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Letters to the Editor ...

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Letters to the Editor . . .

A Letter from New Zealand

To the Editor:

"Chaos" is the best word to describe the public hospital system at present. The Government is trying to reduce spending in this area where for over 50 years everything has been free to the patient, but now the cost of this service, as well as Social Welfare, has threatened the economic viability of the country. Introduction of charges for hospital treatment was abandoned because of the outcry against such a preposterous idea. Waiting lists have lengthened instead of reducing. Naturally private practice, especially in surgery, is booming. Fortunately the economy is booming too.

Another expensive area is the crazy Accident Compensation scheme which covers everyone, including visitors to the country and the local criminals. But the right to sue for injuries has been forfeited.

Is boxing a sport? The aim of the pugilists is to give the Betz cells such a jolt that unconsciousness supervenes. Recently Mr. Coffee, an American gentleman whose familiar name is not surprisingly "Instant", faced up to the local heavyweight champion, David Tua, who had won some 30 bouts on end. His previous fight ended in a knockout 55 seconds into the first round. In the present encounter Tua started with a left hook to Coffee's ear, then a right cross to the chin and the visitor subsided to the canvas. Elapsed time: 20 seconds.

Coffee was in danger of being lynched by irate fans who demanded their money back. The unconscious victim is alleged to have suffered a ruptured ear drum. He left the country the next day with \$25,000 (\$US equivalent) and a form to claim Accident Compensation for medical care, loss of enjoyment of life, etc.

The Church is now quite stable after the post-Vatican II hysteria. *Veritatis Splendor* and the new *Catechism* have pulled the rug from under the feet of all dissenters. There is no longer any uncertainty about matters of faith or morals. But we have suffered a few of the familiar sexual scandals perpetrated by priests and brothers. At least we should be grateful to the nuns because they have not featured in these fiascos.

The indigenous Maori people, who number about 10% of the population, are involved in a long-running battle with the Government, seeking the return of land confiscated some 150 years ago. They have already been awarded huge ocean fishing rights and they are claiming ownership of the beds of important rivers, but not the water flowing over them.

A striking demographic change has been the great increase in Asian immigration, mainly from Singapore and Hong Kong. The Chinese people have never numbered more than 0.4% of the population but now they are almost up to 5%. As they are selected on a basis of financial assets, they have settled in the best suburbs and their children, thanks to intelligence and hard work, soon top the scholarship lists.

There are two public health data of which we are not proud. It is stated that we have the highest teenage pregnancy incidence in the Western world; and also the highest teenage suicide rate. I blame a century of secular education in the public schools, materialism, hedonism, and a lack of religious practice. A spiritual revival is urgently needed.

Now for the good news. Our eldest son (44) was ordained as Bishop of the Auckland diocese which has 66 parishes and 160,000 people. Patrick will make a good bishop. His mother will ensure that he does not unwittingly utter any heretical opinions! Another son, Joseph, who is a psychiatrist in Sydney, Australia, has had an amusing but serious book published: *Think Like A Shrink* (Collins/Dove, Melbourne). A daughter, Mary Arnold, who lives in the United States has had a book accepted by Ignatius Press, San Francisco, entitled *Pregnancy Diary*. It is a systematic record of her pregnancy and delivery with incisive comments on medical, nursing and hospital care, the social attitude to childbearing, etc. It will be very good!

My own new book, *Ethics for Doctors, Nurses and Patients*, was published by Alba House, New York, and it is already into a second printing. Also very good! Cardinal O'Connor gave it fulsome praise for which the publishers and I are very grateful.

— H.P. Dunn, M.D.,
Auckland, New Zealand

To the Editor:

In his recent article, "Philosophical and Moral Issues of Organ Transplantation at the Close of the Twentieth Century" [*Linacre Quarterly*, November 1994, pp. 57-64], Fr. Howard analyzes a number of contemporary issues related to organ transplantation, applying the teachings of the Church regarding respect for human life. His moral reasoning is sound, but some clarification is in order regarding his medical and sociological assumptions surrounding the notion of "brain death".

"The establishment of death using both higher and lower brain death criteria is critical before organs can be licitly harvested." [p.58]

Insofar as Fr. Howard's article does not discuss any philosophical basis for equating personal death with whole-brain death, all that can be justifiably claimed as following from the Church's moral principles would be: "The establishment of death is critical before organs can be licitly harvested."

"In 1968, the Ad Hoc Committee of Harvard Medical School published criteria to establish death of the person by verifying total and irreversible death of the higher and lower brain." [p.58]

Not so. The title of the Committee's report was: "A Definition of Irreversible Coma" [*JAMA* 205:377, 1968]. The committee claimed to provide diagnostic criteria for "irreversible coma," without asserting that this was equivalent to personal death. Only subsequently did the ambiguous term "brain death" come to be applied to this condition, as an alternative means in the eyes of most state laws for diagnosing death. Significantly, the Harvard Committee's belief that their criteria would facilitate organ transplantation was based purely on a utilitarian calculus, not on a philosophical conviction that "irreversible coma" constituted death of the would-be organ donor.

"These [Harvard Committee] criteria, which were first published in 1968, have until recently been accepted unanimously by the medical profession in ascertaining the authentic death of the patient." [pp.58-59]

Again, not so. The diagnostic "gold standard" (if there is any) in the United States is probably the President's Commission criteria, not the Harvard criteria, which are universally regarded as excessively restrictive. Moreover, the British medical profession and its sympathizers in other countries reject both the Harvard and the President's Commission criteria as being too

restrictive, maintaining that irreversible cessation of brain stem function is all that is needed to diagnose death.

More importantly, a distinction needs to be made regarding the asserted "unanimity" over so-called whole-brain death within even the American medical profession. There is surely what might be called a "procedural" unanimity, insofar as virtually everyone regards "whole-brain death" as a prerequisite, in practice, for vital organ harvesting. On the other hand, there is nothing even vaguely approaching a "conceptual" unanimity. I dare say that the majority (probably even "the great majority") of health professionals have not read or thought much about "brain death" and would be unable to give a coherent explanation of why "brain death" should be considered equivalent to death [Younger et al: "Brain Death" and Organ Retrieval: a Cross-sectional Survey of Knowledge and Concepts Among Health Professionals. *JAMA* 261:2205-2210, 1989.]. Moreover, the fact is that many health-care professionals (in my experience, about a third), including even some involved in organ transplantation, believe that "brain-dead" patients are really alive and that the concept "brain death" is ultimately a legal fiction invented to permit organ transplantation.

I am surprised to see that Fr. Howard quotes Byrne and Nilges extensively as authorities on diagnostic criteria for "brain death," without acknowledging that these same authors (especially Byrne) do not believe that "brain death" is death [Byrne et al: *Brain Death - the Patient, the Physician, and Society. Gonzaga Law Review* 18:429-516, 1982/83.]

Those readers who may know of my own earlier writings in defense of the neurological essence of human death will be interested to learn that in recent years I have come full circle on this issue, having joined the camp of Byrne, Seifert, and other lone critics of the "establishment" position. There is no room in a letter such as this to explain the reasons, but, God willing, a published article on the subject will be forthcoming. I just want to make the point here that the putative equivalence between "brain death" and personal death is by no means held "unanimously" within the medical profession. Any moral analysis of organ transplantation should take this carefully into account.

— D. Alan Shewmon, M.D.
Los Angeles, CA