

Life of a human person on earth is a continuum from true conception until true death. For life to continue on earth, each person must take in oxygen, water and nutrients. Carbon dioxide is exhaled and waste products are passed in urine and stool.

Ventilation and respiration are required for life on earth. Ventilation is movement of air; respiration is exchange of oxygen and carbon dioxide in the lungs and via circulation in all tissues.

Heartbeat is intrinsic to the heart. The heart has its own nerves that cause heart muscle to contract and stop contracting. The heart beats without impulses from the brain.

Cells, tissues, organs and systems interdependently function to maintain the unity of the body, which is a soul-body unity, a life-body unity. No organ including the brain controls the other organs. The respiratory, circulatory and central nervous systems are vital systems. Without the functioning activities of these three vital systems, life on earth ends quickly.

If breathing and circulation stop, chest compressions must be initiated quickly for life on earth to continue. Sometimes a ventilator, commonly mislabeled a respirator, is used. Chest compressions and a ventilator can support respiration in a living person, not a cadaver. When such efforts at ventilation and respiration are successful, this can be only because soul-body unity is present, i.e.,

effective because the person is living, not dead. Respiration, circulation and heartbeat can occur only in a living person, not a cadaver.

Air can be pushed into the airways and lungs of a dead body; elastic recoil might push air out for a few cycles, but then elasticity is lost and air cannot get out. After true death, neither chest compressions nor a ventilator can be effective to support circulation and respiration.

Without respiration and circulation, health of the person deteriorates and death will occur unless breathing and circulation are restored quickly. This deterioration is manifest in cessation of vital activities and pathologic changes manifest as disintegration, dissolution, lysis, destruction, corruption, decay and putrefaction of cells and tissues of organs and systems.

Prior to true death patients are sometimes labeled "as good as dead," "soon to be dead," "brain dead," "cardiac dead," "probably dead," "apparently dead," etc., especially when there is interest to convert such patients into organ donors. A patient with a heartbeat, respiration and/or circulation cannot rightly be called a cadaver, a corpse, a dead body. If "probably dead" or "apparently dead" (*mors apparens*) is applied to a person who is not truly dead, he will certainly be truly dead after the beating heart is cut out. To take action that will cause death based on probability is a violation of justice.

The moment of separation of soul from the body is the moment of true death (Latin: *mors vera*). Doctors are accustomed to noting the "time of death" but the exact moment of this separation (true death) cannot be detected, only the observation that it has already definitely occurred. After true death the body does not respond and has significantly changed. Such change at first is at the microscopic and gross levels of pathology manifest by absence of functioning and structural alteration, sufficient that the life-body unity no longer exists. After death these pathologic changes continue. They cannot be stopped; only slowed or delayed by cooling, embalming, mummifying, salting, etc.

For the sake of justice to protect living persons, no one ought to be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted standards. This is solidly based medically and unexceptionable ethically and religiously (*Gonzaga Law Review* 1982/83; 18(3):429-516, p.515 in Potts M, Byrne PA, and Nilges RG, *Beyond Brain Death*, Philosophy and Medicine 66, Kluwer Academic Publishers, 2000; p.72).

Paul A. Byrne, M.D.

Father Peter Damian Fehlner, F.I., S.T.D.

P.S. When an unpaired vital organ is taken while the donor is not truly dead, the donor will certainly be dead after the beating heart is cut out. When there is doubt about true death, the transplantation procedure must not begin.

We protect and preserve life from true conception until true death. When there is doubt about death, action that is taken must not weaken or harm the patient or impose death. Some encourage organ donation as a way that the deceased can help their living brethren. "Deceased" means to be truly dead. From the deceased the heart, whole liver and pancreas cannot be transplanted because in 3-5 minutes without circulation these organs are so damaged that they are not suitable for transplantation.

In 1968 the first article in the USA medical literature, "A Definition of Irreversible Coma" in the Journal of the American Medical Association, defined "irreversible coma" as "brain death" and equated it with "death of the person." There were no scientific investigations or evaluations referenced to justify this new definition of death because none were done. The scientific basis was and continues to be insufficient and inadequate. Many living persons, who were determined to be "brain dead," are very much alive. Zach Dunlap actually heard the doctors say that he was "brain dead." Val Thomas, Raeanne "Rae" Kupferschmidt and many others were determined to be "brain dead." Brain functioning returned after rest and healing. There is no medical consensus (Neurology Jan 2008) as to which of the many (more than 30 and possibly 100) sets of criteria to declare "brain death" are to be followed and none of the criteria are evidence-based (Neurology July 2010). It goes against common sense and sound reasoning that a person can be declared "brain dead" using one set of criteria, but still be alive using a different set of criteria. A person cannot be both dead and alive at the same time.

The Catholic Church teaches, "Individual vital organs cannot be extracted except *ex cadavere*, which, moreover possesses its own dignity that must be respected. The principal criteria of respect for the life of the donor must always prevail so that the extraction of organs be performed only in the case of his/her true death" (Pope Benedict XVI, Nov 7, 2008).

Fr. Peter Fehlner, F.I., S.T.D. and Dr. Paul Byrne have studied extensively the teachings of the Catholic Church. Basic biology, physiology and pathology indicate a clear difference between life and true death. This brief statement provides guidance to help understand these serious matters.



International Catholic Center

for all men and women of good will to
protect and preserve God-given life
from true conception until true death

Want to know more?

Several articles by Dr. Byrne and his
colleagues are available online at:

Renew America

www.renewamerica.com/columns/Byrne

Life Guardian Foundation

www.lifeguardianfoundation.org

American Life League

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**The International Foundation
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www.michaelfund.org

A Living Person on Earth until True Death

by

Paul A. Byrne, M.D. and

Father Peter Damian Fehlner, F.I., S.T.D.

