Considerations in Treating the Deeply Forgetful Cerebral Subject

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The “cerebral self” – in health and disease

• Vidal\(^1\) defines the “cerebral subject” as the ontological quality of brainhood, rather than personhood
• Pickersgill et al.\(^2\) examine the cerebral subject under stress of illness
• There is obviously a uniquely potent assault: amnestic syndromes such as Alzheimer’s
The misleading language of treatment

- Alzheimer’s presents a two-fold loss: a loss of the function (e.g., memory and navigational ability) and a loss of self-identity

- A new class of drugs has emerged in Alzheimer’s research: monoclonal antibodies against β-amyloid deposits

- Biologically speaking, monoclonal antibodies work very well, but do not alter cognitive decline

- The creators of aducanumab have argued that this biological activity is a “clinically meaningful benefit”

- However, this language can be deeply damaging to the cerebral subject. How else can a brain react being told it is healed while experiencing such a loss of self?
Treating the cerebral self

- How do we care for the cerebral self?
- Acknowledge the limitations of any “treatment” (and possibly abandon the language of “treatment” entirely)
- Center the cerebral subject in the patient interaction, and care for the delicate intersection between personhood and biology
Acknowledgments and Citations

Citations
3. Post, S. G. (2000). The moral challenge of Alzheimer disease (p. 5). The Johns Hopkins Univ. Pr. [cited here for the phrase “deeply forgetful” as a more caring way to discuss dementia]
4. Manly JJ, Glymour MM. What the Aducanumab Approval Reveals About Alzheimer Disease Research. *JAMA Neurol*. Published online October 4, 2021. [an excellent discussion of the ethical issues involving aducanumab].
6. Image credit (slide 2): Shutterstock

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