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### Henri Wijsbek and Thomas Nys Respond

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consists in the holding of a sufficient number of direct psychological connections. Since dementia is a gradual process, with only a small number of memories, desires, and personality traits changing from one day to the next, Holland claims that a sufficient number of connections is left in place to guarantee continuity from one day to the next.

Psychological continuity based on this criterion is a vague concept. In *Reasons and Persons* (1984), Parfit holds that “there must be . . . *enough* direct psychological connections” for X and Y to be the same person (p. 206). It is not controversial, we believe, to claim that, at a certain stage, the process of dementia has advanced to such a degree that someone in that stage can no longer be said to fulfill this criterion. As with any other situation involving the application of vague concepts, where to draw the line in a particular case is tricky, but that does not mean that there are no clear cases. One grain of corn is not a heap, but if we add one grain every day, we will eventually end up with one, even if it would be arbitrary to say on any particular day, “Lo and behold, here is a heap of corn,” if on the day before we had withheld that qualification. In our opinion, it is in keeping with common sense and moral as well as legal practice to claim that someone who does not consistently remember the person to whom she has been married for fifty years, does not recognize herself in the mirror, talks to furniture as if it were her former pupils, and so on, lacks the psychological connectedness necessary for qualifying as a person. All of us exist well before we become persons, and sometimes we tragically outlive our personhood, as might be the case in severe dementia. In this opinion, we find ourselves in full agreement with Parfit when he explains, in “Experiences, Subjects, and Conceptual Schemes,” a 1999 *Philosophical Topics* article, “And Shoemaker assumes that what we are essentially is persons, while I regard it

as acceptable to claim that what we are essentially is human beings, treating the concept *person* as a phase-sortal, like *child* or *chrysalis*, so that we exist before we become persons and we may continue to exist after we cease to be persons” (p. 218).

But Holland also signals what he regards as a second, more consequential problem for our approach. Not only do we deny that the earlier and later Mrs. Cornel were the same person, but we also deny that the later Mrs. Cornel was a person at all. And based on what Holland calls our “physical” conception of identity, the family and clinicians of a patient like Mrs. Cornel would be robbed of the necessary conditions to consider important aspects of her subjective experiences, such as her best interests, values, and authenticity in interpreting her advance directive. And worse still, by denying patients like Mrs. Cornel full personhood, we would enter dangerous territory that would have far-reaching repercussions.

Holland does not spell out the dangers he is thinking of, but his first allegation would be bad enough as it stands, if it were true. But we do not hold a physical conception of personal identity over time, if by “physical” is meant “having no subjective experiences.” In fact, we are agnostic about the criteria for numerical identity over time; all we claim—just as Parfit does—is that they cannot be psychological. As long as Mrs. Cornel was conscious, she had actual interests that should have been and were taken care of by the nursing-home staff. And as long as she was Mrs. Cornel, her values and authentic wishes as laid down in her advance directive should have been and were indeed taken into consideration by her geriatrician, Marinou Arends, in honoring the euthanasia request that Mrs. Cornel drafted when she was still a competent person.

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**Henri Wijsbek and Thomas Nys reply:** We are grateful to Tim Holland for taking the trouble to point out what he took to be some problematic aspects of our article. Although he agrees with our conclusion, he objects to the reasoning leading up to it. In particular, he believes that our discussion of the someone else problem involves a metaphysical misstep with grave moral implications.

The problem, according to Holland, is that the validity of an advance directive requires that the person who will eventually be its subject must be the same as the person who drafted it. Since we assume that the individual we call “Mrs. Cornel” underwent such drastic psychological changes that she was no longer the same person, on our own assumption, her advance directive ought to have lost whatever validity it may initially have had. This problem, however, Holland contends, can easily be repaired. Had we considered not only Derek Parfit’s connectedness criterion for personal identity but also his concept of psychological continuity, we would have come to the conclusion that the Mrs. Cornel with severe dementia was the same person as the Mrs. Cornel who drafted the advance directive. On Parfit’s view, psychological continuity