

## **COGNITION AND LIFE DECISIONS IN ALS**

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During the last decades, articles about cognition in ALS have mushroomed, mainly due to the recognition of the overlap between fronto-temporal dementia and certain forms of ALS. Despite this trend, in clinical practice, when addressing end of life (e-o-l) issues with ALS patients, cognition is inferred to be normal and not formally assessed. In this debate we will try to answer the following questions: 1. What is the prevalence of dementia and cognitive impairment in ALS? 2. Are ALS patients able to make valid end of life decisions? 3. Should cognitive status be formally evaluated before discussing e-o-l issues? 4. What level of cognitive impairment would preclude the validity of life and death choices by ALS patients?

Our early observations and literature review suggest that many ALS patients may have subtle cognitive impairment, mainly regarding executive functions, but only 5% -15% have dementia with frontotemporal lobar degeneration. The absolute majority of them, with proper explanation, are able to understand the nature and evolution of their disease and the meaning of life with advanced ALS. Although cognitive tests are useful research tools contributing to our understanding of the non- motor aspects of ALS, they rarely, if at all, must be relied on, when making vital decisions. It is the author's belief that life and death decisions transcend the realm of statistical results and that there is no better tool to assess their validity than the common sense of the astute, empathetic, intuitive physician who knows his patient for long time and echoes his reactions. To deny a conscious human being the right to determine his own destiny one must have compelling reasons and these have more in common with metaphysics and religion than with batteries of tests.