Brain Death: Expanding Duties to Accommodate Objections

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4 parts

1

Clinician duties at BD

2

Growing resistance to BD

3

Responding to objections

4

2 legal attacks on BD

Clinician duties after BD

total brain = death failure

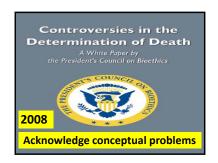


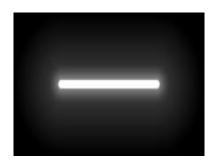
Consent is **not** required to stop physiological support

Annals of Internal Medicine

American College of Physicians Ethics Manual
Sixth Edition
Lon Styde, 19, for the Annotan College of Physicians Ethic, Professionalism, and Human Rights Connections

"After a patient . . . brain
dead . . . medical support
should be discontinued."





Surrogate resistance is growing

More families dispute DDNC



13 ethics consults "because family members asked clinical caregivers to deviate from standard procedures following brain death"

AL Flamm et al, "Family members' requests to extend physiologic support after declaration of brain death: a case series analysis and proposed guidelines for clinical management," J Clin Ethics (2014) 25(3):222-37.



"in recent months . . . the families of two patients determined to be dead by neurologic criteria have rejected this diagnosis"

JM Luce, "The Uncommon Case of Jahi McMath," Chest (2015) 147(4):1144-51.









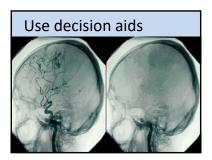
Responses

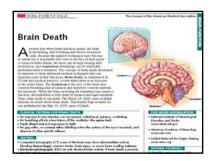
Diagnostic confusion

1

Do **not** use the term "brain death"

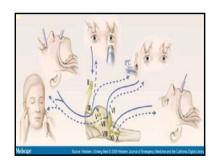
2





Mistrust

1





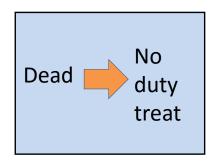


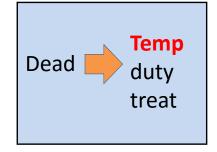
Independent second opinion



Religion







Expand duty of accommodation to other states

1

BD **imposes** on profound beliefs

2

Accommodation has worked for decades in 3 populous states



3

Rare

Brain death
< 1%
hospital deaths

Objections

< 2%

US population

0.3 Japanese Shinto

0.3 Orthodox Jew

0.3 Native American

0.7 Buddhist

2% of 1% = 0.0002

1 in 5000 deaths

400 cases nationwide annually

Most in CA, NY, IL, NJ

Minimal net marginal burden

4

Limited in type

"hospital is required to continue only . . . cardiopulmonary support. No other medical intervention is required."

5

Limited duration

24 h

"in determining what is reasonable, a hospital shall consider ... needs of other patients"

6

Conceptual flaws

Value laden judgment about when it is worthwhile to continue physiological support

2 legal challenges

Aden Hailu





April 1, 2015

Catastrophic anoxic brain injury during exploratory laparotomy

May 28, 2015

Met AAN criteria for brain death

Jan. 4, 2016

Still on organ support in hospital

Dead
7 months
in ICU

Court
injunctions
pending
litigation



Aden's father
Argued she is
not dead

Trial court

AAN criteria met Aden is dead

Aden's father

Appeals to Nevada Supreme Court

Irrelevant if Aden meets AAN criteria

They are **not** the "right" criteria



DDNC requires "irreversible cessation."

- . . all functions of the .
- .. entire brain"

Nev. Rev. Stat. 451.007(1)

Trial court did **not consider** whether
AAN measures

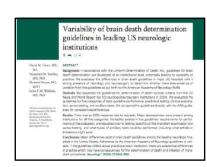
"irreversible cessation . . . all functions of the . . . entire brain"

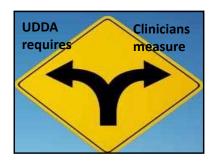
DDNC "must be made in accordance with accepted medical standards."

Nev. Rev. Stat. 451.007(2)

Trial court did **not consider** whether
AAN are

"accepted medical standards"

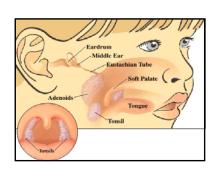




Jahi McMath







Dec. 12, 2013

Declared dead



Lost lawsuits against hospital





Mar. 2015

Med Mal lawsuit

Seeking future medical expenses

Dead people do not have medical expenses Re-litigate status as alive

Defendants Demurrer









Upshot



AAN criteria may be insufficient Legal standard may demand more than medical criteria

Must **reexamine** medical criteria for DDNC



Does not attack the AAN criteria themselves



If alive, must reexamine medical criteria for DDNC

Accuracy is essential





But we've got to verify it legally, to see if she is morally, ethically spiritually, physically positively, absolutely undeniably and reliably Dead



And she's not only merely dead, she's really most

sincerely dead.

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References

Medical Futility Blog

Since July 2007, I have been blogging, almost daily, to medicalfutility,blogspot.com. This blog focuses on reporting and discussing legislative, judicial, regulatory, medical, and other developments concerning medical futility and end-of-life medical treatment conflicts. The blog has received over 1 million direct visits. Plus, it is distributed through RSS, email, Twitter, and republishers like WestlawNext and Bioethics.net.

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