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Editorial: Definition of Death

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relatives or society. Neither does the physician have the attributes or perquisites of the Creator to determine whether or not this particular human being should exist. The fundamental questions (What are the minimal elements of human personhood? What are the minimal measures necessary for the sustenance of human life?) go unanswered. Certainly the resolution of these questions is mandatory before any broad guidelines can be applicable in clinical practice.

Edward G. Kilroy, M.D.

Editorial

Definition of Death

It has been proposed that the moment of human death be defined as the moment of irreversible cessation of both respiratory and cardiac function, and in the event that these functions are being maintained artificially, the moment of irreversible cessation of cerebral function be defined as the moment of death.

It is my contention that such a definition of death is too narrowly drawn and too rigid in its requirements that the failure of a particular organ system must be present to establish the reality of clinical or legal death. This definition does not conform to the biological reality that death of an organism occurs when that organism's biological systems undergo an irreversible loss of the ability to maintain vital functions. A pacemaker and/or circulatory assist devices may preserve cardiac functions, and artificial ventilators respiratory function indefinitely with normal cerebral function — a form of "living death." Conversely, total cessation of brain function may occur and as long as artificial respiration is maintained spontaneous cardiac function can occur and be maintained. If we were to ahere to this definition of death, the practicing physician would be obligated to maintain all efforts to maintain "life" as the New Jersey's Quinlan case seems to be saying. It is my feeling that such a definition of death would expose the physician to unwarranted malpractice liability if he did not continue all medical therapy until cessation of cerebral function was established and would require extensive clinical and laboratory documentation of cessation of cerebral function in every case, which is clearly not indicated in the majority of clinical situations. Another failing of this type of definition is the inability of such a legal statement to apply to changing events in medical knowledge regarding what bodily functions are truly necessary to maintain life. What is cerebral death this year may not be cerebral death next year, etc.

The patient and physician would be much better served by a much broader definition of death which would leave to the attending physician the employment of all his clinical experience and the most ad-

vanced state of medical knowledge in arriving at a reasoned judgment that in his opinion the irreversible point had been reached in the disruption of the biologic systems of the totality of this individual patient and that the moment of clinical death had occurred. This would put the authority of the state solidly behind the judgment of the physician and protect him from litiguous relatives in discontinuing therapy which serves no true purpose except to preserve a biological preparation in a state of "living death." It would also protect the physicians involved in organ transplantation who would prefer to transplant organs whose oxygenation and circulation has been maintained. How would the patient be protected? He would be protected by the fact that the physician must exercise his best clinical judgment based on current medical theories that the patient truly was beyond the point of no return. No matter how we twist or turn, we physicians will never escape the responsibility of making reasoned clinical judgments of the evidence at hand. We can never become push-button medical technicians who punch out life and death answers in a utilitarian manner. Our responsibility will always be to the patient even to the death.

Edward G. Kilroy, M.D.

From the Editor's Desk

It is customary at this time of the year to extend special thanks and appreciation to those who have assisted me in the publication and editing of the *Linacre Quarterly*.

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I would like to pay special tribute to our working Editorial Advisory Board, who have been always at my beck and call for advice and