

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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Established 1981

July 2018

Organ Donors and Brain Death – Be Careful!

Have you ever considered signing an organ donor card? In California it is as easy as checking a box when you renew your driver's license or ID Card. Most of us naively believe what organ donation campaigns tell us, such as:

- A person who has sustained a severe brain injury, such as from an accident, stroke, or lack of oxygen is put on artificial support.
- Doctors work hard to save the patient's life, but sometimes there is a complete and irreversible loss of brain function. The patient is declared clinically dead. Only then is donation an option.¹

This is termed "brain death"; organs are harvested while the patient is still on a ventilator (breathing machine) and has a heartbeat.

50 years ago, an ad hoc Harvard Medical School committee declared that patients in an "irreversible coma" were dead from a legal and ethical point of view. By irreversible coma, the committee had in mind "comatose individuals who have no discernible central nervous system activity." In making this pronouncement, the committee was seeking to resolve a series of ethical and legal questions that had arisen since the advent of positive pressure ventilation (respirator) and research into vital organ procurement.

The criterion was rapidly enshrined in law in the US and, indeed around the globe, and became the most common standard by which vital organ procurement and the withdrawal of treatment were regulated.

Today, 50 years later, the brain death criterion for death is under intense criticism, with several high

profile legal cases in the US calling into question the claim that brain dead patients are really dead.

In two recent JAMA articles (one co-authored with lawyer Thaddeus Pope and psychiatrist David S. Jones), Harvard Medical School's Robert Truog evaluates the brain death criterion, arguing that, while the rationale behind the brain death criterion is defensible, it nevertheless lacks philosophical justification.

Truog states that the brain death criterion was intended to provide a clear biological criterion in which we could ground our legal definition of death. The law needs black and white distinctions, and brain death provides one such distinction:

"The law necessarily depends on bright-line determinations to standardize many important societal distinctions, such as when a person becomes an adult, when a person is blind, and when a person is dead...By drawing a bright line at the level of permanent unconsciousness and ventilator dependence, the [Uniform Determination of Death Act]² has defined when a person should be considered dead, making it permissible for the person to be an organ donor if they wish and making it permissible for the health care system to refuse to continue to provide the patient with life support."

Yet Truog also observes that "attempts to find a conceptual justification for linking this diagnosis (i.e., brain death) to the death of the patient remain incomplete." He recounts how neurologist Alan Shewmon has shown that virtually every function undertaken by a healthy living body can be carried by a "brain dead person" on a ventilator. He also questions the 2008 attempt by the President's Council for Bioethics to define death in terms of the

² The Uniform Determination of Death Act is a 1981 act adopted by most US states according to which "An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead".

¹ <https://www.donatelife.net/types-of-donation/deceased-donation/>

absence of the “fundamental vital work of a living organism.”

Stories abound of people who have been declared brain dead, have recovered, and have gone on to live full lives. One example is Zach Dunlap, a young man who was declared brain dead after an accident in 2007. Testing showed no blood flow to his brain; he was being considered for organ donation when a relative discovered a physical response. Four months later, Zach was making plans to return to work. In an interview, he said he heard a doctor say he was dead and it "just made me mad inside."

When cases like those of Dunlap are routinely dismissed instead of rigorously investigated to establish the facts, medical certainty is not achieved and medical integrity is undermined. In addition, when hospitals set their own standards and policies for determining brain death without external accountability, lives--as well as the essential and necessary trust in the health care system--can and possibly will be lost.

Humane Vitae 50 Years Later – A Prophetic Document?

On July 25th 2018 we will commemorate the 50th anniversary of the release of Pope Paul VI’s encyclical *Humane Vitae*. We don’t often think of popes as prophets, predicting the future; however, in section 17 of *Humanae Vitae*, Pope Paul VI made four predictions of the negative consequences that would follow upon widespread acceptance of contraception.

1. **The widespread use of contraceptives would “lead to conjugal infidelity and a general lowering of morality.”**

The increase of out of wedlock births and teen pregnancies, increase in abortion rates, increase in sexually transmitted diseases, (there were only two venereal diseases when I was in high school, but the pamphlet we now distribute in our abstinence program lists eight of the most common, some of which can lead to infertility and even be fatal.) In the 1960s divorce was an anomaly; today over 50% of marriages end in divorce, and many couples never get married, thus never becoming a divorce statistic.

2. **A man who grows accustomed to the use of contraceptive methods may forget the reverence due to a woman, and, disregarding her physical and emotional equilibrium, reduce her to being a mere instrument for the satisfaction of his own desires, no longer considering her as his partner whom he should surround with care and affection.**

Need I say more than the “Me Too” movement?

3. **Widespread acceptance of contraception would place a “dangerous weapon... in the hands of those public authorities who care little for the precepts of the moral law.**

Examples of this abound: from the “One Child” policy of China, to the family planning programs of third world governments, to organizations like the Bill and Melinda Gates Foundation distributing contraceptives and sterilizing populations that may not be aware of what is being done to them.

Fifty years ago there was a Malthusian movement to avoid overpopulation. Now, fifty years later, governments are incentivizing their populace to have children to offset the declining birthrates of many countries.

4. **Lead men and women to think they had limitless dominion over their own bodies and functions.**

Taking a top-level view of the last fifty years, we can see how biological technology has developed. To use the catch phrase of my friend Jennifer Lahl of the Center for Bioethics and Culture, we can now “make life, take life, and fake life.” From IVF “creating” life in the test tube, to cloning, from abortion to euthanasia and physician assisted suicide, our society has indeed taken on the philosophy that we have limitless dominion over our bodies.

UPDATE: California’s Assisted Suicide Law

from Life Legal Defense Foundation (LLDF)

As we reported in our last newsletter, Life Legal won the first round of the battle to strike down California's assisted suicide law. However, during June an appellate court temporarily reinstated the

law. Life Legal Defense Foundation (LLDF) continues to work to strike down this law.

As a part of their ongoing research, challenging California's End of Life Option Act, LLDF has uncovered shocking facts about how California's assisted suicide law is being implemented and who is doing the "assisting."

LLDF has learned that a handful of doctors have written most of the prescriptions for lethal drugs since the law went into effect.

One of those doctors is Lonny Shavelson, a former contract ER doctor who came out of retirement as soon as the law was passed to dispense lethal prescriptions. Shavelson is not board-certified in any medical specialty, including diagnosing or treating mental illness, which is often at the root of a request for suicide. His sole "practice" consists of getting people to die.

In his book "Chosen Death," Shavelson writes about observing an assisted suicide where the drugs "failed" and the patient Gene woke up and started screaming, and tried to tear off the plastic bag that had been placed over his head. Sarah, a member of the local Hemlock Society office who had come to Gene's home to prepare and dispense the deadly concoction, proceeded to pin Gene down, her fingers twisting the bag to seal it tight at his neck as she repeated, 'The light, Gene, go toward the light.' Gene's body pushed against Sarah's. Then he stopped moving."

As Wesley Smith writes, "There is a word that describes what happened to Gene, and that word is murder."

Here is how the law protects bad actors:

- Unlike other suicides, law enforcement will not investigate an assisted suicide to determine the cause of death or whether the person was coerced or forced—or if the person was murdered after he changed his mind, as Gene was.
- The underlying disease —not suicide—is listed as the cause of death, which means doctors and coroners have to lie on the person's death certificate.

- In fact, the law does not permit the use of the word suicide to describe the process of self-ingesting a lethal dose of barbiturates to end one's life.
- If a doctor were negligent in making the initial diagnosis or prognosis, no one would know because all records would state that the person died of the alleged disease.
- An "interested" witness—someone who will benefit financially from the person's death—can sign off on the suicide drug request.
- A family member can initiate the request for assisted suicide; Shavelson says that most of the calls to his suicide clinic come from family members, not from the person seeking suicide.
- Any doctor or osteopath can write the prescription. No prior doctor-patient relationship with the person seeking suicide drugs is required.
- No mental health evaluation is required, even though the majority of people who receive a terminal diagnosis suffer from depression.
- Someone else can pick up the lethal drugs from the pharmacy.

In short, assisted suicide laws are designed to facilitate the perfect crime.

Calendar of Events

*For the latest updates of events see
www.calendarforlife.org*

Survivors 21st Annual ProLife Boot Camp!
July 23 - August 2 | San Francisco Bay Area
Do more than "Be pro-life" --- "Act pro-life!"
<http://www.survivors.la/annual-summer-bootcamp/>

Humane Vitae 50th Anniversary Conference
July 27-28 | Ontario, California
1-877-332-2637 info@celebratehv50.com
<https://celebratehv50.com/hv50-conference/>

"Let There Be Life" California Conference 2018
Sept 8 | UC Berkeley

The 2018 Statewide Pro-life Conference! Visit:
<https://www.prolifesf.com/events/2018/5/2/conference>