adapted to serve much the same purpose if my way of conceptualizing these matters was adopted.

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