

[The Alzheimer's Podcast Episode 088](#)

Building a Life of Joy and Dignity from Beginning to End with Dr Tia Powell

Christy Turner:

Hello and welcome! I'm Christy Turner, AKA The Dementia Sherpa. I've enjoyed the privilege of working with over 1,500 people living with dementia and their families so far...including multiple experiences in my own family. In the course of my career, I've transformed from total trainwreck on my first day as a professional, to local go-to expert, speaker, trainer, and consultant. And if I can go from scared spitless to confident care partner, I promise you can too!

In this episode of Navigating Rough Terrain with the Dementia Sherpa, it's part two of my conversation with Dr Tia Powell, author of the new book, *Dementia Reimagined: Building a Life of Joy and Dignity from Beginning to End*. I highly recommend this book to families and professionals alike---it's worth your valuable time. This part of our conversation focuses on how the HIV/AIDS crisis shaped Dr Powell as a doctor, how a shift in thinking from disease cure to disease management can impact daily life, and how we as a community can support both family and professional care partners. Finally, Dr Powell shares a gut-wrenching decision she and her family were asked to make more than once, and how that played out. Now, on to part two of our conversation with Dr Tia Powell on episode 88 of *The Alzheimer's Podcast*.

Christy Turner:

So how did HIV AIDS, that crisis that was happening during your residency, how do you feel like that shaped you into the doctor that you are today? And how did that inform your

thinking about people living with dementia later?

Dr Tia Powell:

That is such a great question. That's really a good question.

Christy Turner:

Well, thank you.

Dr Tia Powell:

So, I would say being a young doctor, and going through my training, my training in the time of the start of the HIV epidemic, man, it was devastating. And there were people who were my own age who were dying in front of my eyes--there was absolutely nothing you could do. So, as time went by and HIV became a disease that we could manage--we don't cure it--we could manage it, though. And you don't have to--a lot of people get good treatment, and we gotta make sure there's access to treatment, but you can get good treatment for HIV and live a long, incredibly rich life today. So, I think it shapes how I think of things. I mean, in general, we like to think that doctors cure diseases. To tell you the truth, that's kind of rare, really.

Dr Tia Powell:

We don't cure stuff; we mostly manage stuff, you know? I mean, the common diseases that people have, if you look at the numbers, we have heart disease, congestive heart failure, we have diabetes, we have um, lung disease. All of those things are things that no, no sane physician will say, "We've cured this." I don't get a cure that [*unclear*]; we manage it. And you say, "You know, truthfully, it might kill you one day. Your lung disease, you know, may kill you one day, but let's, let's make it not today. Let's see what we can do. Let's push it back. I've got some stuff that I think might work." So I, I am not crushed by the idea of an illness that you can manage. I think that's an honest accounting of the ways in which medicine can help. And I want to get that message out, so when people say, "Ah, dementia, so terrible, we can't cure it."

Dr Tia Powell:

I just feel like, yeah, it's a chronic illness. Like most of the illnesses that most doctors treat most days. It's like, you know, seriously, that's what doctors do. It's not, you know, it doesn't really distinguish you among [unclear] to say, "There's no cure!" Yeah. I'm sorry, did we cure diabetes? Did I miss that? You know, I mean, it's actually, oh, it's a crisis. It's like, it's taking over huge numbers, millions and millions of people in our country. I guess we didn't cure it. So, I'm okay with managing, and when you get to the point and go, "What would it look like to manage something? It could be a medicine, if you have one. That would be great. We don't really have that now, in terms of something that really slows it down. But you can do a lot of things in terms of managing.

Dr Tia Powell:

That's certainly true for diabetes. If you have diabetes, there's a lot of stuff that's not just insulin you need to do. You need to really think about how you eat. You need to think about fitness, you need to really treat yourself with some kindness. You really need to think about how you're living. You certainly shouldn't smoke. There's a lot of stuff that doesn't have to do with getting a pill that makes an enormous difference for somebody with diabetes, for somebody with lots of other illnesses. So, that's, I think, a huge part of why it's shaped me: that first of all, don't despair. Second of all, there's no shame in being a manager of illness. That makes an enormous difference. And that is mostly what doctors do. And we should do it with pride and honor. Um, that's also a lot of what nurses do, and they already do it with kindness and honor. We have to have more respect for the whole interdisciplinary team. Um, so, but that's a whole other question. But I do think you're right: growing up in the era of AIDS, as a physician, does really change how you look at things, and what counts as a victory and what counts as a disaster.

Christy Turner: Mm hmm. Profound. You say in the book that cruelty and comfort have been competing elements in the response to dementia, which I completely agree with. How do you think we can get people moving more toward the comfort end of this? And actually let me rephrase that. Not more toward. Let's ditch the cruelty all together.

Dr Tia Powell: Right. Right.

Christy Turner: What, beyond--is there something beyond the stigma of having dementia that you think is allowing cruelty to continue to flourish? And I would say that I believe it is greatly improved, but I don't think we are anywhere near where we can, what we can accomplish, if we put a focus into this is a chronic condition, and people living with it deserve respect and kindness, love, empathy, compassion, joy, to have fun. And fun and dementia are never really linked together. It's like, if you get this diagnosis, then suddenly you're not capable of fun. You're not worthy of fun. We shouldn't think about fun. Um, so is there anything that you've come up with that you think can propel us forward?

Dr Tia Powell: That is also a really good question, and I'll tell you, I wish I had a better answer. I can give you, um, some approaches that I hope will take us forward. First of all, I agree with you. We've done a lot better. I think the way most nursing homes operate has really changed, I think we think a lot differently about, and there's also powerful advocacy on the part of many groups, groups that support dementia, groups that support older people, that have really, over the last couple of decades, made a lot of noise saying, "Hey! We're humans. We're adults. We are not babies. We really need you to treat us--um, don't call me *honey*. Could you treat me as if I were an elder statesman, which is in fact what I am?" So I think that there is that

movement. What would help us get more of that, and ditch the cruelty stuff?

Dr Tia Powell:

Well, I think that, um, we don't always do a great job of training, uh, paid caretakers, and even some family caretakers, about what dementia looks like. So, some education would be super helpful. I think there are a lot of people that are very poorly paid in the formal care setting, who--there's huge turnover among home health aides. We give people with very little education--we don't pay them well. We don't give them training. We communicate loud and clear that this work is not important, that the people who do it are not important.

Christy Turner:

Yes, yes.

Dr Tia Powell:

And that there's, this is just stupid grunt work that anybody should take up. And in fact, this is what you should do if you can't get any other job.

Christy Turner:

Yes.

Dr Tia Powell:

So, unsurprisingly, you're going to end up with some people who are working at nursing homes and in people's own homes, as home health aides, who can be cruel. Some of them probably don't mean to, but they don't know better. And also if you're, if you're really working 18 hour days for a minimum wage, sometimes even less? Man, that's pretty tough. So, I think if we took this seriously, we gotta figure out a way how to be super efficient, but how to get people who are doing the work of caring for those with dementia, for those are paid, we need to make sure that they have a living wage, and we need to train them. We need to tell them what dementia is. We need to give them some good tools that they can work with you. You're supposed to give this person a bath and they're terrified of the water. How are you going

to get them clean? Right? That's actually a real world problem and we really hard one.

Christy Turner:

Uh huh, yes.

Dr Tia Powell:

So, instead of saying, "I'm bigger than you and I'm going to scare you to death unless you get in that water, and I don't care if you scream." That's one approach that people take, particularly when nobody's looking.

Christy Turner:

I also call that assault, yes.

Dr Tia Powell:

It's assault. It's absolutely assault. If you've not given that person any other alternative, and they're not a trained provider, how, how have you, what have you--what have we done? What have the rest of us done to prevent that cruelty? I think it's very wrong to look at the individual and say, "What a bad person you are." You know? Where were we in the training, and the supervision, in the offering a decent wage so that people who have good options, will take up this work? And I'll also say that despite the fact that the pay is terrible, there are some fabulous people providing this care.

Dr Tia Powell:

Um, and it just really, they just have a genius for care. And you will find that if you go about the world, that there are people who really, I don't know how they figured it out, but man, they just did. And they're, it's a beautiful thing to see.

Christy Turner:

It is!

Dr Tia Powell:

So if we can get them to do more training, you know, I mean, that would be fantastic. So figuring out how to do that. And I would say the same applies to a lot of family caregivers. There are people at home, they don't get a break. And it can, any job, even a job that you know is important and that you really want to do, can get hard. And I think people who love their family members with dementia will--and I'm sure they've said it to you--they will sometimes

say to me, "I was mean to her yesterday. I really lost it. I'm really ashamed of what I did, but I yelled at her. I, I pretended I couldn't hear her when she called me from the other room. I just couldn't take it anymore."

Dr Tia Powell:

So again, where are we? Where are we helping them? Do we have respite? Are we, you know, yes, nobody wants to pay higher taxes, but how are we going to help people figure out how do we, how do we set you up for success? We haven't done that yet.

Christy Turner:

Right.

Dr Tia Powell:

If you want to keep a loved one home and you want to make sure they get good care, what resources of training that, you know, even, you know, a Skype call where you can get some training and check in with people without leaving the house. There are programs like that that make a big difference. But where are we as a community?

Dr Tia Powell:

You know, how have we set you up for success? You've made the commitment, you've put your body on the line, sometimes quite literally. Um, and how can we, how can we give you backup? So that's what I think we need to do more of. That we need to do more research. We are beginning to fund it. But um, and I think there's some really good programs starting up that I really like, um, that are trying to train people, either paid caregivers, or home caregivers. Um, and there's some nursing homes are doing innovative stuff, better palliative care approaches, but we've got to figure out how are we going to fund that? How are we going to take it seriously and how are we going to study it? How do we get some really smart people, um, more of them, to look at that and say, "Hey, I tried this. I tried this at home with my, or in my nursing home. And um, this made it so much easier for people to take a bath. That would be a discovery worth so much to so

many millions of people, that there would be as much rejoicing over that as it would be for a pill.

Christy Turner:

Right. I think one of the problems is-- there are many people who are really good at what they do, and I'm thinking, particularly, of *Bathing Without a Battle*. I can never remember her name, unfortunately. It's Joanne something. She's a nurse, who created this video, *Bathing Without a Battle*. For listeners, you can find that, you can Google "bathing without a battle," and it is worth every last penny. That is an amazing video. You will learn a ton from that. But too often, people don't even know where to look. So right now, for example, with my own clients, if they did a Google search and happened to have the right phrase or had in mind the kind of help they needed, then okay, they could find me. Fantastic. Or if you're in your local community and you need to find a memory care placement for your person and you happen to walk into the right community, "Oh, yay. That worked out." But it's so much of a crap shoot right now. That is one huge problem. Another one that I see is--this is my theory of the case--is that some people are born with the gift to be care partners, and some people are not. And so if someone has the heart for that type of work, I can always teach them the skills. They can always learn the skills. If they do not have the heart for that, I believe there is zero shame in that. You find a different line of work. That's okay. You can still learn the skills, but you're never going to be what I call the magician. And those are the people that you were talking about, that just, it's clear they have a gift. And the world needs all different kinds of people with different skill sets. That's okay. Now, for family care partners, you know, often they feel like, "This is my responsibility. It's my duty." And they weren't necessarily born to do this type of work. But again, they can learn the skills and they have a more vested interest because of the emotional

connection with the person. So, I think those are very good ideas and thank you for sharing those. I appreciate that.

Dr Tia Powell:

I think if you're, you know, if you're somebody and your mother or father has dementia, but you are not one of those natural givers, I think somebody like you can help them get better and can help them do some stuff. But I also think, again with the stigma, I think it's really important to say if this isn't your gift, if you're, if you're fantastic at a different kind of job, that's a beautiful thing to have another talent. Not everybody has this talent. 'Cause you know what? It's really hard, and there's no shame in that. Let's think. How can you use the talents? You have to make sure that your loved one is getting good care, and maybe it's not directly you providing it

Christy Turner:

Preach, Dr Powell!

Dr Tia Powell:

Maybe you have great executive skills. Okay, let's figure out how you can put together a team. But I think that would be to relief for many people. You know?

Christy Turner:

Absolutely. And, and so now listeners, you've heard it from Dr Powell, I'm reinforcing it: There is no shame in that not being the right fit for you. We can figure out what is going to work with your particular challenge and how to build out a care team. You don't have to do it all. One of the things you said in your previous answer, Dr. Powell, reminded me, and I can't think of what the exact thing was you said, but it made me think of the experience that you had as a daughter of a person living with dementia. So, when your mom was living with dementia, there were some significant things, in my opinion, that I think really echo so broadly to so many other family care partners' experiences that they've had that are similar. One was with the cardiologist and the pacemaker--which I was so happy that you said, specifically, you

were still angry that it played out the way it did. Can you share a little bit about that?

Dr Tia Powell:

Absolutely. So, I think one of the ways in which we can make dementia better is to help people realize it's a fatal illness. And we should think about what a good death with dementia looks like. You'll die of this illness, and indeed, we're all gonna die of something.

Christy Turner:

Yes.

Dr Tia Powell:

But what does a good death look like? Because medicine, certainly in the case of my mother, but in general, we're not always good with that. So when my mother had severe dementia, um, to make that, you know, uh, the criteria for that diagnosis, if you want to talk about it medically, she had a lot of difficulties. She could walk a little bit, but with great difficulty. She had trouble feeding herself. She could speak a bit. I'm not sure she still absolutely recognized each of her six children. I mean, I think she was sort of pleased to see us. We had faces that she liked, but I'm sure she could've put a name to each of us. And I know that she called some of us by the name of her own siblings. So, she got right idea--you're family--but kind of wrong generation. So, she would call my brothers by her brother's names. You know, she's kind of scooting around in our memory banks, and I'm sure she remembered her brothers as much younger.

Dr Tia Powell:

So when she's in this phase, she started to develop these strange spells, couldn't figure out what it was, was it a seizure or was it something else? And it turned out to be that she had heart block, which means that your heart--which, by the way, is basically kind of an electrically driven pump. It needs some wiring to tell it, "Okay, time to beat, beat again, beat some more." So, when that wiring gets all faulty and rusted up or whatever, um, it stops doing that. And when you have heart block--and there's

different degrees of it--your heart, it takes a kind of casual attitude towards beating. So it'll beat and then it will say, "Well, I'm gonna think about that for a while. Just going to sit here and not beat for a bit. Well, maybe I'll beat. I'll beat again. Now, maybe I won't beat again for awhile."

Dr Tia Powell:

So, you know, that doesn't work out so well now. That's not a sustainable plan really. So, um, when they figured that out, the cardiologist came bouncing in. Such an active, you know, well-meaning young doctor, saying, "Great solution, pacemaker, that's just so perfect. I'll put it right in." So turns out, my mother's mother had dementia, and decades before, she got a pacemaker, and her six children regretted it every day of their lives. It meant that their mother lived probably another eight or 10 years with ever-deepening dementia and died really miserable: contracted, bedbound, you know, couldn't really move. Just, just really a life without joy. And it's not clear what benefit that pacemaker brought her. So, my mother had said, "Don't you give me one." But, in the event, when the doctor came around, she was a very dutiful person throughout her life, and the doctor came up and said, "You need a pacemaker."

Dr Tia Powell:

And she basically said, "Okay, whatever you want. Whatever you think is right, Doctor." So, we in our family, the six kids in my family, all got together and there was a huge to-do. I'm sure those of you with big families can relate to the idea of six strong-headed people. 12 different people. It happened. So, it was a big brouhaha, couldn't really agree. Some people were saying, "She told us don't do it," and other people did not agree with that. So we thought, *Okay, maybe, maybe we should try and do it.* I thought I should be able to let it go in and then come out later. Although with the pacemakers, the doctors are very tricky with this. They shouldn't be doing it. And since then guidance

has come out saying pacemakers [are] no different than everything else: you need consent. And when the patient withdraws consent, you've got to stop it.

Dr Tia Powell:

But they didn't think that back then, and they still don't always think that with pacemakers now. So the doctor came in to take her and said, "Okay, I'm taking you for a pacemaker." And she then stopped him and said, "No, I don't want that. I always said, I didn't want that. You guys do too much stuff to old people. Get away from me." So, she didn't get it. And she ended up dying. Not immediately, but a while later, of heart failure, heart block. And the cardiologist said, "Nobody should die of heart block. It's going to be terrible. You don't know when the symptoms will come, so you can't give her any pain medication. And it'll feel like drowning." Well, here's what it was really like. She had dementia, so she couldn't remember she had heart block, so she didn't worry about it. She didn't have any pain, any anxiety, worrying about, "Oh, my goodness, I have heart block!"

Dr Tia Powell:

When an episode happened, she never looked like she had pain. She would just sit there quietly, kind of staring off into space for a minute or two, and when she woke up and came back, she would look around, be a little confused. So, she didn't have pain before, she didn't have pain during, and she didn't have pain after. And gradually, she basically kind of faded away, because you know what? When people die asleep at night in their beds, what they often die of is heart block. It's actually, if you can get it, kind of a great way to go. And when you're going to die anyhow, within the next year or two, and the other ways are really less appealing, I don't know that you're so badly off to say, "You know what? If on your menu is heart block, I'm okay with that." Living another couple of years with dementia with more and more discomfort, and of course my mother had--you know, lots of people have other

things: they've got arthritis, they've got pains, all kinds of stuff that are hard to treat. So, there was less and less joy, and to let her die of a natural cause, to keep her comfortable, to let her have what joy and dignity remained? I'm really happy and proud we were able to do that for her. But medicine was really driving us in a different direction. You know, "How could you be so neglectful? Here's the thing you could do." And pushing us, pushing us instead of saying, "Hmm, well, let's think about whether this intervention will be helpful. I'm not sure it will. Your mother has lots of illnesses. Unfortunately, it does look like her time is coming to an end, no matter what we do, and maybe we could just keep her comfortable. That's what I would recommend." So, that's what I would hope people would consider, at least, as an option for themselves if they had this family member who has dementia that's not just at the starting phase, that's really sort of moving along, and people are pushing a lot of interventions on them. You have the right to say, "No, thank you. Unless you can show me how that will make her feel better and make the ending better. Nah, I don't think that's helpful."

Christy Turner:

I'm so glad that you put this in the book! Because the first thought that went through my mind was, of course, first I wanted to smack the cardiologist. Like, *Why is he torturing this family? These decisions have already been made!* The second thought was, I was guessing you hadn't kept it a secret from him that you are a doctor. So, if a doctor can be treated like this as a family member, right? If a doctor can go through this, imagine what it is for families that don't have a doctor in the family, that believe that they have put all the pieces in place to follow the plan, to honor their person's wishes, and then get into a situation like this where it can be scary, especially for families that don't have much in the way of medical knowledge. They're getting new information in

real time and being asked to second-guess decisions that were already made. There's, to me, it felt like an element of bullying.

Dr Tia Powell:

I think it was unintentional, but I agree that that was the result. I think, um, doctors do have a lot of information. They have a lot of advice, but not all physicians are equally comfortable thinking about how to tailor their expertise to address the specific goals and values of the person in front of them. So not everybody with a specific illness really will benefit in the same way from the standard treatment. And when you have somebody for whom it's appropriate to think about end of life care, that really shifts the calculation. It's not the same. If you're going to do individualized medicine, you don't say, "Heart block equals pacer [pacemaker]." You say, "On top of all the other things that are true of this person, plus her values, plus her preferences. What we know about her as a person, what her family tells us about what she told them." All of that should go into weighing what's the right treatment for this one individual. So, I don't think the doctor was malevolently intentioned. I think medical training is not what it should be and it doesn't focus enough on thinking about, *It's great you have this expertise, it's great you know how to put in a pacemaker. Now you need to think about whether or not you should.*

Christy Turner:

Amen! Oh my God, that drives me nuts! There's so many, especially crap on TV, where it's like, "We're doing this intervention, we're doing this thing, because we can."

Dr Tia Powell:

Right.

Christy Turner:

And you know, there are worse things than dying.

Dr Tia Powell:

And moreover, we are all going to die.

Christy Turner:

Yes, exactly. Exactly. Like, how tormented do you want it to look between the, the end and right now, where there's a situation-- I'm sorry that's, that's my own little soapbox that I could go on for a couple of hours. But it seems to me that doctors, specialists such as cardiologists, or even you as a psychiatrist, of course, you're going to tilt toward your own specialty. I mean that's kind of your filter, right? But you, specifically, are able to look at, at a situation holistically, to look at a whole person. It seems to me that there are a lot of specialists, though, that--which makes sense to me, 'cause they're just all humans--that struggle with having that bigger, holistic picture of a person, and all of the other conditions that they may have, and seeing how that impact, plays out with, you know, if we go down this road, if we move forward with a pacemaker, then here are all the other consequences that may crop up as a result of that. Some of them quite unintended, and the opposite of what we're aiming to do.

Dr Tia Powell:

Yeah. And I think, you know, I think it's the system. I don't think, um, the individuals within the health professions set out, um, to make life difficult. And actually, many are extremely idealistic and, and, and many are really trying to push this change, but it's very hard within the overall system of medicine.

Christy Turner:

Right.

Dr Tia Powell:

And we don't really start with the idea of looking at a person, saying, "There's actually sufficient information to say--and I apologize for being so candid with you--that your loved one is not that likely to live more than a year. So, let's think about that year. What would we like that year to look like? What, what do you know about her values? What would she choose? If she could sit right up and be her old self, what would she, how would she guide us? So, if we got a year, does she want to spend it in

the intensive care unit? I don't think so. You know, cause even at the end of that year, this is going where it's going. Dementia doesn't turn around and go the other way, you know, it just goes one direction. So, and because you're an older person, there's likely to be all kinds of other things on board, like heart disease, cancer, all kinds of stuff. So, um, what would a good year look like? What would, what would that be like? How can we do it? Can we do hospice? Can we, um, figure out if there's a way to cut down on medical expenses and bring in other things that are more palliative? Could we have money for massage if we weren't doing super expensive medications?"

Dr Tia Powell:

You know, so if we thought about not just the person but the budget in a holistic way, we might be able to sort of individualize care. Now, it's not up to the individual, you know, the individual cardiologist, can't say, "Here, you know, you can get your insurance to cover massage." You know, we've got to do the whole system. So this is on everybody. We got to really push for this and think about, let's get comfortable talking about death. Let's get comfortable saying, "Hmm, advanced dementia? This person, I can give you a sort of pretty good guesstimate on how long they'll live." It's, individuals are different and stuff like that, but give them that estimate, What should we do here, what's the right thing? How can we help this person? And maybe it's not going to be surgery. Maybe it's not going to be a pacemaker. Maybe it's going to be, you know, some more comfortable setting and we're not going to monitor so closely except for pain and comfort.

Christy Turner:

Oh, this should be required listening for every doctor out there, every, every person in the health care system who has any interaction with family and is asking them to make a decision. Thank you for putting that so eloquently. I so appreciate your generosity in

your time, Dr. Powell. You agreed to a half hour and we are pushing up on an hour. I cannot thank you enough. So I want to close out by this piece in the book. And the book is *Dementia Reimagined* and Dr. Powell says this, "This book is for all those who face dementia. You will see the disease more clearly and this knowledge will make it less, not more frightening. This book is about how hard it is to get things right, to plan, to get the right care at the right time, to pay for that care and to work together to find better treatments and support. It tells you some of what you can do to make the experience of dementia a little less lousy and a bit more joyful. This illness is not just about loss. It is also about preservation of affection, of dignity, of hope. You will learn how to make dementia less scary for someone you love and for yourself." And I will just say, having read this book, which I loved, I can't recommend it highly enough. Dr. Powell delivers on exactly what she said the book is about. Plus there's just fascinating history about how people are and have been treated, the evolution of treatments and our healthcare system. And I mean, for example, we didn't even have a chance to talk about Dr. Solomon Fuller, which I would encourage everyone to Google.

Dr Tia Powell:

Oh, I love him!

Christy Turner:

Google him and read about him; read about him in the book. A very, very important figure. And, and so thank you so much. Do you have a release date yet for your book?

Dr Tia Powell:

I do. It comes out on April 2nd, and if people want to, they can preorder it now. If you Google it, you can find it on Amazon, Barnes and Noble, and all the other stuff. So, um, this has been really a treat. I so enjoyed speaking with you.

Christy Turner:

Thank you so very much for your time, Dr Powell. And again, that is *Dementia*

Reimagined, available on April 2nd, 2019. We're going to put links for how you can order that in the show notes. I highly encourage everybody to read this, whether you are a dementia professional or a family member. This book is well worth your time. Thank you so much for being with us today.

Dr Tia Powell:

Thank you. It's been a pleasure.

Christy Turner:

And that's our show. Just a reminder, we've got details on The Association for Frontotemporal Degeneration (The AFTD) National Conference on May 3rd, as well as the Dementia Sherpa workshop on May 4th--which is for folks in the LA area who don't need FTD-specific help--over at DementiaSherpa.com/episode88. That's also where you'll find links to resources mentioned on this episode, including a link to Dr Powell's book, [*Dementia Reimagined: Building a Life of Joy and Dignity from Beginning to End*](#). Thank you so very much for being with us today on The Alzheimer's Podcast! We look forward to spending time with you again next week.