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Sexualisation of Girls - Too Much, Too Soon

A summary of Getting Real: Challenging the Sexualisation of Girls, the book edited by Melinda Tankard Reist on the issue of early sexualisation of girls.

Getting Real: Challenging the Sexualisation of Girls[1] is a compilation of contributions from eminent authors, on the issue of sexualisation of young girls, through popular media and culture. This book provides a confronting yet profound account of the sexual objectification of girls. It unveils the agents behind this trend, points out the damage being done to our children, highlights the pressures and forced choices facing young adolescents today. It challenges its readers to take action to rid society of this evil and thus create secure and nurturing environments for our children.

Getting Real consists of fourteen chapters, all contributed by renowned authors in the fields of health and ethics in Australia. The book has been edited by Melinda Tankard Reist, who is an accomplished writer and passionate advocate for issues effecting women and girls. She is a founding director of Women's Forum Australia, which is an independent organisation working towards the empowerment and well-being of women, by improving awareness of issues affecting them.

In its report, the American Psychological Association (APA) Task Force on the Sexualization of Girls,[2] identifies the components of sexualisation that differentiate it from healthy sexuality. It contends that sexualisation occurs when:

- a person's value comes only from his or her sexual appeal or behaviour, to the exclusion of other characteristics;
- a person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy;
- a person is sexually objectified - that is, made into a thing for others' sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or
- sexuality is inappropriately imposed upon a person.

It asserts that for sexualisation to occur any one or all of the above conditions may exist, but in the case of sexualisation of children the last condition is most relevant. When sexuality is imposed on the unsuspecting child, innocence is lost and the child is forced to conform to adult ideals of sexuality which he/she is unable to fully comprehend. This creates confusion and disillusionment and puts the child at risk of exploitation.

Noni Hazelhurst (pp 1-4)

In her preface to the book, Noni Hazelhurst describes in a nutshell the progressive erosion of women's status in society and its impact on generations to come. She refers to the often misplaced view of some feminists that the current sexualisation and objectification of women in our society is empowering and acceptable, and those who disagree are "old-fashioned". She argues that in the current information explosion our children are constantly being bombarded with images where women are portrayed as "sex objects, helpless, simpering idiots, or dried up old prunes" (page 3). If this is the only representation of women we present to our children, it will become the only reality they know. This culture of sexualisation will not only erode the sensibilities of this generation but of many more to come. She asserts that as we are concerned about our children's physical health, it is also our responsibility to nurture their minds and spirits (3). For that they must be provided with a balanced view of the world where they learn to value personal qualities and virtues and are able to realise their full potential without being judged on physical merit.

Melinda Tankard Reist (pp 5-40)

The introduction by Melinda Tankard Reist is a thought-provoking account of the objectification and sexualisation of young girls and women in today's world. She describes how girls and women are no longer envisioned as whole individuals but as dismembered body parts (9). It is being indoctrinated in them that their sexuality is the key to achieve their goal in life. Celebrities also propagate the idea that baring all is the best way to advocate for a

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worthy cause. Increasingly younger girls are being exposed to sexualised messages through the media and popular culture. This sexualisation brings with it the quest for physical perfection. More and more girls are resorting to crash dieting, fasting and induced vomiting in order to gain the perfect figure (14). As a result, eating disorders are on the rise and consistently being seen in younger age groups. Cosmetic surgery has become the norm rather than the exception as alarming numbers of girls are choosing to go under the knife in search of the perfect physique. This obsession with physical features takes away from intellectual and spiritual growth.

Reist poignantly describes the plight of girls and women at the hands of this sexualised culture. She talks about the impact of pornography on impressionable teenagers, and the fact that it has become the source of sexual education for both boys and girls, dictating their behaviour and practices (21). This fosters unrealistic expectations among teenagers and hinders the development of meaningful relationships. It also normalises for them, the demeaning portrayal of women in these productions, which encourages similar lack of respect for them in real life. The objectification of women has also led to an increase in violence against girls and women (26). Relationships where women should feel secure, loved and cherished are rife with abuse and violence. Reist emphasises that the most blatant and devastating outcome of the sexualisation of girls, is their exploitation by the commercial sex industry. UNICEF estimates that nearly two million children worldwide are enslaved in this trade, where children as young as toddlers are subjected to unspeakable abuse and injury (19).[3]

This book is a wake-up call encouraging us all to look around ourselves and identify the risks and dangers of sexualisation of girls and put an end to this predatory culture. We must also impart true values and build resilience within our girls to enable them to withstand the pressures of this sexualised world.

Emma Rush (pp 41-54)

In her article, Dr Emma Rush summarises the current evidence for the sexualisation of girls which is destabilising societal norms that demarcate age-appropriate sexual maturation. She identifies two cultural processes driving this premature sexualisation (41). Firstly, the use of sex to market products to adults, which has led to the 'pornification' of advertising – something our children are exposed to continuously. Dr Rush uses the term 'corporate paedophilia' to refer to the second cultural process at work (42). This is the selling of sexualising products to children not able to completely comprehend their implications. Examples are, the marketing of lingerie, high heels, make-up and fake nails to primary school children. These products impose adult sexuality on children forcing them to process concepts beyond their years and grow up too soon.

Dr Rush points out that the phenomenon of sexualisation and its impact on children has not yet been substantiated by the sort of conclusive evidence which could only come from a carefully designed, large scale, longitudinal study. However, in this case absence of evidence does not mean evidence of absence. The available research has shown that increased body dissatisfaction, development of eating disorders, increased self-objectification, disruption of healthy psychological development and higher risk of child sexual abuse are some of the harms associated with sexualisation of children (44). She also mentions the reasons for lack of research in this area which include novelty of the phenomenon, lack of awareness and funding, as well as the potential ethical and personal impact of such research (43). Despite this, we cannot afford to wait for conclusive evidence of harm from sexualisation to address this issue. Professor Elizabeth Handsley of the Australian Council on Children and Media contends that "if we wait until there is absolute 100 per cent proof and nobody can possibly argue anymore that there is no harm to children, the amount of harm that could possibly be done to children in the meantime is immeasurable" (50).

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Maggie Hamilton (pp 55-66)

Maggie Hamilton's article provides a detailed account of the role of technology in the sexualisation of children. She explores how internet access, mobile phones, cameras and the media are teaching our girls what to look like, how to behave and what to aspire to (55). Over time we as a culture have become more and more desensitised to sexual imagery (56). Material that was once frowned upon and censored is now dismissed with a shrug, allowing it to share our social space and confront our children. Popular culture is transmitting its obsession with outward appearance to our children, which takes away from their intellectual growth and development, robbing them of self-respect, self-belief and resilience (58). Another stark reality of the harm of sexualisation of children has been the increased incidence of sexual assaults on young girls, not surprisingly, by young boys (64). This is a consequence of early sexualisation of both genders. Often these assaults are pre-planned, violent, involve alcohol and drugs, and are videotaped. At times they resemble scenarios depicted in pornography. Ms Hamilton reiterates warnings expressed by some teen girls as they navigate today's hazardous social scene. They try to 'stick together', 'watch out for each other', 'make sure they are never alone, or their drinks are left unattended' and 'make sure they all leave together' (64). Not all children are likely to take these precautions and some may still be outsmarted and preyed upon. It begs the question, what sort of moral degradation have we allowed to happen, if these are the considerations our children have to address on a night out?

Lauren Rosewarne (pp 67-74)

The issue of sexualised advertising is addressed by Lauren Rosewarne. She presents a number of pictorial representations of all that has gone awry with advertising campaigns for products ranging from soft drinks to ice-cream to fashion and music. She emphasises that women featured in these campaigns are typically 'young, thin, white and idle' (67). They are photographed in sexually explicit ways and often not as people but as body parts. The focus on appearance and the perfection depicted (thanks to air brushing!) present the everyday woman with the goals she must aspire to (70). Meaningful things such as family and career are de-emphasized as the ideal woman portrayed, is not only completely devoid of physical imperfections but also of personality and moral values.

> ***… Popular culture is transmitting its obsession with outward appearance to our children, which takes away from their intellectual growth and development, robbing them of self-respect, self-belief and resilience (58). ….***

Louise Newman (pp 75-84)

In her chapter on the psychological and developmental impact of sexualisation on children, Prof Louise Newman draws attention to the fact that this important issue is often presented as if it were to a debate between 'anti-sex puritans' and 'anti-censorship libertarians' (76). She asserts that such debates are often fruitless as the real issues are overlooked. The first point to be clarified for this debate is that the freedom of expression argument in the context of adult sexualisation must be separated from child protection issues (77). Colourful packaging, cartoon characters and music are some of the tools utilised to sell sexualised products to children. They are attracted by the packaging but are unable to fully comprehend the product and its sexual implications, which may affect age-appropriate sexual development (80). Girls are especially affected by this, as the media's version of the "ideal female" is normalised and then mimicked by these children, causing serious harm. The author calls for strategies to be developed to make our children more 'media-savvy' and provide them with the tools to process and filter sexualised messages. She suggests that these strategies be taught as early as primary school in order to prepare our children for the sexualised messages being aimed at this vulnerable age group (82). She also reflects on a rather disturbing aspect of the proliferation of child sexual images: the use of such material for the gratification and justification of paedophilic tendencies. As a society we condemn paedophilia yet our popular media is saturated with sexualised images of children. For those with paedophilic tendencies this culture provides an opportunity as well as rationalisation for their behaviour, putting our children at grave risk (83).

Clive Hamilton (pp 85-98)

Dr Clive Hamilton reflects on the significance of and preoccupation with sexuality in the lives of current generations. He comments that "unlimited sexual expression has become bound up with notions of freedom to the point where, for many people, it provides the path they follow in order to find and validate themselves" (85). He explores the concept of casual pre-marital sex and its effect on those involved. Many are forced into it by peer pressure, as those who engage in it are considered sophisticated, whereas those who refrain from it are excluded and stigmatised (87). Despite its popularity, those who engage in casual sex often experience regret later, as the experience is completely devoid of emotional gratification. However, the sexual revolution of the 60s and 70s that popularised casual sex may now be challenged by the slow but sure return of sexual restraint, as young people who have witnessed the evils of free sex gather the courage to go against the tide (89). The author asserts that today we are more oppressed than ever before despite our proclamations of liberty (90). The trends of free sex, binge drinking and drug abuse, that were meant to be a reflection of our ability to live and behave as we want, have in fact, enslaved us. Capitalism and consumerism have fed off these trends and appeal to the narcissist within us to dictate our behaviour and choices. These are the same agents who deem pornography to be a reflection of the liberation of women and who are argue that children are capable of understanding and benefiting from sexualised messages (95). Dr Hamilton concludes that in our bid to free ourselves from the perceived sexually oppressive norms of bygone eras, we have been re-enslaved by a hyper-sexualised culture which imposes on us ideals as oppressive as those we shunned (96). We must find a moral ground that frees us from this oppression.

Selena Ewing (pp 99-108)

Selena Ewing discusses findings from '*Faking It'*, which in her words is "an evidence based parody of glossy women's magazines" (100). She highlights the adverse effects of the message disseminated by these magazines, that physical perfection and constant sexual availability are the fundamentals of being a complete woman. She comments that these ideas may foster self-objectification among women, whereby they subject themselves to constant scrutiny and comparison with media images (102). This often results in feelings of inadequacy and loathing for their physical forms, giving rise to body image and eating disorders. The other women's issue favoured by these magazines is that of sexual etiquette. Women are told that to succeed in life and in relationships they must constantly be sexually available and willing to please their partner. Disturbingly, the use of sexual allure to achieve things in life is often championed at a very global level, in settings including school and the workplace. Thus women are stripped of their potential to value their intrinsic qualities, have meaningful relationships and lead fulfilled lives.

Abigail Bray (pp 109-118)

The article by Dr Abigail Bray examines the 'child sexual abuse moral panic' created by Bill Henson's photographs of nude adolescent girls. These photographs portray pubertal girls in sexually provocative poses and their pubescent physical features are accentuated by clever manipulation of shadows. Dr Bray eloquently draws attention to the debate sparked by these photographs, which divided society into two groups, whom the media portrays as the "sophisticated, socially progressive, neoliberals" and the "intolerant moralising masses, man-hating feminists and bleating Christians" (110). Henson's supporters argued that the child pornography censorship legislation limits freedom of expression with oppressive systems of surveillance and control (111). They alleged that such 'moral panics' endanger freedom of expression in art, as they are created by those with little or no aesthetic understanding and that the pictures in fact represent sexual self-empowerment of girls. The irony that such sexualisation of children is seen as empowering and liberating, and hence acceptable, should make us question the moralism of the world we live in. Dr Bray concludes that "far from offering girls new forms of social power, the sexualisation of girls' agency is imposing a new tyranny of compulsive and desperate sexual participation" (115).

… The author calls for strategies to be developed to make our children more 'media-savvy' and provide them with the tools to process and filter sexualised messages ….

Melissa Farley (pp 119-130)

The damaging effects of pornography and media glamorisation of prostitution on children are discussed by Dr Melissa Farley. She comments on the graphic images of sexual exploitation of women populating the internet. These images not only appear on an extensive number of dedicated websites but also pop up on unrelated web pages. As a consequence, children are constantly bombarded with pornographic content which becomes the source of most of their sex education (120). Sexual violence and exploitation are normalised, which adversely affects both boys and girls. Because such behaviour is trivialised by pornography, girls often become unwitting participants in their own exploitation and objectification (123). Dr Farley contends that to navigate successfully through hypersexualised media messages, our children need media literacy education, as well as sex education that enables them to develop and understand sexuality, intimacy and love at an appropriate pace.

Renate Klein (pp 131-148)

In her essay, Dr Renate Klein illustrates that medicalisation is a further harmful aspect of early sexualisation of girls. She asserts that early sexualisation puts girls at risk of sexually transmitted infections, unwanted pregnancy and possibly abortion (132). She argues that the medical industry has found ways of capitalising on these possibilities by marketing contraceptive and termination devices to young girls. These girls are often not fully aware of the side effects of the medical remedies for their problems. She also contends that the cervical cancer vaccines Gardasil and Cervarix offered to girls as young as nine, may encourage promiscuity and risky behaviour at an early age (134). These vaccines provide coverage against certain common strains of the cancer causing Papilloma virus but not all and may have as yet undocumented side effects (135). The use of oral contraceptive pills and chemical abortion by the RU 486, has increased considerably. These options, according to Dr Klein, provide a false sense of control to girls over their fertility and remove the barriers to early sexual experimentation (139).

Betty McLellan (pp 149-162)

Dr Betty McLellan puts forth the feminist perspective on the sexualisation and commodification of women. She demystifies the popular misconception that sexualisation of women empowers and liberates them. She explains that feminism has been wrongfully portrayed by some as supporting the sexual revolution which objectifies and subordinates women. The perverse advantages of aligning feminism and sexualisation are twofold; firstly, to further the idea that women who accept sexualisation are strong and liberated, and secondly, to misrepresent the feminism movement in a bid to neutralise its social and political impact (152). Dr McLellan asserts that we live in male dominated societies, where the industries of prostitution and pornography, whose main consumers are men, have been allowed to flourish. She mentions the ordinance presented in Minneapolis in 1983 to outlaw pornography. It was defeated on the grounds that in a democracy those who chose to partake of this industry can do so based on individual freedom. In this instance, she concludes that, "men's right to free speech, that is, to have access to pornography, was deemed to be more important than women's right to equality, women's right to be treated with respect" (154).

On the harms of sexualisation of women, Dr McLellan comments that such attitudes towards girls and women make equality with men impossible. Women are not valued for their intelligence or abilities, they are treated dismissively and subordinately. The sexualisation culture also creates unrealistic expectations among men and promulgates the idea that women are there for the taking. This has translated into increasing incidences of sexual violence against women and girls in recent times, by men of all ages (158). The 'pornified' culture of this day and age dictates to girls and women that they must always look sexually desirable and must always be sexually

available. In their struggle to attain that ideal from a very early age, girls often lose sight of their real self (159). This form of self-deception not only harms them physically but also spiritually. By creating unrealistic ideals, this culture adversely impacts healthy sexual relationships. Men may feel deprived and dissatisfied if their partner does not live up to the pornographic ideal and women who are unable to achieve that ideal may suffer from low self-esteem. Both of these sentiments make it impossible to develop a nurturing, meaningful relationship (160).

Steve Biddulph (pp 163-170)

The reflective chapter by Steve Biddulph explores the reasons for the lack of understanding and appreciation of healthy sexuality and love among our young. He sights 'corporate paedophilia' as the cause for the appearance of sexual abuse symptoms such as self-loathing, depression, addiction and anxiety, in girls who have never suffered sexual abuse. In order to make profits, corporate giants play on the raw emotions of adolescent children, by making them feel dissatisfied with their looks, worth, social and love lives, thus forcing them to buy products of all descriptions intended to make them feel better about themselves(164). Biddulph terms this 'de-sexualisation, the death of sex', where sex has been stripped of all passion, meaning and spirituality. For our children loyalty, friendship, intelligence, sacrifice and patience have lost all meaning as the only attributes worth cultivating are physical.

Biddulph also highlights another important reason for the easy victimisation of girls by this culture: the absence of adult female guidance. The younger generation is increasingly detached from adult family members who are unable to nurture and assist in the complex transition from childhood to adulthood (167). The role of fathers, grandfathers and uncles has also diminished over time and girls have missed out on these confidence reaffirming relationships (168). Biddulph concludes with some simple measures that can help reduce the impact of the media on our children, such as selective television viewing, not allowing televisions in children's rooms and preventing the purchase of questionable print media. But the onus lies largely on public and government bodies to regulate advertising so as to protect our children from the corrosive effects of corporate paedophilia.

Tania Andrusiak (pp 171-178)

The thought provoking chapter by Tania Andrusiak asks some incredibly potent questions. It signifies that to stop the media onslaught on our young will need more than legislation - we will need courage - we will need to reach out to one another to create a movement and stage a coup against this rampant sexual revolution (172). We will have to set aside our own fears and insecurities, and look beyond the physical vessels into our souls. We will need to have the courage to stand up to those who judge us based on our appearance and embrace diversity of shape and form. We must shun the impossible standard we aspire to: one that is perfect in every way, does not give birth, and does not age, and embrace the cycle of life as it was intended (175). We are all different in our inner qualities, why then, must we strive for one size and one shape, who decides this standard and what if we don't fit? Let us move beyond the physical realm and celebrate the spirit that nurtures the humanity which connects us.

Julie Gale (pp 179-192)

The last chapter by Julie Gale is an account of her activism against this sexualised culture. She has established Kids Free 2B Kids which provides a platform to create awareness and campaign against sexualisation of our children. She has had some success and some setbacks but most importantly she has found the courage to voice her concerns and has chosen not to watch meekly as our children's moral foundations are destroyed. She has campaigned against sexualised imagery in advertising, the marketing of sexualised toys and products to children and sale of pornographic print media in shared public spaces, to name a few (179). The recurring theme in her article is that to bring about lasting change we must voice our concerns and strive to be heard. She provides hope and inspiration through action, encouraging us all to do our bit in the battle for the preservation of our children's future.

> ***… Dr Farley contends that to navigate successfully through hypersexualised media messages, our children need media literacy education, as well as sex education that enables them to develop and understand sexuality, intimacy and love at an appropriate pace. …***

On a final note, my experience of the journey through this book has been an incredibly enlightening one. To me it is a beacon helping the seeker navigate the complexities of the issue of sexualisation of girls and challenges the reader into action. This menace surrounds us and it is in the interest of all generations that we revive and preserve the moral values that once defined us.

ENDNOTES

[1] Melinda Tankard Reist, ed., *Getting real: Challenging the sexualisation of girls* (Melbourne: Spinifex, 2009)

[2] American Psychological Association, Task Force on the Sexualization of Girls, *Report of the APA Task Force on the Sexualization of Girls, 2007, Washington,* DC: American Psychological Association. www.apa.org/pi/wpo/sexualization.html

[3] International Labour Organisation, *Commercial sexual exploitation of children and adolescents: The ILO's response,* 2008, Geneva: International Labour Organisation. www.ilo.org/ipecinfo/product/download.do?type=document&id=9150

All on-line documents accessed 12 March 2010.

Rida Usman Khalafzai ✠

Caring for People with Dementia

This article explores a Report titled "Dementia: Ethical Issues," which was produced by the UK Nuffield Council on Bioethics. The Report calls us to examine our attitudes towards both dementia and people with dementia, and to act in solidarity with people with dementia by seeking to include them in mainstream society, and to provide them with sufficient help and services so that they are able to enjoy a good quality of life throughout the course of their illness. It also calls us to act in solidarity with the carers of people with dementia, providing them with help and services both in their caring capacity and also in meeting their personal needs.

The Nuffield Council on Bioethics was established in 1991 to identify, examine and report on the ethical questions raised by new developments in medicine and the biological sciences. Since 1994, it has been funded jointly by the UK Medical Research Council, the Nuffield Foundation, and the Wellcome Trust.

In November 2007, the Council established a 14-member Working Party to examine the ethical issues raised by dementia. It included members with expertise in medicine, nursing, neuroscience, law, sociology and ethics, as well as members representing people with dementia and carers. They conducted a public consultation which received over two hundred submissions, visited centres of excellence, questioned experts, and held a one-day workshop with representatives of the general public. After peer review, a draft statement was released for comment on 14 May 2008. Another two hundred responses totalling more than 1,500 pages were received. At the end of this two-year process, the Council published its final Report on 1 October 2009. Just over two hundred pages in length, it is complemented by a 17-page Executive Summary, a 20-page Guide, and a 2-page Summary.[1] An editorial in The Lancet described it as a "thoughtful, valuable contribution."[2] The Report was discussed by the British House of Lords on 2 December 2009. On behalf of Her Majesty's Government, Baroness Thornton welcomed "the excellent report by the Nuffield Council," and added that "the Government are taking this report very seriously indeed."[3] The Report contains eight chapters, which are discussed below:

1. What is Dementia? (pp. 3-18)

The comprehensive account of dementia in this chapter is particularly useful for the general reader without specialist knowledge of dementia. Dementia is "a collection of signs and symptoms such as memory problems, communication difficulties, difficulties in organising and planning one's day-to-day life, changes in mood and behaviour, and the gradual loss of physical functions." It is caused by "physical damage to the brain as a result of chronic progressive degeneration of nerve cells." (page 4) Many different conditions lead to dementia: Alzheimer's disease and vascular dementia are the most common.

The chapter explores how dementia is diagnosed. It notes that current treatments cannot reverse dementia, but for a time may improve function or delay decline. Information and advice, practical help, and assistive technologies also help to maintain or improve independence and quality of life for people with dementia.

The chapter has an important section on the experience of dementia. It does not in any way minimise the powerful effects that dementia has both on those with this condition and on their families and friends. However, it suggests that even in the later stages of dementia, "more abilities may be retained for longer" than it may appear. Further, it is much more helpful and productive to focus not on the abilities which have been lost, but rather on "what a person *can* still do and enjoy." (11) In this way, we "see the person, not only the dementia." (12)

2. An Ethical Framework (pp. 19-33)

Those who provide care for people with dementia are frequently confronted by ethical dilemmas which are not easy to resolve. For example, for the person with dementia, how do we best balance freedom and safety? Or what do we do when the interests of the person with dementia conflict with the interests of their carer? Perhaps the most valuable contribution of the Report is the ethical framework it proposes to help those who face these dilemmas. This framework does not magically resolve every problem. Nor does it guarantee that every dilemma becomes easy. However, it does provide a context in which we are able to consider the ethical dilemmas associated with dementia in a productive way.

The ethical framework has six components:

(i) **A case-based approach to ethical decisions:**

which focuses on the facts and values in each situation or 'case,' and then compares this case to other cases in which we have worked out what to do.

(ii) **A belief about the nature of dementia**:

which recognises that dementia arises because of a brain disorder, and that it is harmful to the individual. We therefore seek to identify good quality care which will minimise this harm.

(iii) **A belief about the quality of life with dementia**: which affirms that "with good care and support people with dementia can expect to have a good quality of life throughout the course of their illness." (21)

(iv) **Promoting the interests of both the person with dementia and those who care for them**:

These interests include both autonomy (the freedom to make our own choices) and well-being (which includes the experience of pleasure). At times, the separate interests of carers must be recognised and promoted, even if these conflict with the interests of the person with dementia.

(v) **Acting in solidarity**:

whereby we recognise our responsibility – both within our families and within society as a whole – to support people with dementia and their carers.

(vi) **Recognising personhood, identity and value**:

Some people claim that someone with dementia ceases to be a human person. To the contrary, this Report insists that "the person with dementia remains the same, equally valued person throughout the course of their illness, regardless of the extent of the changes in their mental abilities and other functions." (21)

3. An Ethical Approach to Care (pp. 35-56)

This chapter explores how this ethical framework might be applied at various stages along the care pathway, including assessment and diagnosis, initial advice and support, ongoing support in the community, residential care, acute care, and palliative care. After considering other approaches to dementia care, the Report endorses the concept of 'supportive care.' This focuses simply on "making the quality of the person's life as good as possible." (40) It necessarily involves three components: disease-directed therapy, patient-directed care, and family-directed care. (cf 41)

… Perhaps the most valuable contribution of the Report is the ethical framework it proposes. …

The chapter makes two important points. Firstly, the 'small' things matter. The Report insists: "*How* things are done, so that people with dementia feel valued individuals, will often be far more important than the particular structure or format of services." They add that "these 'micro' aspects of care are often primarily a question of *attitude*, of professionals and care workers genuinely believing that the person with dementia… matters as an individual, and is a 'person' in the fullest sense of the word." (39) Secondly, after hearing many reports of professionals who treated carers with suspicion or who did not provide them with needed information, the Report insists that "the appropriate attitude of professionals and care workers towards families should be that of *partners in care*… Such a partnership would involve a relationship of trust between professionals and carers, based on mutual respect for each other's role and expertise." (41)

4. Dementia and Society (pp. 57-72)

The Report unflinchingly recognises that dementia is still a "widely-feared condition." Despite the fact that many people with dementia enjoy a good quality of life, "the general perception both of dementia… and of the lives of people with dementia is overwhelmingly negative." Indeed, the Report suggests that dementia "carries the stigma today that cancer no longer does." (58-59)

These negative attitudes to dementia can lead to people with the condition feeling deeply stigmatised. Seeing others treat them with fear or contempt, they may withdraw from mainstream society and become very isolated. They often internalise societal attitudes, and therefore feel deeply ashamed, inadequate and stupid.

The Report's ethical framework has insisted on solidarity – our responsibility, both within our families and within society as a whole, to support people with dementia. It therefore recognises "a clear moral imperative to tackle the stigma which is still pervasive in dementia and which leads… to exclusion… from mainstream society." It adds, "For dementia to be truly normalised, it needs to be an accepted, visible part of society, in the same way that physical disability is increasingly recognised as part of the norm." (67) It therefore asks all of us to consider what "reasonable adjustments" we might make to enable people with dementia to participate more fully in mainstream society. For many of us, the first and most important change might be a change in our attitude towards dementia and towards people with this condition.

5. Making Decisions (pp. 73-93)

This chapter is about the legal capacity to make decisions, including decisions about health care. In the context of dementia, questions of capacity are not always straightforward. For example, the capacity of a person with dementia may vary considerably from their 'bad' days to their 'good' days. Further, the way a person is spoken to may also affect their capacity, for "infantilising manner or language… actively disempowers older people." (79) The Report endorses legal recommendations to choose the best time and circumstances to assess a person's capacity, and, if possible, to defer decisions until such time as a person is likely to have capacity to make them.

Because some people with dementia have difficulties with verbal communication, the Report calls for a richer understanding of how people can communicate their choices and decisions. For example, "a person's autonomy is found also in how they express their sense of self, in their relationships with those important to them, and in their values and preferences." (74) Especially as a person's dementia becomes more severe, it can become more difficult to interpret what they are experiencing,

… For many of us, the first and most important change might be a change in our attitude towards dementia and towards people with this condition. …

feeling, or wanting. Nevertheless, "enabling autonomy" often "entails providing active support to the person with dementia." (27) With advice and support from their carers, many a person with dementia is still able to make choices and decisions, and to communicate them effectively.

What do we do when the past preferences and values of a person with dementia are in conflict with their present ones? The Report suggests that neither past nor present preferences should automatically take precedence. Rather, it is a matter of weighing up such factors as the importance of the issue, the degree of distress or pleasure it is causing them now, and whether their changed preferences might be caused by fear or the dementia or on the other hand by a genuine pleasure in doing things differently. (cf 83)

Finally, the Report shows a preference for welfare attorneys (or substitute decision-makers) over Advance Directives (or 'living wills'). "Welfare powers of attorney… have many advantages over an advance decision as they permit decisions to be made in the light of up-to-date knowledge both of the person's clinical needs and the care options available." (90) On the other hand, "in many cases an advance refusal of treatment may not operate in the way that the person in fact envisaged." (86)

… "Our main recommendation is that ethics support to those providing care should be a component of any comprehensive dementia strategy." …

6. Dilemmas in Care (pp. 95-111)

Ethical dilemmas arise frequently in the day-to-day care of people with dementia. They can be problematic and even stressful for carers. The Report considers dilemmas associated with assistive technologies including monitoring and tracking devices, how freedom of action should be balanced with the need to protect a person from harm, issues related to sexual relationships and sexual disinhibition, whether it can be acceptable not to tell the truth, the use of restraint, and cases of abuse by family or friends. It offers many practical and wise conclusions and recommendations about each of these areas. I refer readers to the Report for these, as they cannot all be covered in this article.

Ultimately, the Nuffield Council on Bioethics will state that "the main messages of this Report are that those supporting and caring for people with dementia face ethical problems in carrying out day-to-day care, that these problems are important and stressful, that those providing care receive little support in tackling them, and that providing such support will improve dementia care." For all these reasons, they conclude, "Our main recommendation is that ethics support to those providing care should be a component of any comprehensive dementia strategy." (143) It seems to me that this is wise and valuable advice.

7. The Needs of Carers (pp. 113-125)

Solidarity "urges us (as individuals, families, communities and through the state) to support carers." (117) This benefits not only the carer, but also the person with dementia for whom they care. The chapter considers help and support for carers both in their caring capacity and also in relation to their personal needs. As regards support in their caring capacity, the Report makes the pragmatic point that most care for people with dementia is provided by families and friends. One reason therefore that we should support carers is that any alternative means of care for so many people with dementia would be enormously expensive and probably unaffordable. As regards their needs as individuals, the Report notes that those who become carers "risk losing aspects of what it meant to be themselves. It is therefore crucial that mechanisms are in place in order to allow carers to hold on to their identity." (123) They often also need support "in considering their own interests, as well as those for whom they care." (124)

8. Research (pp. 127-142)

Dementia affects many people worldwide, causes significant disability, and has vast economic impact. In the light of all this, the Report argues that dementia research is currently not receiving an appropriate or fair proportion of the funding for medical research. It therefore asks research funders to re-examine how they divide their research funds into various areas of research. It also asks that, where necessary, they "take active steps to promote and sustain the creation of research communities capable of carrying out high quality research" into dementia. (133)

The Report also identifies six priority areas for dementia research. Three of these are the mechanisms of dementia, prevention, and the development of treatments. The other three are social science research into the human experience of dementia, investigation into better models of care, and "translational research" which implements changes suggested by other research. (cf 128-130)

This chapter also considers various issues associated with involving people with cognitive impairment into research studies.

Comment

This Report from the Nuffield Council on Bioethics is both important and timely. Another report, commissioned by Alzheimer's Australia and released in August 2009, reveals that the number of Australians with dementia is expected to increase from 245,000 in 2009 to 591,000 in 2030 and again to more than 1.1 million by 2050.[4] This dramatic increase challenges us as individuals, as communities, and as a nation. We must indeed prepare now if we are to respond adequately to this challenge.

The rising numbers of people with dementia is a particular challenge to the Catholic Church in Australia. As well as 75 hospitals, the Catholic Church in Australia operates 550 residential and community aged care services. These services have already recognised the challenge to fulfil their mission by providing the highest quality care and support to people with dementia and their loved ones. Indeed, Catholic Health Australia (CHA) has produced a useful resource to guide Catholic

services in this task.[5] At the same time, this development is also an important challenge to Catholic parishes around Australia. Increasingly, parishes and their priests and key personnel are called upon to minister to people with dementia and their families and carers. Again, Catholic Health Australia has produced a helpful resource.[6]

As we work together to discern an appropriate response to the challenge of dementia, I recommend as resources both CHA guides, the report commissioned by Alzheimer's Australia, and the comprehensive Report from the Nuffield Council on Bioethics.

ENDNOTES

[1] A printed copy of the Report can be ordered from the Council. All four documents may be downloaded from Nuffield Council on Bioethics, http://www.nuffieldbioethics.org/go/ourwork/dementia/publication_530.html

[2] "Dealing with the ethical dimension of dementia care," *The Lancet* 374, no. 9696 (3-9 October 2009): 1120.

[3] See United Kingdom Parliament, http://services.parliament.uk/hansard/Lords/ByDate/20091202/mainchamberdebates/part002.html

[4] Access Economics, "Keeping Dementia Front of Mind: Incidence and Prevalence 2009-2050," Alzheimer's Australia, http://www.alzheimers.org.au/upload/Front_of_Mind_Full_Report1.pdf

[5] Catholic Health Australia, *The Care of Persons with Dementia in Catholic Aged Care: A Guide to Better Practice* (Deakin ACT: CHA, 2006).

[6] Catholic Health Australia, *Ministering to People with Dementia: A Pastoral Guide* (Deakin ACT: CHA, 2008). Both CHA publications may be ordered from the CHA website.

All on-line documents accessed 15 March 2010.

Kevin McGovern ✠

The Australian Guidelines to Reduce Health Risks from Drinking Alcohol

In February 2009, the National Health and Medical Research Council (NHMRC) issued revised guidelines to help reduce the health risks from alcohol consumption. This report summarises these guidelines. Above all, it discusses the change of thought in these guidelines based on a greater understanding of the need to reduce both the immediate as well as the lifetime risks of alcohol consumption.

Alcohol is an integral part of the social lives of numerous Australians. The NHMRC 2009 Alcohol Guidelines will thus challenge the views and attitudes of many. However, the challenge is not necessarily to discourage all alcohol consumption but to encourage responsible consumption. The guidelines are not draconian nor are they prohibitive; they are instead an attempt to help decrease the harms caused in our society by what is a legal accepted drug.

… the challenge is not necessarily to discourage all alcohol consumption but to encourage responsible consumption. …

The NHMRC often develops guidelines as recommendations for a specific issue that impacts on the health and welfare of the population. They remain recommendations until such time as a government may legislate them. They are regularly reviewed and updated at least every ten years.[1]

The 2009 edition describes four guidelines compared with twelve in the 2001 Guidelines.[2] These guidelines make more differentiations on age than gender, although gender does influence some outcomes. Women attain a higher blood alcohol concentration (BAC) with a lower intake of alcohol than men, and at any level of drinking men have a tendency towards more risky behaviour than women.[3]

For both genders, death attributable to alcohol-related injury or disease is described in the guidelines as a lifetime risk of 1:100, (i.e. one death for every 100 people), if two standard drinks are consumed daily.[4] The risk that develops over a lifetime is dependent on the quantity of alcohol drunk and the frequency of consumption. The NHMRC could not make allowances for individual responses to alcohol consumption, although consideration is given to groups who may be more vulnerable to the effects of alcohol due to lifestyle choices, illness or occupational requirements.[5]

It is through the meta-analysis of various global studies that the impact of excessive alcohol consumption and its implications in disease and injury is now understood. The majority of the studies analysed were conducted in the United Kingdom and the United States of America. Populations within these countries and Australia can be considered genetically similar. As alcohol related diseases and outcomes are based on biological mechanisms, it is reasonable to conclude the studies reviewed are applicable to Australia's population.[6]

A standard drink as per the guidelines is one that contains 10 grams of alcohol. This is equivalent to 12.5ml of pure alcohol.[7]

One Standard Drink is equivalent to:

Beer (mid strength)	**375ml**	**(3.5% Alc.Vol)**
Wine (white)	**100ml**	**(11.5% Alc.Vol)**
Wine (red)	**100ml**	**(13.5% Alc.Vol)**
Spirit Nip (high strength)	**30ml**	**(40% Alc.Vol)**
Spirit Pre-Mix (full strength)	**250ml**	**(5% Alc.Vol)**[8]

- There is no standard serving glass for beverages in many establishments. This lack of standardisation and the habit of "topping up" a glass often leaves us unaware of how much we have drunk on one occasion.
- Very few of the available Pre-mixed spirits can be purchased in the volume of just one standard drink.

Guideline 1: Reducing the Risk of Alcohol-related Harm Over a Lifetime

The new recommendation for all healthy adults over 18 years of age is that **drinking no more than two standard drinks per day** will decrease the risk of injury or disease caused by alcohol. The decrease in the acceptable number of daily drinks from four to two for males will be met with some resistance and will require public education initiatives to promote the lower level. The aim of this guideline is to encourage safe drinking levels and to keep the lifetime risk below the level of 1:100.

… those who drink at home and do not drive will face less risk. ...

At higher levels of consumption than those recommended, the lifetime risk of injury or disease increases significantly for both genders. For example, for both genders, doubling the number of daily standard drinks from two to four more than quadruples the risk of death from alcohol-related injury and disease.[9] Overall, death from injury is more significant for males, and death from disease is more likely in females.[10]

Guideline 2: Reducing the Risk of Injury On a Single Occasion of Drinking

By **drinking no more than four standard drinks on a "single occasion,"**[11] healthy adults will diminish the risk of injury caused by alcohol on that occasion. This level of consumption is not a "safe or no-risk" consumption level. This quantity of drink was determined after the examination of studies on emergency room attendances for injuries related to alcohol.[12]

In the six hours following a drinking occasion where at least four drinks have been consumed, the risk of injury is doubled. This risk rises swiftly after the consumption of four or more drinks. These single drinking occasions contribute to the lifetime risk of injury and disease.[13]

Any increase in the BAC will affect a person's cognitive and psychomotor performance. The effect of the alcohol is felt well after it has been metabolised, with the "hangover" effect resulting in temporary impairment.

The issue of an injury occurring within one single occasion of drinking is a relatively recent concern. The need to include this guideline is a result of the call to lessen the harm caused particularly by young people drinking, and is based on the best available evidence.[14] There were a number of issues of concern when evaluating the data for this guideline. Concerns included: the injured often self-reported the amount of alcohol consumed, the variation in the time frame in which alcohol was drunk, and an individual's liver metabolism rate which influences the effects of alcohol. Risky behaviour was influenced by age, gender and the environment in which the drinking was taking place. Thus, for example those who drink at home and do not drive will face less risk.

Guideline 3: Children and Young People Under 18 Years of Age

The guidelines recommend that **for any person under the age of 18 not drinking alcohol is the safest option**. The greatest risk is for those aged 15 years and less, who are encouraged to avoid alcohol consumption at all times. Teenagers between the ages of 15-17 years are encouraged to postpone the initiation of drinking for as long as possible.[15]

Recent research shows that alcohol affects the brain development in children and young people and can result in alcohol-related problems in adulthood. The evidence indicates that there is a final important phase of brain development after puberty, in which a major reorganisation of the structure and function of the brain occurs. The brain is thought to be at its most vulnerable at this time and abuse can have long lasting implications in adulthood.[16]

… Recent research shows that alcohol affects the brain development in children and young people and can result in alcohol-related problems in adulthood. ...

As the hippocampal function which controls fear and the amygdala which controls memory function are still developing in the teenager and the young adult, they are therefore more prone to hazardous and risky behaviour.[17] Those under 15 are at the highest risk of risky/antisocial behaviour resulting in physical injury, and poor behavioural choices, physically and sexually. In 12-17 age bracket, harmful levels of drinking have doubled in the last 20 years.[18] By delaying onset of drinking, a young person also lessens their risk of becoming a habitual drinker.[19]

Guideline 4: Pregnancy and Breastfeeding

It is now accepted that there may be risks to an unborn child if a mother consumes alcohol during pregnancy. Thus, this guideline recommends that **not drinking is the safest option for women who are pregnant, planning a pregnancy or breastfeeding.**[20]

Alcohol is a teratogen and is responsible for the disorders known as Foetal Alcoholic Spectrum Disorders (FASD).[21] It is extremely difficult to estimate foetal risk from alcohol during pregnancy and the evidence analysed by the NHMRC was not robust enough to suggest that a safe level of drinking during pregnancy or breastfeeding could be established. A conservative approach in this instance is the best practice.[22] Australian studies have shown that up to 47% of pregnant women drink, and a Western Australian study describes 47% of pregnancies as being unplanned. Therefore many foetuses have a significant chance of exposure to alcohol.[23] Reassurance can be given to those who consume alcohol prior to knowledge of their pregnancy. Evidence suggests that the majority of infants suffer no discernible harm and the risk at a low level of drinking is probably small.[24]

… It is known that alcohol enters the milk of breastfeeding mothers and is present for several hours after the cessation of drinking. …

It is known that alcohol enters the milk of breastfeeding mothers and is present for several hours after the cessation of drinking. Therefore, without the availability of substantial evidence regarding the effect of alcohol on lactation, infants' behaviour and psychomotor development, the NHMRC recommendation for breastfeeding women takes the conservative approach. Breastfeeding an infant brings with it many joys and challenges. One of the challenges of these guidelines will be to support mothers to continue breastfeeding with this recommendation in place. There is a global drive to encourage all mothers to breastfeed their infants for at least 6 months.[25] In Australia, at six months, 12% are exclusively breastfed, however only 19% of twelve month old children receive any breast milk.[26]

Women can be encouraged not to drink just before breastfeeding, and to express milk prior to a drinking episode, enabling their infant to be fed after a drinking episode. With the support of society and the desire of every mother to do the best for their child, these guidelines can reach a high level of compliance.

A survey of approximately 1000 women found that 80% thought that women should not drink during pregnancy. This is a positive indication that the guidelines for pregnancy and breastfeeding should be acceptable to the general public.[27]

Conclusion

These guidelines are recommendations to encourage us to think about our approach to alcohol consumption. Parents of children will need to adjust their attitudes to alcohol. The recent television advertisements depicting children learning by example with regard to drinking patterns are a positive step in spreading the message. The real challenge for parents of teenagers is the change from thinking that it is okay to give my child a "taste" to encouraging the delay in initiation of drinking. In New South Wales and Queensland the only people who can legally supply alcohol to a person under 18 on private premises are adults with parental rights. In Queensland the adult must supervise its safe consumption and ensure it is not in excessive amounts. Other states are reviewing this legislation.[28] This legislation is to control secondary supply to underage individuals.

One of the issues presented by these guidelines is to rethink our approach to the ubiquitous Australian custom dating back to the 19th century, the "shout."[29] It is a culturally embedded habit that we can find ourselves participating in. It is customs such as this, and "one for the road", which we need to acknowledge do not necessarily encourage responsible drinking patterns.

… One of the issues presented by these guidelines is to rethink our approach to the ubiquitous Australian custom dating back to the 19th century, the "shout."…

The survey to assess the acceptability of the recommendation of drinking no alcohol during pregnancy and breastfeeding is reassuring that this should be tolerable to the public. However, the Royal Australasian College of Physicians commented that the guideline for pregnant women is too controversial and hard line without quantifiable evidence. Their concern was the

Useful Websites

- **Community Alcohol Action Network: http://www.caan.adf.org.au/**
- **Don't turn a night out into a nightmare: http://www.drinkingnightmare.gov.au/internet/DrinkingNightmare/publishing.nsf**
- **DrinkWise.com.au: http://www.drinkwise.com.au/**
- **Good Sports - Managing Alcohol in Sports: http://www.goodsports.com.au/**
- **National Health and Medical Research Council, *Australian Guidelines to Reduce the Health Risks from Drinking Alcohol* http://www.nhmrc.gov.au/publications/synopses/ds10syn.htm**

stigma and discrimination towards women who may on occasion consume a small volume of alcohol while pregnant.[30]

These NHMRC guidelines are amongst the most progressive in the world, and have been peer reviewed nationally and internationally. They are, like so many other health initiatives, attempting to promote a healthy approach to a significant issue in our society. To decrease the risk of injury, disease or death to zero would require abstinence entirely from alcohol. Instead, acknowledging that alcohol is an entrenched part of our society, we have been given a lifetime risk if we consume alcohol. The age specific guidelines are to give the younger members of our society the best chance of a healthy lifestyle.

ENDNOTES

[1] National Health and Medical Research Council, "How NHMRC develops its guidelines," NHMRC, http://www.nhmrc.gov.au/guidelines/how.htm

[2] National Health and Medical Research Council, *Australian Alcohol Guidelines Health Risks and Benefits* (Canberra: Commonwealth of Australia, 2001), 1-130 at 6-17

[3] National Health and Medical Research Council, *Australian Guidelines to Reduce the Health Risks from Drinking Alcohol* (Canberra: Commonwealth of Australia, 2009), 1-181 at 51

[4] Ibid., 35, 48, 49

[5] Ibid., 37

[6] Ibid., 42

[7] Ibid., 31

[8] Ibid., 143-145

[9] Ibid., 50

[10] Ibid., 48, 49

[11] A single occasion is where the blood alcohol concentration does not return to zero between drinks.

[12] Ibid., 53

[13] Ibid., 56

[14] Ibid., 52

[15] Ibid., 57

[16] Ian Hickie, "Alcohol and the Teenage Brain: safest to keep them apart," 1-38 at 14, DrinkWise Australia, http://www.drinkwise.com.au/CMSPages/GetFile.aspx?guid=69f069e2-5e47-447d-8fff-83fe0736d40d

[17] Ibid., 4

[18] *Australian Guidelines* 2009, 58

[19] Ibid., 62

[20] Ibid., 67

[21] Rida Usman Khalafzai, "Fetal Alcohol Spectrum Disorders," *Chisholm Health Ethics Bulletin*: 14, no.2 (Summer 2008), 9-12.

[22] *Australian Guidelines* 2009, 68-9

[23] Ibid., 70

[24] Ibid., 68

[25] World Health Organization; "UNICEF, Planning guide for national implementation of the Global strategy for infant and young child feeding", 1-46 at 1, WHO, http://whqlibdoc.who.int/publications/2007/9789241595193_eng.pdf

[26] *Australian Guidelines* 2009, 78

[27] Ibid., 71

[28] Alcohol Policy Coalition Position Statement July 2009, 1-7 at 1, 3, 4 http://www.aph.gov.au/ House/committee/fchy/youth violence/subs/sub029Att1.pdf

[29] Diane Erica Kirby, "Drinking the Good Life: Australia c. 1880-1980," in *Alcohol a Social Cultural History*, ed. Mack P. Holt (Oxford: Berg, 2006), 203-224 at 210

[30] Royal College of Physicians, "Response to NHMRC guidelines on safe drinking" (2007), 1-7 at 3, NHMRC, http://www.nhmrc.gov.au/_files_nhmrc/file/your_health/healthy/alcohol/submissions/030-RACP.pdf

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