Why defining ‘death’ is so much harder than it seems

Pronouncing a patient dead in a hospital seems relatively simple: palpate for lack of pulse, determine that the patient’s neurological function is absent, then disclose, out loud, his or her full name and the time of death. Except it isn’t that simple at all—in the inpatient setting.

…

The UDDA asserted that “an individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.” The act aspired to add this new “total brain death” statute, in addition to the boilerplate heart-and-lung definition, to all 50 states’ laws, with mixed success.

…

Most states adopted some form of the UDDA, but the differences among state laws are startling. North Carolina, for instance, doesn’t have a heart-and-lung provision. Louisiana and Texas completely eschew the total-brain-death clause from their hospital definitions of death.

…

I defy you to find 10 doctors who can agree on what constitutes “generally accepted” or “ordinary” standards of medical practice, much less decree whether “cessation of all functions of the entire brain, including the brain stem” is absolutely necessary to define death.

Read full, original post: What Is Death, Exactly?