

No Unpaired Vital Organ Transplantation from the Living

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A patient is living until dead. The life of the body is the soul; the life of the soul is God (St. Anthony of Padua). When an unpaired vital organ is taken while the donor is not truly dead, the donor will certainly be dead after the beating heart is cut out. When there is doubt about true death, the transplantation procedure ought not to be initiated.

Some believe we “are wrong,” but don’t tell us why we “are wrong.” Instead, they respond that we are going against the current because we are not encouraging organ transplantation. We stand to protect and preserve life from its conception to its natural end. We are opposed to imposing death and shortening life even if it might seem to do some good for another person. Further, when there is doubt about death, action that is taken must not impose death if the person is not truly dead. Some encourage organ donation as a way that the deceased can help their living brethren. “Deceased” means to be truly dead. From the deceased the heart, whole liver and pancreas cannot be transplanted because in 3-5 minutes without circulation these organs are so damaged that they are not suitable for transplantation.

Some believe that whatever is called “brain death” is true death. Their “belief” rests on the presumption that a careful and thorough assessment of the deceased brain’s function being totally gone has been supplied by competent medical examination. Beginning already with the first article on the subject, A Definition of Irreversible Coma in the *Journal of the American Medical Association* in 1968, scientific investigation and evaluation is insufficient and inadequate to support absence of brain functioning, function, or functions as identical and equivalent to true death that is known by common sense. Then, unfortunately, desire and haste to get living vital organs has encouraged inadequate attention and determination that an individual with irreversible cessation of all functions of the entire brain, including the brainstem, is dead. Proof of this haste has been exposed by the fact that living persons who were determined to be “brain dead” are very much alive. Zach Dunlap actually heard the doctors say that he was “brain dead.” Basic criteria for determination of death require excluding of possibility of recovery of any brain functions. Patients such as Val Thomas and Raleane "Rae" Kupferschmidt were determined to be “brain dead.” Both had recovery of their brain functions after a little time of rest and healing. Instead of allowing patients to be given time to heal, hospitals have shortened the observation period and allow doctors to determine “brain death” in a hasty manner.

There is no medical consensus (Neurology Jan 2008) as to which of the myriad (more than 33 and possibly 100) sets of criteria to declare “brain death” are to be followed and none of the criteria are evidence-based (Neurology July 2010). A person can be determined dead by one set of criteria, but be alive by others sets or other doctors or other hospitals.

Many misconceptions about criteria for determining “brain death” revolve around “irreversibility.” Irreversibility cannot be observed by a doctor like a change in function or even destruction of tissue or an organ. Thus, “irreversibility cannot serve as evidence, nor can it rightly be made part of an observable criterion of death.”ⁱ

A presumption of irreversibility of a lack of brain functioning, even if “cerebrum, cerebellum and brain-stem” are included, is insufficient grounds for removing a patient's vital organs or for immediate autopsy, cremation, or burial. Even though cerebellum is included, none of the many sets of criteria include evaluation of the cerebellum, the largest part of the brain besides the cerebral cortex.

ABSOLUTE irreversibility of brain functioning, among other characteristics of a cadaver, reflects the fact of death. But such irreversibility can be known by us only if we already know the fact of death. Death is the criterion of absolute irreversibility, not vice-versa. RELATIVE irreversibility, viz., relative to our capacity to reverse the non-functional character of this brain, is not a criterion of death. If we are not sure of absolute irreversibility, then we are not sure that real death, as distinct from a clinical declaration of “brain death,” “heart death,” “as good as dead,” “soon to be dead,” etc., has occurred. Without such certainty organ extraction cannot begin without violating the fifth commandment.

when 2 patients are side by side in the hospital. Patient A has a head injury. He is on a ventilator. He has a beating heart, circulation and respiration. To remove his beating heart because Patient B desires a heart is immoral unless there is moral certitude that Patient A is truly dead. Excision of vital organs cannot be initiated unless true death has already occurred. “There is a real possibility that the life whose continuation is made unsustainable by the removal of a vital organ may be that of a living person, whereas the respect due to human life absolutely prohibits the direct and positive sacrifice of that life, even though it may be for the benefit of another human being who might be felt to be entitled to preference.”

“Individual vital organs cannot be extracted except *ex cadavere* (from a dead body).” His Holiness continued, “The principal criteria of respect for the life of the donor must always prevail so that the extraction of organs be performed only in the case of his/her true death. True death is separation of soul from body. A living body must go through true death to be a dead body. Does a dead body have a beating heart, circulation and respiration? Who would embalm, bury or cremate someone with a beating heart, circulation and respiration?”

Can imposing and hastening death on oneself (suicide) or another (homicide) be an act of love? Can imposing death be part of a culture of gift and free giving? Can a donor, recipient or anyone else participate in cutting out a beating heart? (See Table 1.)

Table 1.

Comparison of Living Body With Those Declared “Brain Dead” and Dead Body

	<u>Living Body</u>	<u>“Brain dead”</u>	<u>Dead body (cadaver)</u>
Heart beating spontaneously	Yes	Yes	No
Circulation	Yes	Yes	None
Warm (normal temperature)	Yes	Yes	Cold
Ventilator pushes air in	Yes	Yes	Yes(lungs fill like a balloon)
Then air is exhaled <u>by the person</u> , <u>not</u> pulled out by ventilator	Yes	Yes	No (lungs cannot empty)
Respiration	Yes	Yes	None
Functioning vital organs (heart, lungs,liver, kidneys, pancreas)	Yes	Yes	No
Assimilation of nutrients	Yes	Yes	None
Production & Elimination of wastes	Yes	Yes	No wastes
Growth of body	Yes	Yes	None
Hair growth	Yes	Yes	None
Healing	Yes	Yes	No
Overcoming infections	Yes	Yes	No
Reproduction capability	Yes	Yes	No
Potential of hearing, feeling, and comprehension, but unable to communicate a response	Yes	Yes	No

It is understandable that many trust their physician. I (PAB) was trusting until 1975 when Baby Joseph with lack of brain waves “consistent with cerebral death” caused me to study the subject thoroughly. Joseph continued to be treated; his organs were not taken. Joseph is now married, has 3 children. After further reading and studying, “brain death” is not true death.

To summarize, the excision of unpaired vital organs cannot be initiated unless there is moral certainty that true death has already occurred. If certainty does not exist, the risk of killing the donor prohibits beginning the procedure until after true death. After true death the living body has changed to a dead body, which is the separation of the soul from the body.

A dead body, a cadaver, a corpse does not and cannot have a beating heart, circulation and respiration. Every organ that is taken for transplantation is taken from someone with a beating heart, circulation and respiration. When the heart or whole liver is taken, the living donor is then dead.

ⁱ Byrne PA, O'Reilly S, Quay PM:Brain Death—An Opposing Viewpoint. *JAMA* 242:1985-1990 . 1979.

<http://www.lifesitenews.com/news/archive/ldn/2008/may/08052709>

<http://www.lifesitenews.com/news/archive/ldn/2008/feb/08021508>