WANTED

Dead or Alive

ORGAN DONORS

By Paul A. Byrne, M.D.

Billboards plead, "Give the Gift of Life." When applying for a driver's license, you are given the "opportunity" to check "Yes" to organ donation; likewise, when you prepare your advance directive for health care. However, information necessary to make a genuinely informed decision is noticeably absent. One question you'll want to explore is: Will you be dead or alive when they extract your organs?

Redefining Death

Most people are not aware that many in the medical community are convinced that "brain death" is not true death. (1)

Before organ transplantation became possible, physicians cautiously determined death in order not to embalm or bury people while still alive. Today, death is often declared for reasons not related to the patient's welfare-organ transplantation and cost containment. "Brain death" is sometimes hastily declared because the removal of vital organs (heart, lungs, liver, kidneys, etc.) must be done before the organs deteriorate due to cessation of blood circulation. It is the life that remains in donors that makes their organs useful.

Before 1968, a physician pronounced death when there was no breathing, no heartbeat, and no response to stimulation. Today, a person can be judged "brain dead" while he/she has a beating heart, as well as normal pulse, blood pressure, color and temperature-all signs of life. How did this change occur?

The Journal of the American Medical Association published an article entitled "A Definition of Irreversible Coma" in 1968. This article included the Harvard Criteria which claimed that irreversible coma represented "brain death." The newly coined "brain death" allowed the "harvesting" of vital organs from comatose patients on ventilators.

A ventilator moves air into and out of the lungs. It is effective only when the patient's respiratory and circulatory systems are functioning. These systems working together add oxygen to the blood, carry the blood with the oxygen to the cells of the body, and then take carbon dioxide from the cells back to the lungs to be exhaled. Respiration occurs in all living persons, including those who have been declared "brain dead."

Lax Standards and a Dangerous Test

By 1978, there were more than 30 different sets of criteria for determining "brain death." Every set since the first is less strict. For instance, the Harvard Criteria required that the patient be in a coma at

least 24 hours. Later sets of criteria shortened the time to12 hours, then six hours. Some criteria do not even require an electroencephalogram (EEG)-an omission that could result in a patient with cortical activity (memory, feeling, emotion, etc.) being declared "dead."

Every set of criteria for "brain death" includes an apnea test. ("Apnea" means the absence of breathing.) This test, which has no benefit for the comatose patient and, in fact, aggravates the patient's condition, is done without the knowledge or consent of family members. The apnea test, during which the ventilator is turned off for up to 10 minutes, can induce "brain death" or cardiac arrest. Its sole purpose is to determine the patient's inability to breathe on his own in order to declare "brain death."

It is illogical to do an apnea test on a patient who has just undergone severe head trauma. Turning off the ventilator for up to10 minutes risks killing the comatose patient who might otherwise survive and resume spontaneous breathing if treated long enough. Two groups of neurosurgeons (one from Germany, the other from Japan) simultaneously demonstrated that 70% of victims of severe head trauma in deep coma NOT SUBMITTED TO APNEA TEST could be recovered to NORMAL DAILY LIFE if their bodies were cooled down to 33 degrees Celsius for 12 to 24 hours ("short-term moderate hypothermia"). (2)

So, here is the transplant dilemma: Without the apnea test, the diagnosis of "brain death" is simply not possible, and without the diagnosis of "brain death," the transplantation of vital organs is not possible, or at least much more difficult. Because transplant surgery is one of the most profitable medical activities, medical professionals in the transplant system refuse to acknowledge in public the detrimental effects of the apnea test. They also reject obtaining written consent because, if the apnea test was explained in detail, no family member who loves the patient would authorize it.

Since there is no universally accepted standard for determining "brain death," a person could be declared "brain dead" using one set of criteria, but alive using a different set. Every transplant center agrees that death is whatever a doctor says it is.

Undeniable Signs of Life

Ironically, a patient regarded as "dead" (for transplantation or experimental purposes) is sometimes treated as alive. Suction and postural drainage are done to prevent pneumonia. The patient is turned to prevent bed sores. How can a dead person (cadaver) develop pneumonia or bed sores?

When the incision is made to remove organs, the donor often reacts by moving, grimacing and squirming, unless first given a paralyzing drug. Even paralyzed, his/her blood pressure and heart rate increase dramatically. The heart continues beating until the transplant surgeon stops it just before cutting it out. As a doctor wrote in a letter to the editor of the New England Journal of Medicine, 11/17/94: "The signs of life in brain dead patients…are very real and cannot be discounted in human terms, even if we have done so in public policy."

This article is reprinted from Imposed Death: Euthanasia and Assisted Suicide, with the permission of Human Life Alliance (HLA). Imposed Death is a 12-page educational newspaper supplement described as "everything you ever wanted to know about euthanasia, but didn't know who to ask." For more information, contact HLA by calling (651) 484-1040 or preview a copy of Imposed Death at www.humanlife.org.

About the Author: Dr. Paul A. Byrne, a neonatologist, began evaluating criteria for determining "brain death" in 1975 when a patient, Joseph, had been on a ventilator for six weeks and an EEG was

interpreted as "consistent with cerebral death." Dr. Byrne did not turn off the ventilator; rather, he continued treatment. Joseph is now married with two children and works as a fireman and paramedic. Dr. Byrne is Clinical Professor of Pediatrics at Medical University of Ohio; is the author of numerous articles on "brain death" and related topics in the medical, legal and lay press; and has spoken around the U.S.A. and in many other countries.

_____

1. "Are Organ Transplants Ever Morally Licit?" The Catholic World Report (CWR). 3/01; "'Brain Death' Is Not Death," CWR, 3/05.

2. "Implications of ischemic penumbra for the diagnosis of brain death," Brazilian Journal of Medical and Biological Research, 1999, 32:1479-1487.