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The living brain dead

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Dear Editor,
Truog and Miller [1] propose that brain death cannot qualify as the Death of a human organism (DHO). They explain that DHO is the death of the whole organism in which the emergent property of integration has been lost. So, brain death is not Death, but it can still remain an ethically valid justification for organ procurement. That would contradict the dead donor rule (DDR), and, thus, they would be rejecting the DDR and allow living donor donation (LDD) [2]; that is, donation from living brain-dead organisms. Ethical justification is provided on the basis of respect for patient autonomy, non-maleficence and beneficence. As the authors put it “brain-dead patients are not harmed or wronged by properly authorized donation of their vital organs.”

What can be further suggested based on this view? First, that killing a living organism, if it is brain dead, is permissible and an acceptable

means for organs to be procured. Second, that the moral grounding significance of brain death centers on the irreversible loss of consciousness, making a requirement for death of the whole brain unnecessary. Otherwise stated, irreversible loss of consciousness is necessary and sufficient as moral grounds for LDD. In the same way that pituitary function may not have altogether ceased despite meeting whole-brain death criteria, the function of respiratory brain stem neurons can also be operative in the setting of irreversible loss of consciousness. On the view that we are discussing, the presence of respiratory drive would not alter the idea that irreversibly unconscious organisms cannot be further harmed by organ donation and, in fact, Death. If this approach is endorsed, then neurologic criteria for death [3] should potentially be modified to neurologic criteria for organ donation where, for example, the apnea test may be abandoned.

At least two further issues arise. How does the view understand permanently vegetative patients? Aren't they living organisms with irreversible loss of consciousness and thus cannot be further harmed by organ donation? The other issue pertains to decisions on withdrawal or limitation of care. Currently, brain-dead patients are considered Dead and supportive care is either directed towards organ donation or terminated. A new framework may be needed to care for these now brain-dead living organisms.

Finally, an alternative or even complementary view distinguishes between DHO and the death of a

person or what we would call the death of the patient. Here, an otherwise functioning or supported organism with irreversible loss of consciousness would count as a living, yet “uninhabited”, organism. Thus, the terminology could fit both DDR and LDD depending on the perspectives of organism versus person.

Truog and Miller are proposing a courageous step, and I think in the right direction. The discussion, though, has only just begun.

Conflicts of interest The author declares no conflicts of interest in relation to this work.

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