

When the Past is the Present

Considering Artificial Intelligence and the Retrograde Plunge
in Dementia

Andrew Wheaton

Preliminaries

- Personal views. Not representative of views of employer or any other organisation
- Not concerned with ethical aspects regarding *development* of an AI conversational agent, rather it's use in a specific clinical context

Background

- The use of AI is increasingly being considered in the context of dementia
 - Early detection and diagnosis
 - Monitoring / safety
 - Supporting independence
 - Social isolation / emotional support
 - Staff training / awareness raising
- Retrograde plunge / time shifting
 - Wanting to speak to deceased spouse, go to work etc.
 - Emotional distress, agitation
- Commercially available option post abstract submission

Current Practice – therapeutic lies

- Approx. 96% of care staff admit to having used a TL¹
 - Avoidance of unnecessary emotional harm, reduce agitation, promote well-being
 - ‘going along with’, outright lie
- No formal guidance in Australia
 - Proposed guidelines in the literature¹
 - option of last resort, promoting best interests, consent, family involvement, consistency
- Perspective of people living with dementia²
 - May be acceptable if it promotes best interests, non-awareness of lie, used with appropriate intent
- Underdiscussed and often experienced as a morally ambiguous undertaking

1- 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. DOI: 10.1002/gps.1551

2- Day, A. M., James, I. A., Meyer, T. D., & Lee, D. R. (2011). Do people with dementia find lies and deception in dementia care acceptable? *Aging & Mental Health*, 15(7), 822–829.
<https://doi.org/10.1080/13607863.2011.569489>

The AI Turn

- ‘Digital afterlife’, ‘grief tech’
 - Creating AI avatars of deceased loved ones, or self for future generations (Hereafter AI, StoryFile, Eternos, Silicone Intelligence)
- AI conversational phone³
 - Importance of co-construction and consent
- AI Impersonation Therapy⁴
 - Deceased loved one
 - No more morally problematic than TL, may be a superior option⁴
- More likely for AI conversational agent to be ‘brought in’ rather than developed in this context currently
- Commercially available
 - ai-spt.com

3 - Brankaert, R., Tummers-Heemels, A. & Ijsselsteijn, W (2022). ‘Benevolent Lies by Design’. In Wernaart, B (Eds), *Moral Design and Technology* (pp. 257-266). Wageningen Academic Publishers. DOI: 10.3920/978-90-8686-922-0_14

4 - Nofal, J (2023). *A Duty to Deceive? Using New and Deceptive Technologies to Enhance the Lives of Dementia Patients* [Master’s thesis, Virginia Polytechnic Institute and State University]. <https://vtechworks.lib.vt.edu/server/api/core/bitstreams/284737df-4ef0-4d01-8ca6-b7cbee61a713/content>

The AI Turn

- Potential benefits (beyond easing distress with TL):
 - More immersive experience may facilitate coherence with experienced reality
 - More psychologically satisfying for PLWD than TL⁴
 - Improve HCPs understanding of biographical history
 - Enhance therapeutic engagement
 - Retaining identity
 - Ease family/caregiver burden
 - May provide a more consistent approach than TL
- New range of affordances with varying levels of moral ambiguity and permissibility

4 - Nofal, J (2023). *A Duty to Deceive? Using New and Deceptive Technologies to Enhance the Lives of Dementia Patients* [Master's thesis, Virginia Polytechnic Institute and State University]. <https://vtechworks.lib.vt.edu/server/api/core/bitstreams/284737df-4ef0-4d01-8ca6-b7cbee61a713/content>

Multistability⁵

- Technology can take on multiple meanings, functions and uses depending on context, intention and environment
- ‘Designer fallacy’ – the mistaken notion that designers can control or predetermine the use and interpretation of a particular technology⁶

- **Therapeutic tool**

- calm and reassure

- **Clinical tool**

- Understanding of retrograde state,
- Enhance quality of therapeutic engagement

- **Companionship**

- Ethically ambiguous
- Comforting, but may replace human contact
- Increased immersion and coherence with perceived reality, but only via increased deceptive practices

- **Efficiency tool**

- Ethically problematic
- Managing heavy workload
- Prophylactic settling / manipulation

5 - de Boer, B. (2023). Explaining multistability: postphenomenology and affordances of technologies. *AI & Society*. 38, 2267-2277.

<https://doi.org/10.1007/s00146-021-01272-3>

6 - Ihde D. (2008). The designer fallacy and technological imagination. In P.E Vermaas et al.(Eds) *Philosophy and design: From engineering to architecture*. Dordrecht: Springer Netherlands.

It's not you (the tech), it's me...

- A conversational agent developed with a particular purpose in mind can be used in multiple different ways.
- How the AI conversational agent is interpreted, and it's attached meaning and modes of action can differ
 - Simultaneous competing interpretations – caregiver (efficiency) vs PLWD (comfort)
 - Dynamic process
 - Clinical environment, culture, KPIs
- Requires a high degree of reflective practice and self-critical examination of intent
 - Potential to change caregiver behaviour / shifting moral positions
 - Clinical discernment necessary

Conclusion

- No simple 'ethical' or 'unethical' answer regarding the use of an AI conversational agent for a retrograde plunged / time shifted state
 - Offers a range of potentially ethically appropriate and inappropriate uses
 - Dependent on clinician, not necessarily tech design
- TL guidelines may offer a good initial starting point for clinicians
- However, AI offers a range of actions outside of TL that require additional ethical consideration
- Important for technologically mediated moral ambiguity to be openly discussed within this context