

Debate

Death in Denmark: a reply

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Author's abstract

This reply to Martyn Evans's support for a cardiac-centred concept of death attempts to meet some objections to the brainstem definition of death. Evans's appeal to Wittgenstein's philosophy is also criticised.

Chiding the 'apostles' of brainstem death and upbraiding 'editorial hymns' in favour of brain-oriented criteria for death, Dr Martyn Evans's support for a cardiac-centred conception of death and his defence of the Danish Council of Ethics (DCE) sound indeed as a 'voice from the wilderness' (1,2,3,4,5). Dr Evans's choice of religious metaphors is, nevertheless, probably appropriate, as in the guise of a 'disciple' of Wittgenstein he appeals to non-rational 'beliefs', 'convictions' and 'attitudes beyond the reach of science'. It is difficult to reply to assertions which 'stand independent of rational explanation' and even more so because Evans's case rests largely upon revelatory insights into how Wittgenstein 'might have put it'. This dismissal of rationality and argument must severely restrict any attempt to grapple with some of the urgent moral problems generated by contemporary medical science and technology.

One point raised by Evans certainly merits a response. It concerns the 'essentialist' view of death supposedly held by myself and Dr Pallis, in our respective replies to the DCE's proposals. Although Evans does not fully describe this essentialism it is clear from the context in which his remarks are made that he believes that exponents of brain-oriented criteria 'commit' an 'essentialist mistake' which involves the reduction of human life to the 'organ of their choice'. Despite differences in emphasis, Dr Pallis, Dr Gillon and I argued that the brain was essential for the continuance of life and that with a dead brain there was no life. If this is what is meant by 'essentialism' then I certainly 'confess' to it. But this does not entail any commitment to the absurdly reductionist view that a person is a brain or that brainstem function is all there is to life. This point was emphasised in my 1985 account of brain death:

Key words

Death; brain death; brainstem; essentialism.

'Brain-related criteria for death are only crudely reductionist if it is insisted that the person is nothing more than his brain. Obviously there is more to a person than a brain. But to say that a person will *not be* unless endowed with a brain is not to say that a person is his brain. A person will *not be* without a head, but we do not say that a person is a head. There is nothing in brain-related criteria for diagnosing death that commits one to reductionism (6)'.

Exponents of brainstem death argue that irreversible loss of brainstem function is both a necessary and sufficient criterion of death, in that it involves irreversible loss of integration of the organism as a whole. Evans misleadingly interprets this as an argument concerning the respective significance of two organs (the heart and the brainstem) competing for essentialist priority. But this misses the point. The assessment of brainstem functions to determine irreversible loss of function of the organism as a whole is a far larger requirement, yielding greater accuracy than mere loss of heartbeat. One still frequently reads of patients recovering consciousness in morgues (having been consigned there by cardio-centrally inclined physicians) whereas no one to my knowledge has ever recovered consciousness while being 'ventilated to asystole' following a diagnosis of brainstem death.

A brief reminder of the criteria for brainstem death should dispose of the two-organs myth. Unlike tests for the cessation of heartbeat, tests for the irreversible loss of brainstem functions are context-dependent; they require pre-conditions which stress that the patient be in apnoeic coma of known aetiology; that all reversible causes of brainstem dysfunction have been considered and rigorously eliminated, and that only when this has been done, should appropriate tests be conducted. The objective of these is a) to ascertain the absence of cardinal brainstem reflexes and b) rigorously to document the apnoea. These procedures involve a battery of clinical tests (each reinforcing the information derived from the others). The determination of death on neurological grounds does not depend on a single procedure or the assessment of an essential function. When properly understood 'brainstem death' does not refer to the death of a single

organ; it is the point at which an individual no longer functions as an integrated biological unit.

Evans's point about the 'moral importance' of 'warm, pink and perfused' individuals is equally misleading in the context of his criticisms of criteria for brainstem death. It fails to acknowledge that these individuals are incapable of spontaneously maintaining this state or of ever reverting to a condition where they could maintain a spontaneous (ie non-respirator dependent) condition.

Evans's recourse to what Wittgenstein 'might' have said on the significance of spontaneous respiration is not damaging to formulations of brainstem death, which have long acknowledged historically recorded cultural and religious doctrines concerning the significance of the 'breath of life' (7,8). Views expressed over centuries in the world's foremost religions might not be entirely compatible with modern scientific theory (Evans may be correct here) but they nevertheless provide a more authoritative source of cultural attitudes towards death than the idiosyncratic outpourings of Wittgenstein who, so we are told, adopted many of his moral views from his bedmaker.

Finally, there is a disturbing feature in Evans's appeal to Wittgenstein's authority in these matters. Discipleship frequently engenders dogmatism and Evans's appeal to 'Wittgenstein's understanding of moral attitudes and practices' veers in this direction. A naive presentation of moral attitudes and convictions 'independent of rational account or explanation' renders argument and philosophical inquiry superfluous. (Why investigate when we have conviction?) Evans's Wittgenstein has no time for scientific explanation and rational argument, and speaks – as Wittgenstein unfortunately did at times – of 'our attitudes to' and 'the way we react', as if a universal consensus really existed in support of his views (9). But this mimicry of the way Wittgenstein spoke to a coterie of disciples in the Cambridge cloisters of the 1930s cannot be invoked in support of

either side in a dispute between the DCE and the exponents of brain death. Dogmatic appeals to 'what we do' and to 'what we react to' may characterise some schools of post-Wittgensteinian philosophy where the appeal is always to the way the game has been played. The new technologies of scientific medicine have, however, generated moral problems which cannot be resolved by such appeals to authority and conviction.

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- (9) For those interested in these extrapolations from Wittgenstein an alternative vision of the master's lack of contact with the reality of moral decision-making can be seen in Terry Eagleton's satirical account of Wittgenstein's 'conversations' with Bertrand Russell and James Connelly, *Saints and scholars*, London, Futura, 1987.