

The Catholic Doctor Is In: What is death?

What is death? Death is simply the separation of the soul from the body. The Catechism of the Catholic Church defines death succinctly as “the end of earthly life” and a “consequence of sin” that is “transformed by Christ . . . from curse into blessing” by Christ’s obedience to the Father and by His Resurrection (CCC 1007-1010). Cardinal Bernadin encapsulated this sentiment when he described going out to meet “his friend death” when he was dying of pancreatic cancer.

We used to know what death was, right? The heart stops beating, the body stops breathing, and death occurs: simple and easily verifiable. With advances in medicine (particularly life-supporting instruments such as mechanical respirators), the concept of death became more slippery. Terms such as “brain death” entered our vocabulary. Now, our questions have become: “What is brain death?” and “Is brain death real death?”

John Paul II spoke of brain death in an address to the 18th International Congress on Organ Transplants in 2000. He stated that the shift from a heart-beating, body-breathing definition of death has been expanded to include “neurologic criteria.” John Paul showed no opposition to examining a patient for “biological signs that a person has indeed died.” He argued for using scientific parameters so that we can ascertain “the complete and irreversible cessation of all brain activity.”

The Church defers determination of brain death to the competence of the medical community. Brain death can and should be determined in a variety of ways to ensure that no error has been made in its declaration. This evaluation should include a physical examination and a variety of other tests (such as a brain blood flow scan and an EEG – a tool for measuring brain activity).

Current opinion holds that brain death occurs when a patient: 1) does not interact in any way with his environment (unresponsiveness), 2) does not respond to pain, 3) has lost all basic reflexes of the brain (brain stem reflexes), and 4) does not breathe at all on his own. Only when this has been rigorously evaluated can one declare brain death. The critical element of brain death, and the one that can bear no compromise, is the irreversible loss of brain function. Only when this irreversible loss of brain function is established can we say that the unifying principle between body and soul is no longer present and death has occurred.

Again, to quote Blessed Pope John Paul II, death is that “total disintegration of that unitary and integrated whole that is the personal self.” As we strive to build a Culture of Life, we must insist that a thorough evaluation be performed prior to the declaration of brain death. If brain death is indeed established, “real death” has occurred.

An individual with brain death must never be confused with a patient in a persistent vegetative state (PVS). The PVS patient is often referred to in our dehumanizing popular culture as a “vegetable.” PVS is a state of lack of awareness while awake. Is this person alive? Yes, they simply lack the “sort of awareness that characterizes normal adult human life. Patients in PVS are entitled to basic healthcare, nutrition, hydration, cleanliness and warmth...” (National Catholic Bioethics Center). Our goal should not be to pity PVS patients, put them out of their misery, or determine that their lives are “not worth living.” We must vigorously uphold their dignity until the end of their natural lives.

In the end, our trust must remain in Christ and Christ only. He has defeated death and will call us all, by name, to himself someday where he has “prepared a place for [us]” (John 14:2). Until then, we must strive to turn back the advances of the Culture of Death and build a civilization centered on authentic love.

-Eustace Fernandes, MD is a pulmonologist and critical care specialist in the Lutheran Medical Group in Fort Wayne, Indiana.

Reprinted with permission from Today's Catholic newspaper, Diocese of Fort Wayne-South Bend.