

Death: Fact or Fiction Organ Transplants and the "Brain Dead"

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Has modern technology overpowered ethical discernment?

The recent medical discussion on organ transplantation raises serious ethical and biblical issues that no Christian can afford to avoid. Most disturbing is the redefinition of the term death to include those patients who are "brain dead." We live in a consumer oriented society where whatever becomes useless or no longer functions is often discarded. Now individuals are being declared "dead" when it is determined that there is an irreversible cessation of all brain functions.

The issue here is not the use or non-use of a life support such as a ventilator for breathing. It is not our position that everyone be placed on a ventilator before death or that it cannot be shut off before bodily decay. Organ transplantation is of itself another issue. We are not opposed to organ transplantation, but we are opposed to removing a vital organ from someone who, if he or she is not yet dead, he or she will certainly be dead after the organ has been removed. We are also opposed to research on those determined to be dead based on cessation of brain function, but otherwise alive.

DEAD or ALIVE?

We are told that heart donors are rare as only a heart from a patient declared "brain dead" can be used. John

Kirstein, a perfusionist (human organ expert) at Calgary's Foothills Hospital is quoted as saying, "We have to take the heart from a physically living person." Such an unthinkable and shocking admission clearly shows that the term "brain dead" has been manipulated to convey something radically different from the traditional meaning of death.

Determined to be dead is based on the absence of some brain functions, but the heart is still beating. There is recordable blood pressure, and when the knee is tapped, the knee jerk is present. The color is normal but when pressure is applied to the skin, it will blanch. The color will then return when the pressure is removed. Determined to be dead but treated as alive. Suction and postural drainage is done to prevent pneumonia. He is turned to prevent bedsores. How can a cadaver develop pneumonia or a bedsore? Is the person dead? If the answer is no, then he is still alive and must be treated as such.

IDLE or INCAPABLE?

The new criteria for "brain death" confounds a loss of function with physical alteration (destruction). For example, a computer cannot function without electrical current. During sleep there is a loss of some brain functions which recover upon awakening. Narcotics and toxins can cause the cessation of many brain functions which may or may not be restored. But there is a great difference between the absence of function and the alteration of the organic or structural nature of the brain so that it loses the capacity to function. Cessation of total brain function, whether irreversible or not, is not necessarily linked to a total destruction of the

brain or the person.

The major unifying systems of the body are the brain (central nervous system), circulation, and respiration. To accept death, even when there is destruction of just one of these systems, is not appropriate. However, destruction of one of these major systems without adequate substitution, leads in a relatively short time to destruction of the other 2 major systems. Death must not be declared or accepted unless there is destruction of these 3 major systems.

For an organism as complicated as the human body, it is not valid to identify death based on the absence of functions in only one organ. There is a mutual interdependence of organs and systems throughout life. No one organ is in complete control of all the others.

DISTORTION of REALITY

A basic tenet of the right of life ethic is that each and every human being, from the beginning to the end of his or her life, still when dying, has value and is worthy of respect. Using semantic deception to distort reality is a tactic heavily used by the pro-abortion forces. (e.g. "Termination of Pregnancy" to divert attention from the death of the unborn baby.)

The effort to force "death" to mean at law something it has never meant before, in either law or common language, is an especially sinister attempt to divert attention from the truth. As William Gaylin wrote in Harper's Magazine (Sept. 1974), "The problem (of euthanasia) is well on its way to being resolved by what must have seemed a relatively simple and . . . ingenious method . . . The difficult issues of euthanasia could be evaded by redefining death." If cessation of brain functions is accepted as death, and this is not correct, then those who accept this have already "bought into" euthanasia.

Militating against the Biblical sanctity of life ethic is the humanist quality of life ethic. Doctors are, in fact, deeming the life quality of a "brain dead" person to be of such minimal value to society, that they may be taken to benefit the life of someone whose life is considered to be of greater value. This reasoning, deceptively as it

may have overtaken us, is totally unacceptable in a society founded on the Judaeo-Christian worldview.

WHAT TO DO

Recommend or push for the following legislation:

"No one shall be declared dead unless the circulatory and respiratory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted standards."

BIBLICAL CRITERIA for the DETERMINATION of DEATH

The Scriptures contain all that we need to live a godly life, including our evaluation of the ethics of medical technology. (I Tim. 3:16,17) To properly understand and deal with death we must acknowledge that our Creator God is the sole Author and Giver of life.

"He himself gives all men life and breath and everything else . . . For in Him we live and move and have our being." (Acts 17:25b, 28a, cf. Gen. 2:7, Is. 42:5)

Life and breath is a personal gift from God to each person. No individual has the right to extinguish the life of an innocent patient, be he doctor or layman. In cases where all had been done to no avail, extraordinary life support measures, (certainly not food and shelter) may be withdrawn and the continued life of the person be left in the Creator's hands.

A. MAN'S BEING is a COMPOSITE UNITY

"May your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ." (I Thess. 5:23b)

It is wrong to confine the essence of a person to the functions of the brain alone. (cf Hebrews 4:12) A materialist view of man only considers that which can be measured on machines and entirely suppresses the immaterial, spiritual components of man's nature. Man in his intended wholeness possesses a brain, but he is not only a brain. In the physical realm the scriptures emphasize the entire body, not just one of its key

organs.

"And when Jesus had cried -out again in a loud voice, he gave up his spirit." (Matt 27:50, cf. Jn 19:30 and Acts 7:59, Luke 8:55, II Cor. 5:8) When someone dies there is a separation of the spirit/soul from that person's body. At death the unity of the individual is disrupted into separate parts. This disruption is eventually restored to all people in either the resurrection of believers or the resurrection of the lost.

For the Christian, to be absent from the body is to be present with the Lord. Death is more than the lack of readings on an electroencephalogram (EEG), it involves the departure of the person's spirit from this life to another realm. It is an alteration of one's very being, not the perceived idleness of an organ or the inability to communicate with others.

B. RESPIRATION FAILURE PRECEDES DEATH

"Then Abraham breathed his last and died at a good old age." (Gen. 25:8, cf. Gen. 49:33, Job 27:3, Luke 23:46, Mark 15:37) The Bible lays particular emphasis on death occurring after the individual's breathing has failed for the last time. Although a ventilator may assist in getting air into a person's lungs, the basis of respiration, the exchange of carbon dioxide and oxygen gases, is a cooperative task shared by the respiratory system and the circulation of the blood. When that process breaks down, no assisting ventilator can long disguise the fact.

No certainty of death can be determined if the respiration system continues to operate. In situations of no apparent avail, the ventilator must be removed if we are to truly determine if the person will have indeed taken their last breath (e.g., Karen Ann Quinlan case).

C. BLOOD is the CARRIER of LIFE

"Because the life of every creature is its blood." (Lev. 17:14, cf. Gen. 4:10, 9:4-6, Deut. 12:33, Acts 15:29, Rev. 16:3) the scriptural focus for life in the body is not the brain but rather the blood. Once the blood fails to reach the cells and members of the body they promptly die. It is not incidental to note that breathing or

respiration takes away the waste CO₂ gas from the blood and replenishes it with life giving oxygen, a process essential to the survival of the body. The blood, through the circulatory system cleanses, nourishes, and brings disease antibodies and clotting agents to every part of the body.

In Revelation 16:3 we find an important observation. "The second angel poured out his bowl on the sea, and it turned into blood like that of a dead man, and every living thing in the sea died." (see also Ex. 7:17,18,21) The blood of a living man continues to minister life to the body, but when death comes decay sets in, and it begins most rapidly in the blood. That is why morticians place the embalming fluid in the blood to slow the pace of destruction in the body.

D. DEATH SIGNALS PERVASIVE DESTRUCTION

"If it were His intention and He withdrew his spirit and breath, all mankind would perish together and man would return to the dust." (Job 34:14,15, cf. Gen. 2:7, 3:19, Ps. 104:29) The principle of human physical life cannot survive without the composite unity of the body as an organism. Once that unity is shattered, there is an all pervasive destruction process in all of its members that can be reversed only by supernatural intervention. This process of decay ends in the body returning back to dust, the elements of the earth from where it came.

A person who is truly dead will exhibit it. The heart stops, the vascular system collapses, respiration halts, the color turns bluish or gray, body temperature approaches room temperature, all reflex movements disappear. In a short time rigor mortis sets in, followed by all the usual signs of death.

In other words, there is a vast difference between a person who is dying and a person who is dead. Physicians who honor the sanctity of human life must wait for the completion of dying lest they would do harm to the human life that is still present. In organ transplantation, all that is useful to technical success must take submission to that which is ethically permissible.

CONCLUSION

The ethics of medical technology must stand under the authority of God's Word. Just as the Lord has not left us in doubt as to the humanity of the unborn baby (Ps. 139:13-16) so we are not to be intimidated into abandoning our ability to determine death. It cannot and must not be the sole dominion of medical elite who are able to read the latest state of the art EEG.

If our respect for life's sanctity precludes the "optimum" conditions for some transplants and perhaps forbids others, so be it. Physicians and scientist who submit to God's description of reality will be placed in a far better position to serve the needs of the suffering. Their autonomous associates who pursue unethical shortcuts to succeed, reduce all that man is to the realm of the material and machinelike. That can lead only to the loss of all that is human and humane.