Recognition as a Clinical Virtue: Perceiving Personal Identity in Dementia Care

Luka Batt, MA
Center for Bioethics and Medical Humanities, The Ohio State University

THE OHIO STATE UNIVERSITY
COLLEGE OF MEDICINE

The Problem

Neurodegenerative diseases such as Alzheimer's and related dementias progressively disrupt the capacities through which individuals ordinarily understand and relate to themselves and others. As memory, cognition, communication, autonomous decision-making, and familiar social roles deteriorate, the conventional markers through which personal identity is perceived can become increasingly obscured. As clinicians, caregivers, and families often struggle to rightly perceive and respond the enduring individual before them. Dementia therefore presents not only profound clinical challenges, but also an ethical problem of perception.

Research Question

How ought clinicians perceive and respond to the enduring individual when dementia obscures conventional markers of personal identity?

Approach

Conceptual bioethics analysis drawing upon dementia ethics, philosophy of medicine, and Aristotelian virtue ethics. This research examines how medical and bioethical frameworks shape clinical perception in dementia care and develops Recognition as a corrective clinical virtue.

Recognition in Practice

Practicing Recognition requires disciplined attentiveness to the individual before us and is characterized by three key features:

CULTIVATION
Recognition is cultivated through practice and community; clinicians may oscillate between the virtuous mean and its corresponding vices.

UNCERTAINTY
Meaning may be present, hidden, or inaccessible. Recognition therefore requires epistemic humility rather than interpretive certainty.

PRESENCE
Recognition does not erase the devastation of dementia; it helps us better perceive those for whom we are called to care.

Dementia & Neurodegenerative Disease

Conventional Markers of personal identity become obscured

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Problems of Perception

shaped by medical and bioethics formation

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- **Dependence** — As failure
- **Fragility** — As deficiency
- **Control** — As priority
- **Autonomy** — As identity

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Non-Recognition

Habituated perceptual distortion

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The Response:

A corrective clinical virtue

DEFICIENCY	THE MEAN	EXCESS
Reductionism — The individual disappears behind disease	**RECOGNITION** — The cultivated capacity to rightly perceive and respond to the enduring individual through the reality of their personal identity, particularly when conventional markers have become obscured.	**Projectionism** — The individual disappears behind our interpretation

Recognition holds together two truths together simultaneously

Enduring Identity
Personal identity persists despite disease

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GENUINE DISRUPTION
Disease profoundly alters how that identity is expressed and encountered

Clinical Implications

1. Perception precedes action. Ethical care requires not only asking *what ought we do?* but *whom are we caring for?*
2. Uncertainty does not diminish identity. Difficulty interpreting an individual does not diminish their enduring personal identity or our obligations toward them.
3. Recognition orients other virtues. Compassion, beneficence, fidelity, and prudence must be directed toward the individual as they actually are.
4. Recognition requires formation. Its cultivation has implications for medical education, mentorship, institutional culture, and clinical practice.
5. Recognition extends beyond dementia. Similar challenges arise wherever illness or disability obscures familiar expressions of personal identity.

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