

**Case Study: An Elder with Dementia**

*Related issues: Dementia, ethical considerations, guardian/legal considerations.*

Betsy is a 58-year-old Caucasian woman who recently moved from one retirement community to another within the past week. Her last retirement community had become frustrated with her and was not willing to house her due to symptoms of her dementia, which the staff were unprepared to deal with. Betsy had been married and had two children, but she has outlived her husband and is estranged from both of her children for unknown reasons. Both children live out of state. When Betsy hadn’t spoken to her children for a few years and before her dementia had been diagnosed, she had named an old friend, Judy, as her DPOA. Aside from her dementia, Betsy is in good physical health.

Generally, Betsy is a sweet, cooperative woman who enjoys sharing her old photos with staff and visitors. Betsy had been an accomplished photographer when she was younger and she enjoys sharing photos of her travels and her family, although she sometimes fails to recognize the places and people in her photos. Typically, Betsy can be redirected by her photography, but once or twice a day she will become increasingly anxious. Usually these periods are triggered when she believes some of her belongings or photos are missing or have been moved. She will start pacing in her room and packing up a few important items in her purse, such as her keys and wallet, and will attempt to leave the facility.

Administrative and security staff have been redirecting her and trying to talk her down when she becomes agitated. Twice Betsy has gotten out of the facility and started asking strangers on the street to drive her to her last retirement community, saying that she is being held against her will in her current home. Betsy claims that Judy moved her to a new home without Betsy’s permission in order to get her “out of the way.” Betsy seems to think that Judy has also stolen some of her belongings and money. Betsy says she would like a new DPOA, but staff do not know of any other family or acquaintances aside from Judy.

In the past week, Betsy has attempted to leave the facility seven times and the staff are becoming frustrated with her time-consuming behaviors. They believe she requires a higher level of care. Betsy has made it clear that she does not wish to remain in the retirement community, but options may be limited due to her condition. Her accusations against her DPOA appear to be unfounded, but Judy has been difficult to reach by phone in the past week and staff cannot be sure all of Betsy’s claims are false.

How might you approach this situation if consulted as an outside geriatric care specialist? What are the ethical considerations at hand?