

# THE APNEA TEST

## USED TO DETERMINE “BRAIN DEATH,” IT CAN CAUSE DEATH

By Paul A. Byrne, M.D.

The Uniform Determination of Death Act (UDDA) states that a person who has sustained “irreversible cessation of all functions of the entire brain, including the brain stem,” is dead. While these words are found in most state statutes, the declaration of “brain death” is determined when the patient (1) cannot demonstrate consciousness; (2) does not have reflex response of cough, gag, eye and ear, **which are all** brain stem reflexes and 3) is unable to take in a breath **when** removed from the life supporting ventilator for 10 minutes.

Yes, the ventilator is removed for 10 minutes during what is called the apnea test (not a test for sleep apnea), but a test to see if the patient will breathe on their own. The cruel apnea test, which suffocates the patient, is essential to the clinical declaration of “brain death.” Taking away a ventilator needed for life support is harmful to the patient and potentially lethal. 10 minutes without a breath greatly increases carbon dioxide and acids in the blood and tissues of the patient. This is associated with acidosis, which causes the brain to swell and can cause blood pressure to go down, the heart to stop and death of the patient.

**The apnea test proves only one thing: the patient needs the ventilator to breathe. It does not prove that the patient is dead.** In fact, a ventilator can be effective only in a living person. The language of the UDDA seems strong, but it is very weak because the declaration is made “in accordance with accepted medical standards.” The words “standards,” “criteria,” and “guidelines” are used interchangeably. In the first 10 years after the UDDA **was promulgated**, 30 disparate sets of criteria for determining “brain death” were published. A **2012 report on a survey of neurologists in the USA** concluded that there was no consensus or consistent rationale as to which set of criteria was to be used.<sup>i</sup> A patient can be dead by one set of criteria while alive by another set.

Further study indicated that the criteria are not evidence based.<sup>ii</sup> At that point, the American Academy of Neurology recommended another set of guidelines **and the new AAN guidelines** were subsequently recommended for general use without further investigation. The AAN guidelines include the apnea test.

Can anyone agree to an apnea test for a loved one with the knowledge that the apnea test will only harm and possibly kill their loved one?

No one should get an apnea test. Doctors and nurses protect and preserve life. To cause harm and/or to kill is contrary to good medicine.

---

*Dr. Paul A. Byrne, a neonatologist and Clinical Professor of Pediatrics at the University of Toledo, is president of the Life Guardian Foundation. For more information, visit <http://www.lifeguardianfoundation.org>*

iAri R. Joffe, Natalie R. Anton, Jonathon P. Duff and Allan deCaen, "A survey of American neurologists about brain death: understanding the conceptual basis and diagnostic tests for brain death," *Annals of Intensive Care*, 02/17/2014, 2:4, DOI: 10.1186/2110-5820-2-4

iiJoseph L. Verheijde, Mohammed Y. Rady, "The lack of scientific evidence in clinical practice guideline in brain death determination: Implications for organ donation and transplantation," *Indian Journal of Critical Care Medicine*, 9/04/2014, IP: 129.176.151.11