Heidi Klessig MD

Anesthesiologist, Pain Management
Specialist, Author, Speaker

RESPECT FOR HUMAN LIFE

Life, Death, and Medical Meaning

Organ Harvesting

A Concealed Form of Euthanasia

In the first year of my anesthesiology residency, I was asked to anesthetize a "brain dead" man for organ harvesting.

Normal vital signs

Excellent oxygen saturation

Skin was warm and supple

He looked like every other ICU patient I had anesthetized, and better than most.

Back in the OR, my supervising anesthesiologist asked me what type of an anesthetic I planned to us. I told him…

Paralyzing agent

Fentanyl

He then asked me if I was going to give a drug to block

consciousness?

"Why would I do that?" I asked, "Isn't he dead?"

He just gazed at me over his mask and said, "Why don't you give one…just in case," and walked away.

I did as I was told

The young man responded to surgery just like anyone else, requiring the same types and amounts of anesthesia.

It is my regret over this incident that motivates me to be speaking here today.

When is Someone Dead?

If you can be **resuscitated**, you were never dead.

No one comes back from the dead (**resurrection**) without divine intervention.

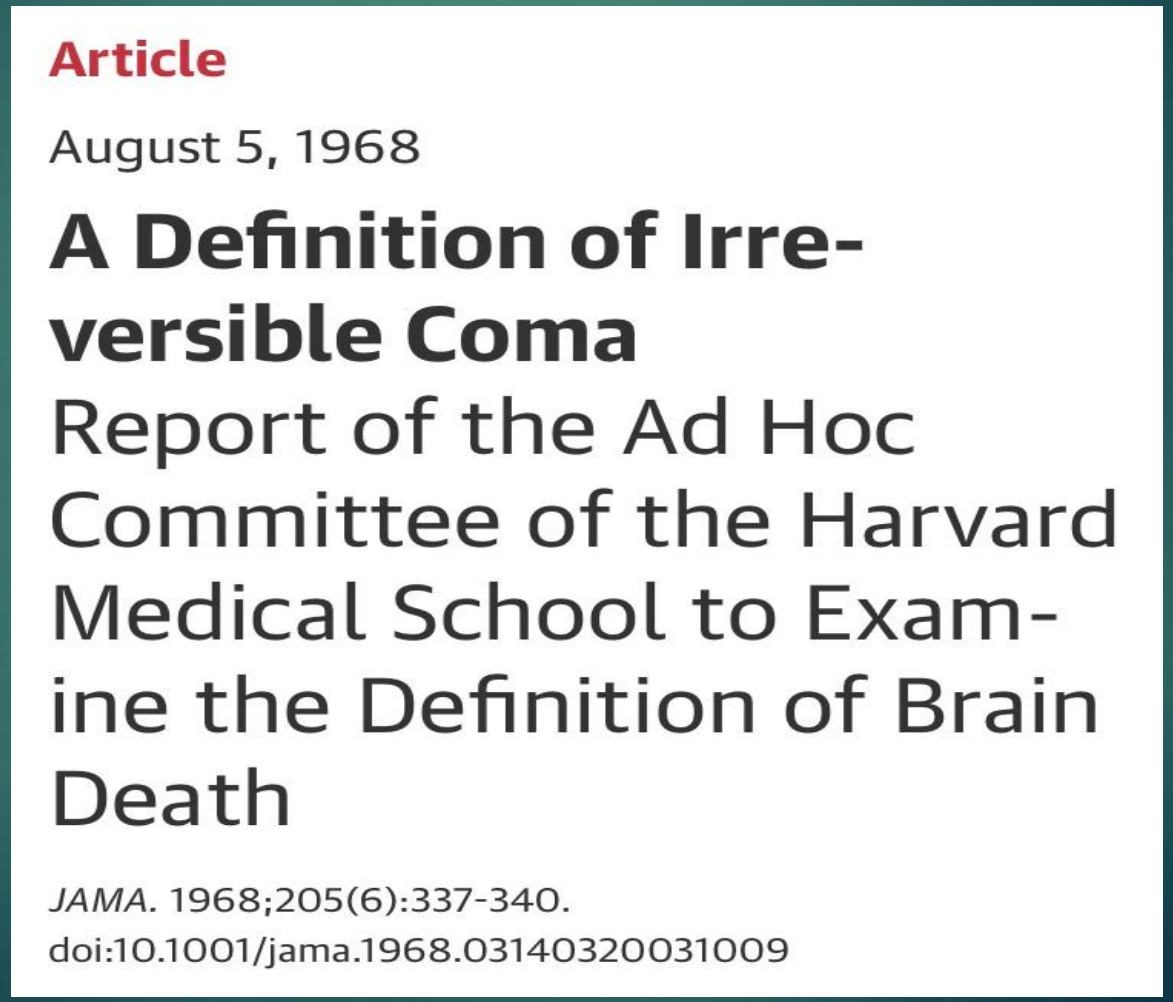
When is Someone Dead?

Most people define death as the separation of the spirit/soul/life principle from the body.

But the spirit is immaterial, and we do not have any device to determine the exact moment of death when the soul departs.

Historically, death has been declared when there is complete cessation of ALL vital functions beyond ALL possibility of resuscitation (as evidenced by the absence of heartbeat and breathing).

The definition of death changed in 1968



Article

August 5, 1968

A Definition of Irreversible Coma

Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death

JAMA. 1968;205(6):337-340.
doi:10.1001/jama.1968.03140320031009

"Our primary purpose is to define ***irreversible coma*** as a new criterion for death"

Does changing a definition change the reality?

The only rationale given by the committee for why irreversible coma should be equated with death was **utility**: it would free up beds in intensive care units and facilitate organ transplantation.

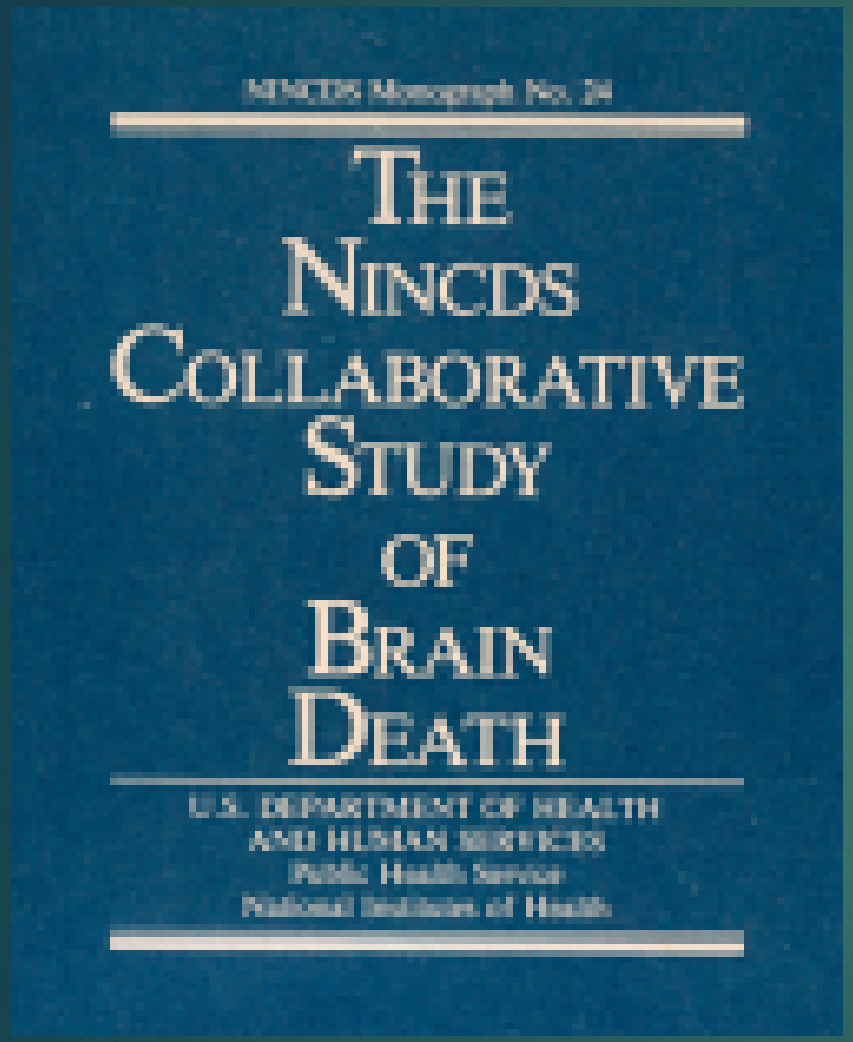
- Beecher HK, et al. A Definition of Irreversible Coma. *JAMA* 205, no. 6 (1968): 337-340.

Nair-Collins, M. Expanding the Social Status of "Corpse" to the Severely Comatose: *Henry Beecher and the Harvard Brain Death Committee.* Perspectives in Biology and Medicine, 65, no. 1 (2022): 41-58.

"Our primary purpose is to define irreversible coma as a new criterion for death."

This **redefinition** certainly was of great utility because it allowed organ procurement to skirt the dead donor rule by simply declaring comatose people to be "dead."

Dead Donor Rule: People must neither be alive when organs are removed nor killed by the process of organ removal.



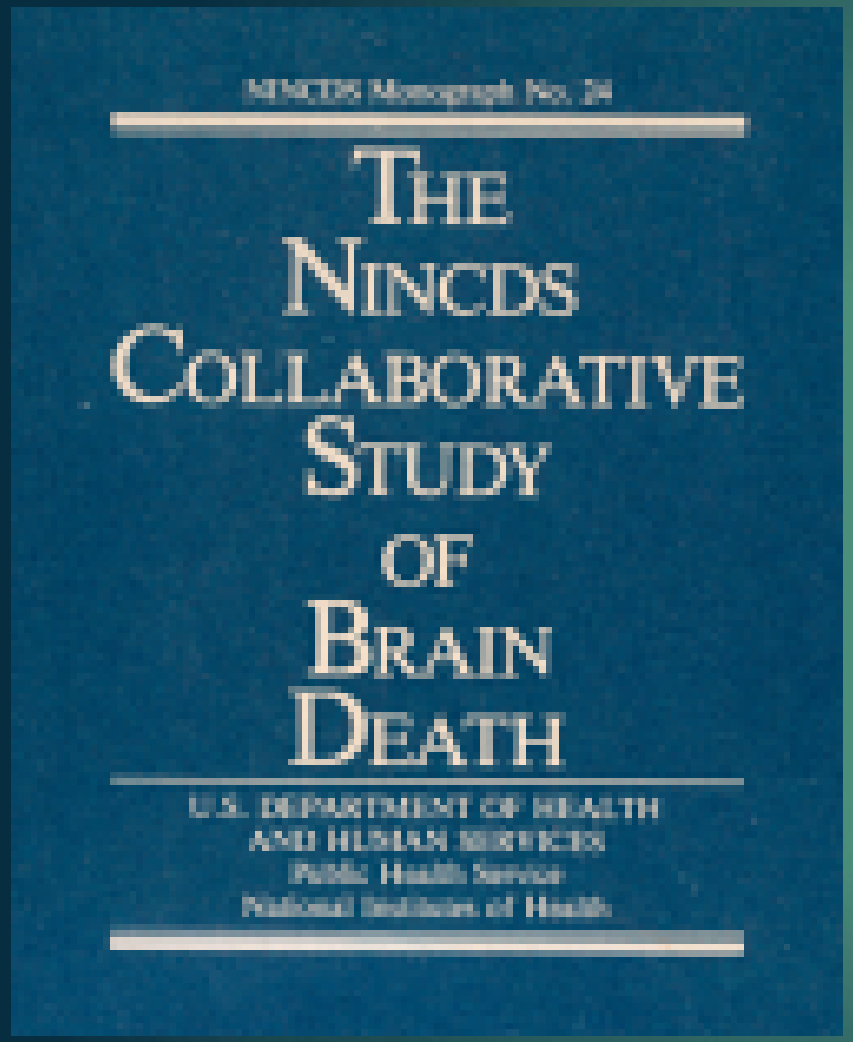
Neuropathology of "Brain Death"

National Institute of Neurologic Diseases and Stroke Collaborative Study 1970-72

> Of 226 brains autopsied, ten were grossly normal and only **40%** showed total brain infarction.

It was **"not possible to verify that a diagnosis made before cardiac arrest by any set or subset of criteria would invariably correlate with a diffusely destroyed brain".**

The National Institute of Neurologic Diseases and Stroke Collaborative Study of Brain Death. NINCDS Monograph No. 24. US Dept. of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Neurological and Communicative Disorders and Stroke. Bethesda, Maryland 20205.



Dr. Gaetano Molinari:

"While the prognosis for recovery of function is nil and the probability of death within days to weeks is extremely high, one major question remains and perhaps has been brought into focus by the NINCDS Collaborative Study. That question is:

Does a fatal *prognosis* permit the physician to pronounce death?

It is highly doubtful whether such glib euphemisms as 'he's practically dead,' … 'he can't survive,' … 'he has no chance of recovery anyway,' will ever be acceptable legally or morally as a pronouncement that death has occurred.

Defining Death: 1981 President's Commission for the Study of Ethical Problems In Medicine & Biomedical & Behavioral Research

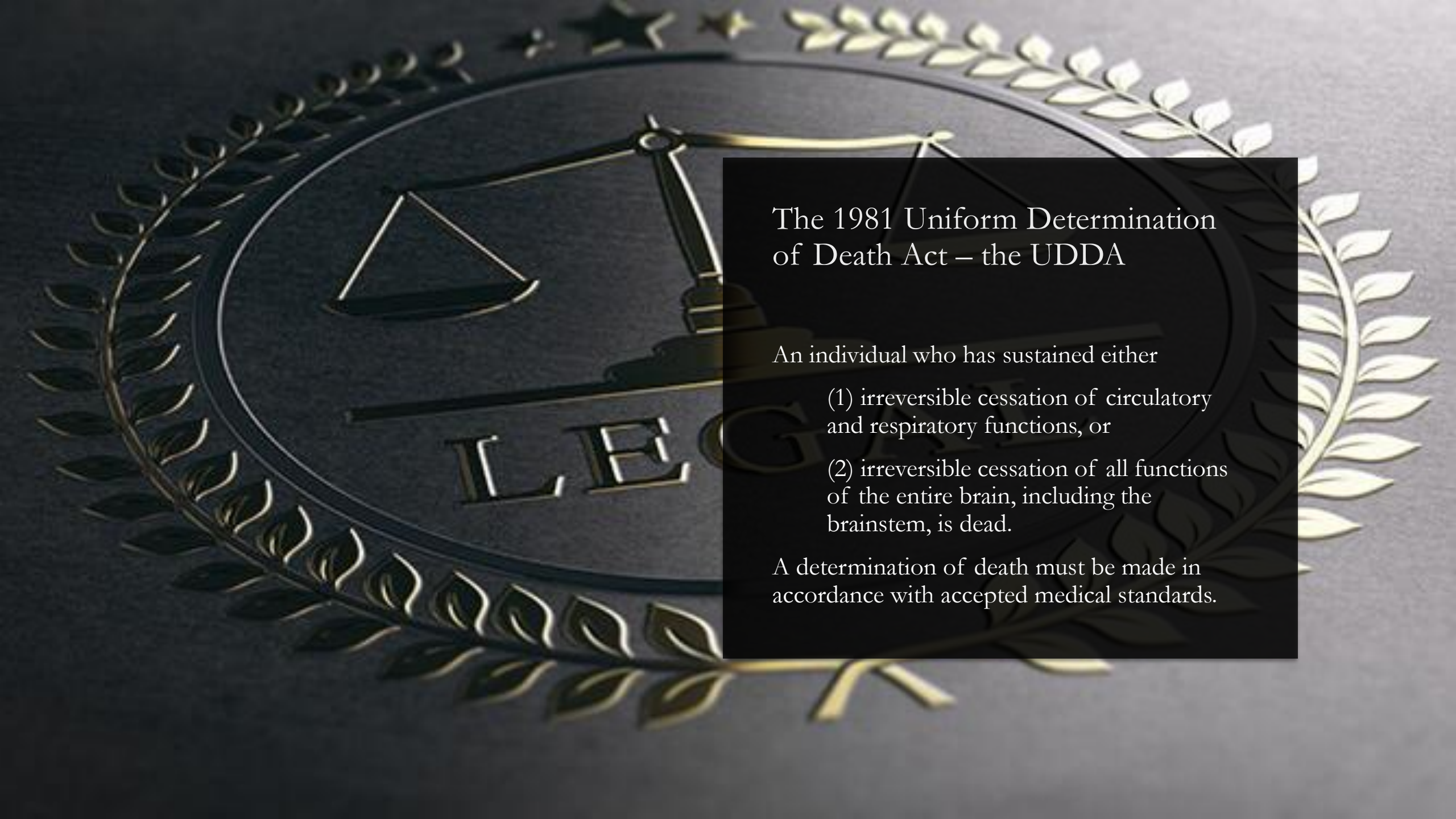
In 1981 the brain was considered the "Master Integrator", without which biological death would very quickly occur.

Their entire argument was based on a **prognosis** of death, not a diagnosis

Harvard professor of philosophy Daniel Wikler wrote *Defining Death*'s third chapter, "Understanding the Meaning of Death."

"I was put in a tight spot, and I fudged. I knew that there was an air of bad faith about it. I made it seem like there are a lot of profound unknowns and went in the direction of fuzziness, so that no one could say, 'Hey, your philosopher says this is nonsense.' That's what I thought, but you'd never know from what I wrote."

Rachel Aviv, "What Does It Mean to Die?," *The New Yorker* (January 29, 2018), www.newyorker.com/magazine/2018/02/05/what-does-it-mean-to-die.



The 1981 Uniform Determination of Death Act – the UDDA

An individual who has sustained either

(1) irreversible cessation of circulatory and respiratory functions, or

(2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead.

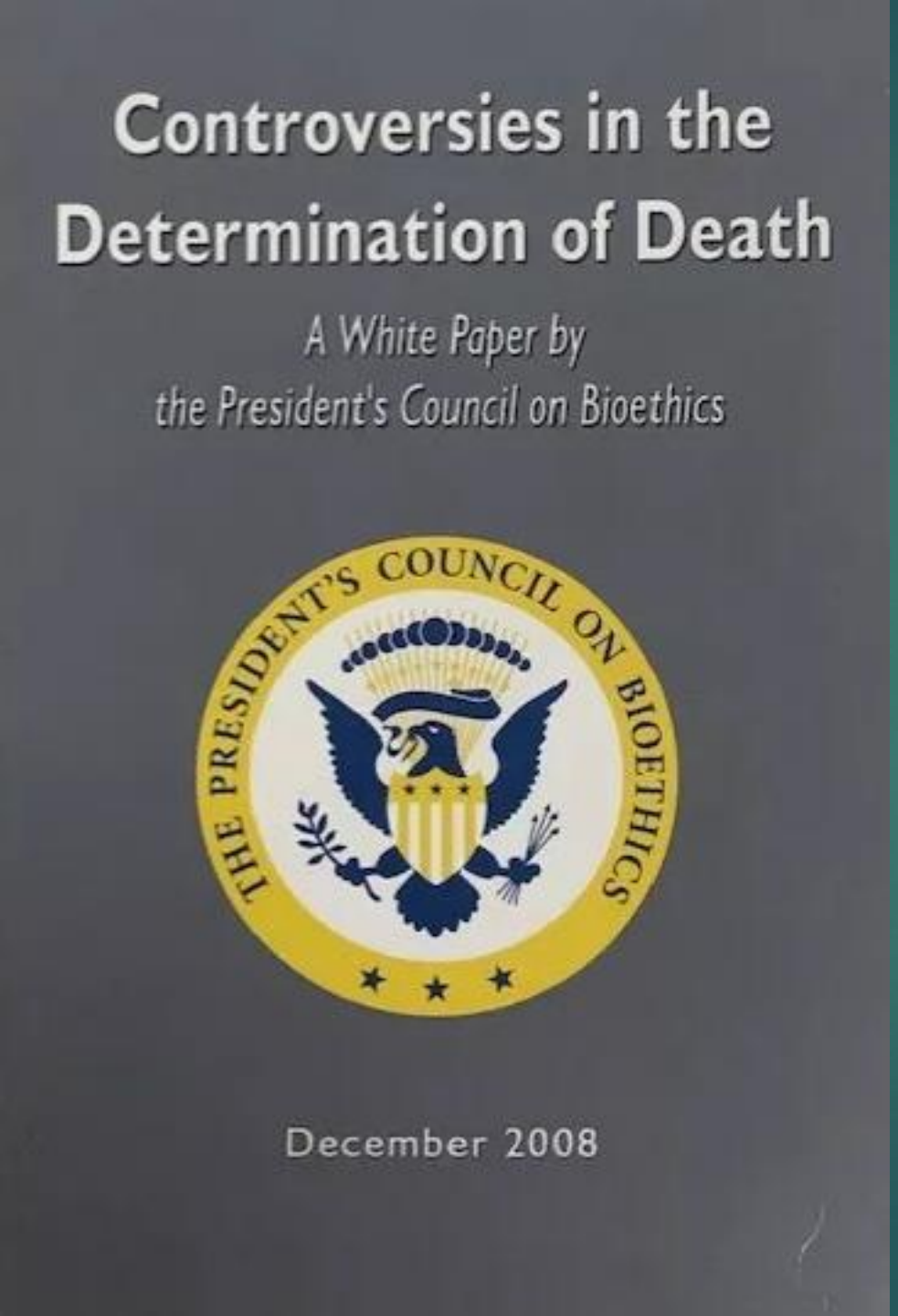
A determination of death must be made in accordance with accepted medical standards.

But are brain dead patients dead? No.

In 1998, this was disproved by Dr. D. Alan Shewmon, a pediatric neurologist at UCLA, who documented **175 cases of "brain dead" people who lived** after the declaration of death under the UDDA, one for more than 20 years!

These cases show that brain death is a **prognosis** of death, and not death itself.

Shewmon DA. Chronic "brain death": Meta-analysis and conceptual consequences. Neurology 1998;51;1538-1545.



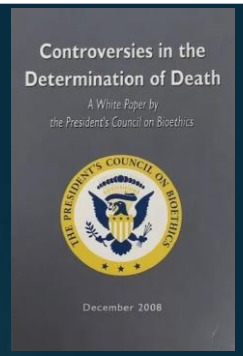
Based on Shewmon's evidence the 2008 President's Council decided that a re-examination of the neurologic criteria for death was needed.

They noted that Shewmon's work left two options:

1. Abandon neurological criteria for determining death
2. Develop a new rationale for explaining why neurological criteria should equal death

New rationale based on a questionable philosophy rather than biology

"Total Brain Failure"

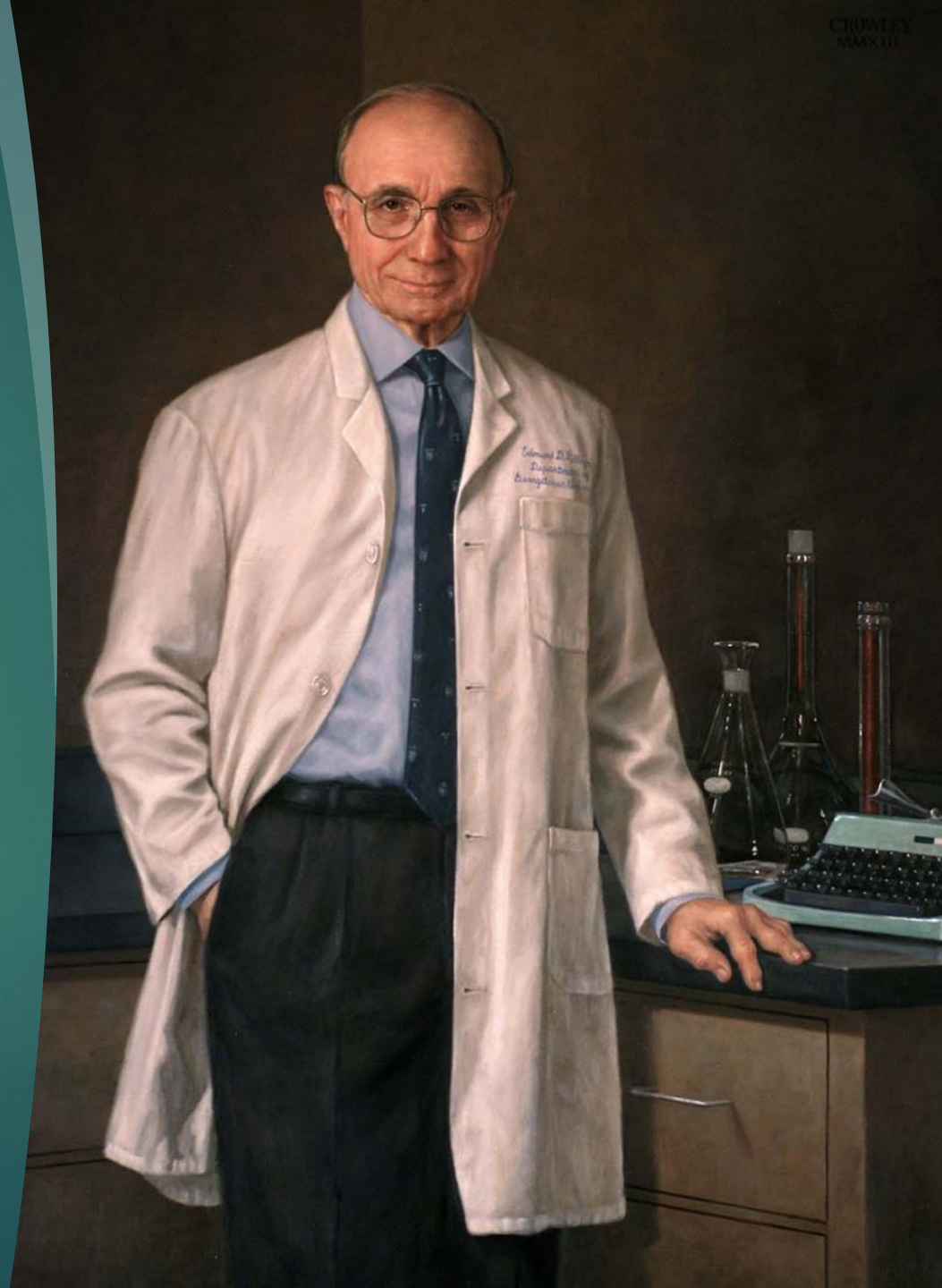


An organism is no longer alive when it ceases to perform the "fundamental vital work of a living organism – the work of self-preservation, achieved through the organism's need-driven commerce with the surrounding world."

This is an ability-based definition

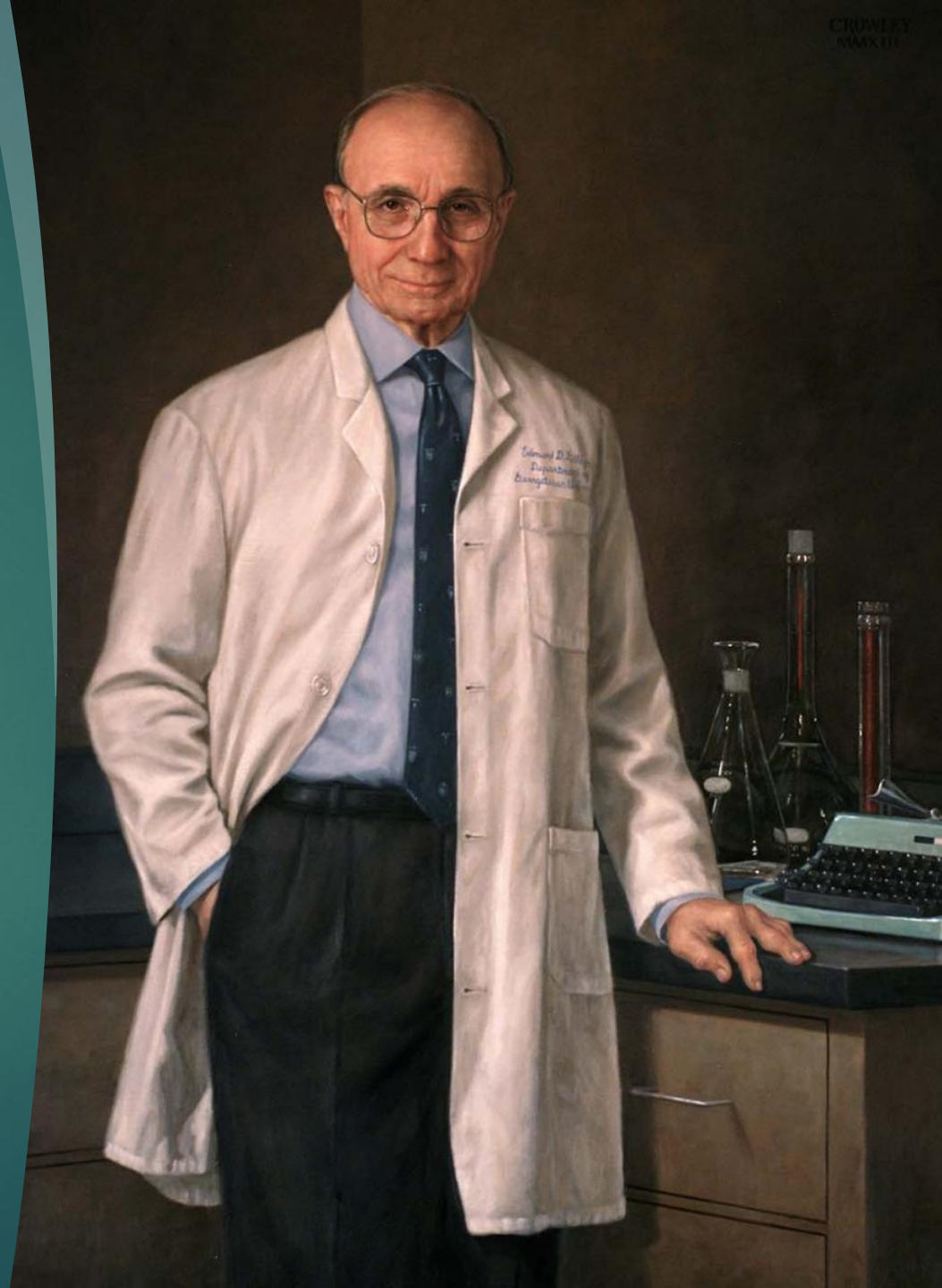
The Chair of the 2008 President's Council on Bioethics, Edmund D. Pellegrino disagreed:

"The only indisputable signs of death are those we have known since antiquity, i.e., loss of sentience, heartbeat, and breathing; mottling and coldness of skin; muscular rigidity; and eventual putrefaction as the result of generalized autolysis of body cells."



The Chair of the 2008 President's Council on Bioethics, Edmund D. Pellegrino:

"I have chosen to give priority to the welfare of the patient before he or she becomes a donor on grounds that harm must not be done even if good comes from it. No person should be sacrificed as a means for the good of another. This is a moral precept that recognizes the intrinsic worth of every human being."

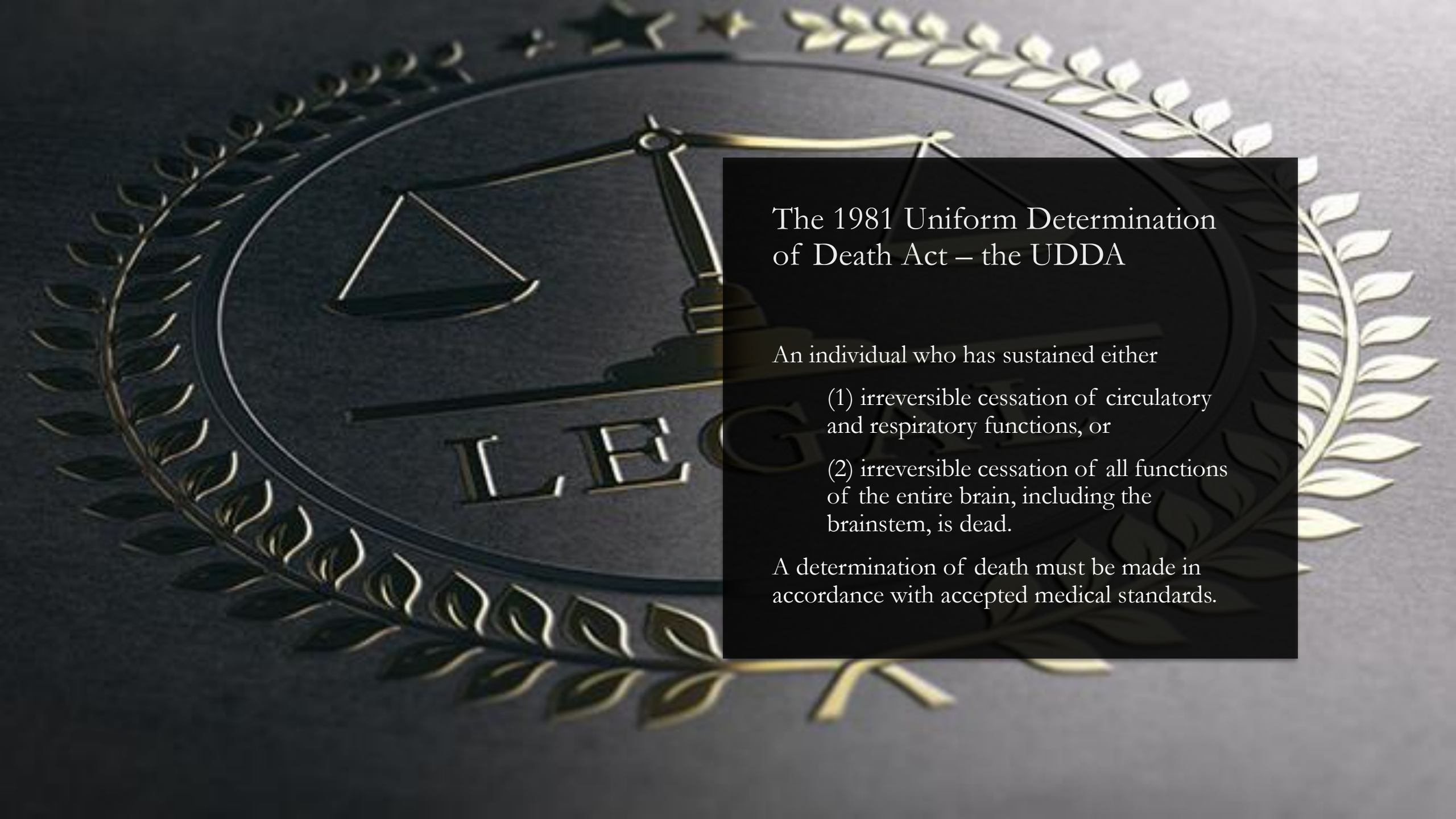


The 2008 President's Council
Failed to accurately reflect scientific facts

1. "Total Brain Failure" is inaccurate, as people with a clinical diagnosis of brain death still have certain brain functions:
   - 20% (of those tested) have EEG activity
   - 50-84% have a functioning hypothalamus

2. Metabolism, wound healing, fighting off infections, and the stress response to the incision to remove organs are all the work of self-preservation.

Shewmon DA. Brain Death: Can It Be Resuscitated? Hastings Center Report 39, no 2 (2009): 18-24./ Nair-Collins M, Joffe AF (2021): Frequent Preservation of Neurologic Function in Brain Death and Brainstem Death Entails False-Positive Misdiagnosis and Cerebral Perfusion, AJOB Neuroscience, DOI: 10.1080/21507740.2021.1973148.



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(2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead.

A determination of death must be made in accordance with accepted medical standards.

No AAN brain death guideline has ever been based on the "irreversible cessation of all functions of the entire brain."

Since the first AAN guideline in 1995, brain death has always been based on the same clinical triad:

1. Coma: unresponsiveness to the most noxious stimulus
2. Loss of brainstem reflexes
3. No breathing with the apnea test

No guideline checks all functions of the entire brain.

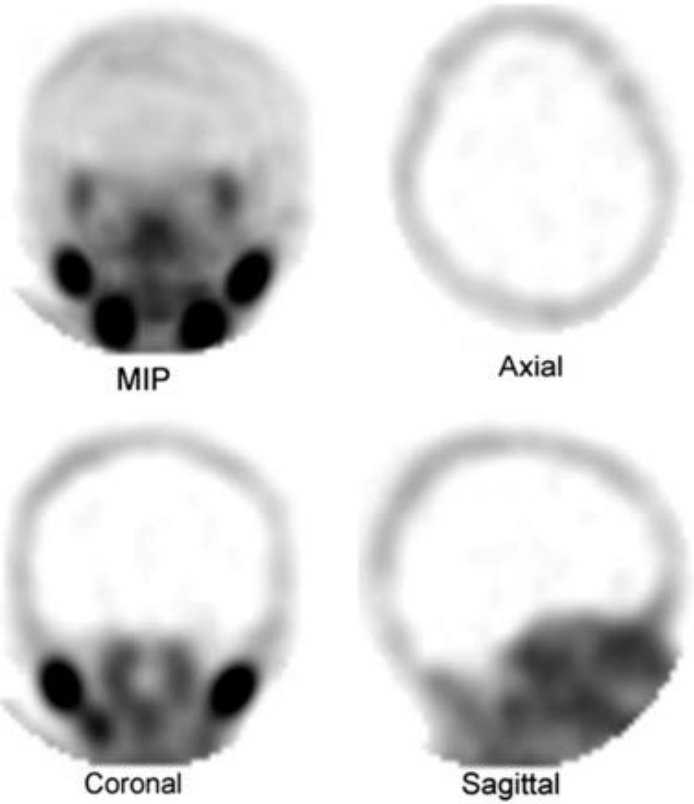
2023 Brain Death Diagnosis Guideline

The guideline emphasizes that brain death is a bedside diagnosis, and that ancillary testing is only indicated in case of doubt or inability to perform components of the bedside exam.

Unresponsiveness. *Though inability to respond is not the same as unawareness.*	**No motor response to noxious stimulus.** *But "It can sometimes be challenging to determine whether a movement is cerebrally or spinally mediated based solely on clinical examination."*	**No pupillary light reflex, OCR, OVR, cough/gag (no sucking/rooting reflex in infants <6 months).** *All functions of the entire brain (UDDA legal standard) are not tested.*	**Apnea test ≥60mmHg or ≥20mmHg over baseline $PaCO_2$.** *But "Selection of targets for this challenge is arbitrary because no scientific data demonstrate specific $PaCO_2$ above which medullary chemoreceptors would prompt respiration if they were functional."*

The 2023 AAN brain death guidelines do not require ancillary except in cases of doubt:

"all ancillary tests have shortcomings…none are 100% sensitive or specific."



Greer et al. Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guideline. *Neurology*, December12, 2023. 101 (24) 1112-1132.

2015: Aden Hailu

In the case of Aden Hailu, the Nevada Supreme Court ruled unanimously in 2015 that the American Academy of Neurology brain death guideline did *NOT* meet the legal definition of brain death under the UDDA.

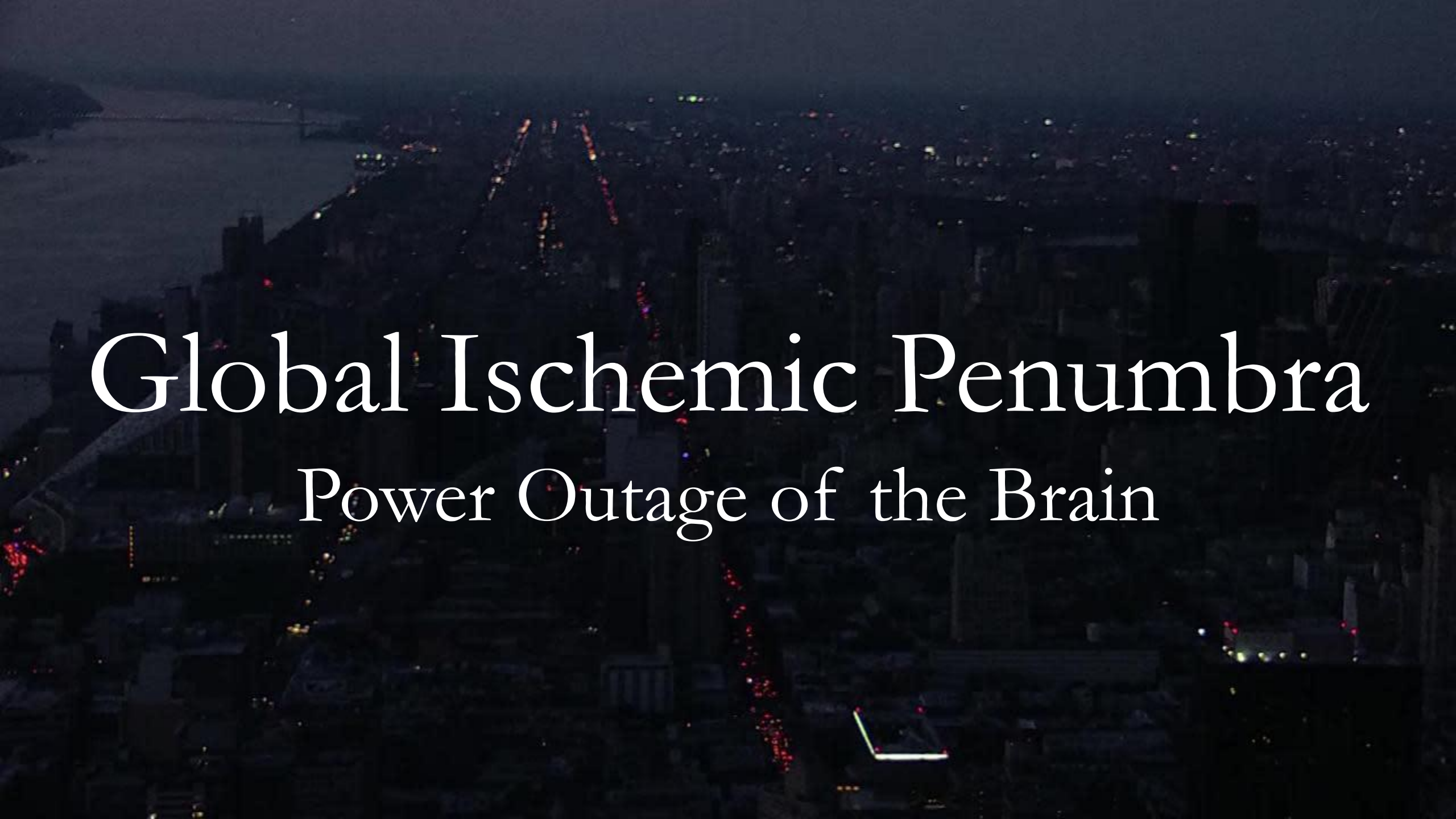
Jahi McMath

AAN Guidelines: Unable to Predict Irreversibility

- 3 doctors declared her brain dead
- 3 failed apnea tests
- 4 flatline EEGs
- 1 no flow cerebral perfusion scan

After she was moved to New Jersey, two neurologists testified that she was no longer brain dead but in a minimally conscious state.

Shewmon DA. Statement in Support of Revising the Uniform Determination of Death Act and in Opposition to a Proposed Revision. J Med Philos. 2021 May 14:jhab014


Global Ischemic Penumbra
Power Outage of the Brain

Global Ischemic Penumbra (GIP) – Power Outage of the Brain

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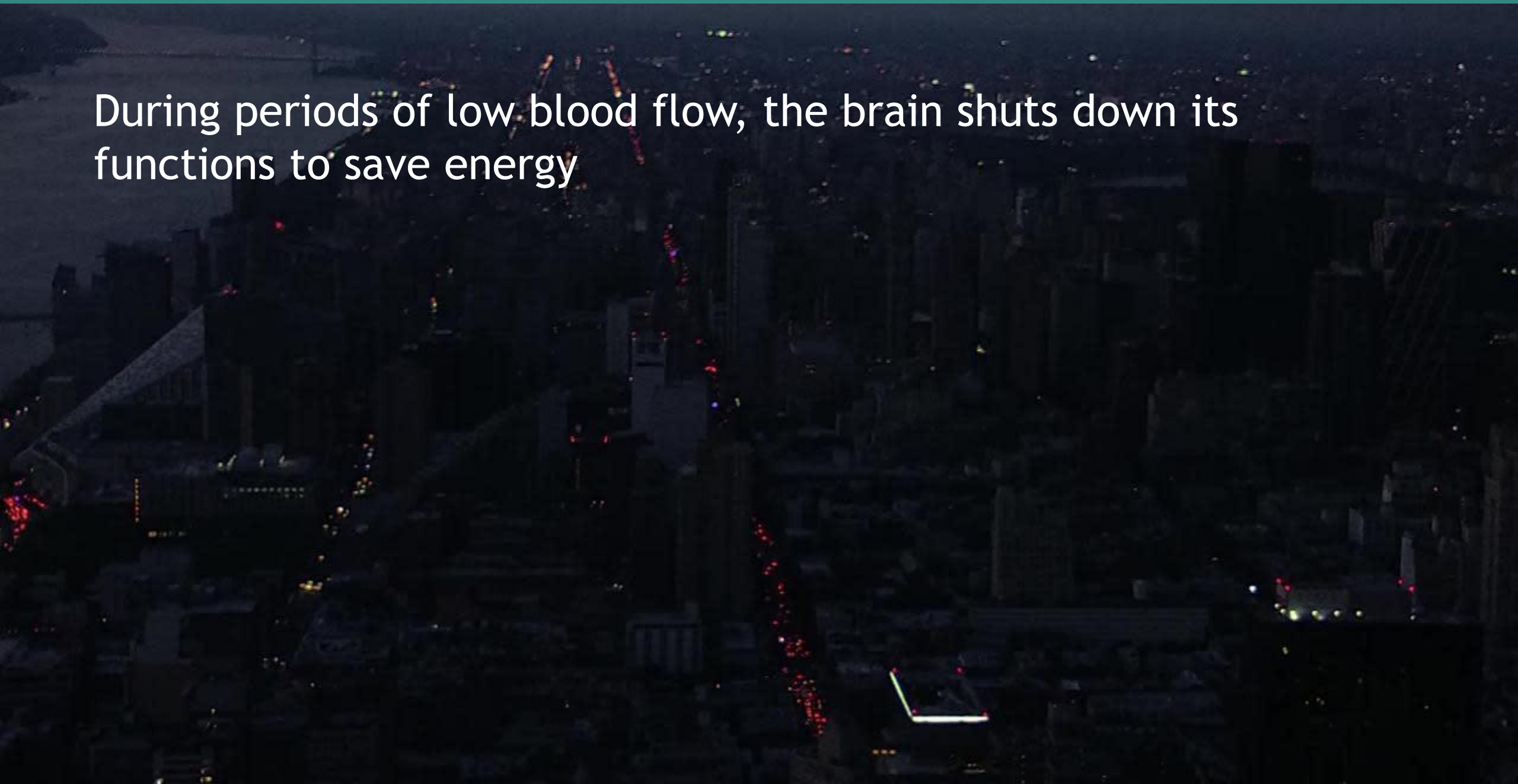
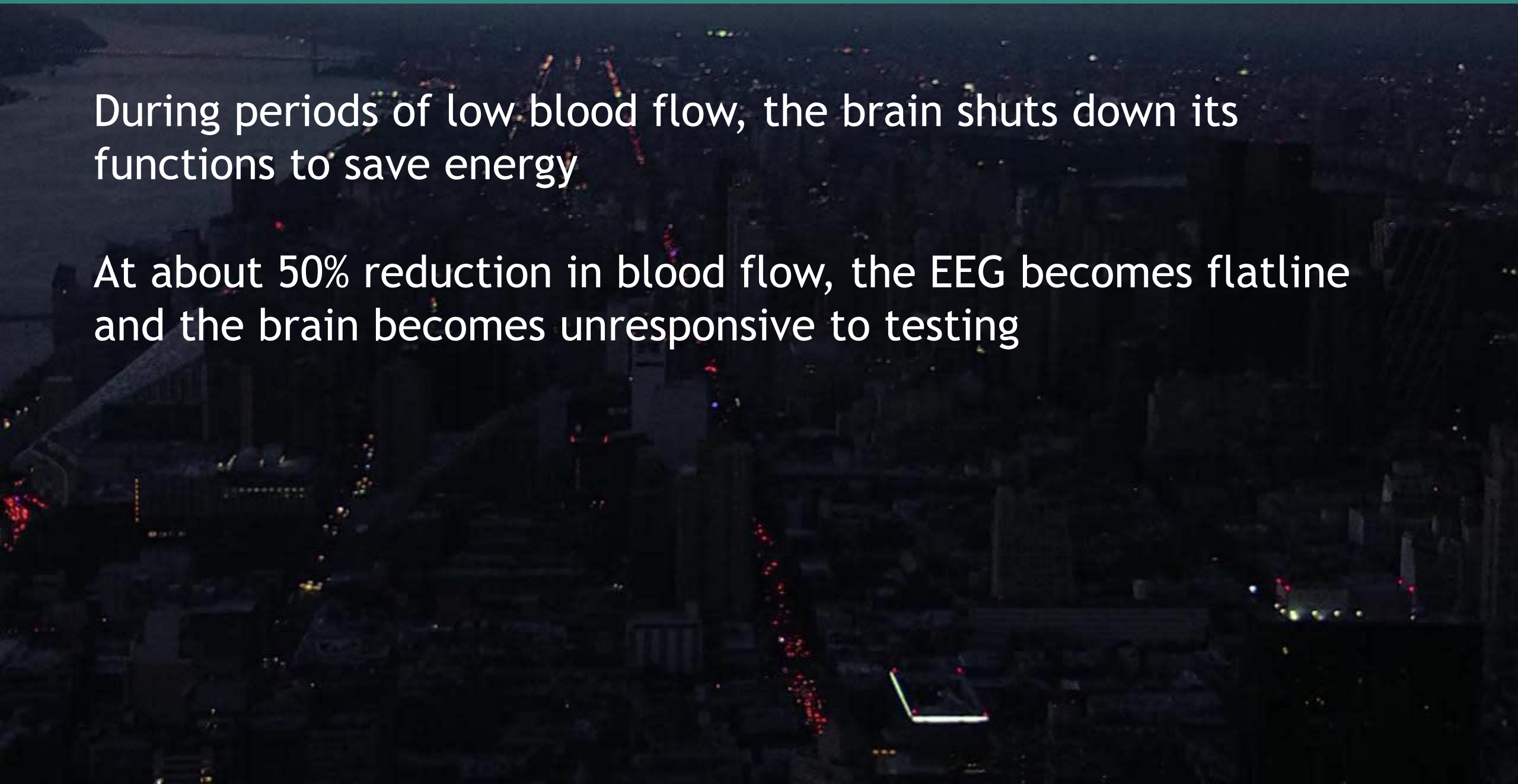


During periods of low blood flow, the brain shuts down its functions to save energy

Global Ischemic Penumbra (GIP) – Power Outage of the Brain



During periods of low blood flow, the brain shuts down its functions to save energy

At about 50% reduction in blood flow, the EEG becomes flatline and the brain becomes unresponsive to testing

Global Ischemic Penumbra (GIP) – Power Outage of the Brain

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Tissue necrosis doesn't begin until brain blood flow is reduced below 20% of normal for several hours

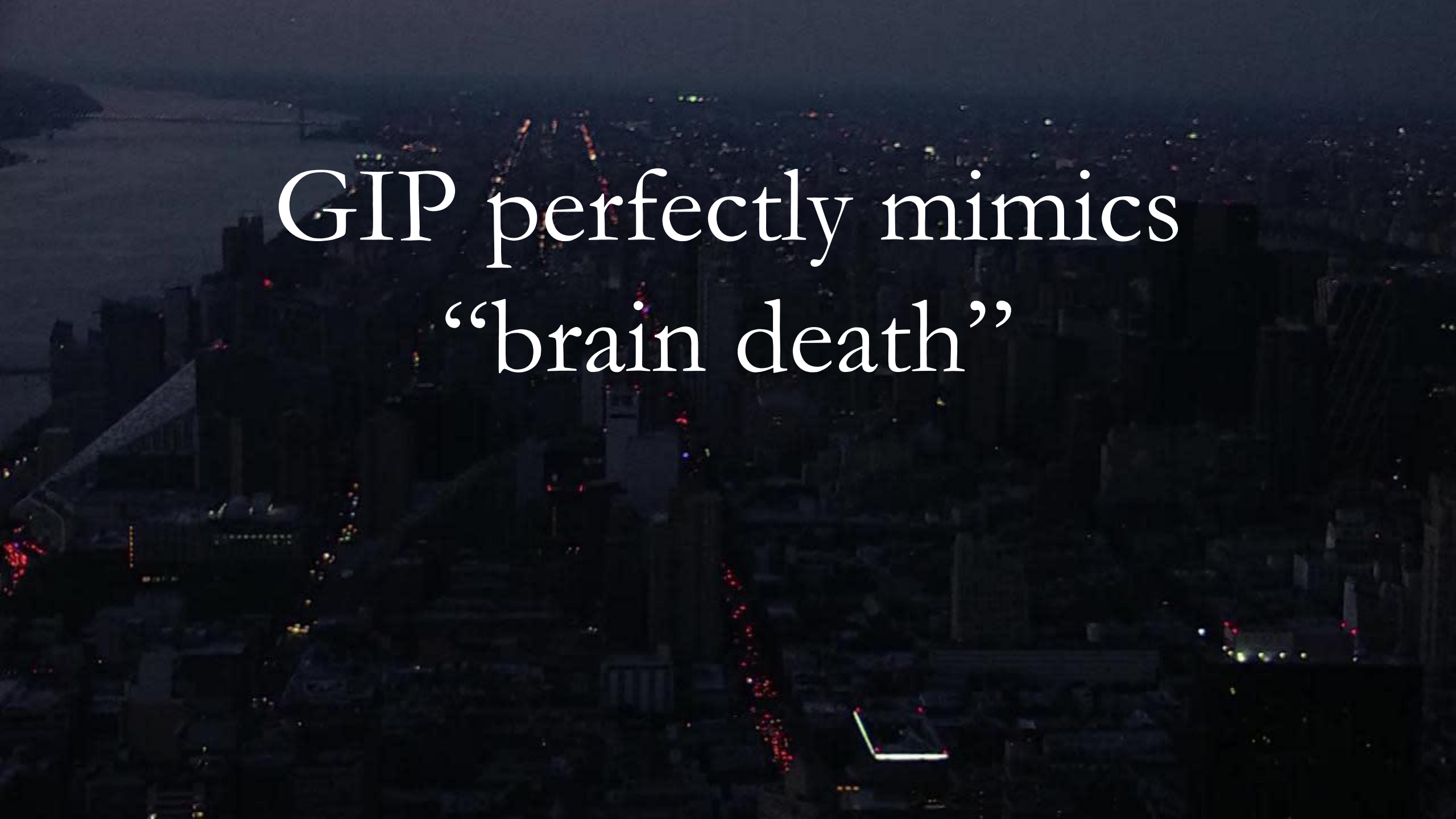
Global Ischemic Penumbra (GIP) – Power Outage of the Brain

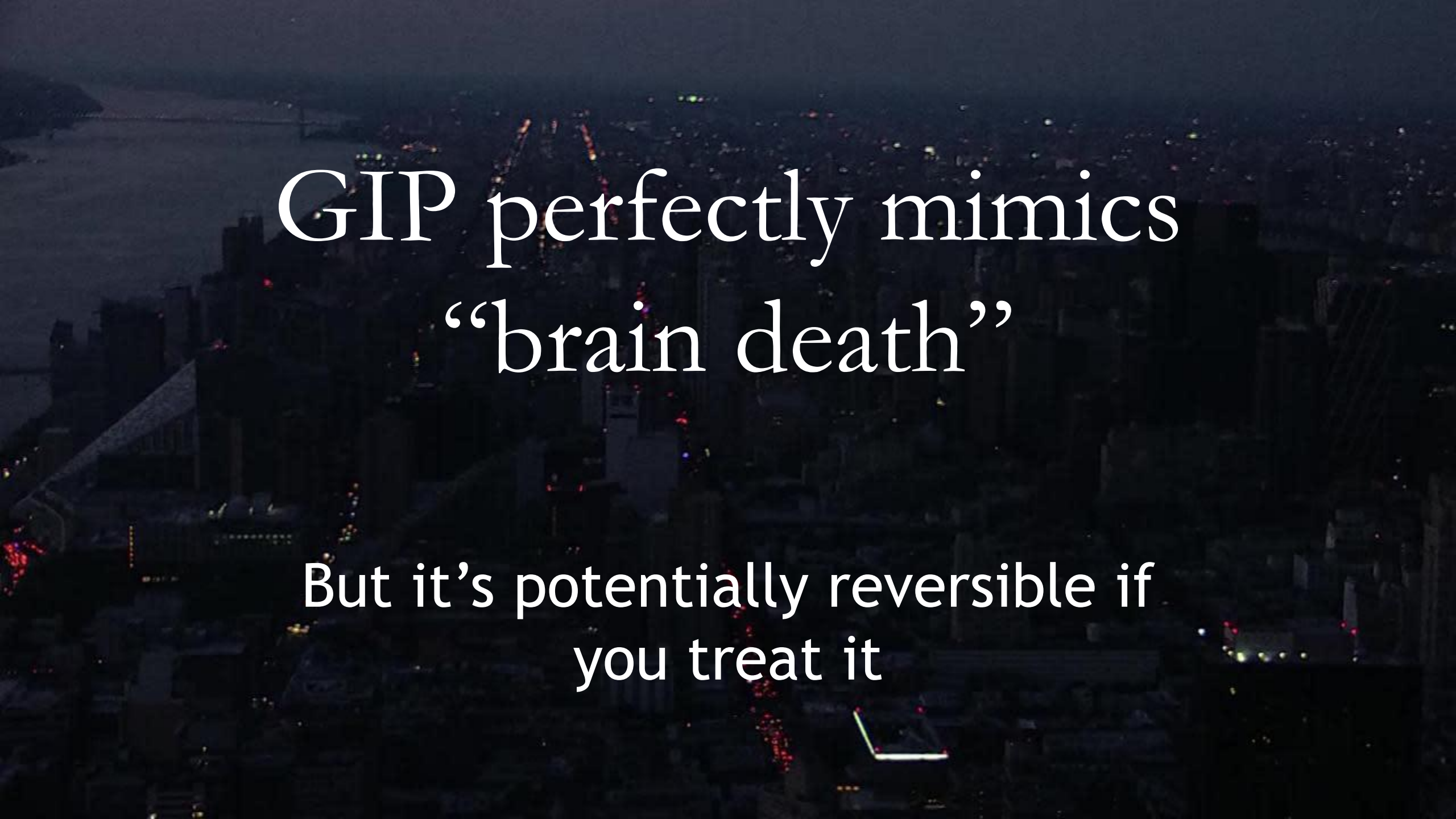
During periods of low blood flow, the brain shuts down its functions to save energy

At about 50% reduction in blood flow, the EEG becomes flatline and the brain becomes unresponsive to testing

Tissue necrosis doesn't begin until brain blood flow is reduced below 20% of normal for several hours

Between 20-50%, there is not enough blood flow to support function, but there is enough to prevent necrosis


GIP perfectly mimics
“brain death”



GIP perfectly mimics “brain death”

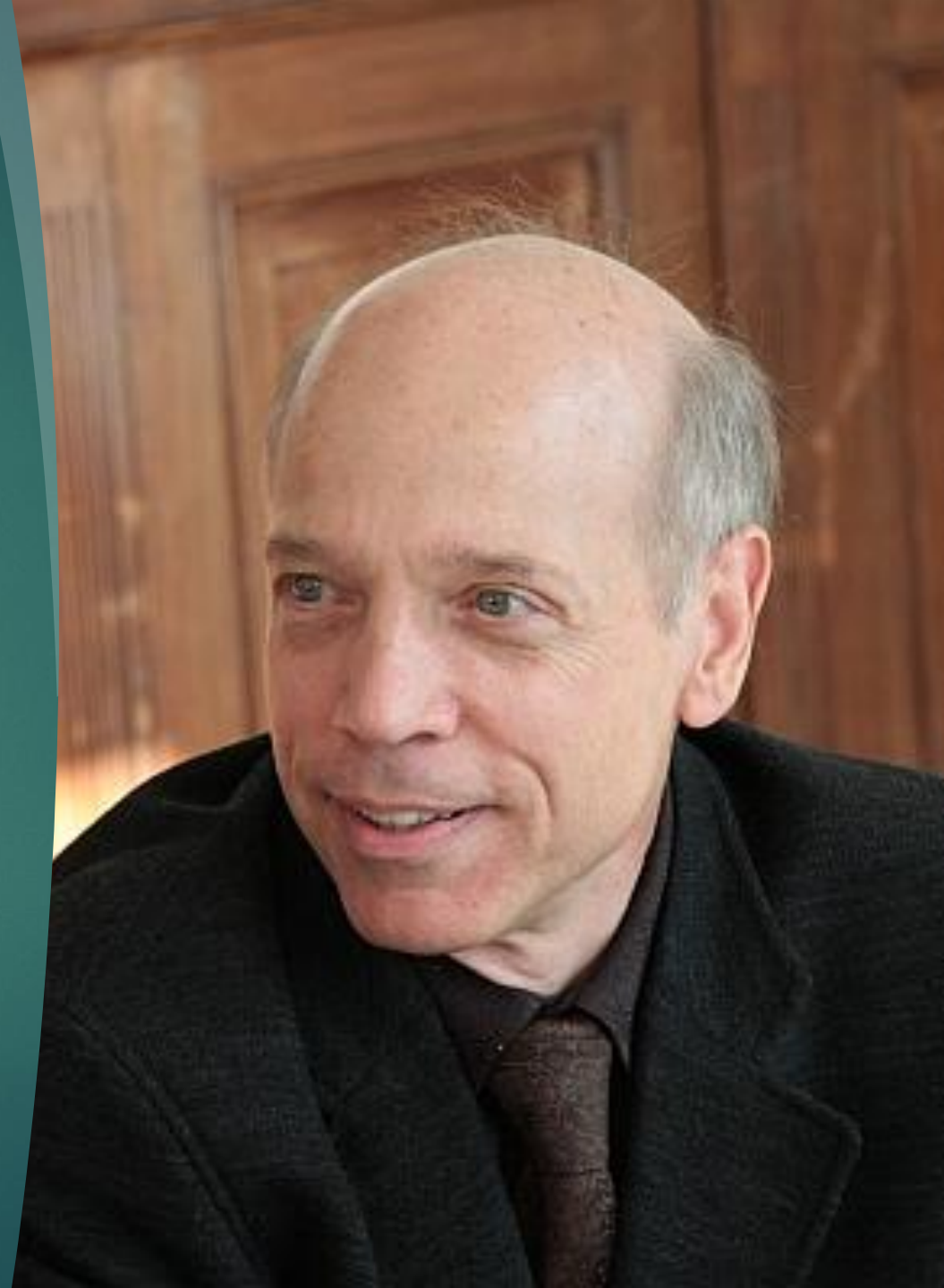
But it’s potentially reversible if you treat it

Dr. D. Alan Shewmon

"This (GIP) is not a hypothesis but a mathematical necessity. The clinically relevant question is therefore not whether GIP occurs but how long it might last. If, in some patients, it could last more than a few hours, then it would be a supreme mimicker of BD by bedside clinical examination, yet the non-function (or at least some of it) would be in principle reversible."

"Moreover, standard tests of intracranial blood flow (which are not even required by the guidelines…) may lack the precision necessary to distinguish between penumbra-level flow and no flow."

Shewmon DA. Statement in Support of Revising the Uniform Determination of Death Act and in Opposition to a Proposed Revision. J Med Philos. 2021 May 14:jhab014.



Respect for Human Life · Oct 25, 2024 · 5 min read

“Brain Dead” Man Recovers, Dances at Sister’s Wedding

Written by Heidi Klessig MD and originally published on *LifeSite News* on October 21, 2024. Read the original article here.

Because brain death is a social construct and not death itself, I can tell you exactly how many “brain dead” patients are still alive: all of them!

The attempt to revise the UDDA (RUDDA)

Due to an increasing number of high-profile lawsuits challenging the brain death diagnosis, a group calling themselves "brain death stakeholders" proposed changing US law.

Ann Intern Med. 2020 Jan 21;172(2):143-144. doi: 10.7326/M19-2731. Epub 2019 Dec 24.

It's Time to Revise the Uniform Determination of Death Act

Ariane Lewis [1], Richard J Bonnie [2], Thaddeus Pope [3]

Rather than encouraging doctors to follow the law, their aim was to make the law align with the AAN guidelines.

The RUDDA

After several years of study and debate, the Uniform Law Commission was unable to achieve consensus and tabled its work on the RUDDA in September of 2023.

Three weeks later, the American Academy of Neurology released a new brain death guideline recapitulating the proposals **refused** by the Uniform Law Commission.

- The 2023 AAN guideline explicitly continues to allow people with ongoing partial brain function to be declared dead.
- Did the AAN have new studies, facts, or data to support this new guideline?

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October 11, 2023 SPECIAL ARTICLE

Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guid

Report of the AAN Guidelines Subcommittee, AAP, CNS, and SCCM

David M. Greer, Matthew P. Kirschen, Ariane Lewis, Gary S. Gronseth, Alexander Rae-Grant, Stephen Ashwal, Maya A. Babu, David F. Bauer, Lori Billinghurst, Amanda Co Michael A. Rubin, Lori Shutter, Courtney Takahashi, Robert C. Tasker, Panayiotis Nicolaou Varelas, Eelco Wijdicks, Amy Bennett, Scott R. Wessels, John J. Halperin

First published October 11, 2023, DOI: https://doi.org/10.1212/WNL.0000000000207740

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Abstract
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Terminology
Recommendations
Suggestions for Future
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Abstract

Background and Objectives The purpose of this guideline is to update the 2010 American Academy of Neurology (AAN) brain death/death by neurologic criteria (BD/DNC) guideline for adults and the 2011 American Academy of Pediatrics, Child Neurology Society, and Society of Critical Care Medicine guideline for infants and children and to clarify the BD/DNC determination process by integrating guidance for adults and children into a single guideline. Updates in this guideline include guidance related to conducting the BD/DNC evaluation in the context of extracorporeal membrane oxygenation, targeted temperature management, and primary infratentorial injury.

SPECIAL ARTICLE | October 11, 2023 |

Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guideline

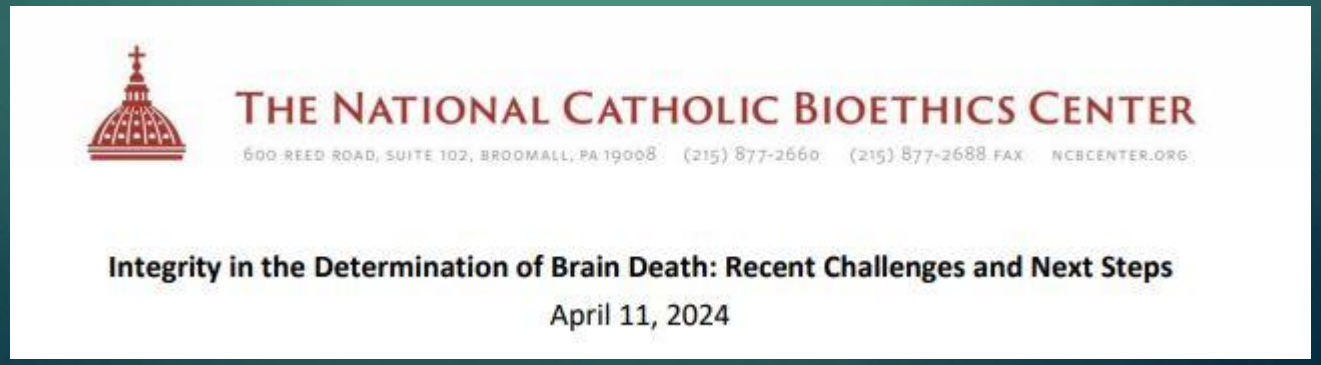
Methods

A panel of experts from multiple medical societies developed BD/DNC recommendations. Because of the lack of high-quality evidence on the subject, a novel, evidence-informed formal consensus process was used. This process relied on the panel experts' review and detailed knowledge of the literature surrounding BD/DNC to guide the development of preliminary recommendations. Recommendations were formulated and voted on, using a modified Delphi process, according to the 2017 AAN Clinical Practice Guideline Process Manual.

What happened to the scientific method?

The National Catholic Bioethics Center considers the AAN 2023 guideline "a decisive breakdown in the public consensus on death and organ donation."

"Hypothalamic functioning shows that not all functions of the entire brain have ceased, as stipulated by the UDDA. **Consequently, patients with confirmed hypothalamic function should not be diagnosed as brain dead, nor treated as dead, for the purpose of organ procurement.**"



THE NATIONAL CATHOLIC BIOETHICS CENTER

600 REED ROAD, SUITE 102, BROOMALL, PA 19008 (215) 877-2660 (215) 877-2688 FAX NCBCENTER.ORG

Integrity in the Determination of Brain Death: Recent Challenges and Next Steps

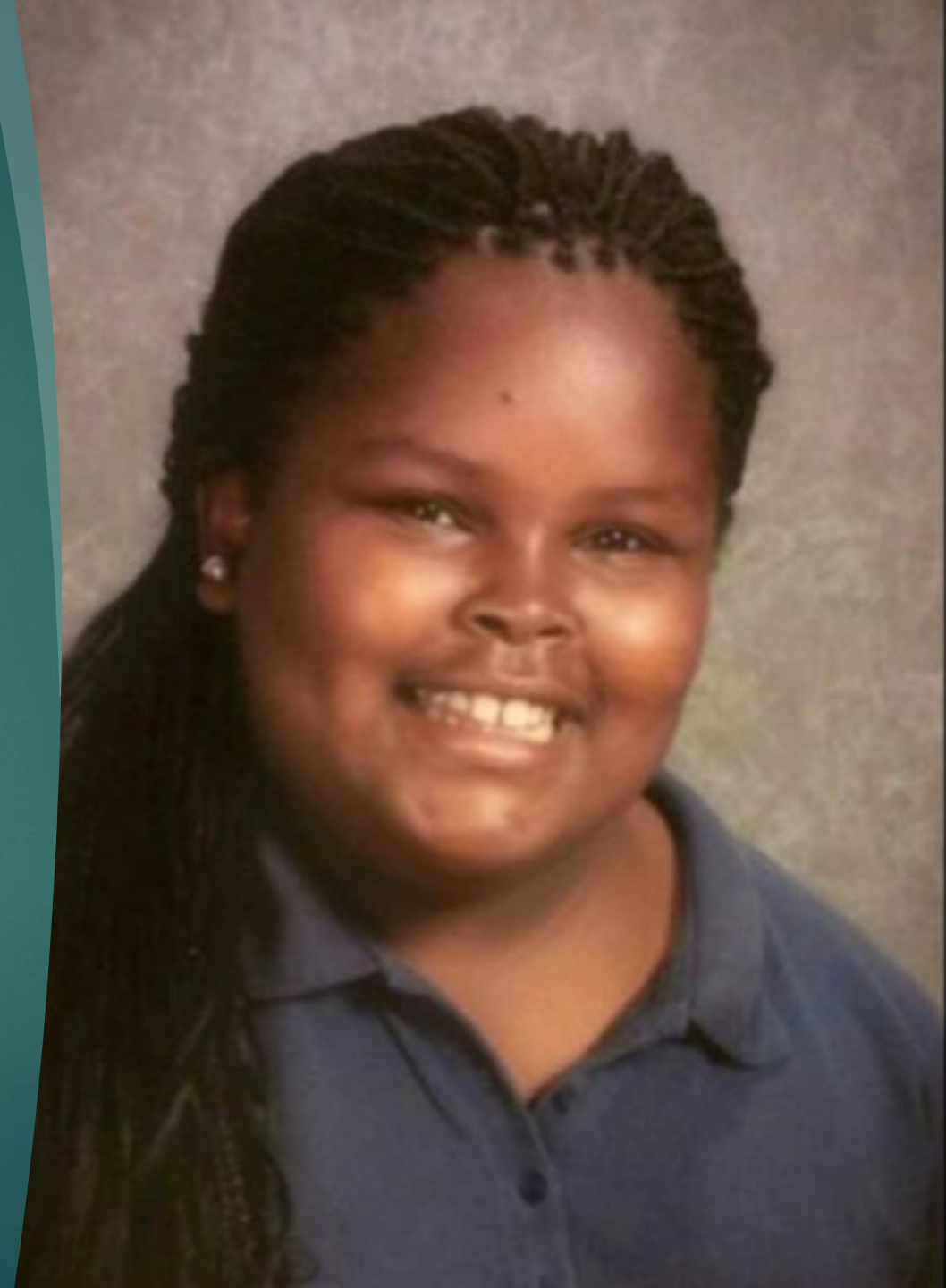
April 11, 2024

Jahi McMath failed tests of hypothalamic function and still recovered

During GIP there may also be a lack of hypothalamic function

Jahi McMath Proves:

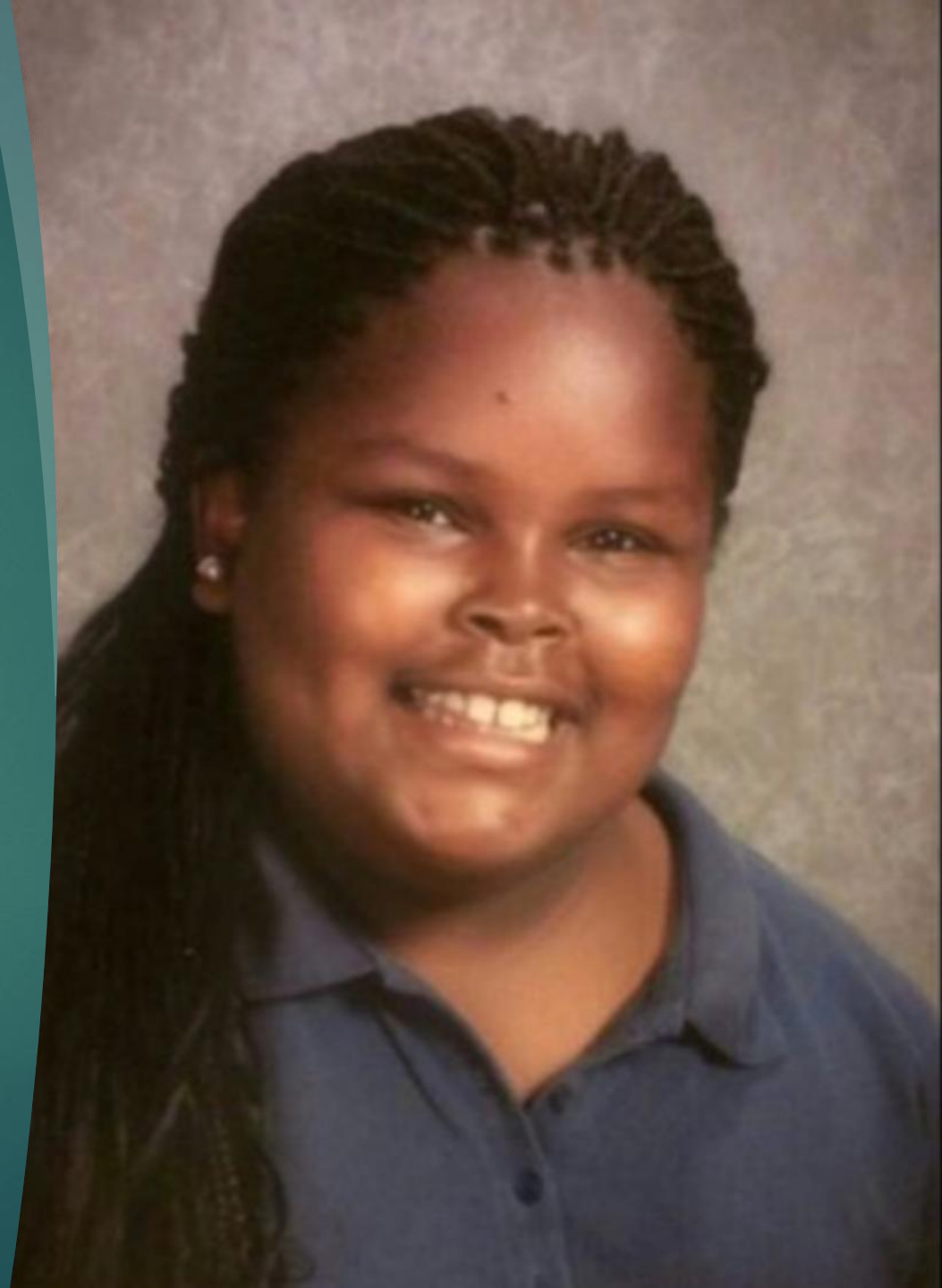
People declared dead under the AAN brain death guideline are neither biologically nor legally dead under the UDDA

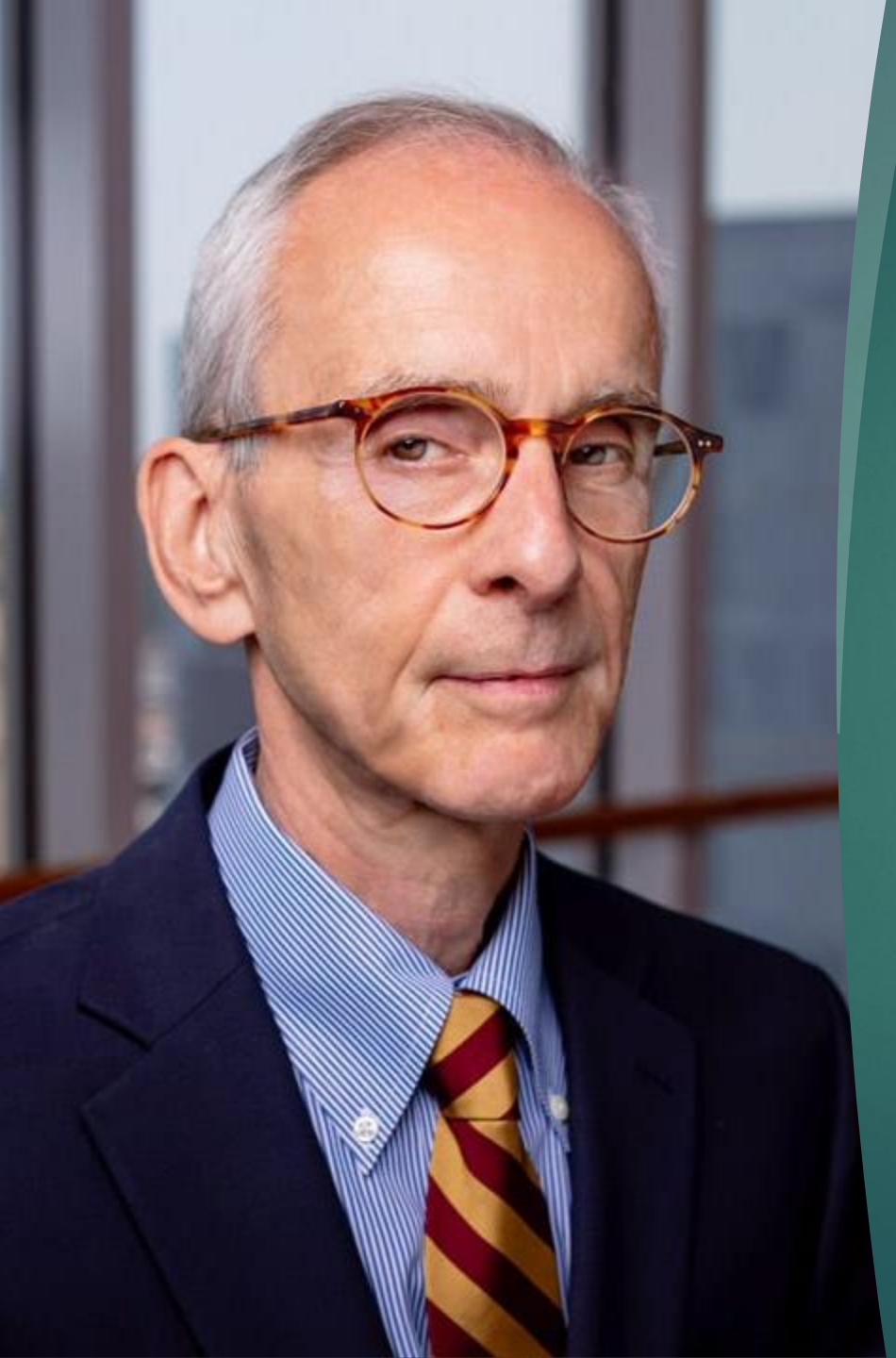


Jahi McMath proves:

People declared dead under the AAN brain death guideline are neither biologically nor legally dead under the UDDA

So what is driving these definitions of death?





Organs

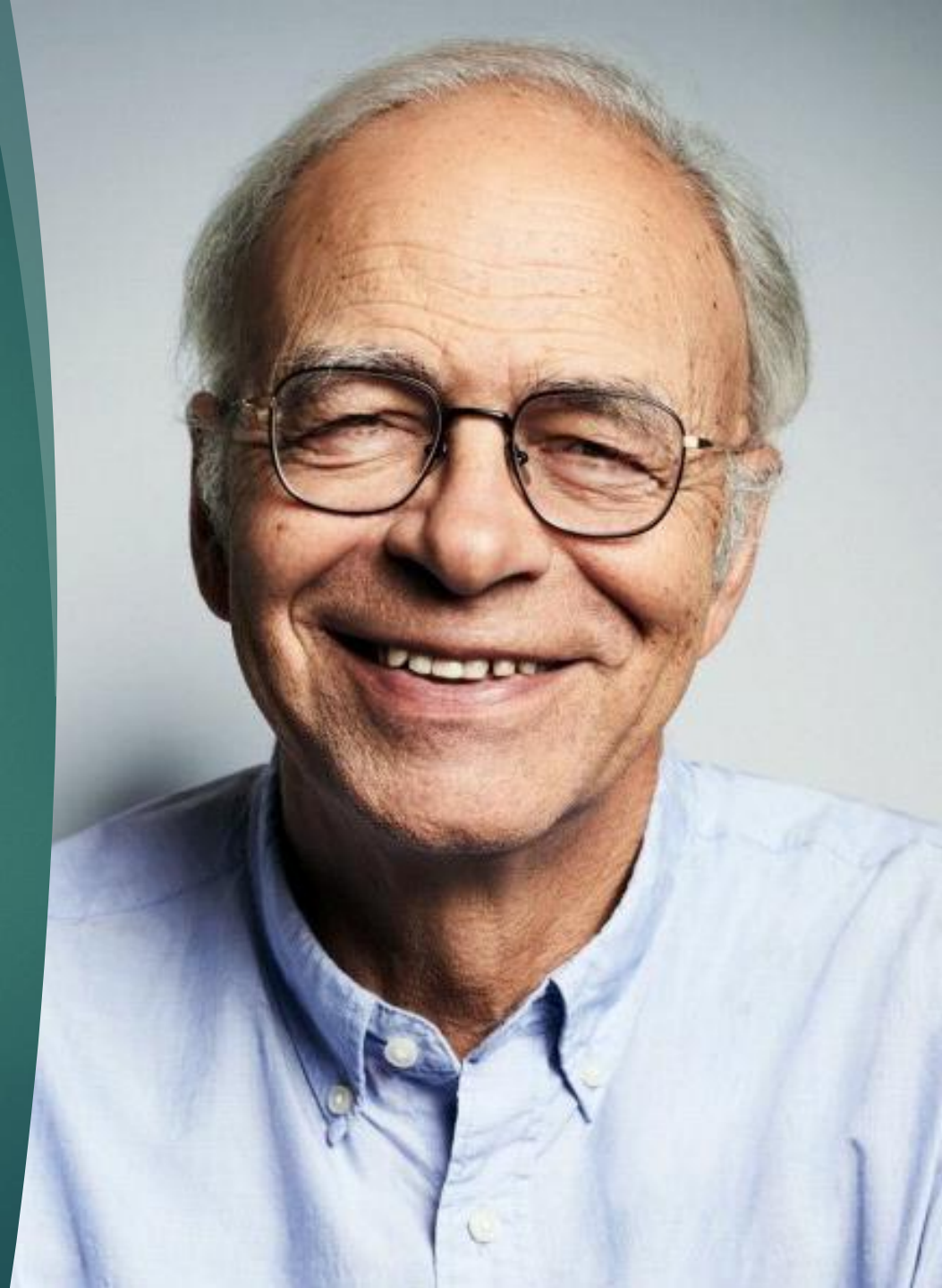
Eelco F. Wijdicks, MD, PhD, neurocritical care specialist at Mayo Clinic stated in 2006

"…the diagnosis of brain death is driven by whether there is a transplantation programme (sic) or whether there are transplantation surgeons. I do not think brain death examination now, in practice, would have much if any meaning if it were not for the sake of transplantation."

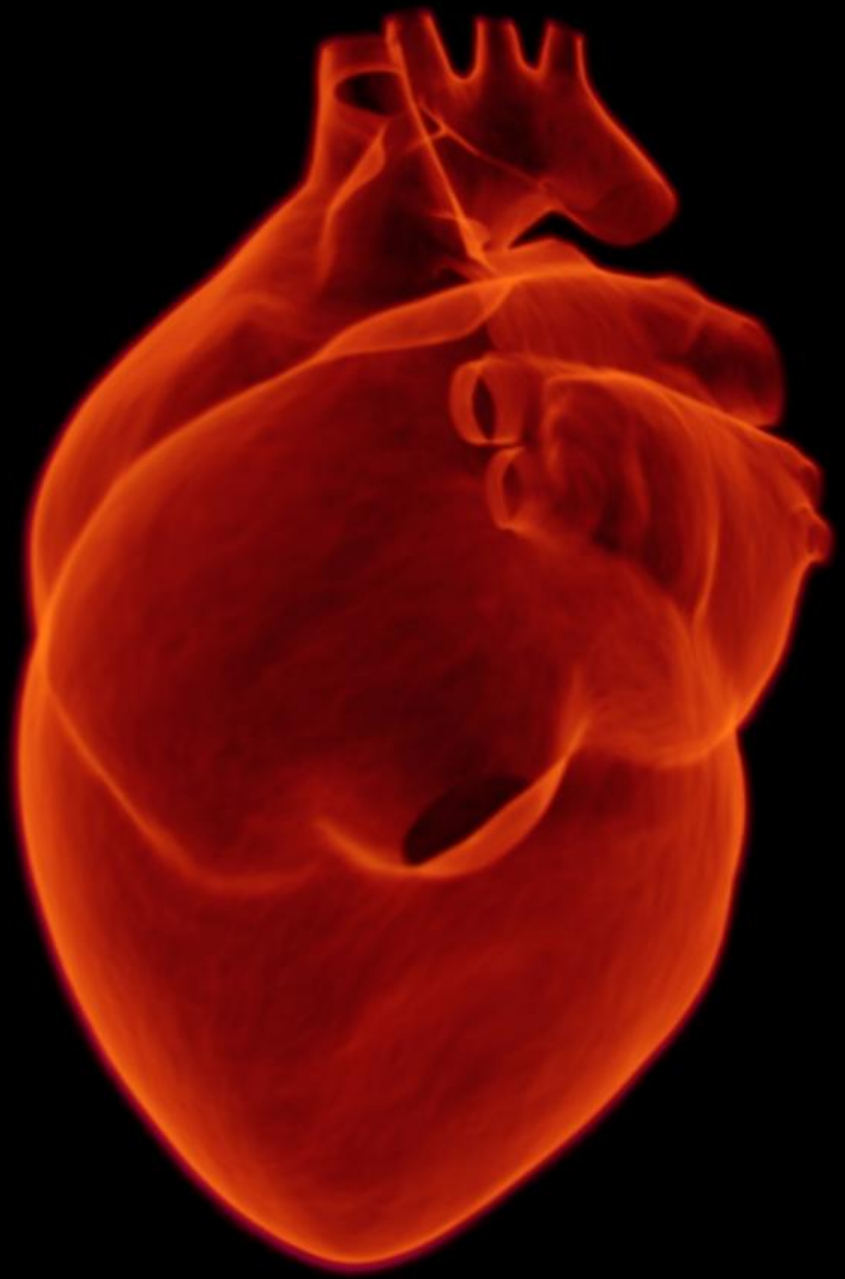
PONTIFICIA ACADEMIA SCIENTIARUM Scripta Varia 110: The Signs of Death. VATICAN CITY 2007 OP NOTIFICIA ACADEMIA SCIENTIARUM. The Proceedings of the Working Group 11-12 September 2006, https://www.pas.va/content/dam/casinapioiv/pas/pdf-volumi/scripta-varia/sv110pas.pdf page 50.

Utilitarian philosopher Dr. Peter Singer calls brain death

“An ethical choice masquerading as a medical fact.”



Rachel Aviv, “What Does It Mean to Die?,” The New Yorker (January 29, 2018), www.newyorker.com/magazine/2018/02/05/what-does-it-mean-to-die.



Donation After Circulatory Death

Donation After Circulatory Death

These patients are usually not “brain dead,” but are either not expected to survive *or* have decided their quality of life is unacceptable.

Their death is planned to occur at a specific time and place so that organs can be harvested.

Donation After Circulatory Death

The patient is taken to the OR or a room nearby, with the transplant team ready to start harvesting as soon as possible

Medical support is withdrawn, and the patient is monitored until their pulse stops. DCD does not require EKG silence, but rather no pulse.

After a 2-5 minutes of pulselessness, these people are taken to the OR for organ harvesting. **Is 2-5 minutes enough time to be sure that they are dead?**

Donation After Circulatory Death

Many medical professionals are uncomfortable with harvesting organs after only 2-5 minutes of pulselessness.

Donation After Circulatory Death

Many medical professionals are uncomfortable with harvesting organs after only 2-5 minutes of pulselessness.

Patients are routinely resuscitated after this amount of time.

Donation After Circulatory Death is Banned in:

FINLAND
GERMANY
BOSNIA-HERZEGOVINA
HUNGARY
LITHUANIA
TURKEY

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Pronounced Dead Twice: What Should an Attending Physician Do in Between?

Authors' Contribution:
Study Design A
Data Collection B
Statistical Analysis C
Data Interpretation D
Manuscript Preparation E
Literature Search F
Funds Collection G

ABCDEFG 1 Annie Bao
ABCDEFG 2 Shiping Bao

1 Department of Biology, Duke University, Durham, NC, U.S.A.
2 Champaign County Coroner, Urbana, IL, U.S.A.

Corresponding Author: Annie Bao, e-mail: annie.bao@duke.edu
Conflict of interest: None declared

Patient: Female, 39-year-old
Final Diagnosis: Acute Fentanyl toxicity due to a Fentanyl injection in the hospital
Symptoms: Unresponsive
Medication: Fentanyl
Clinical Procedure: Endovascular coiling for the ruptured berry aneurysm
Specialty: Neurosurgery

Objective: Unusual clinical course

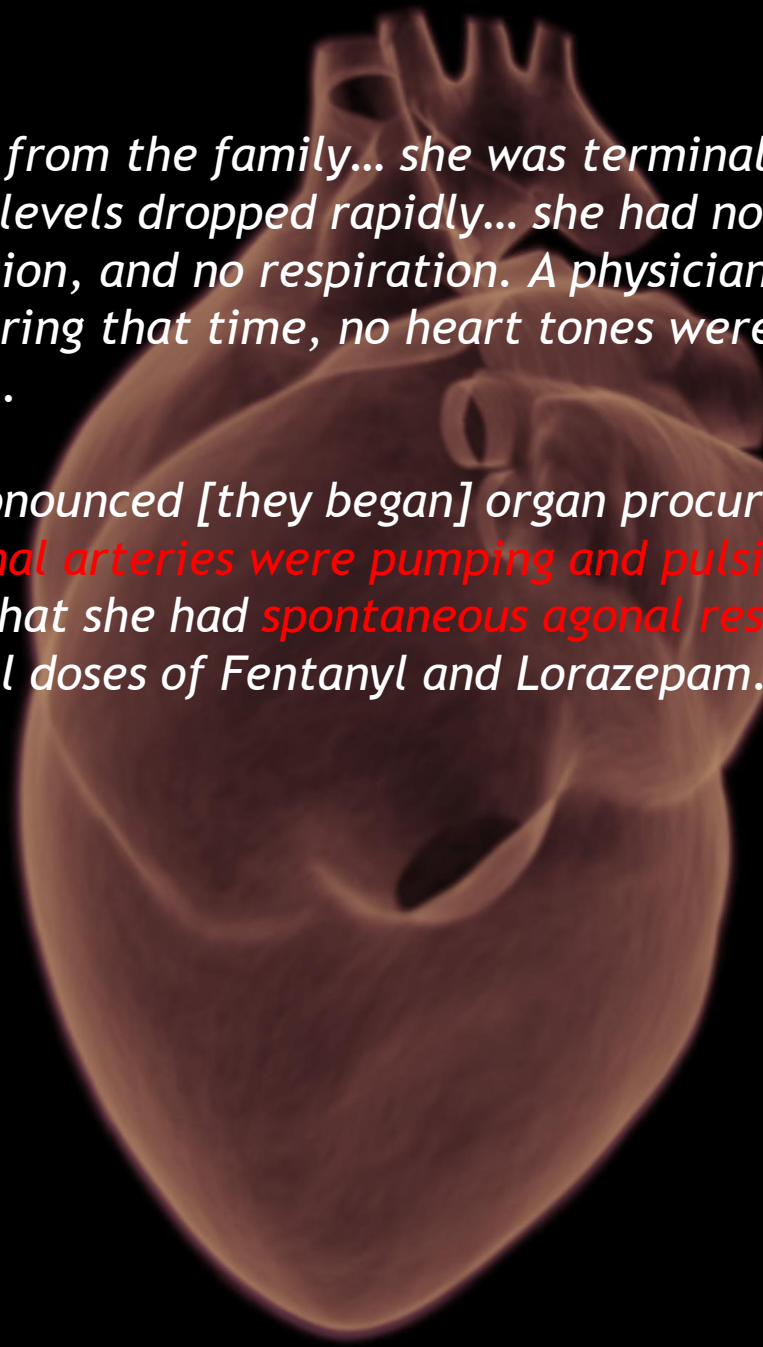
Background: Organ donation after cardiac death (DCD) is a well-accepted practice in the medical, philosophical, and legal fields. It is important to determine the amount of time required for the loss of circulation to lead to irreversible brain loss, and ultimately brain death.

Case Report: We report a rare case of organ donation after cardiac death. During organ procurement, it was noted that the patient's aortic and renal arteries were pumping and pulsing, and her cardiopulmonary activities were back to unexpected levels. The organ procurement surgery was stopped. At the time, the patient was given Fentanyl and Lorazepam. Subsequently, she was pronounced dead again 18 minutes after she was initially pronounced dead. After a complete autopsy, the cause of death was determined to be acute Fentanyl toxicity due to a Fentanyl injection in the hospital. The manner of death was determined to be homicide.

Conclusions: What should an attending physician do in the rare case that the organ procurement team notices the patient is still alive? It is our opinion that: first, the organ procurement team should leave the room immediately and withdraw from the case, and second, the attending physician should let nature run its course and refrain from excessive medical intervention.

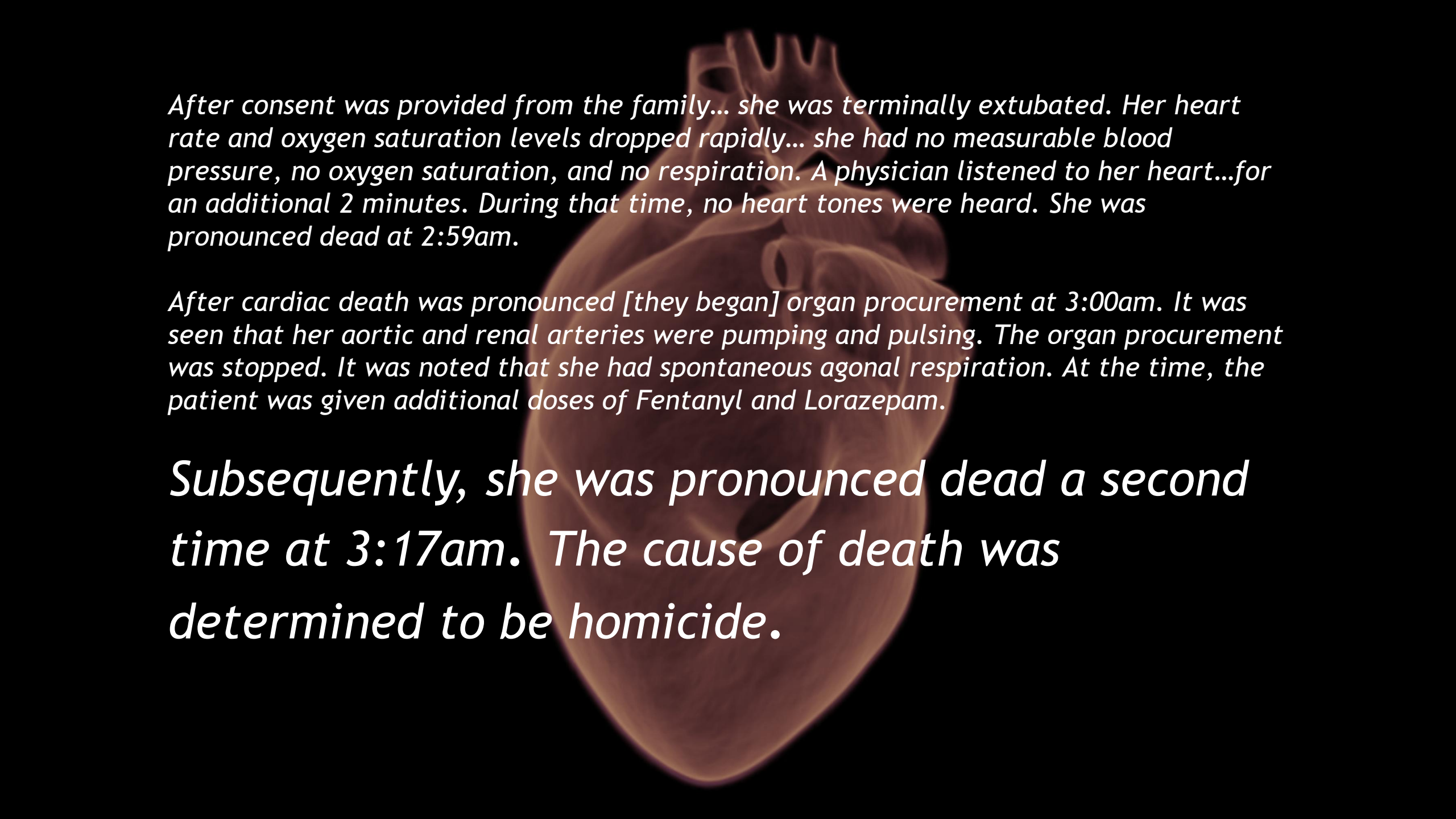
Keywords: Autopsy • Bioethics • Death • Fentanyl • Resuscitation Orders • Tissue and Organ Procurement

Full-text PDF: https://www.amjcaserep.com/abstract/index/idArt/930305



After consent was provided from the family… she was terminally extubated. Her heart rate and oxygen saturation levels dropped rapidly… she had no measurable blood pressure, no oxygen saturation, and no respiration. A physician listened to her heart…for an additional 2 minutes. During that time, no heart tones were heard. She was pronounced dead at 2:59am.

After cardiac death was pronounced [they began] organ procurement at 3:00am. It was seen that her aortic and renal arteries were pumping and pulsing. The organ procurement was stopped. It was noted that she had spontaneous agonal respiration. At the time, the patient was given additional doses of Fentanyl and Lorazepam.



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Subsequently, she was pronounced dead a second time at 3:17am. The cause of death was determined to be homicide.

NRP – A Variation of DCD

If the donor's heart is to be harvested, the circulation to the brain is clamped off.

The organs then are re-oxygenated and ***the heart is restarted*** to be sure they are healthy enough to be transplanted

Protocol for NRP-cDCD from the University of Nebraska

Safety and Effectiveness of NRP for DCD Heart Transplantation (DCDNRPHeart)

Specifically, normothermic regional perfusion involves the following steps:

1. Opening the chest through a standard sternotomy used for heart and lung procurement.
2. Ligation of the all the blood vessels that supply blood to the brain to ensure that blood flow to the brain is not reestablished once circulation is restarted as described below.
3. Standard cannulation of the aorta and the right atrium as is done for cardiac surgical procedures.
4. Initiation of cardiopulmonary bypass, which will re-establish the flow of blood to all organs of the body including the heart under normothermia. The initial step for ligation of the blood vessels to the head is necessary to ensure that blood flow to the brain does not occur.

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5. Once blood flow to the heart is established, **the heart will start beating.**

Uniform Determination of Death Act (UDDA)

The ad hoc committee's recommendations became law in 1981 in order to permit organ harvesting.

The UDDA defined death as either:

- 1. *Irreversible* cessation of circulatory and respiratory functions, or
- 2. *Irreversible* cessation of all functions of the entire brain, including the brainstem

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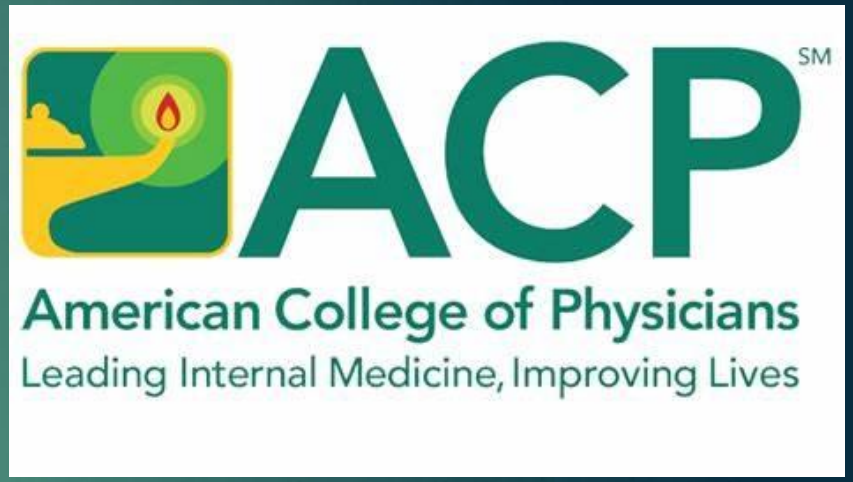
NRP-cDCD

The American College of Physicians recommended in 2021 that the practice of NRP-cDCD be paused, as "the burden of proof regarding the ethical and legal propriety of this practice has not been met."



American College of Physicians. Ethics, Determination of Death, and Organ Transplantation in Normothermic Regional Perfusion (NRP) with Controlled Donation after Circulatory Determination of Death (cDCD): American College of Physicians Statement of Concern. April 17, 2021.

NRP-cDCD

Dr. Matthew DeCamp MD, PhD

Bioethicist at the University of Colorado

"Restarting circulation reverses what was just declared to be the irreversible cessation of circulatory and respiratory function. It is no defense to suggest that the patient was already dead when the action negates the conditions upon which the determination was made."

DeCamp M, et. al. POINT: Does Normothermic Regional Perfusion Violate the Ethical Principles Underlying Organ Procurement? Yes. Chest, vol. 162, issue 2, pp. 288-290, August 2022.

NRP-cDCD

Dr. Wes Ely MD, MPH

Critical care physician and transplant pulmonologist at Vanderbilt University

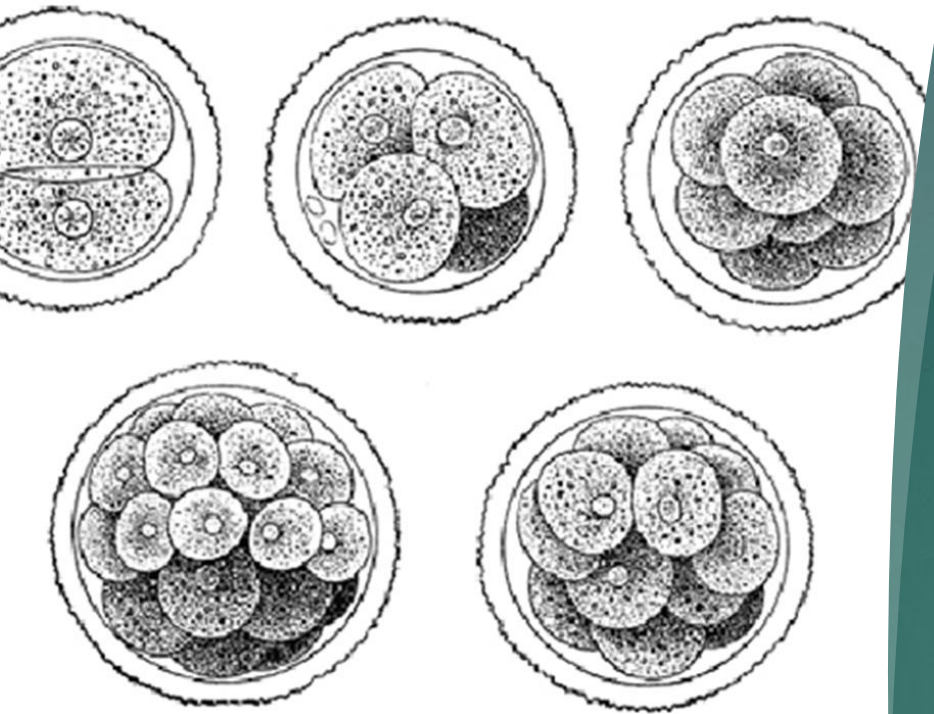
"We're so hungry for organs right now that we are pushing all the limits. I just want us to be super-cautious. We need to press the pause button on this and have some more conversations so that we can set up boundaries and stay in the right lane. The dignity of the human who donates the organs should never be sacrificed."

Dotinga, Randy. No Brain Death? No Problem: New Organ Transplant Protocol Stirs Debate. MedPage Today, Sept. 28, 2022.

Summary and Conclusions

"Heart-beating or non-heart-beating organ procurement from patients with impaired consciousness is de facto a concealed practice of physician-assisted death, and therefore, violates both criminal law and the central tenet of medicine not to harm patients."

Verheidje JL, Rady M, McGregor JL. Brain death, states of impaired consciousness, and physician-assisted death for end-of life organ donation and transplantation. Med Health Care Philos. 2009 Nov;12(4):409-21.



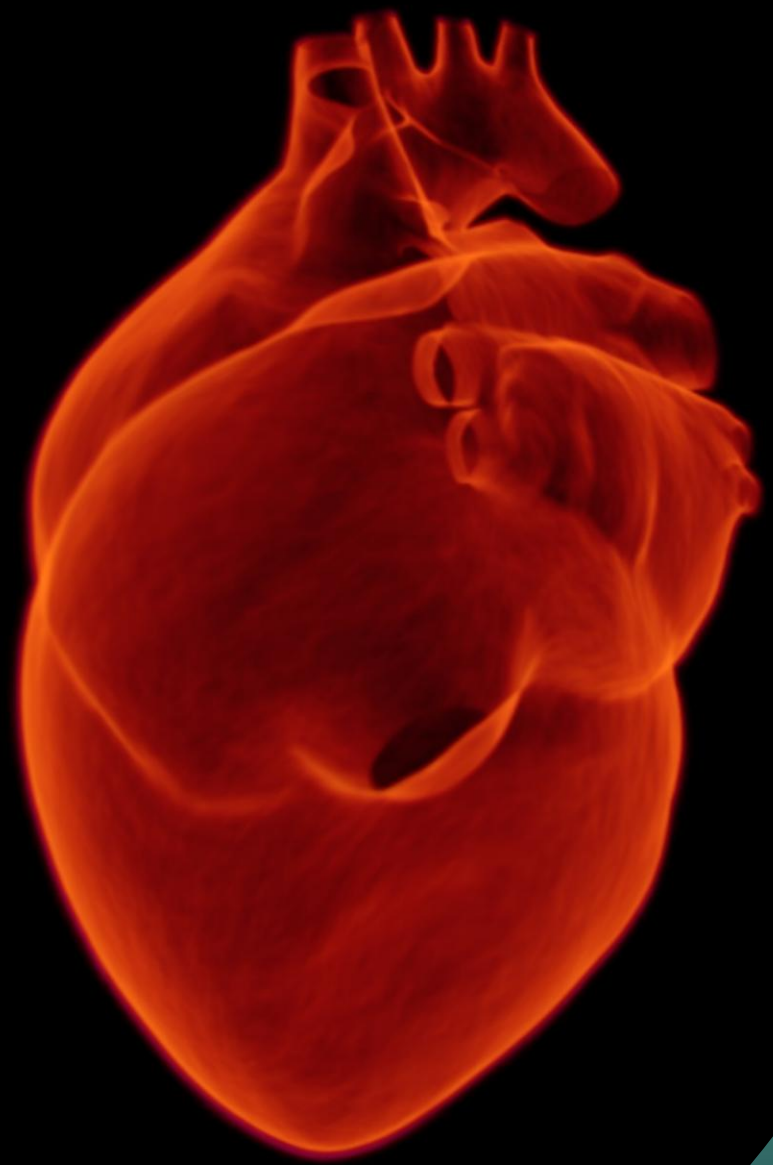
I. How can we call a person without a brain human and yet deny humanity to someone with brain failure?

II. “Brain death” is a **prognosis** of death, not death itself.

Harvesting organs from brain dead donors is an **act of homicide** against vulnerable, neurologically disabled people.

III. The brain death diagnostic guidelines are unable to predict irreversibility

Jahi McMath met all medical criteria for brain death, yet, she demonstrated improvement in brain function to the point of following commands



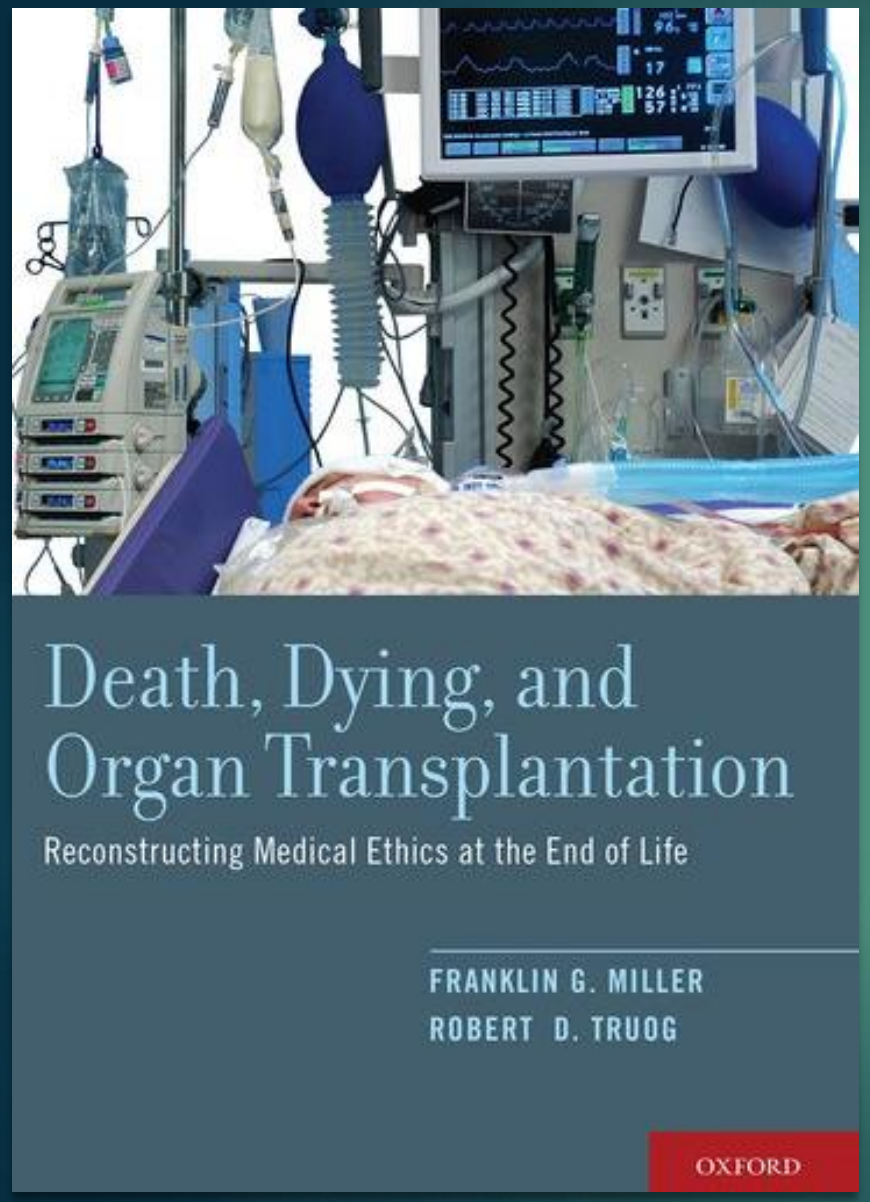
IV. Donation After Circulatory Death (DCD) donors are harvested within the timeframe of possible resuscitation

If you could be resuscitated, you were never dead!

V. The public is being denied truly informed consent when they sign a donor card

“Conversely, were all families to be made fully aware and truly informed, one would find very large numbers of people objecting, and that would create needless conflict and chaos.”

It is the responsibility of Christians to defend the vulnerable even if it would cause conflict and chaos



Secular voices are being honest about this:

…"brain dead" donors remain alive and donors declared dead according to circulatory-respiratory criteria are not known to be dead at the time that their organs are procured.

THE JR WILLIAMS SR., MD '31 ENDOWED LECTURE

"DEAD DONOR RULE VIOLATIONS ARE RAMPANT: BRAIN DEATH, DCD, AND NRP"

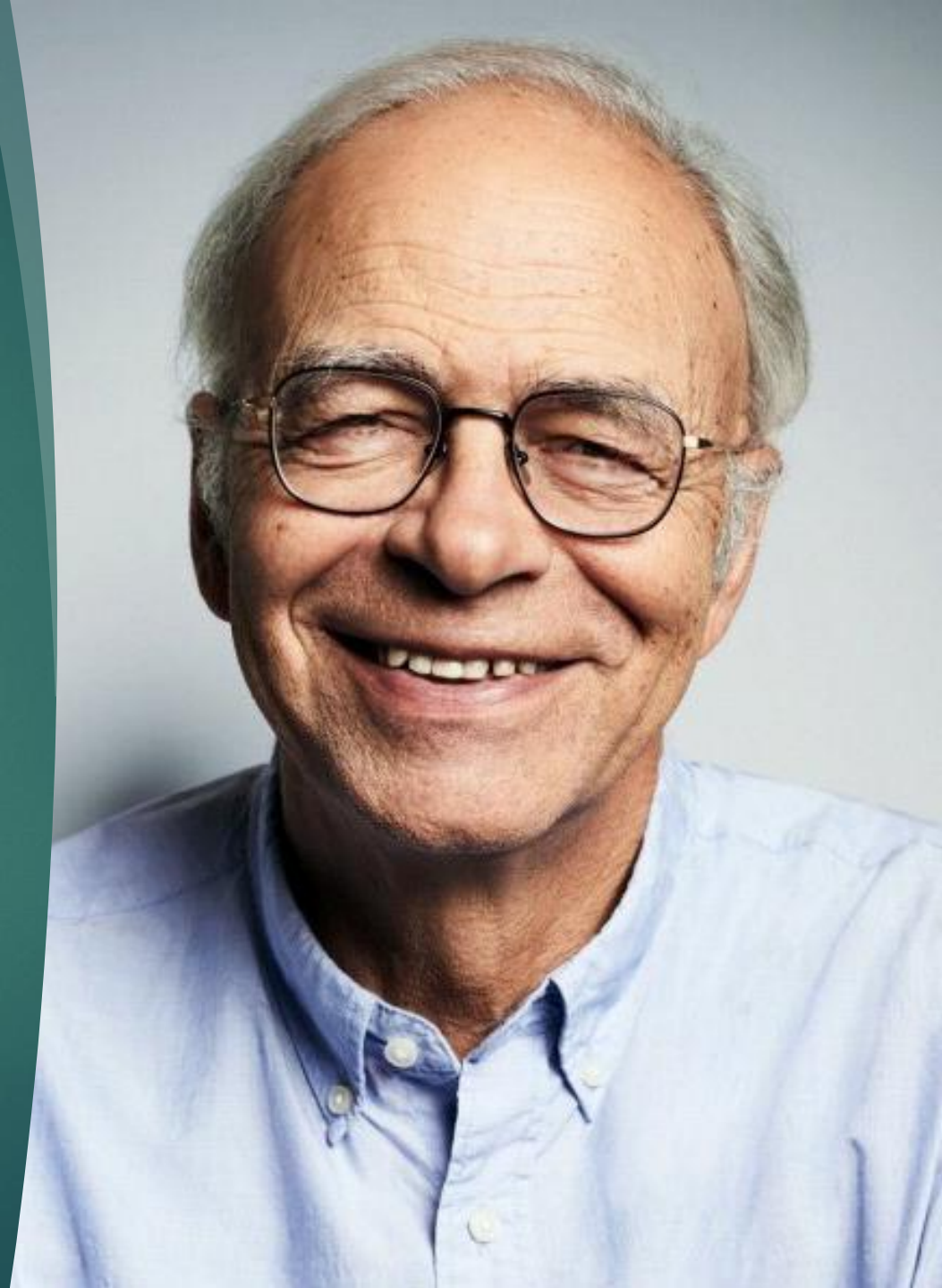
TULANE School of Medicine
MS in Bioethics & Medical Humanities

Dr. Thaddeus Pope, JD, PhD, HEC-C
Professor of Law, Mitchell Hamline School of Law, Hastings Center Fellow and former Fulbright Scholar

Tulane The Program in Medical Ethics and Human Values
MS Program: http://Tulane.edu/Bioethics

“I argue that the evidence now clearly shows that brain death is not equivalent to the death of the human organism.”

-Dr. Peter Singer



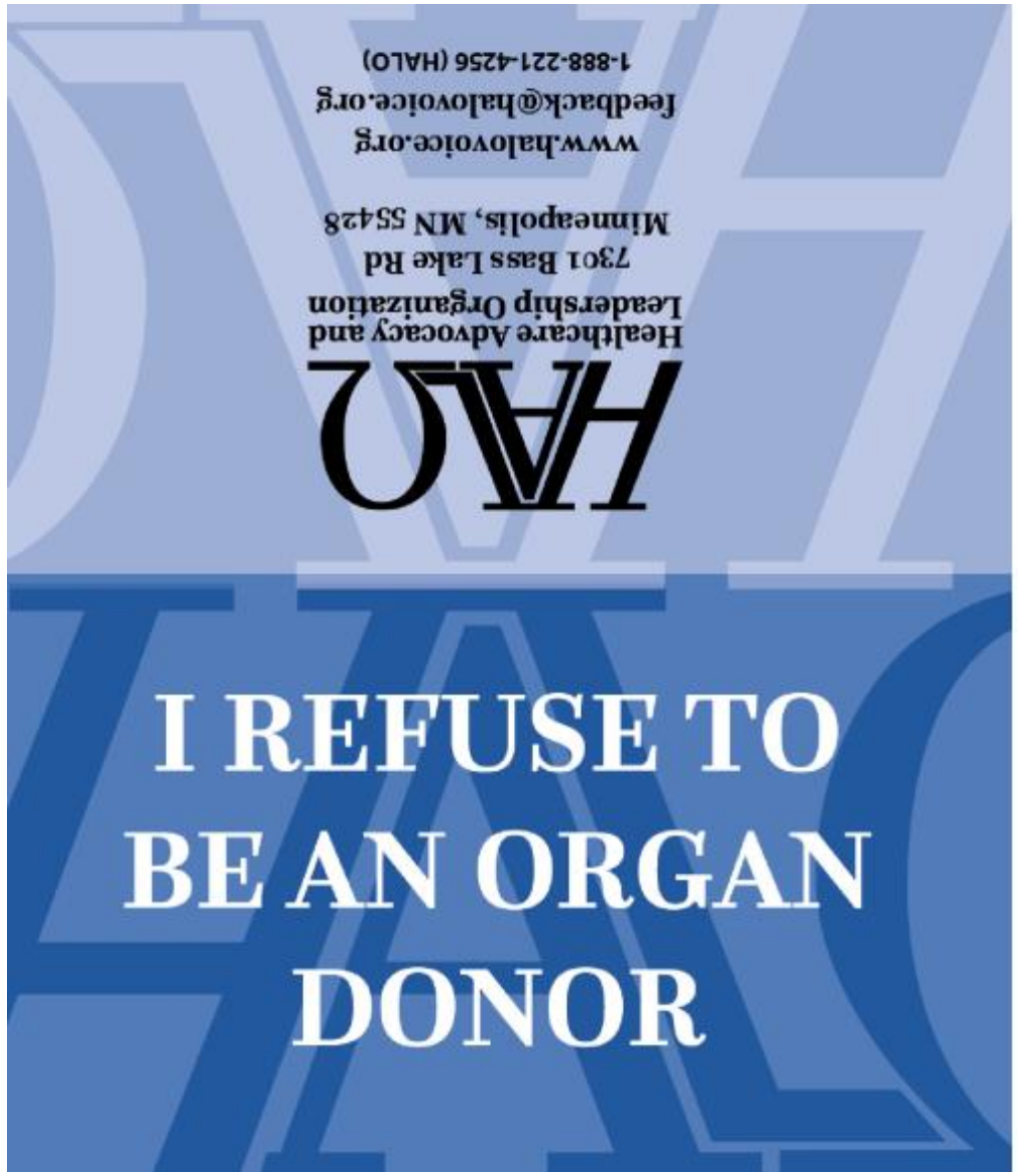
Ethics & Bioethics (in Central Europe), 2018, 8 (3-4), 153-165.

“Brain Dead” people are still alive and must be treated with humanity and dignity

We must expose the lie of brain death to the public

We must advocate for living donation

We must support ethical solutions for people with organ failure



I, _____ ,

REFUSE TO BE AN ORGAN DONOR.

Do not perform an apnea test.
Do not notify an organ procurement organization if I appear to be at or near death.

Do not take any organs for transplantation or research.

Signature: _____

Witness: _____

Witness: _____

Date: _____

Dr. D. Alan Shewmon

"Just as cigarette ads are required to contain a footnote warning of health risks, ads promoting organ donation should contain a footnote along these lines:"

Shewmon DA. Brain Death: Can It Be Resuscitated? Hastings Center Report 39, no 2 (2009): 18-24.

WARNING

It remains controversial whether you will actually be dead at the time of the removal of your organs

RESPECT FOR HUMAN LIFE

Life, Death, and Medical Meaning