



# Can telling the absolute truth be unhelpful for people with dementia?

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**The last two decades have focused attention on the use of lies in dementia care** (Blum 1994, Hertogh et al. 2004, James et. al 2003; Cunningham 2005; Wood-Mitchell, 2006)

**Ethical regulation of lies**

(GMC, 2013:21; NMC, 2008:2)

**Practical day-to-day effects of lying**

(Hansen 2001, Krippner 2000, Pendleton 2006, Tuckett, 2012, Schermer, 2007, Wood-Mitchell et al. 2008, James 2006, Elvish, 2010, Culley 2013, James, 2015).

## Attitude toward 'therapeutic lie' (James 2003)

- **Mainly investigated in the UK and Australia** (James, 2006; Tuckett 2012)
- **Cross-cultural studies** (James 2006; Caiazza 2015, 2016).

	Profession	Admitted to lying
James et al. 2006	Nurses	92%
Culley 2013	Psychiatrist	69%
James et al. (2015)	Psychologist	90%
Caiazza et al. (2015)	Medical Doctors	53%



# Therapeutic Lies

(Mackenzie et al. 2004; James et al. 2006)

## **Lies as a last resort :**

- Truth
- Meet the need
- Simulate/substitute the need
- Distract
- Therapeutic lie

## **Ethical Guidelines for care settings**

First attempt to bring a pragmatic and ethical framework to bear on the topic



# Why “Lying” is beneficial:

- Reduce concern when asking about deceased loved ones
- Reduces distress and aggression
- Improve compliance with care needs
- Reduce desire to leave
- Improve medication compliance
- Truths are often viewed as lies because of people with dementias; memory problems



# Problems with “Lies”

- Increase confusion due to lack of consistency
- Increase residents distress
- Cause friction between parties
- Cause distrust if recognised as a lie
- Problematic for carers and families



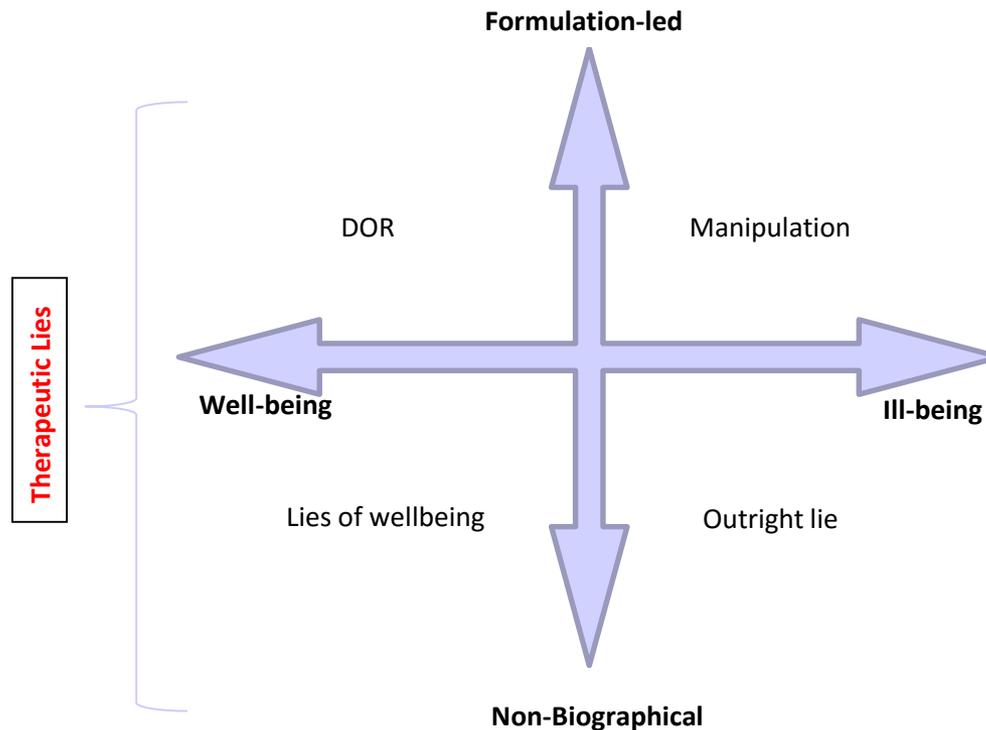
# Dementia Orientated Reality

(Caiazza & James 2015)

Information given to the person consistent with their beliefs, but inconsistent with the current reality.



# Re-defining the notion of therapeutic lies: Dementia Orientated Reality





# Newcastle team- current research in practice

- Guidelines for the use of DORc
- DORc Toolkit



# Daisy Jones

## Behaviour:

Wanting to go home at 3.30pm to pick up children from school



# DOR in practice: 'Daisy'

## Meet the need

Explanation given that children are now grown up, have children of their own and are at work.

## Response

Daisy replies "you are lying my children are at school, why are you making things up?".  
Shouting for police and screaming to be let out.

## Outcome

Daisy then becomes increasingly anxious and agitated, crying and shouting at staff. When continued to be used as a response and intervention results in Daisy kicking and hitting doors and windows.

## Substitute the need

Family have agreed when Daisy is wanting to pick up the children staff to support Daisy to ring the family via telephone.

## Response

When this interventions is used Daisy replies that she does not want to speak to family on the telephone she needs to pick her children up from school. Daisy also states 'do you think I am Stupid?'

## Outcome

Increased anger pushing staff out of the way, throwing cups at windows. If continuing with this response then becomes physically aggressive towards staff and screams in a distressed manner wanting the police. Other residents in area become upset and start shouting at Daisy to shut up.

## Distract

From life story information Daisy has always been a family orientated person and enjoys talking about family life  
Also enjoys listening to Frank Sinatra type music  
Staff around 3.10pm ask Daisy to help them put her clean clothes away.

## Response

Can be distracted initially using life story work and music however at 3.30pm still returns to asking to be out to pick children up from school.

## Outcome

Wanting out of the home to pick up children. If not able to get out behaviours as above for 'meet the need' and 'substitute' the need.  
Considered moving clock however wears a watch and can still use appropriately.

## Dementia Orientated Reality

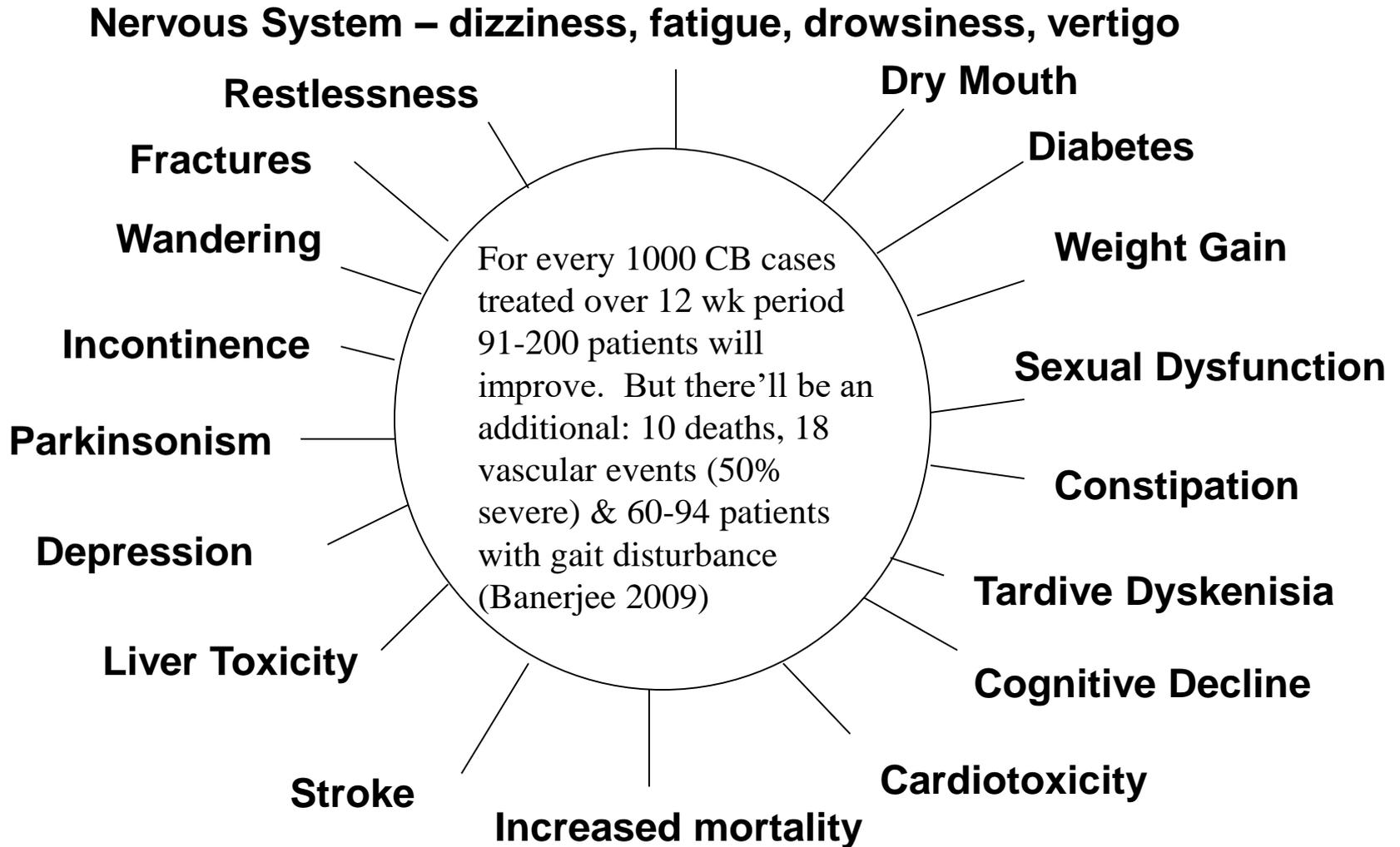
From life story aware that sister Olive used to share Picking the children up from school.  
When asking to be out to collect children from school tell Daisy that it is her sister's turn to pick the children up from school today.

## Response

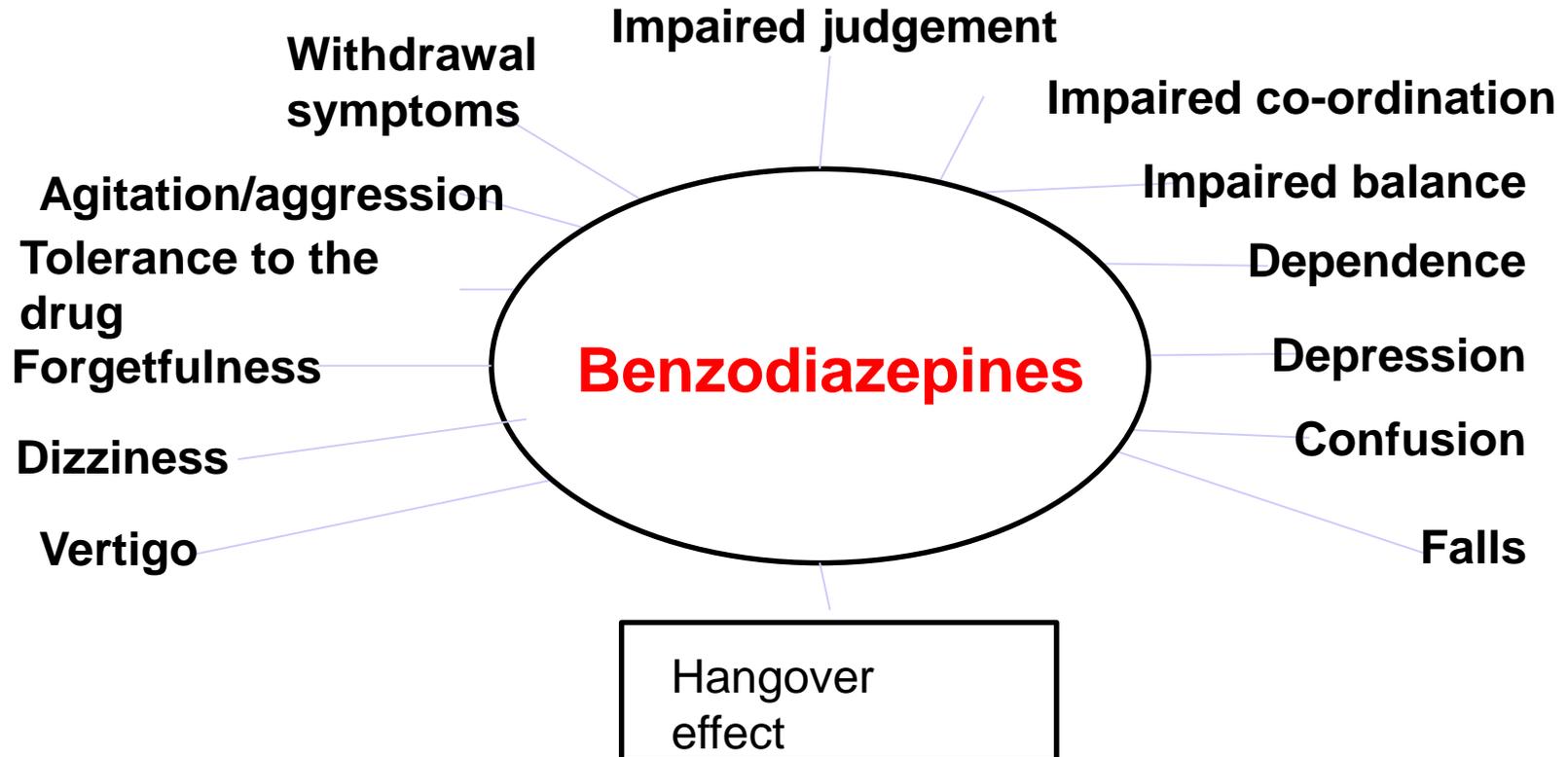
Daisy replies I forgot why did you not remind me I have been sitting here and could have been doing something else.

## Outcome

Remains settled and calm. Staff able to use the photo albums to engage in activity as well as the music that Daisy enjoys listening too.  
No aggression or agitation



**Figure: Anti-psychotic side-effects**



Hangover effect

- Examples of medications are:**
- |            |                  |
|------------|------------------|
| Diazepam   | Librium          |
| Oxazepam   | Chlordiazapoxide |
| Nitrazepam | Temazepam        |
| Alprazolam | Lorazepam        |



# What next....

- Mental health Foundation founded via Joseph Rowntree
- Truth telling Enquiry
- PHD's
- International studies



Shining a light on the future

Northumberland, Tyne and Wear



NHS Foundation Trust

# Thank you



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