Surprisingly, this is not a settled issue.

Before organ transplantation became possible, physicians made every effort to determine that death had occurred in order to protect the living from death-dealing mistakes. Death was declared only after all signs of life were gone—the body was cold, blue and stiff.

Now, death is often declared hastily in order to procure fresh, healthy organs for transplantation. Consequently, “death” is a far fuzzier subject than it once was.

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“BRAIN DEATH”

The legal definition of brain death is “irreversible cessation of all functions of the entire brain, including the brain stem.”

Because there is a wide variation in “brain death” criteria used by leading neurological institutions, a person could be considered “brain dead” in one hospital and alive in another.

One test that is always required in determining “brain death” is the apnea test. It entails turning off the ventilator for up to 10 minutes to see if the patient can breathe independently. This test can cause additional brain damage and/or a heart attack. Testing for death should never be done at the risk of harming or killing a patient. The apnea test is often performed without consent.

Vital signs (signs of life) are present after a declaration of “brain death.” The person’s heartbeat, respiration (with the aid of a ventilator), and circulation, as well as digestion of food continue.

Digestion and other involuntary bodily functions are controlled by the medulla oblongata, which is part of the brain stem.

Patients diagnosed as “brain dead” are often capable of sensing and reacting to touch.

All neurological receptors of physical stimuli are carried to the sensory cortex in the brain where they are processed.

“Brain dead” patients, in many cases, maintain a normal body temperature.

Body temperature is regulated by the secretion of hormones from the hypothalamus, part of the brain.

Pregnant women diagnosed as “brain dead” have carried their babies to term and produced milk.

Lactation occurs when the pituitary gland, controlled by the hypothalamus in the brain, secretes the hormone prolactin which helps the woman produce breast milk.

“Brain dead” patients have recovered. (Google “Recoveries after brain death.”)

Could this be because they did not have their vital organs cut out? For instance, 21-year-old Zach Dunlap, diagnosed “brain dead” after suffering a catastrophic brain injury, was saved from being an organ donor when a relative scraped his foot with a pocket knife and he jerked it away. Just months later, Zach was walking and talking. He recalled hearing a doctor say he was dead and being “mad inside” but unable to move.
“DONATION AFTER CIRCULATORY DEATH”

The organ transplantation industry (a highly profitable business) is very aggressive in getting what it wants. Thus, the demand for more and more healthy organs has led to new rules which permit “donation after circulatory death” (DCD), sometimes called “donation after cardiac death, solely to increase the number of donors.

This new pool of donors consists of patients who are undoubtedly alive and cannot be declared “brain dead.” They are dependent on ventilators to live. Under DCD rules, disabled and sick people may be induced to do the “noble thing” – die in order to “give the gift of life.”

The patient, if capable of giving consent, or the patient’s surrogate (family, proxy, guardian, …) agrees to withdrawal of life-support and to a DNR “(do not resuscitate)” order; then consents to organ donation.

The ventilator is withdrawn. The medical team hovers, waiting for the patient to “die.” When no pulse has been discerned for as little as two to five minutes, the patient is pronounced dead and quickly stripped of vital organs. Haste is essential because organs deteriorate rapidly once circulation ceases.

No one would consider a person “dead” who is pulseless for 5 minutes or less—unless his organs are deemed more important than being certain he is truly dead before taking his organs.

Protect life. REFUSE TO DONATE VITAL ORGANS!

WHY AND HOW TO REFUSE TO BE AN ORGAN DONOR

The Uniform Anatomical Gift Act was revised in 2006 and most states have adopted it. Everyone who has not explicitly refused to be an organ donor is now considered a “prospective donor.” This means that, if you are “at or near death,” your hospital must notify an Organ Procurement Organization (OPO). While the OPO searches for a “reasonably available” family member or other person who can legally consent or refuse to donate your organs, the medical team can treat you like a donor, subjecting you to medical procedures—not beneficial to you—solely to make certain your organs are in tip-top condition for the potential recipient.

The “dead donor rule”—a patient must be dead before removal of organs for transplantation—is the basic principle guiding organ donation. The question that should concern all of us is: Are organ donors, who have been declared dead, truly dead before their organs are taken? Consider the evidence. The definition of “brain death” requires the irreversible cessation of all functions of the brain, and yet “brain dead” donors display signs that their brains retain many essential functions and they are, therefore, not dead. In DCD cases, no one can deny that these patients, under any other circumstance, would not be so hastily declared dead.

Every state maintains an Organ Donor Registry listing people who have agreed to be organ donors, either on a driver’s license application or by signing an organ donor card. These state registries are readily accessed by Organ Procurement Organizations (a.k.a. Organ Donor Networks). However, NO STATE has a registry for those who do not want to be organ donors. Therefore, it is up to you to protect yourself. Refuse to be an organ donor IN WRITING.

I REFUSE TO BE AN ORGAN DONOR

Sign and carry with you an I REFUSE TO BE AN ORGAN DONOR wallet card.

To request a wallet card, email feedback@halorganization.com.


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