



The *EthicsLab Essentials* provides a core curriculum designed to enrich ethics committee members through a podcast and website format. A podcast format was chosen due to its easy accessibility and learning schedule flexibility for the listener.

Episode: Brain Death: A Foundational Yet Emotional Ethical Concept

Description:

Brain death is a fundamental ethical topic that is complex and often fraught with emotion. As ethics committees are faced with considerations involving brain death, these cases are often those that stick with professionals the most. Our lead contributor in this episode Becket Gremmels, System Director of Ethics at CHRISTUS Health in Irving TX is in conversation with two nationally recognized ethicists who explore the complexities and challenges surrounding this foundational ethical concept.

Process:

Have your ethics team members listen to this podcast prior to your regular ethics committee meeting. Then, at your meeting facilitate a discussion and application of the episode around the following questions.

Facilitation Questions:

1. What language should clinicians use and avoid when describing brain death and its related tests to a patient's family members so as not to unintentionally confuse family members or provide false hope that the patient might recover? What could our Ethics Committee do to provide them with the education and resources they need to use appropriate language in these cases?
2. What tools or resources can the Ethics Committee provide to clinicians and family members to help with disagreements regarding brain death? What community education could the Ethics Committee do to help the community understand brain death and the ethical concerns that it often generates?
3. What are legitimate reasons for agreeing to a family's request to delay extubation after brain death has been determined? What reasons are not legitimate? How long of a delay is justifiable? Does our hospital's policy on brain death discuss how to respond to these refusals?
4. How does our hospital's policy guide clinicians to respond when a family refuses to acknowledge brain death or permit testing for brain death? What could we do as an Ethics Committee to help clinicians in these cases? Would it help to create guidelines for clinicians to follow? Should the policy be changed or updated?

EthicsLab Essentials Episode Summary



Brain Death: A Foundational Yet Emotional Ethical Concept

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Brain Death – Definition and History

- Also called “determination of death by neurological criteria” or “neurological determination of death”
- Brain death is the death of the body, not just the death of the brain
 - A person declared brain dead is medically and legally dead, no different than if their heart and lungs stopped working
- Brain death criteria were developed in the 1960s as an ethical and legal mechanism to declaring death and withdrawing treatment when the traditional method of cardio-pulmonary death could not be used
 - For example, when the patient’s heart and lungs were artificially maintained by a ventilator, vasopressors, and other treatments

Brain Death – Clinical Considerations

- Clinically, brain death occurs when the cortical brain (upper brain) and brain stem irreversibly stop functioning
- Testing for brain death looks at multiple clinical signs to see if the brain is functioning
 - Includes apnea test, ocular reflexes, gag reflex, pain reflex, and usually imaging studies
- There are no documented cases of recovery from brain death when the criteria are applied correctly
 - Alternatively, there are many cases of recovery after declaring death by cardiopulmonary criteria

Brain Death – Ethical Considerations

- Clinicians should avoid phrases that communicate false to the family
 - Don't refer to the patient as “alive”, or the ventilator as “life support”, or say asystole is “when the patient actually dies”
- Ethics Committees can help by focusing on the relationship between the family and the care team
 - If the family is refusing something, get to the root of the reason for the refusal
 - Consider a second opinion
- After death is declared, some delay in extubation might be appropriate for a short time in rare cases