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CATHOLICS UNITED ON BRAIN DEATH AND ORGAN DONATION: A CALL TO ACTION

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Catholics have long debated whether brain death (BD) represents true death and whether the BD criteria used in clinical practice are adequate to demonstrate "complete and irreversible cessation of all brain activity" (whole BD). The current clinical criteria, as evidenced in scientific studies over the past decade, systematically fail to confirm whole BD. In light of this, we prepared the statement *Catholics United on Brain Death and Organ Donation: A Call to Action*, which was endorsed by 151 Catholic health care professionals, theologians, philosophers, ethicists, lawyers, apologists, pro-life advocates, and others, including a BD survivor and a professional organization.[1] The endorsers represent a broad range of specialties and—whether they reject whole BD as true death, accept whole BD as true death, or remain undecided about whole BD—all agree that the BD criteria found in the guidelines and used in current clinical practice establish only partial loss of brain function and therefore do not provide moral certainty that a patient has died. Thus, *Catholics United* bridges a divide among faithful Catholics in that its endorsers—whether they accept or reject whole BD as true death—call on all Catholics to unite against utilization of the current BD criteria because they do not ensure that patients are dead. The statement recommends concrete action steps to protect vulnerable patients, enable informed decisions, identify better criteria for determining actual death, and protect the conscience rights of health care professionals and organizations.

We present here below the "Introduction and Rationale," the "Summary Points of Agreement," and the twenty-two "Action Recommendations" of *Catholics United*. The explanations for each recommendation have been omitted for brevity. In our conclusion we comment on the "Action Recommendations" and "Endorsements" sections, encouraging readers to review the full statement.

Introduction and Rationale

The concept of brain death (BD) has been controversial since its introduction in 1968.[2] It claims that death has occurred when the brain no longer functions. According to the 1981 Uniform Determination of Death Act (UDDA), a template law that has been adopted by most states in the United States, a person is legally dead if there is "irreversible cessation of all functions of the entire brain, including the brain stem."[3] Recently a revision was proposed to the UDDA (rUDDA), which sought to change this definition so that persons with some persistent brain function could also be considered legally dead.[4] This would have brought the legal definition of death into alignment with current clinical practice for determining BD.

In response to the rUDDA, several prominent Catholic physicians and bioethicists, including some supporting and some opposing the concept of BD as a matter of principle, wrote a joint letter calling for Catholics to unite against the proposed changes.[5] Their premise was simple: "The current clinical criteria for the determination of brain death … are insufficient in that they simply do not test for whole-brain death. They test for partial brain death."[6] Since the Catholic Church has never accepted partial BD, they all agreed that the UDDA should not be changed to "align the definition of brain death with our current, inadequate clinical criteria."[7] Arguing in similar terms, the United States Conference of Catholic Bishops (USCCB) and The National Catholic Bioethics Center (NCBC) observed that "the clinical guidelines developed by the American Academy of Neurology and others do not assess neuroendocrine function, thus allowing patients with integrated functioning of the hypothalamus to be declared whole brain dead."[8] Thanks to the advocacy of these authors and many others, the rUDDA has been set aside for now.

Shortly after this victory, however, the American Academy of Neurology (AAN) published updated medical guidelines for determining BD.[9] The AAN guidelines are commonly accepted criteria for determinations of BD throughout the United States and are considered the most rigorous and comprehensive, although substandard variations of these criteria are often used in clinical practice. Yet these new guidelines accept the clinical inadequacies inherent in the rUDDA while admitting a "lack of high-quality evidence."[10] As a key example of inadequacy, the guidelines state that clinicians can declare a person brain-dead despite evidence of persistent function of the hypothalamus, which is a part of the brain.[11] The compatibility of continuing neuroendocrine function (including the hypothalamus) with a determination of BD is not new. It was included in the 1995 AAN adult guidelines,[12] implied (but not explicitly stated) in the 2010 AAN adult guidelines,[13] and adopted as a position of the AAN in 2019.[14] The lead author of the 2023 AAN Guidelines, Dr. David Greer, underscored in a recent interview that the AAN has always considered hypothalamic function compatible with a diagnosis of BD: "Loss of neuroendocrine function has never been included in that list [of what is needed to diagnose BD] and still is not included today."[15] Rather than improving the existing criteria, particularly in light of the strong opposition