

Health and Social Care Committee  
Human Transplantation (Wales) Bill  
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**Debate Over Brain Death Continues**

**Book Release Highlights Lingerin**

By Carrie Gress

**ROME, MARCH 2, 2008 (Zenit.org).**- While brain death has been accepted as death legally, from an ethical and ecclesial perspective, the debate is still open, says Professor Roberto de Mattei.

De Mattei affirmed this Wednesday during the release of the Italian edition of "Finis Vitae: Is Brain Death Still Life," a book he edited that compiles essays considering the issue of brain death from legal, medical, philosophical and sociological perspectives.

The book was published by the Council for Research, not an ecclesiastical body, but an Italian public organization focusing on the area of scientific research. They released the English edition in 2006. While Bishop Fabian Bruskewitz of Lincoln, Nebraska, is a contributor, along with three members of the Pontifical Academy for Life, the Church has not yet made an official determination about brain death. There are others in the Church who argue that brain death is a licit criterion for death.

In addition to de Mattei, those attending the book release included Mercedes Wilson, of Family of the Americas; Dr. Paul Byrne, of St. Vincent's Medical Center, Ohio; Josef Seifert, of the International Academy of Philosophy of Lichtenstein; and Dr. Cicero Galli Coimbra, of the University of São Paulo, Brazil.

**Really dead?**

Byrne, a neonatologist who was invited by the Pontifical Academy of Sciences in February 2005 to speak on this issue, said: "Brain death is not true death. Brain death is a fiction concocted to get organs. After true death very few, if any, organs are suitable for transplantation." "True death," Byrne explained, "is the body without life, when disintegration sets in. It is more than just non-functioning, which brain death revolves around."

"With true death," the American doctor continued, "there is no pulse, no movement. With brain death someone can be declared dead although the heart is beating, the skin is pink, the body is warm, they are growing, and wounds are healing. A pregnant woman declared brain dead can still deliver a healthy baby and her body will produce milk.

"Many think that brain death means flat brain waves, when in fact some criteria do not include even the recording of brain waves in their evaluation, much less the demand for no electrical activity.

"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 already compromised condition, is done without the knowledge or informed consent of family members."

"The sole purpose of the apnea test is to determine the patient's ability/inability to breathe on his own in order to declare the individual brain dead. Without the apnea test," Byrne summarized, "the diagnosis of brain death is impossible, and without the diagnosis of brain death, transplantation of unimpaired vital organs is not permissible."

He added, "A living person can give blood and bone marrow to another person. A living person might give one of their two kidneys, a part of their liver, or one lobe of a lung to another person. The word 'might' is purposely used to alert potential donors that as long as such donation does not cause death or disabling mutilation to the donor, it is acceptable."

### **Source**

De Mattei discussed the provenance of the notion of brain death. In 1967, after the first heart transplant was successfully performed in South Africa, questions were raised about how to ethically acquire organs for transplant given the short window of time in which they must be transplanted.

"The problem arose that if a person near death, but not yet dead, was killed for their organs, it would be killing an innocent person," explained de Mattei. "So there were two options: change the moral law making it licit to kill the innocent, or change the criteria for ascertaining death."

"The second option was chosen with a utilitarian justification: that many lives would be saved," de Mattei added. "So brain death is a social construction developed to meet the needs of transplanters during the procedure's development stages."

Byrne explained that: "The first article on brain death was in the Journal of the American Medical Association in 1968. The title was 'A Definition of Irreversible Coma.'

"There were no basic science studies and no patient data in the article. It was put together by a committee at Harvard Medical School in Boston, Massachusetts.

"The largest study in the literature is the collaborative study. They reported on 503 patients; of these 44 did not die. Of those who did die, 10% had no pathology in the brain."

Bishop Bruskewitz mentions in "Finis Vitae," and Byrne said on Wednesday, there is no established or universal criteria to determine brain death. What used to be a two-day observational stage to establish if a patient has signs of brain death, in some places, has now been reduced to 30 to 60 seconds.

Mercedes Wilson, the last speaker at the event, said: "If our reference point is Catholic social doctrine, which has always affirmed the sacredness of life from conception to the total separation of the soul from the body, then death happens only in this instance. It is not necessary to be a doctor to understand this."

Until the Church makes an official statement about brain death, Byrne and others say they will continue to work to inform the public about the source and science behind brain death.

[Luca Marcolivio contributed to this report.]

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