

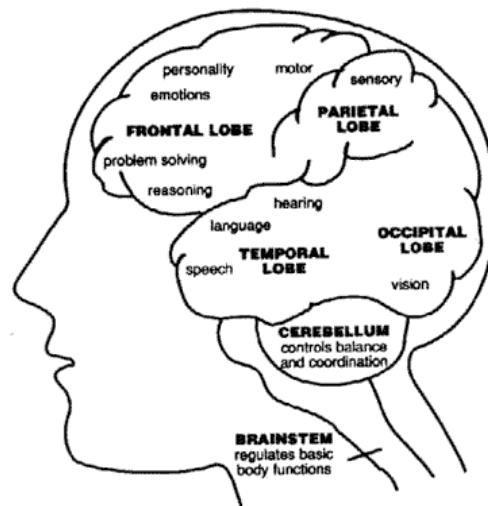
## FREE PRIVATE TUTOR

If you want private tutoring, feel free to contact Alex Lent on [arlent@student.umass.edu](mailto:arlent@student.umass.edu). Alex is an undergraduate with the philosophy department and a very good philosophy tutor. He can help you with writing, reasoning, and reviewing and charges no fee. This is his fifth semester tutoring.

## TWO CASES

**Anencephaly** (pronounced “anan-CEPH-alee”): A condition on which most of the brain is missing and the top of the skull is missing or malformed. The condition affects about one fetus in every two thousand. Today, it is often diagnosed before birth, by ultrasound. Most pregnant women opt for abortion.

**Fetuses with permanent cortical damage:** No possibility of cortical activity or, consequently, of consciousness. Damage is typically due to extremely premature birth or mishaps during or shortly after birth. If the brain stem is working properly, there can be breathing, heartbeat and reflex action.



Picture 1. Map of brain, outlining some main areas.

## DR. SHANN'S TWO BABIES

Neither anencephalics nor fetuses with permanent cortical damage are brain dead. The former are, if anything, brain *absent*. The latter are in a state comparable to people in a PVS. If not aborted, most anencephalics die within a few hours of birth, mainly because no efforts are made to keep them alive. However, as in the case of PVS, anencephalics can be kept alive for a prolonged period of time, if efforts are made.

*Dr. Shann:* Had two babies lying right next to each other at his hospital: one cortically dead, and one perfectly healthy, save for a dying heart. As it happened, the two were the same blood group. Still, a heart transplant was impossible, since it's illegal to transplant a heart from a living being. Within a short time, both children were dead.

## A HIGHER BRAIN DEFINITION OF DEATH

How are we to think about these kinds of cases ethically? Here's Dr. Shann's suggestion:

I suggest that the organ that really matters is the cerebral cortex. If the cortex is dead, there is permanent loss of consciousness and there is no person, no personality, even though the organism may still be alive (with a beating heart, and even breathing movements). If the cortex of the brain is dead, the person is dead. I suggest that it should be legal to use the organs from the body of the dead person for transplant.

So, here's Dr. Shann's suggestion:

**Cortical death:** A person is dead if her cortex is permanently non-functioning and she, consequently, has lost her capacity for consciousness.

What are the arguments for this re-definition?

1. It provides a distinction that makes sense in light of the discrepancy between medical practice and *complete* brain death, that we discussed last time.
2. The arguments in the HBDC report applies in every instance to cortically dead patients too.
3. It would make it legal to use the organs of cortically dead people for donation (compare motivation given by HBDC for brain death definition).
4. Today, unlike around the time of the HBDC report, we can reliably diagnose when someone is cortically dead.

How? Medical advances in brain imaging technology makes it possible to determine whether blood is flowing to different areas of the brain.

No blood flow to cortex → Cortex is dead

## THREE POSITIONS

Here are three possible positions you could take on the issue of death and morality of organ donation:

*Position 1:* Only brain dead people are dead; it's *not* OK to take organs from the cortically dead (Status quo).

*Position 2:* Cortically dead people are (also) dead; it's OK to take their organs (Dr. Shann).

*Position 3:* Only brain dead people are dead; it's OK to take organs from the cortically dead (Singer).

Taking the third position amounts to *separating* three questions:

When is a human being dead?

When is it morally permissible to stop maintaining—or, in some cases, perhaps even *taking*—someone's life?

When is it morally permissible to remove organs from a human being for the purpose of transplantation?