

A lot of people think that the diagnosis of "brain death" means the patient is actually dead. Is this true?

By Dr. Paul Byrne

If a patient's body is healing, he isn't dead because healing occurs only in the living.

Allow me to explain. As soon as there is exogenous (external) or endogenous (factors from within the body, such as disease) injury to living tissue, a complex healing reaction occurs in the blood-supplied connective tissue. This healing begins immediately at the site of the injury, but circulation is needed to bring necessary defense and healing components from distant tissues and organs to the site of injury. Blood cells known as granulocytes, lymphocytes and platelets are required. Along with these blood cells and platelets, circulation brings hormones, produced as part of the endocrine system, to the site of injury. The breakdown products of the injury are picked up and carried by the circulation to the liver, spleen and kidneys for detoxification and excretion. Inflammation is followed by regeneration.

Healing occurs only in the living with an intact and functioning circulatory system. No healing can occur after true death.

However, sometimes healing is apparent in patients after the declaration of "brain death."

For example, if a cut were made through the skin of a "brain dead" patient prior to excision of vital organs,

bleeding from the wound would occur and healing would begin immediately.

If he were truly dead, fluid could ooze out, but active bleeding would not occur. The healing processes would never occur because there would be no circulation to bring the healing white blood cells and hormones to the site of injury and no way to carry away the wastes for detoxification and excretion. There would be no living cells to unite the tissues back together.

I alert doctors and nurses, in addition to members of every patient's family, that sometimes healing occurs in those declared "brain dead." In other words, whenever healing occurs the patient is alive. Therefore, he should receive treatment and care, including nutrition and hydration. This means that no

one should even begin to remove his organs or prepare him for burial or cremation.

I was prompted to evaluate "brain death" criteria when an infant patient, Joseph, had a brain wave test that was interpreted as consistent with "brain death." Despite the test results, I continued treating him. Joseph recovered, grew into an adult and is a fireman in Saint Louis, Missouri. He and his wife have two children.

Paul Byrne is a physician from Oregon, Ohio. He has written about brain death for 25 years.

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