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Brain Death in Medical Ethics

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Introduction

- New medical technologies create new realms of ethical dilemmas
- If we have so much power, we must know how and when we can apply it
- Two recent medical cases present a difficult question: is it ever morally permissible to keep an irreversibly-damaged corpse on life support?
 - My thesis: **It is morally permissible to perfuse a corpse when, with certain criteria being met, doing so would give life to another human being**
- I will develop this idea by defining death, evaluating our responsibilities to the dead, and appealing to medical principlism to critique these two cases. My findings give physicians an ethical standard for clinical situations involving brain dead patients

Case study 1: Marlise Muñoz

- Marlise Muñoz: 14 weeks pregnant, brain dead and placed on life support
- State laws mandated she stay on life support to protect the fetus
- Fetus was nonviable; family members protested
- Physicians eventually removed life support, allowing both Muñoz and her baby to die fully

Case study 2: Robyn Benson

- Robyn Benson: 22 weeks pregnant, brain dead and placed on life support
- Benson's child delivered successfully at 34 weeks, and Benson died fully the following day



Figure 1: Angiogram of blood supply to a live brain



Figure 2: Angiogram of a brain diagnosed with brain death

Definition of death¹

Brain death is defined as no receptivity, responsivity, movements, breathing, or reflexes, and a flat electroencephalogram.

Responsibilities to the dead²

- We have a moral responsibility to honor:
 - Their bodies
 - Their narratives
 - Their values, and
 - Their wishes in life
- We also must respect the family's wishes
- We harm the deceased by thwarting their interests and spreading falsehoods
- In application, we can't perfuse a corpse if doing so violates these responsibilities

Medical principlism³

- Autonomy, non-maleficence, beneficence, and justice guide medical ethics
- Autonomy: patients having the ability to self-govern
- Non-maleficence: not to inflict evil or harm
- Beneficence: to prevent and remove evil and harm and instead to do and promote good
- Justice: fair, equitable, and appropriate treatment in light of what is due or owed to the patient

Conclusions

Case study 1:

- Texas law mandated Muñoz be kept on life support against her own wishes, against the wishes of her family, and despite the baby's terminally ill condition
- Violates both moral obligation to the deceased and medical principlism
- Law should be changed to allow for patient autonomy and other factors that will vary between cases

Case study 2:

- Patient autonomy preserved; moral responsibilities kept to deceased
- Practical example of proper brain death medical ethic

Application:

With proper consent from both the deceased mother and her family, with respect for the body of the deceased, and without the baby being terminally ill, it is morally permissible to put on life support the body of a brain dead woman carrying an unborn child to allow the baby to develop until viable outside the womb.

References

- ¹A Definition of Irreversible Coma. (1968). *The Journal of the American Medical Association*, 205(6), 337-340.
- ²McGuinness, S., & Brazier, M. (2008). Respecting the Living means Respecting the Dead too. *Oxford Journal of Legal Studies*, 28(2), 297-316.
- ³Beauchamp, T. L., & Childress, J. F. (2009). *Principles of Biomedical Ethics*. New York, NY: Oxford University Press, Inc.