

Ethical Reasoning in the Use of Social Robots for Dementia Care

By Melissa Ecker

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Advances in socially assistive robotics are reshaping the landscape of long-term care, particularly for individuals living with dementia. While these technologies offer new forms of comfort and emotional support, they also raise profound ethical questions about autonomy, dignity, identity, and the appropriate role of artificial companions in vulnerable populations. My ethical position centers on a simple but powerful principle: the wellbeing, dignity, and remaining autonomy of the dementia patient must always come first. All other considerations—staff convenience, institutional efficiency, or technological enthusiasm—must remain secondary to this foundational commitment.

I approach dementia care through a palliative lens, recognizing that the condition is progressive, incurable, and deeply disorienting for those who experience it. Because of this, the goals of care shift away from restoring cognitive function and toward maximizing comfort, emotional stability, and dignity. Within this context, I believe that social robots can play a meaningful and ethically appropriate role when used as supplementary tools rather than replacements for human caregivers. Robots that offer soothing sounds, predictable responses, and calming presence can reduce agitation, ease anxiety, and help residents cope with the instability and confusion characteristic of their cognitive world. In these situations, the robot enhances the resident's lived experience without undermining their sense of self.

However, I draw a firm ethical boundary at the point where robots begin to influence, shape, or indirectly control a resident's decisions or emotional expressions. A key distinction separates emotional support, which is ethically permissible, from emotional steering, which is not. When a robot's presence merely provides comfort, it supports the palliative mission of care. But when that same presence shifts how the resident decides, behaves, or expresses preferences—especially in ways that make them more compliant, passive, or "easier to manage"—it crosses the line into soft coercion. Masking a resident's genuine distress or overriding their expressions of discomfort for institutional convenience violates their dignity. Even when the mind is compromised, the emotions and reactions that remain are authentic, meaningful, and morally important.

Similarly, I reject the idea that robots should become identity scaffolds or external memory systems for dementia patients. Allowing a machine to dictate what a resident should remember, prefer, or feel undermines the resident's fundamental personhood. Identity must

be supported, not engineered. The role of caregivers is not to preserve a resident's past self artificially, but to walk beside them with compassion, love, and respect as their condition evolves. Even when cognition fades, the inner life of the patient still belongs to them—never to the robot, the designers, or the institution.

Human caregivers remain central to ethical dementia care. Robots must augment, not replace, the relational and emotional labor that humans provide. Staff members may understandably experience mixed feelings as robots become more integrated into care routines. While robots can alleviate some emotional burden and reduce caregiver stress, this benefit cannot justify limiting a resident's access to comfort. If caregivers feel displaced or undervalued, the ethical response is to support them—through training, supervision, wellness resources, and structured opportunities for reflection—without depriving residents of tools that enhance their wellbeing.

I also believe that residents retain meaningful domains of autonomy, even in cognitive decline. Choices about daily routines, sensory environments, social interactions, and end-of-life comfort hold deep personal significance. Robots should not be used to steer these decisions or artificially “smooth” the resident's responses. Genuine preference, even when inconsistent or difficult, remains part of what makes someone a person. Protecting those expressions means protecting dignity itself.

In summary, my ethical framework rests on three core principles. First, comfort without control: robots may soothe, but they must not shape identity or override authentic emotional expression. Second, dignity through authenticity: residents have the right to express discomfort, disapproval, fear, or preference without those reactions being technologically suppressed. And third, human care as the core of ethical practice: robots may complement but never replace the irreplaceable emotional, relational, and moral presence of human caregivers.

Ultimately, I view social robots as powerful tools with real benefits—but tools that must be used with sensitivity, humility, and unwavering respect for the inherent humanity of those they serve. Ethical dementia care requires balancing technological possibility with moral responsibility, always ensuring that innovation serves people rather than reshaping them. My position reflects a commitment to compassionate, person-centered care grounded in dignity, empathy, and the highest standards of ethical reasoning.