## Comments on "Interests, Consent, and the Provision of Food in Dementia"

- the problem of advance directive regarding dementia patients in general
- the specific issue of withholding water and drink

- The two selves problem
- The then-self VS the now-then

## Dworkin's position:

- Critical Interests of the then-self trumps the experiential interests of the now-self
- Advance Directive should always be followed

- Critical Interests: interests deriving from more reflective, second-order beliefs, desires, and values—desires and beliefs about, and evaluations of, their first order ones (convictions about "what helps to make a life good on the whole).
- Experiential Interests: interests "deriving from first-order desires, values, and beliefs that do not rely on having other beliefs and desires about them (desire to eat ice-cream)

- Menzel vs Dworkin
- Menzel: a sliding scale and balancing approach
- when the subjective stake for a person is low (e.g. when a person is in the dementia stage that can't value survival or enjoy things much), then his/her critical interests carry more weight
- when a person still has robust experiential interests (e.g. when a person is in the mild dementia stage and is still capable of strong enjoyment), then his/her previous critical interests should not count much.

- Problems of the Balancing Approach
- Difficult, burdensome to others, prone to abuse, allow others to play God
- Still assume that critical Interests of the thenself should be deciding in some cases:

The two selves vs the same self

- Same Self in terminally ill patients vs Two
   Selves in mentia patients
- Incapacitated Self vs Altered Self

- Two Selves (the Altered Self)
- **Epistemic concern:** inadequate grasp of the future situation
- Ontological concern: A different self because of drastic change in mental outlook (intellectual vs gardening)
- (Kindergarten sweet-heart, irreversible surgical sterilization)
- Apply to both Mild dementia and severe dementia

 the then-self does not have the moral right to decide for the now-self on the issue of the latter's survival.

- Reply to the "Rhoden objection": if we do
  not respect the advance directive of a person,
  we would be treating formerly competent
  patients "as if they were never competent."
- follow his/her previous wishes in many other aspects (her financial arrangements)
- No right to make advance directive regarding life-death decision in the first place

## withholding food and water

- more similar to providing aid-to-die rather than not providing medical treatment with the purpose of letting the patient die.
- Not feeding people who cannot independently consume food and water -- Starvation – killing (very young infant)
- Obligation to feed and nurture if no expressed will to refuse food or request for no feeding for people placed under a care facility.

- No right to make an advance directive to demand aid-to-die (a fatal drug)
- No right to make an advance directive to demand the withholding of food and drink

To sum up, the balancing approach is appealing as it tries to reconcile the conflicting interests of the then-self and now-self. However, it may not work out because it is difficult, burdensome on others and too prone to abuse. More importantly, I propose that the advance directive should carry very little weight or even be ignored altogether because there is the epistemic concern about how well the then-self can know about the now-self and the ontological concern about whether the then-self and now-self can be counted as the same self. Therefore, the then-self has no moral right to decide for the now-self, especially for this extremely important decision about life. Not assisting someone who is under one's charge and who is unable to consume food independently is practically starving the person to death. Since the society has not granted the dementia patients the aid-to-die, the patients do not have the right to make the advance directive to withhold food and water for the purpose of inducing death.