

As Good As Dead

Discussion questions relating to brain death, based on the article by Gary Greenberg, from the New Yorker Aug 13, 2001.

ARTICLE SYNOPSIS

Brain death is a category which grew out of the need to determine if patients who are dependent on respirators for life (so-called “heart-beating cadavers”), and for whom higher brain function has permanently ceased, may be treated as dead, especially for the sake of organ transplantation. The latter need arises because the harvesting of organs for transplantation is much more difficult if the host is allowed to undergo heart failure or the like. It also arises because of the dangers and conflicts of interest present when doctors are allowed to harvest organs from those who are not dead.

In 1980, a commission appointed by President Carter considered two reasons why the category of brain death is not just a legal fiction, but represents a true biological state: The first is the **higher-brain** rationale that personhood is associated with consciousness. They chose to avoid the “quality of life” issues associated with this (which also affect policies regarding the senile, those with advanced Alzheimer’s, etc.) and instead rely upon the second, the **whole-brain** rationale that when the brain is no longer operating or active, the organs are not a linked, integral unit, and life as we commonly take it has ceased.

The whole-brain formulation has the weakness that there are counter examples of brain-dead patients who demonstrate systemic reflexive response to stimuli (e.g. goose bumps,

hand spasms), which are usually absent in brain death. In fact, there are doctors who say that brain-dead patients will develop spinal-cord reflexes (which have prompted at least one doctor to say, “Yes, she’s been getting better ever since she died”). Dr. D. Shewmon, a critic of the whole-brain criterion, suggests acknowledging that the higher-brain rationale is relied upon in practice. Stuart Youngner suggests further that a valid criterion for organ harvesting is the irreversible cessation of brain activity plus familial consent. He believes that rather than pretending that brain death is the same as complete death, it should be recognized and dealt with as a separate state.

A related and problematic state occurs when a patient (such as Nicholas Breach) has no hope of recovery but is unlikely to become brain dead (a so-called “non-heart-beating cadaver”). Protocols have been developed to allow such a patient who wishes to be an organ donor to be removed from life support and declared dead shortly following cardiac arrest. Critic Robert Truog believes that this protocol serves only to satisfy the dead-donor rule, and should be abandoned since it makes successful transplantation less likely. He suggests instead acknowledging the choice of the family or patient to choose to end life in order to allow organ harvesting.

VOCABULARY[‡]

Soul

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~~ψυχη~~: (1) the natural life in the body, (2) the immaterial, invisible part of man, (3) the seat of personality, will, purpose, sentience.

[‡] *An Expository Dictionary of New Testament Words*, W. E. Vine, 1966 (Fleming Revell Co.: Old Tappan, NJ).

Spirit (*pneuma*): (1) wind, (2) breath, (3) the immaterial part of a man, (4) the resurrection body, (5) the sentient part of a person, his purpose, perception, desires, character, etc., (6) angels, the holy spirit, demons, (7) the new life, and inner person of a believer.

“The language of Heb 4:12 suggests the extreme difficulty of distinguishing between the soul and spirit, alike in their nature and in their activities. Generally speaking the spirit is the higher, the soul the lower element. The spirit may be recognized as the life principle bestowed on man by God, the soul as the resulting life constituted in the individual, the body being the material organism animated by soul and spirit.

“Body and soul are the constituents of the man according to Matt 6:25; 10:28; Luke 12:20; Acts 20:10; body and spirit according to Luke 8:55; I Cor. 5:3; 7:34; Jas. 2:26. In Matt. 26:38 the emotions are associated with the soul, in John 13:21 with the spirit; cp. also Ps 42:11 with I Kings 21:5. In Ps. 35:9 the soul rejoices in God, in Luke 1:47 the spirit.

“Apparently, then, the relationships may thus be summed up, *soma* (), body, and *pneuma*, spirit, may be separated, *pneuma* and *psyche*, soul, can only be distinguished.”

RELATED MEDICAL TERMS[†]

Persistent Vegetative State (PVS): A persistent loss of upper cortical function that may follow acute (e.g., infections, toxins, trauma or vascular) events or chronic (e.g., degenerative) events. The patient is bed-ridden and nutritional support is completely passive, either parenteral or via nasogastric tube. The patient does not require respiratory support or circulatory assistance for survival and is in a state of chronic wakefulness without awareness which may be accompanied by spontaneous eye opening, grunts or screams, brief smiles, sporadic movement of facial muscles and limbs. While the eyes blink upon stimulation, they do not

do so in response to visual threats. Some patients chew or clamp their teeth. [Note that patients sometime recover from PVS, in one extreme case after 7½ years.]

Coma: A deep prolonged unconsciousness where the patient cannot be aroused. This is usually as the result of a head injury, neurological disease, acute hydrocephaly, intoxication or metabolic derangement. [Comas are typically shorter in duration than PVS, and there is some evidence that in rare cases patients may hear and remember things while in comas. Comas can also be induced by anaesthetic.]

NOTE ON SYSTEMIC RESPONSES

Greenberg refers to “systemic responses... goose bumps” as physical manifestations of “integrated function” that shouldn’t be there if the brain is truly dead. However, it should be noted that respiration, cardiac function, vascular regulation, digestion, even sweating—continue working well without provision of any “higher” direction from the upper part of the

[†] From the on-line medical dictionary <http://www.graylab.ac.uk/omd>.

See D. O’Mathuna, *Historical and Biblical References in Physician-Assisted Suicide Court Opinions*, <http://www.xenos.org/ministries/crossroads/donal/suicide.htm>, for more on this subject.

brain. Goose bumps, certain jerks of the limbs in response to pain, etc., don't require an "integrated whole," but operate as independent systems that may even be accentuated and exaggerated when the brain is out of the picture. In this way, Greenberg's depiction may be slightly misleading.

QUESTIONS

- Keeping Soul and Body Together:** Answer the following true or false, then read the relevant passages:
 - The soul/spirit survives the body (Mt 10:28; Gen 35:18; 1 Pet 3:19).
 - The spirit returns to God after death (Eccl 12:7).
 - The body can remain alive even if the spirit is removed (James 2:26; 2 Cor 12:2).
 - Mutilations to our bodies can affect our resurrected state (I Cor 15:35-57).
 - Our resurrected bodies will be qualitatively different (Mt 22:28-32; 1 Cor 15:35-42).
 - Our “selves” will persist between our deaths and the judgment day (2 Cor 5:8; Mt 22:30-33; 1 Sam 28:14).
 - Once separated the soul and body cannot be reunited (2 King 2:34-35).
 - The Pope has forbidden organ harvesting for brain-dead patients.
 - The soul of a brain-dead patient has departed.
- Sanctity of Life:** Life, given by God, is considered in the bible to be holy (Lev 19:16; Lev 24:17). Is it permissible for one Christian to decide to allow another to die? How is the removal of life support different from murder? What if the choice of death for a brain-dead patient could mean life for a transplant patient? (And what if the transplant had only a 10% chance of success?)
- Pro-Life:** The higher-brain criterion may also be used to argue that first-trimester babies aren't alive, supporting early-term abortion. Is this valid? If so, does this alter your view of early abortion, or of removal of life support from brain-dead patients?
- Policy:** Is the requirement of *brain death* valid and appropriate? Should the “whole-brain” criterion be replaced by a “higher-brain” criterion? Do you think physician abuse would result?

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- Healing and Hope:** As Christians we believe God sometimes heals those who are injured, and has even brought people back from the dead. At what point is it appropriate to decide that a brain-dead person will not be healed by God and should be removed from life support?
- Cost:** Setting aside the question of transplantation, there is a monetary cost for keeping someone on life support. The same money could in principle be used to feed the poor. Is this a valid argument for removing the brain dead from life support? (I.e., “to live is *loss*, to die is *gain*?”)
- Image of God and Personhood:** Humans alone of creation are made in the image of God (Gen 1:25-27, 9:5-7, 3:9-11). This has been used by some as a requirement for personhood. This is relevant because those who aren't persons may be seen as having different rights. Donald P. O'Mathuna writes,

Peter Emmett, a Christian physician, comprehensively surveyed the arguments for an against withholding or withdrawing food and fluids from PVS patients. He concluded that a satisfactory answer would appear only if humans were seen as

made in the image of God. He stated that the image of God is present in all humans who have the capacity to image God, seen as some level of relational and rational abilities. In a subsequent article, he claimed that a patient in PVS 'is no longer the image of God because physiological life, permanently devoid of relationality and cognition, is not adequate to be imago Dei.'⁸

He counters this position in part as follows:

Stanley Hauerwas addresses this issue in an aptly titled chapter, 'Must a Patient Be a Person to Be a Patient? Or, My Uncle Charlie Is Not Much of a Person But He Is Still My Uncle Charlie.' He notes that trying to determine whether or not someone is a person is an abstract and artificial way to resolve ethical dilemmas. When asked to identify ourselves, we do not first classify ourselves as persons and proceed from there. Rather, we think of ourselves in terms of our relationships with one another: I am a father, teacher, son, etc. When we think about caring for the dying, we do not care for them because they are persons. 'We care or do not care for them because they are Uncle Charlie, or my father, or a good friend.'

Do you think that brain-dead patients no longer bear the image of God and are therefore no longer persons?

8. **Suicide:** The bible does not openly condemn suicide but casts it in a negative light. Of the seven suicides in the bible (Abimelech, Samson, Ahithophel, King Zimri, King Saul and Saul's armor bearer, Judas Iscariot), only the suicide of Samson has a clearly . In addition, since our bodies are temples of the Holy Spirit (1 Cor 6:19) we might conclude that suicide is not pleasing to God. In contrast, one might argue that death for the purpose of helping others is permitted, if not encouraged (Jn 15:13).

Gilbert Meilaender* makes this more explicit, distinguishing between a course of action for good which might lead to loss of life, and intentionally taking one's own life for an intended or perceived good. He asserts that the former is encouraged by scripture, while the latter is prideful and assumes our lives are our own to do with as we please.

If you knew you would eventually be in a non-heart-beating cadaverous or brain-dead state, would you give instructions to have your life terminated before cardiac arrest for the purpose of organ harvesting? Would you make that decision on behalf of a relative?

9. **Rubber & Road:** Given the above discussion, consider someone in a brain-dead condition as the result of a car accident. Do you believe it's ethically permissible to remove life support from such a person? Should the law allow for his or her organs to be removed for transplantation? Before or after removal of life support?

⁸ Donald P. O'Mathuna, *Responding to Patients in the Persistent Vegetative State*, *Philosophia Christi* **19.2**, 55 (1996), <http://www.xenos.org/ministries/crossroads/donal/pvs.htm>, and references therein.

* Gilbert Meilaender, *Bioethics: A Primer for Christians* (Eerdmans: Grand Rapids) 1996.

It is interesting to note that the 1988 AMA's Council on Ethical and Judicial Affairs' decision to allow removal of organs from living anencephalic infants (lacking a higher brain) for organ transplantation was reversed in 1994 specifically to meet the growing need for organs for transplantation. This decision was reversed in 1995 only because of doubts that all anencephalic infants lack consciousness, and the difficulty of diagnosis (cf. Meilaender 1996).