

Ian James and colleagues have produced some ethical guidelines for lying to people with dementia, intended for paid care-workers. Some of these may also be relevant for family and friends to consider.

1. Lies should only be told if they are in the best interests of the person e.g. to ease distress.
2. Specific areas, such as medication compliance and aggressive behaviour, require individualised policies that are documented in the care plan.
3. A clear definition of what constitutes a 'lie' should be agreed within each setting e.g. the difference between a blatant lie and omission of the truth.
4. Mental capacity assessments should be done on individual patients prior to the use of a therapeutic lie.
5. Communication with family members should be required and family consent gained.
6. Once a lie has been agreed it must be used consistently across people and settings.
7. All lies told should be documented.
8. An individualised and flexible approach should be adopted towards each case – the relative costs and benefits established relating to the lie.
9. Staff should feel supported by manager and family- should not feel at risk by telling lies if they have been executed appropriately.
10. Circumstances in which a lie should not be told should be outlined and documented. The relevant circumstances may need to be specified for each resident.
11. The act of telling lies should not lead staff to disrespect the residents - they should be seen as a strategy to enhance the residents' well-being, rather than an infringement of their basic rights.
12. Staff should receive training and supervision on the potential problems of lying, and taught alternative strategies to use when lies are not appropriate.

Source: James, I.A., Wood-Mitchell, A., Waterworth, A.M., Mackenzie, L. & Cunningham, J. (2006). Lying to people with dementia: developing ethical guidelines for care settings. *International Journal of Geriatric Psychiatry*. 21, 800-801.

