

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Novel neurotechnologies: intervening in the brain* between 1 March 2012 and 23 April 2012. The views expressed are solely those of the respondent(s) and not those of the Council.

## **Dementia Services Development Centre**

Thank you for the invitation to respond to this consultation. I have not used the form as it requires responses to many questions on which I have no opinion. I hope this is acceptable as it is brief.

In our role at the DSDC we do not have pharmacological or technological stimulation as part of what we do. A strong cup of coffee is about as chemical as it gets here. But we recognize how desperate some of the families and individuals with dementia are, and we can see that they might be tempted to undertake risky or dangerous interventions to escape from the horror of their situation.

Our chief concern is often the horror from which they wish to escape is largely avoidable. It is generated by poorly educated staff, and badly designed systems. If offered a neural transplant in order to avoid the misery caused by that I might say "Yes, please!" even with all the risks and practical or ethical issues involved. But if I have to take that risk just because someone can't organize a civilized care service, I might be aggrieved about the trouble and expense to which I am put, or for which my tax system would have to pay.

People might say the biggest dividend from these interventions would be the "saving" of younger people with dementia. They have "more to lose" individually and because they are younger, there is more empathy for their predicament. But the expensive dementia epidemic is going to be in very old people and people in developing countries and we need to think about how affordable such technologies will be for them, as we decide to invest in their creation.