



# Ethically Speaking...

Newsletter of the Canadian Catholic Bioethics Institute  
at Assumption University

Winter 2017

## Ethically Speaking...

provides news and information from the Canadian Catholic Bioethics Institute at Assumption University.



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## From the Desk of the Executive Director

### Children with Special Needs

by Rev. Leo Walsh CSB S&LSTD

One distinction in moral theology which I find extremely helpful is that between distinctiveness and specific difference. When we speak of distinctiveness we are referring to the qualities that make something what it should be. So, if we were to say that Catholic schools put the holistic education of children before all else, we would not be implying that public schools do not. We are simply saying that to qualify as a Catholic school in reality it has to have this quality in evidence. If, on the other hand, we were speaking of specific difference, then we would be claiming that Catholic schools are superior to public schools in this regard.

Here we are going to speak about a pro-life matter, namely, the care of children with special needs in a particular Catholic school, with no implication of comparison with other schools, Catholic or otherwise. The school in question is Holy Cross Primary School on the LaSalle/Windsor border.

We live in a moral climate where the sanctity of all human life is not recognized. So often pragmatism is preferred to conscience, where a facile solution to a moral problem is sought at one level only, without further considerations. That fetal imperfections can and should be dealt with through abortion is a common pro-choice claim. For people who reverence the lives of all human beings, this proposal is abhorrent. Directly killing even one of these vulnerable innocents is a sacrilege.

Sometimes one sees claims that efforts like “40 Days for Life” have saved X amounts of babies from abortion. And these efforts are obviously highly commendable. But true pro-life commitment affirms life beyond birth. And it is here that we turn to the quality of reception our children with “special needs” meet at school.

Holy Cross School has been thoroughly pro-life since its founding in 2002. Each student, from junior kindergarten to grade 8, is seen as an individual valued for him or herself. “Special needs” covers a wide array of conditions where individual students require special help. The loving frontline helpers are the education assistants (13 at Holy Cross) who accompany the children throughout the day. Their work, though, would be all but impossible without the atmosphere of care created all through the school by the principal and vice-principal. Then there are the classroom teachers who teach by word and example how to relate to these children, and the support staff who treat the children so well. Finally, but of tremendous importance, is the attitude of their fellow students. I have been so impressed by the care shown by fellow students, offered with a lightness, but with full awareness. On graduation day, the special needs children are cheered to the echo by their fellow students who have journeyed with them for years.

If you think that the above is exaggerated praise, come and experience the loving environment which is the badge of Holy Cross. Ontario has laws which deal with the rights of special needs children which are both necessary and good. But the wellbeing of these children requires commitment beyond laws. The actions love demands can be commanded; love itself cannot. At Holy Cross the atmosphere of care and compassion is palpable. It is a response which never demeans but always raises up.



We have no special needs children.  
Just children...with special needs.

-Uwe Maurer

# UNDERSTANDING BRAIN DEATH

By Maria Giannotti MA, MS Bioethics

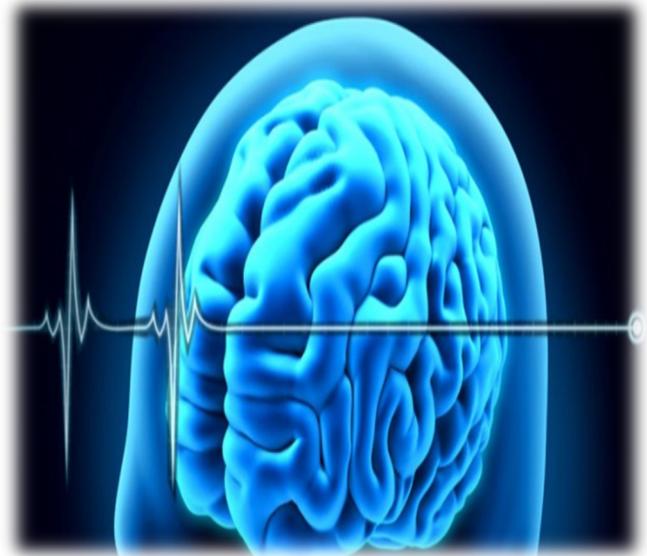
Everyone thinks they know what “brain dead” means but the end of life is not as easily understood as many would believe. The first time I realized there was any confusion is when the daughter of an ICU patient asked, “*Are there different kinds of death?*” The question took me by surprise but as she shared her story, I began to understand her bewilderment. Her Dad had suffered a devastating and non-survivable injury to the brain, but there were no outward signs. He was breathing with the help of a machine, he was warm to touch, it appeared he was asleep. Because most of us implicitly associate life with breathing and heart function, to see the body of our loved one breathing (albeit with artificial support) and to be told they are in fact dead can be difficult to comprehend.

When family members hear ‘brain dead’ they don’t always understand it as ‘dead’ and often there is resistance. There is a disconnect between the reality and what they see. The term is used in so many different contexts that it is not surprising that two thirds of people incorrectly believe someone who is brain dead is not legally dead, and more than half believe that a comatose patient is brain dead.

## What is Brain Death?

There is only one kind of death — when one is dead, one is dead. But there are two ways doctors assess if a patient is dead, using either neurological criteria (death of the whole brain, including the whole brain stem) or cardiopulmonary criteria (permanent cessation of heart and lung functions).

According to the National Catholic Bioethics Centre, “brain death” refers to the complete cessation of all organized neurological activity throughout the entire brain, including the



cerebrum, cerebellum, and brain stem.” When brain death occurs, the body is incapable of breathing on its own, there is no awareness of surroundings, and there is permanent loss of all aspects of consciousness. A patient cannot recover from brain death.

Brain death is caused by a severe and permanent brain injury and the most common causes are:

- Traumatic brain injury
- Stroke
- Bleeding in the brain
- Loss of oxygen or blood flow to the brain

A brain dead individual is just as dead, legally, as an individual whose body has turned cold after the heart has permanently stopped beating. At this point, the body ceases to function as a unified whole. Although the term “brain death” is commonly used, the appropriate phrase is “*the determination of death using neurological criteria.*” In Canada, medical and legal circles utilize both means of diagnosing death has occurred before discontinuing treatment or procuring organs for transplantation.

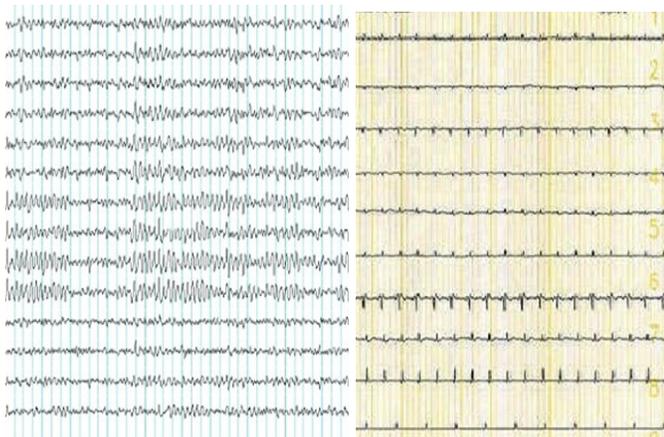
## Coma, Persistent Vegetative State and Brain Death **Determining Brain Death**

An important distinction must be made here, patients who suffer brain death are not in a coma or persistent vegetative state (PVS). An individual in a state of coma is alive but unable to move or respond to his or her environment. Coma may occur as a complication of an underlying illness, or as a result of injuries, such as head trauma. Individuals in such a state have lost their thinking abilities and awareness of their surroundings, but retain non-cognitive function and normal sleep patterns. They still exhibit neurological signs, and most importantly, there is the possibility of recovery.

PVS is a type of coma in which a person, despite losing the higher brain function of consciousness retains other key functions. P.V.S. patients breathe spontaneously and have sleep-wake cycles; spontaneous movements may occur, and the eyes may open in response to external stimuli. Individuals may even occasionally grimace, cry, or laugh.

A patient who is in a coma or persistent vegetative state typically has some brain stem function (which controls breathing). In contrast, brain-dead bodies have no part of the brain that is functioning. Without mechanical support, there would be no respiration and no heartbeat. The state is irreversible and permanent and unlike a coma there is no chance of recovery.

### EEG Confirmatory Testing for Brain Death



**Normal EEG**

**Electro Cerebral**

Before medical advancements, the criteria for determining death was "cardio-pulmonary," (i.e., death is declared after breathing and heart beat permanently stopped). But advancements in critical care, have made it possible for a body to continue to breathe and the heart continue to beat. The notion of brain death emerged as a result of these developments and is rooted in a report composed by medics and scholars at Harvard Medical School (1968). The idea gained consensus and became widely accepted both in the medical and legal communities.

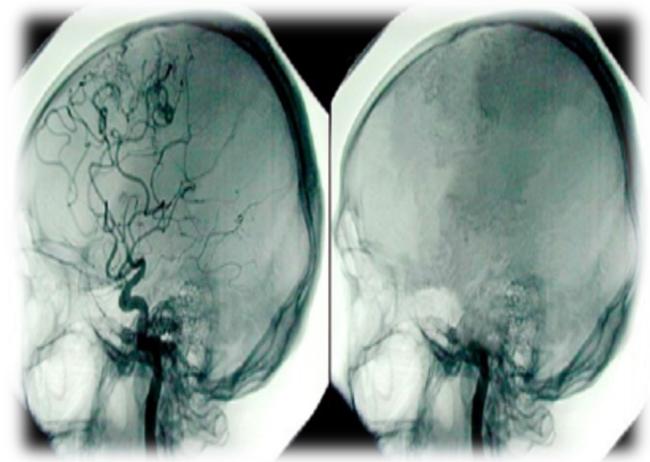


Photo credit : [Finger Lakes Donor Recovery Network](#)

Angiogram of a normal brain on the left and on the right, 'brain death' where there is no blood flow to the brain.

Doctors use a set of medical tests to determine if a patient is brain dead. These tests are based on sound and legally accepted medical guidelines and are done to ensure the patient has no brain reflexes and cannot breathe on his/her own. Testing is also used to rule out any other reason, such as medical conditions, medications, or extreme cold, that could cause the brain to not function.

The patient is legally declared dead once the doctor establishes the brain is not functioning and there are no signs of breathing. Brain dead patients look asleep, but they are not. They do not hear or feel anything, including pain. This is because the parts of the brain that feel, sense and respond to the world no longer work. Although there still may be reflex

limb movements such as a 'knee jerk', such movements originate in the spinal cord and not in the brain. Once a patient has been declared brain dead, there is no chance for recovery

### Position of the Catholic Church

The Church has long recognized that the determination of death belongs to medicine. Pope Pius XII and Pope John Paul II both have said the Church has no competency in determining death; this properly belongs to medical science and not to theology. In an address given to the 18<sup>th</sup> International Conference of Organ Transplant Specialists, Pope John Paul II confirmed that the Church does not see any fundamental conceptual problems with the use of neurological criteria for the determination of death and he clearly expresses the Church's authority to teach extends only to matters of faith and morals:

*"With regard to the parameters used today for ascertaining death, the Church does not make technical decisions. She limits herself to the Gospel duty of comparing the data offered by medical science with the Christian understanding of the unity of the person, bringing out the similarities and the possible conflicts capable of endangering respect for human dignity" (No. 5). He continues, "The criterion adopted in more recent times for ascertaining the fact of death, namely the complete and irreversible cessation of all brain activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology."*

Rather than a *new definition* of death, neurological criteria is the use of *new signs* to determine that death has occurred. Catholic teaching is that a human being is a substantial union of body and rational soul and the Christian understanding of death has always been that death is the separation of the soul from the body. When all brain function is completely and permanently lost, this may be taken as a reasonable indicator that the rational soul is no longer present, therefore, neurological criteria are compatible with Church theology.

Despite the fact, the Catholic Church has no official

doubts about brain death there are some who find brain death criteria ethically challenging. Those who reject the use of neurological criteria for the determination of death, claim that a patient may be prematurely declared dead, in order to harvest organs for transplantation.

It is important to make clear, the use of brain death criteria does not *cause the death* of the patient, but *only assesses* whether that death has already occurred, in the same way that cessation of heartbeat and breathing have traditionally been used to make the assessment. The patient is already dead when cardio-pulmonary support is withdrawn.

The Church is very clear on the meaning of death. Pope John Paul II in a 1989 address to the Pontifical Academy of Sciences. "Death can mean decomposition, disintegration, a separation," "It occurs when the spiritual principle which ensures the unity of the organism no longer exercises its functions in and upon the organism, whose elements, left to themselves, disintegrate."

Dr. John Haas, head of the National Catholic Bioethics Center in the United States, strongly supports the idea that "moral certitude of death can be achieved using either cardio-pulmonary or neurological criteria, according to the magisterium of the Church." He goes on to say, "this does not mean that the teaching is irreformable. It may be modified on the basis of future scientific discoveries. However, it does mean that, at this point in time, the teaching can be followed with a clear conscience".

Health care professionals involved in the care and treatment of patients diagnosed as brain dead should be aware of the controversies surrounding the practice and the effect they may have on the acceptance of death by families. Many people implicitly associate life with breathing and heart function, and to see a person breathing (albeit with artificial support) and to be told they are in fact dead can be difficult to comprehend. We must be patient with and supportive of families as they struggle with the loss of a loved one.

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## Ethically Speaking ...

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