

Dementia is not only (or even) a disease: it is a signal of our community cohesion

Letter to the Daily Telegraph, December 2013

In recent weeks there has been much written about dementia, including articles by your correspondent Max Pemberton (*Dementia sufferers must have specialist care*, 2/12/13) and the Health Secretary (*Why I truly believe this generation can be the one to overcome dementia*, 29/11/13). While I certainly agree with their analysis and concern about the size and seriousness of the problem, my understanding of the nature of the problem is importantly different.

Both write of dementia as if it can be tackled head on – ‘to beat dementia’ – as we have done substantially with HIV and some cancers. But there are crucial (if unwelcome) differences: much dementia is a natural correlate of advanced age and not necessarily a pathological variation. Partly due to medical technology and partly due to social mobility we are living longer, but then have prolonged and slow declines in relative social isolation. This is now the usual and embedding matrix of dementia.

Medical technology currently has little to directly offer to most such cases of dementia. What helps much more is responsive, sensitive and imaginative guidance and containment. This is pastoral healthcare and welfare: twenty years ago the better GPs, district nurses and social workers were able to do this much better than now. Personal continuity of care – one of the best contributions to such welfare – has been made almost extinct by the successive devices of managerial systematisation and industrialisation of healthcare.

No, we do not need a massive new tranche of dementia clinics, consultants and brain-scanners: we need to retrieve the kind of social workers, GPs and general hospital physicians who can build personal relationships with patients, their families and communities – often over many years. No, we cannot ‘beat dementia’, and substantially may never do so. But we can, and should, offer

professionally wise and compassionate counsel and containment to people we can get to know, understand and care about. This is good, personal, pastoral medical care of a traditional kind. Its retrieval sounds less inspiring and glamorous than 'beating dementia', but it is more realistic and thus achievable.

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