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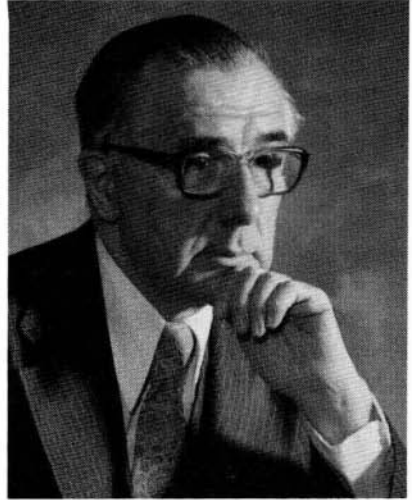
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The Death of the Brain

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“Evil committed for a good purpose remains evil.”
“Even when it succeeds?”
“Above all when it succeeds.”

Victor Hugo: *History of a Crime* (1877)

What is the brain? A structure, yet it is far more than a structure. It is incredibly complex; its functions could be multiplied toward infinity, perhaps beyond. It is an inward mirror of the real self, or the real self mirrored in the mirror; it is a jelly of thought capturing webs in the cranial crucible. Who can describe the eloquent complexities of our brains, those universes within our heads?

Yet what is the brain compared to its epiphany. the mind? And the mind? The shimmer of whispering moonlight on darkly rippling water, a single cloud on the horizon of a summer day, autumn's demented wind loosening the last of the bronzed leaves — all these are the mind. Without the mind, would they be there? As spectral emanations of the laws of motion and physics, of color, perhaps they would, perhaps not.

I now approach the unapproachable. I have already gone too far in speaking even of the mind according to current reductionistic philosophy.

But I would go beyond to the soul, that epiphany of epiphanies. In 33 years of practice both as doctor and neurosurgeon, I have treated brains, minds, . . . and souls. But a most reductionistic of materialistic philosophies destroys my trinity by declaring minds and souls null and void, reducing everything we used to call human to the laws of neurophysiology in neuronal nets. With this, the pale hand of death has entered our thinking and our society. And the crassly utilitarian concept of "brain death" becomes the microcosm of the death of the mind and soul of our society.

Judging a Society

For a society should be judged by how it treats its most helpless members. And who are more helpless than the so-called "brain dead"? Why do I say so-called? Does not the death of the brain mean the death of the person? I doubt this. I think the idea of "brain death" is a manifestation of the simple-minded pragmatism of our society, lost in a philosophy outmoded even a century ago. What is real, what is right, is what works; success justifies pragmatic metaphysics and ethics. We forget basic human rights, we forget ideal essences beyond appearances, we forget souls and lose our own when we simplistically and pragmatically declare *people* non-persons and "brain dead" so that their hearts, livers and kidneys can be transplanted into others.

Is the soul, the transcendent ego, or the personality really within the brain? The soul could be the *form* of the body, as Aristotle claimed and medieval Catholicism confirmed. I fear that somehow we are violating souls yet escaping from the tendrils of their bodies when we practice "organ retrieval," to use the semantics of the transplanters, on people who are alive in the sense that their hearts are still beating.

Richard Strauss, on his deathbed, awoke from his penultimate coma and declared that he had just heard the final notes from his *Death and Transfiguration*: "Dying is just as I composed it in *Tod und Verklärung*." Christian mystics have described a "fine point of the soul" while in states of prayerful suspended animation. How many trumpet calls to eternity, how many prayers and even mystical visions have we doctors blunderingly interrupted while "harvesting" (a transplant euphemism) living organs?

I have seen many "brain dead". They *do not look dead*. It is true their respirations are passive, the machines breathe for them, but their hearts beat, their blood circulates, they are rosy and warm. The young men are handsome, the young women beautiful, even in their "brain deaths". Such a person can be declared legally dead and, as a "prime donor candidate", the vital organs can be transplanted. The public must understand, and this point is too often glossed over by the transplanters and their apologists, that "brain death" is not about turning off the ventilator; it is about continuing the ventilator to take organs. The doctor writes on the chart that, according to the accepted medical criteria for "brain death", this person is dead. The body (or is it yet the person?) is then carted to surgery with

the ventilator going, the heart beating, the skin warm and pink. The natural circulation of the precious vital organs must be preserved till the last possible minute. In surgery a paralyzing agent without anesthesia is administered, then the vital organs are removed while the heart still beats — till it is removed. Then there is no doubt that the person is dead; the soul has fled.

I have tried to ease my conscience by using the strictest possible criteria for “brain death”: at least 48 hours of repeated observations that there are no functions of the brain, no signal, even a faint reflex, that this brain is trying to make to me, and two “flat” electroencephalograms (EEGs) separated by 24 hours and both showing “electrocortical silence”. Yet there are “accepted medical criteria” for “brain death” requiring no EEG and less than six hours observation. In the absence of hypothermia and hypotension without warming devices and cardiopressor drugs and hormonal substitution for the thyroid and adrenal activity, the pons, hypothalamus and medulla are functioning. The “accepted criteria” evaluate only brain stem reflexes and the absence of breathing. This should be frightening to all of us. Mistakes might be made with such short periods of observation; barbiturate intoxication can simulate “brain death” and could be missed. Possibly even more important, this macho desire to assert oneself, to play God and decide who shall die and decisively pronounce death in a hurry brutalizes my profession. Where is pity, where is love, where is even the basic doctor-patient commitment in those “doctors” who act as though they have pumps for hearts and ice water for blood?

At considerable expense, our society allows convicted murderers years for appeals from death sentences. We often do not give our innocent “brain dead” even 48 hours to make as sure as humanly possible that there is not chance, even a one-in-ten-million chance, that last infinitesimal chance there may be some flicker of nerve cell activity in the depths of their brains, a spark of life somewhere in the labyrinths of their minds.

The push is for the pragmatically useful, the rapid estimation of “brain death”. The fresher the organ, the less the time since the brain injury or stroke, the greater the chance for a successful transplant. And the rights of the individual donor be damned! Only a faceless “society” and the well-funded recipient patient, who needs the organ for further “useful” existence, are important — all for the “good of the whole”. Furthermore, the callous comment has been made by younger members of my profession that “dead people are less trouble”. It is far more difficult for the medical and nursing staff to maintain a “brain dead” or potentially brain dead patient in the intensive care unit for 48 hours than to declare death in less than six hours, while the patient is still in the emergency room.

“Death is the great economy in health care”, reducing the problem to the bottom line of money saved, when the going rate for intensive care is over one thousand dollars a day.

But this is what I mean by the brutalization of medicine, the loss of the

soul of what should be a most noble profession of healers, not killers, the final solution by the reduction of everything to the expedient bottom line of effort, time and money saved.

Vox clamantis in deserto.

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