

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.

One Creative Environments Ltd

QUESTIONS ANSWERED:

Q1

ANSWER:

In my opinion one of the greatest impacts upon lives of both people with dementia and those nearest to them is the attitude of society and the tendency to "hide away" any challenging behavior or behavior which is seen by the public as not "normal" this stigma has a huge implication upon carers and nearest and dearest whose health and welfare is crucial to the ongoing support of the "patient". During the early stages of the disease it is essential that families can be supported and guided by a well informed GP who has excellent communication skills. The early identification of a key worker should be available who has the knowledge, skills and support network to provide a care pathway for the patient and all significant others. An approach in this way will in the long term reduce the extreme cost to the NHS of crisis intervention and will also provide an efficient use of manpower resources available and extend the length of care period where clients can remain supported at home and not require Nursing Home care.

Q7

ANSWER:

The public perception of Dementia remains poor. Only recently has the media discussed the increase in the number of people with dementia and the cost implication in the future. The increased use of alcohol and it's related problems should be included in this drive. I am pleased to see that the Government is openly approaching the problem and every opportunity to publicise the issue should be taken.

Q8

ANSWER:

Stigma plays a large part in many people with dementia and their carers hiding behind closed doors and never receiving adequate support until other disease processes drive them to seek help.

Q21

ANSWER:

The approach to restraint needs to change from that of "contain the patient" to

building facility and using assistive technology to provide safe environments either within the home or specialised buildings. The work of Stirling University has made inroads into Assistive technology, but I feel that there is a long way to go in this area which could improve our families. As a member of the One Creative Environment team we are looking at building Hospices and health care environments in the future which will cater for all categories of patients and their families which must include the most up to date technology.

Q29

ANSWER:

Much more work needs to be done on technological aids which could help this and other groups of patients. As a team of Architects, M&E consultants, engineers and environmentalists we need guidance and direction in order to design and build facilities that serve our future elderly and palliative care population. We are currently undertaking an audit of Service users and Nurse Managers of hospice and specialist palliative care units into the design features and facilities that they require in their future hospices. Hopefully this will assist us to design buildings that are not only fit for future purpose but cater for patients with confusion and dementia.

FEEDBACK:

[No feedback]