

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

### **Question 1**

#### **ANSWER:**

**Impact** The greatest impact on the individual with dementia is the lack of short term memory in order to process information in a meaningful way. This leaves them unable to look after themselves safely and/or "wholesomely" (eg eating, taking medication, hygiene, sleep etc). They are unable to manage their personal and financial affairs. They are vulnerable to exploitation by others. The impact on family is huge. The responsibility of day to day living passes onto someone else at a time when their own family/work demands are often greatest. This affects their ability to work; the priorities they have to balance - which can take a toll on other family members; the emotional relationship changes, which in extreme cases can be like a "living bereavement" for the personality and person that has changed.

**Support** At the early stages when a person is still able to live in their own home with support, it is essential that that support is provided by social services and local "home care" in order for everyone's lives to proceed with a degree of normality. This support in my case requires our local home care team visiting my father daily to supervise pill taking, breakfast, cleaning and personal hygiene, and an evening meal. The latter is a frozen meal which can be micro waved. Otherwise my father is fine to potter around at home and our local village, where people know him and can help if needed (eg leaving shopping behind). Our family provides emotional and practical support too of course, and regular personal contact is essential to my father's wellbeing. Social services have been essential to help apply for care attendance allowance, and to provide advice on other financial entitlements, as well as providing psychological assessments and a care package. When the time comes when 24 hr supervision is required in order to keep my father safe, the support we will need then will be 24hr carers, or nursing home, with the financial means to provide this, with respite care for a full time carer. If possible my father would get on much better if he can be kept in his own familiar surroundings, and this would require a live-in carer which would be very expensive. A nursing home would provide the support he needs but he would be completely disorientated and less happy and possibly less manageable. The ideal level of support would cost a lot and therefore finances are at the heart of the problem.

### **Question 2**

#### **ANSWER:**

In my experience, ethical problems can occur in two main areas, namely financial and personal care. The new Welfare and Personal power of attorney should help to mitigate against any unscrupulous exploitation of an individual in regards to their affairs, but it often comes down to the honesty and integrity of those principal carers who are looking after them. In personal care the main problems are balancing the needs of the person, and those of the carer and their

family, to practically carry out their care especially in respect of the persons preferences. For example clothes, wearing incontinence protection, food preferences, entertainments, travelling about. Finally the largest ethical problem is the degree to which medical intervention should be given and for how long it should be prolonged. The balance of caring for a loved one, against the problems of their illness, infections etc and the comfort and quality of life they experience, can lead to hard decisions having to be made. Principally the main ethical question is when to strive against all odds to preserve life and quality of life verses the question as to when to withhold treatment to allow events to take a natural course. Also the use of "convenience drugs" to manage behaviour to benefit all versus the rights of the individual, are all very difficult things to decide. The principal guidelines i would use would be to keep the person as happy, comfortable and safe as possible, without compromising too much else of the burden of daily care. One also has to accept that death is a natural end to old age. It is much harder to accept this in someone younger whose physical wellbeing is good.

#### **Question 4**

##### **ANSWER:**

The happiness, comfort and safety of a person is paramount. Within this basic tenant, there should be due sensitivity towards cultural differences where this does not compromise the care standard given. I have little personal experience of this myself and cannot comment further.

#### **Question 3**

##### **ANSWER:**

I have little experience of different ethnic, cultural or social groups and the way they relate to dementia. However the usual range of other peoples reactions to any one not like themselves is experienced by dementia sufferers. Only a greater sense of compassion and/or sensible education on how to relate to others could have any impact on this in general. The only other very generalised observation I could make is that British society seems to show less respect for the elderly or younger people with needs, compared to some other societies and cultures. Nor do they have the same sense of responsibility towards them as some other cultures (eg. Japanese, African societies etc)are known for. This has a direct impact on those with dementia in the way they are looked after.

#### **Question 5**

##### **ANSWER:**

Drug therapy to control vascular disease eg blood pressure, statins, slowing down development of brain platelets etc. Genetic therapy to identify the susceptible and to treat those with dementia.

## Question 6

### ANSWER:

I have experience of dementia with two family members, one who denied the problem and never really accepted it, and one who gradually realised there was a problem and is amenable to supportive help. This has been an interesting journey and if it was me I should like to be told as soon as possible. If friends and family begin to notice changes in behaviour and/or are concerned about decreased cognitive ability at any age, then it is good to act as quickly as possible. I recognise how hard this is for close family members to discuss this with the person concerned, and their concern about the persons self esteem and dignity. They are often at sea themselves as to what is really happening and whether their concerns are real or just a matter of fussing. That is why I would recommend an object assessment by GP/psychologist at the earliest opportunity. If nothing is untoward then nothing is lost and it will provide a useful benchmark for the future. If concerns are proven genuine then it gives the person an invaluable window of opportunity, within which they can still be actively involved in sorting out their affairs as they would wish. Of course this requires the co-operation of the individual concerned and this is often the most challenging part as they may not necessarily recognise they have a problem and actively deny the need to act, sadly this is often a consequence of the disease. It is important for families to listen to each other and judge when best to intervene....not always easy I know. In summary the chief benefits, how ever uncomfortable the truth may be, is that the individual can take appropriate medication to slow the progress of decline; they can sort out their affairs; they can make informed decisions on their future care; they can access financial and social work help; the family can recognise a problem and be actively involved in supporting each other and the individual. The main risks relate to the person who discovers that they have dementia, and it is at this point that good support and counseling help and advice is essential. Early on self knowledge can lead to feelings of fear, hopelessness and depression etc at the knowledge of what lies ahead for themselves and their family and friends. However I feel that the benefits of being in control of your own future, with help and support, would bring great comfort to sufferers and their families. Once the problem is acknowledged and acted upon then such support can help mitigate the worst fears of the future. Of course this assumes a close loving family and each individual's circumstances will have a big part to play in when and how a diagnosis is made and communicated.

## Question 7

### ANSWER:

Yes i feel we need to promote a better understanding of dementia. With an aging population and people generally living longer, experience with dementia is likely to increase. I think that some education programs and voluntary

experience could help demystify the "dotty elderly", making society in general more accepting and understanding. Some background on how and why dementia develops and its consequences, and tips on how to handle situations can be very valuable in how people respond to those with dementia. If each community had a community centre which could also cope with the needs of dementia as well as physical disabilities/young children, this would be helpful. Eg. good access to spacious loos, higher comfy chairs, arrangements to cope with wheelchairs, incontinence support, cosy alcoves to listen to music/story books without disturbing everyone around etc, even extra staff on hand to help where the carer can get a short break. Much like venues have now adapted to young children in their provision, so could some things be promoted to help the demented! I feel that society in general tries to ignore dementia, and hide away from people displaying strange behaviour. The uncomfortable and unknown therefore remain so and we have no idea how to relate to people or deal with people who have dementia. Society seems more relaxed about having young children out and about these days, and similarly with young people with special needs, but the elderly with needs seems to be an embarrassment. This is compounded with the sheer difficulty of managing someone's behaviour in public places when they have advanced dementia. It can leave carers and sufferers isolated, and unable to summon up the energy to venture out and about. The public's reactions to strange behaviour and/or lack of understanding of carers' needs when out and about can also be upsetting.

### **Question 8**

#### **ANSWER:**

There is stigma relating to dementia care because no one wants to admit that they will age and it might happen to them! This can lead to isolation for both the person and the carer. Outside a loving and caring family, the treatment of a person is likely to be less understanding, apart from professional agencies of course, because the general public has less patience and inclination to deal with difficult behaviour. They will not be aware of how to relate to or communicate with a person with dementia in a way they can understand and will not necessarily know the best way to approach the situation. It takes a lot of hard work and effort sometimes to manage someone out in public, and if people are unfamiliar with how to deal with this then they will try to avoid having to!

### **Question 9**

#### **ANSWER:**

Yes in a way that involves access within the general community, where "disturbance" will not cause embarrassment to the person or carer or public. For example it might be perfectly possible to go to a carol service concert but not to a theatre play. The person's behaviour may be more acceptable in some circumstances than others and it is up to the carer to judge how accepting the "community" is, or how suitable the situation would be. However the widest possible opportunities should be provided where possible to enable the person to

maintain a good quality social life, often as much a life line for the carer too. Properly staffed day centres/clubs could offer safe entertainment while giving the carer some respite time. They can also help provide equipment and/or helpers to enable travel and attendance at things independently.

#### **Question 10**

##### **ANSWER:**

Yes I think it is because it seems to me to give true value to what and who the person was. It tries to recognise these values which are known to be important to the person. However there is often the need for a pragmatic approach in order to manage difficult behaviour, distress or safety. For example, if the person forgets that they are a smoker, and displays distraction because they know something is missing but don't recognise what, should you promote their smoking behaviour or allow a natural weaning process to proceed? Would they be safe to continue smoking? There is a level to which "interference" is preferable or necessary, but over and above that you should strive to maintain what you can of a previous lifestyle.

#### **Question 12**

##### **ANSWER:**

#### **Question 11**

##### **ANSWER:**

In my experience there are two issues here. One is how the dementia changes a person's ability to go about their daily lives, and the second is how the dementia may change their behaviour, personality, inhibitions, values etc. The first part may change how a person regards themselves, and how important the loss of ability is to their own sense of identity. Their essential character may remain unchanged significantly as they learn to accept and adapt to the changes in their abilities. How deeply they feel about this will obviously vary, and is likely to change and become less important to them as dementia advances. The second issue can very much change "who the person is". Their behaviour may become very much a contrast to who they were and the values they held and you know it would have pained them to be aware that they were behaving in such a way. They may have outbursts, physical and verbal, or behave in an uninhibited way that is inappropriate without being conscious of doing so. They may have complete lack of insight into their limitations or actions. This is the most obvious way that dementia changes a person's identity, when they become like and behave like a completely different person. The strange thing about how the brain works is that some element of self cognition may spring up at odd moments from the "morass of dementia" and sometimes an air of self awareness, contrition over past behaviour, humourous comment may arise within the chaos of their behaviour and confusion over simple processes. It make one wonder

how much of the "original person" is still self aware inside, but unable to express itself or remember itself for most of the time. In my view; much like the way you should not talk over an unconscious casualty because they could well be able to hear you; I believe you should still talk to the person as if they were "conscious inside" even if you have adapted how you go about things, because they may well "still be there" some of the time!

### **Question 13**

#### **ANSWER:**

If a person is deemed to lack "capacity" to make their own decisions, then there will already be a third party involved. Ideally this third party would be a close family member who loves and cares for the person and knows them well. This would be more difficult for someone who has to rely on a professional body or people who will not know them so intimately. At the point where dementia renders someone incapable this may relate to only part of their lives, where they will still be able to make their own decisions on other issues. For example they may no longer be safe to drive, but can decide where to shop and what to buy. It will become obvious if someone's behaviour becomes a concern and an independent judgement will be needed. EG someone starts to buy unusual or unnecessary items from lots of catalogues and is wasting their money on things they won't use. Ultimately a pragmatic balance is needed to help the person to manage their lives as much as possible in the way they always have, while keeping them safe and free from exploitation, and of course happy. EG you could help them to do a postal vote in a way you know they would have voted, even if they cannot comprehend the complexities of modern voting forms. Conversely you could throw away out of date food because it is unsafe. If they fancy pink shoes then why not! Even if it doesn't match anything it will do no harm! A practical and pragmatic approach I feel is best for both the individual and also for their family who have to manage things. The person's dignity and past character will have a large bearing on decisions. EG if they have always worn a tie then continue to dress them with a tie. If they like puddings and sugar in their tea then they should have that. However in advanced dementia they may change their mind so often it becomes a bit of a game and then a decision in their best interest is more practical eg when they need to eat and drink, when a coat is needed in bad weather etc.

### **Question 14**

#### **ANSWER:**

In managing their affairs, if they are in the early stages of dementia and need this support then they should be involved in the process but helped and guided with decisions. It is often the ability to retain complex issues for long enough that is lacking, rather than an ability to understand a process in general. I believe that the person should be involved and informed about an issue and be kept informed along the way of its process. However when decisions are required eg where to put money, gaining a power of attorney, selling a house, setting up a

direct debit, going for medical treatment etc. it would be good to do this in the presence of a third party eg bank manager, doctor, financial advisor or solicitor. This at once reassures the person that they are being helped to make a sensible and unbiased decision. It protects the family/carer from accusations of exploitation and provides an independent witness or point of view if things are disputed.

### **Question 15**

#### **ANSWER:**

This depends entirely on the state of the individual and their circumstances, rather than the fact that they have dementia. To withdraw treatment because it would be "convenient" to be relieved of an awkward relative would be wrong. However if someone is clearly at the end of their natural life, and is finding daily existence an enormous effort and trial, it would be unkind to strive to keep them alive with heavy interference with drugs etc to avoid the eventual and natural course of events. Before they have reached this final stage however, all efforts to make their lives as practical, comfortable and pain free should be given, and whatever support to them and their carers should be offered to help keep them happy and contented. For example carefully balancing drugs to reduce oedema thus keeping them comfortable and mobile. If an individual has made a "living will" about what treatment they would accept in these circumstances, then this should be respected and followed according to their wishes.

### **Question 16**

#### **ANSWER:**

If the welfare attorney is a close friend or family member, then their intimate knowledge of the person should hold more weight in making decisions, as long as it is safe to do so. Healthcare is often guided by GP/hospital advice anyway. If there is disagreement then an independent third party may help to resolve minor and major issues. Due care also needs to be paid to the means by which a decision will stand as finances are often a key element or ultimate deciding factor. Care also needs to be taken to mitigate against unfair exploitation by the carers, and unfair decision making by authorities. An ombudsman type service would be of value here.

### **Question 17**

#### **ANSWER:**

I believe that any directive given by someone in "sound mind" should be respected where ever possible. Personally I think this is a good idea as it would clarify a persons wishes when difficult decisions may be required in the future, and particularly for someone who doesn't know the individual very well eg care worker. An advance directive would give people permission to act in a particular way. I would like my wishes to be respected. Perhaps this could be encouraged when someone makes a will. I also think that GP's could play a role in

encouraging such a directive to be made when a person's prognosis is unlikely to improve. It would give you a sense of control over your own destiny. However some people may find it too difficult to face up to such realities.

### **Question 18**

#### **ANSWER:**

I have found it very useful to have a welfare and enduring power of attorney to help me manage my father's affairs. It has been a relatively simple process, and one which was made just in time in respect of my father's ability to understand a concept and general gist of what is being asked of him. If this can be done when someone is able to understand what they are doing, if not manage all the detail etc then this makes it easier for everyone. However in the later stages, the courts would need to be involved to appoint an attorney if the person is no longer able to consent to such a thing. This would be much more of a hassle. That being said I do believe strongly that this system is a good idea in that it seeks to protect the individual against unscrupulous or exploitative practise. I think these acts give good guidance and will therefore help everyone involved with dealing with the circumstances of dementia and puts everything on an up front and legal footing. However I can see that there will be times when such a process could be difficult for those involved and/or disagreement could arise between the courts and families, and I would hope that in these circumstances that there is a good process for appeal and help and guidance.

### **Question 19**

#### **ANSWER:**

It is impossible to generalise as to the circumstances and when such a thing is permissible. I do think it is permissible "in the right circumstances" to tell white lies or to protect someone from something that you feel they cannot cope with, and this is dependent upon a lot of subjective judgement. On a superficial level, being brutally honest all the time may be unnecessary and depressing for the person concerned. For example my father keeps talking about getting a bike...and he did buy a cheap second hand one locally...but recognised it was too big (he couldn't get on it). I would have the horrors to think of him cycling about, even within our country village as he is too unfit, not agile enough to get on/off it, has cataracts, tends to get lost and would be a hazard to everyone else! However I have quietly stored it in his garage, and gently agree with him when he mentions cycling how nice it would be, but leave it at that knowing that nothing more will happen. In more serious matters it may be kinder to avoid a truth, but this should always be discussed and agreed with amongst the family or professionals first. For example my mother died of cancer, and my grandmother was very ill and suffering dementia...so we didn't tell her my mother had died immediately. We waited until my grandmother was stronger, and carefully timed it, and broke it gently to her then, and to be honest she looked at it as if from afar, was regretful, but didn't seem to suffer a great bereavement over it. She may not have coped so well if we had been

completely honest with her. Sometimes, especially when a carer is exhausted themselves, they may tell white lies in order to cope with or manage a situation or awkward behaviour. I think this is OK if the issues are just part of the odd day to day running of life, as long as the circumstances do not "imprison" someone or involve personal cruelty or demean someone in an unnecessarily undignified way.

### **Question 20**

#### **ANSWER:**

It should be possible to use common sense to judge if an action involves risk, and in which circumstances. Crossing the road will require direct involvement, but following them around the house room to room would drive anyone nuts! I think, where ever practical it would be better to adjust the environment or take mitigating action to reduce risk while allowing as much autonomy as possible for the person. Sharp items can be hidden. Smokers can be supervised or allowed to smoke in certain areas. Bells/matts can give warning when a certain door is opened, baby alarms can help monitor someone at night without being intrusive etc. Toileting can be a problem if timeing is a bit hit and miss, but the use of pull-up pad pants can help sort things out. Generally it is like "toddler proofing" a house and dangerous places or things can be bloked off or moved to allow the individual autonomy of movement in their own home. If a carer is being over protective then the recipient will often let them know by their behaviour...eg running away!!! However, both the needs of the individual and their carer should be taken into account, when deciding on practicalities and the balance of interferrance over independence.

### **Question 21**

#### **ANSWER:**

I do not know what the exact position is in regard to the law. I can see that at times some restraint may be necessary to avoid harm to self or others, and this may be the only practical way to achieve that. However it should be done in a way to avoid cruelty, pain, confusion etc and be achieved as humanely as possible. I would hope that outside agencies, authorities and the individual's family would be involved in approving such restraints. This would help to avoid private cruelty, when a person is unable to ask for protection from harm for themselves.

### **Question 22**

#### **ANSWER:**

Yes i think training could be enormously helpful. Travelling workshops, local support groups and centres could offer training and an opportunity to debate issues. Good practise can also be shared and good ideas on how to deal with circumstances or issues could be promoted. I have found our local Wester Ross Dementia Network group enormously helpful, in both explaining about dementia,

and in just chatting with others in similar circumstances.

### **Question 23**

#### **ANSWER:**

I have no direct experience of these issues. My father has a home alert button he wears around his neck which both he and I find very reassuring. This would help to alert us if he was stuck for some reason but would not help us find him if he was out! Tagging obviously raises the issues of human rights, liberty and privacy and I assume this is why people are reluctant to use these. However I can see circumstances where it may be invaluable. My father-in law took himself off for a walk and was only found 11 hours later, luckily safe but very very cold and exhausted. His health never really recovered from this episode. He had gone over a large hill in a completely different direction to what we thought he could manage! The last 4 hours of searching around town were scary and the last two hours involved police, coast guard and dog handlers, and half the village on alert!! I would have been very grateful to have had a homeing device at least. I can see that my own father is now less confident at finding his way about our small village, and has been "rescued" occasionally by local folk. A homeing device may help to put his mind at rest and mine and would be a usefull addition to the home alert button.

### **Question 24**

#### **ANSWER:**

I think that the provision of good health service, social work services and the ability to support and keep someone in their own home and familiar environment should be striven for as long as possible. To achieve this good, local home caresupport is required. Respite care provision is also essential for their carers. I do regonise that finance is the key element in any scenario, but also feel that we have a duty to look after our own without locking everyone away in institutions out of sight of society. It is also very unfair to make someone sell their home to pay for nursing home care. This is penalising those who have served their country and been able to save for and pay for their own home with prudent financial care.

### **Question 25**

#### **ANSWER:**

It is all too easy for the carer to expect themselves to carry on regardless, because it is difficult to see objectively how wearing it is looking after someone with dementia. It is hard to know when to stop or have a respite break - because you are managing and there doesn't seem to be any reason to stop. I also, personally, found it difficult to accept the value of respite breaks, before my first experience of it, because the extra effort of organising it seemed overwhelming. I also felt that no one else would be able to understand or look after my father-in-law as well as I did as I was intimately aware of his needs. A

strange professional would not be. However, as dementia progressed to require 24 hr care, I was encouraged to seek assistance and thank goodness I did. Other close family members and our local health and social work professionals helped to impress the need on my husband and I for respite breaks; and assisted the setting up of a regular system. In hind sight we can now see how essential this was. We came to rely on this utterly for the sake of our selves and our young teenage children. The professional advice and care we received was essential to helping maintain our care within our home. Chiefly it also "gave us permission" to accept help and support and that we were not expected to carry the burden all the time. We were and are still lucky to have such support within our small rural community. This approach - where a "conference" can be called between professionals and family members - is a good place to start to advise and to help resolve conflicts in care decisions.

### **Question 26**

#### **ANSWER:**

As I described in Qu 25, their essential role is to a)act as independent and objective observers, b) to disseminate their greater experience in such matters, c) to give "permission to" or support you when reaching the conclusion that you are no longer able to help the person in their own home or your own home in circumstances where the carer may be finding that difficult and e) facilitate the transition between home and nursing home care. The professionals greater experience and objectivity can be a great comfort and help. In matters where there is conflict between carer and themselves or between other family members, then they can form part of a panel to give unbiased advice and from which action can be decided for the greater good.

### **Question 27**

#### **ANSWER:**

The scenario you described in your report says that where a married couple with different levels of need are involved, then they should be regarded as a single unit when making care arrangements so that they can remain together. I would also include other long established "couples" in this such as same sex couples, friends or brother/sister/family members who have lived together or in the same house as a partnership.

### **Question 28**

#### **ANSWER:**

I think that all information should be shared with the principal carer in order for them to make informed decisions. The professional caregiver would need to take guidance from the principal carer, and also use their own judgement, when involving a wider circle of people in information exchange. The enduring and welfare power of attorneys establish the fact that the attorney is a trusted person who will take good care of the persons affairs and needs. Where this is

lacking then the courts will need to give permission to a principal carer to act on the person's behalf. In these circumstances, the normal boundaries of confidentiality are suspended in order to allow the principal carer to take appropriate action on the person's behalf. The degree to which these are shared with others needs fine judgement in each individual circumstance in order to protect the interests of the person, while giving the necessary support to the principal carer.

### **Question 29**

#### **ANSWER:**

Dementia research and support seems to be in a bit of a cinderella subject compared to other medical issues. Research should focus on a) prevention, b) diagnosis and treatment options, and also c) training, support and advice to all professional care workers and support groups for carers. It is very important that we use best practice in dealing with people with all degrees of dementia, as successful treatment is likely to be a long time coming. This latter area should be funded well in the first instance, so that we can deal better with current circumstances, and follow this up with good and prolonged research programmes with secure funding for the future development of treatment and better diagnosis and prognosis.

### **Question 30**

#### **ANSWER:**

If we are to seek help that is appropriate and meaningful, then we should all be prepared to co-operate and contribute to research in this area. For those already suffering from dementia, then permission would be sought through their attorney/principal carer, and again this could be done in tandem with backup from professional caregivers, in order to protect the individual's interests. I think that well planned and appropriate research is to be encouraged wherever possible, as this is likely to become a common issue with an ageing population. Common sense safeguards would need to be in place, such as those discussed in an ethical committee, in order to permit research while protecting people from harm or exploitation beyond pre determined limits. Where people are prepared to make "living wills" then the issue of research can be included in this process. GP practice now includes prevention and general screening eg blood pressure/cholesterol at age 40 etc, and this can also contribute to a nationwide data bank from which medical and lifestyle conclusions can be drawn in a more generalised and anonymous way. This may provide useful "baseline" data and may show various indicators that could be important and worth following up with research.

### **Question 31**

#### **ANSWER:**

I have no information with which to comment on this question.

### **Question 32**

#### **ANSWER:**

If you are looking after someone, how does it affect other members of your family. For example your own children, who may be closely involved but who have no say in their parent's choice to look after an elderly relative! What professional support/counseling should be made available to them too eg Young Carers support. If you need to build accommodation (granny flat) should you be charged VAT, if its sole purpose is to provide for an elderly relative? Should grants be made available for this or any other necessary alterations to accommodation? Should care attendance allowance or other funding pay for private live-in care where 24 hr supervision is necessary. Should occupational therapy/exercise be taken out into the community to help those cared for at home? This would be of enormous help and benefit to both carer and receiver! When decisions need to be made about whether a person should go into a nursing home, it would be helpful to have a flow diagram listing the problems and options available at various stages of dementia. If the "needs" can be matched by "options", progressing from mild to extreme dementia and its associated issues, then the carer can see more easily "where they are at". This will help when deciding between nursing home or home care, and will help to untangle the various priorities for both themselves as carers and for the person with dementia. It would clarify the situation and be a useful aid in making this crucial decision, by addressing it in a structured way. It may enable people to make a decision (one way or another), and help to make it less emotive. As the situation progresses it can be reviewed regularly, and decisions can be made in a supportive way.