

AEMAET

Wissenschaftliche Zeitschrift für Philosophie und Theologie
<http://aemaet.de>, ISSN 2195-173X

Bookreview of Doyen Nguyen: ‘The New Definitions of Death for Organ Donation’

A Multidisciplinary Analysis from the Perspective of Christian Ethics – Pieterlen: Peter Lang AG, 2018
price: 122,95 € Seiten: 590 ISBN: 978-3034332774*

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2018

This work is authored by Dr.theol. Dr. med. Doyen Nguyen, a moral theologian who was also a physician with more than twenty years of practical experience in academic medicine. As indicated by its title, the thrust of this book is to critically examine the soundness and ethicality of the two definitions of death which are currently employed for the removal of organs for transplantation. The first new definition of death, the major source of organ procurement is “brain death” (BD) i.e.,

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the "death" of a heart-beating patient declared dead. This new definition of death was introduced in 1968.¹ Increased demands for organs and thus the need to expand the donor pool led to the devising of a second protocol, "controlled cardiac / circulatory death" ("controlled cardiac / circulatory death") for the sake of non-heart-beating organ donation, introduced in 1993. While at its origin, only pragmatic reasons (1. organ extraction (donation) and 2. Ending "artificial means to prolong life" trough ventilators) have been offered for redefining death, subsequently various philosophical rationales have been advanced to defend or justify "brain death" definitions.

The paradigm "controlled cardiac / circulatory death" (CCCD) was introduced in order to enlarge the organ pool beyond cases of "brain dead" patients. The CCCD patients are, and also are assumed to be, still alive because one could still try to reanimate them. Therefore, I agree with Nguyen that to call them "dead" is both a lie and is used to justify homicide. However, I disagree with the author when she affirms that the rationale for introducing the notion of CCCD depends on the reasons offered for "brain death" definitions. This is no doubt true for some authors Nguyen has in mind. However, in general, I rather believe that the idea and protocol of CCCD was introduced on the following entirely different rationale and designed for the purpose of being able to extract organs from clearly living persons, who are being declared "dead" in defiance of all logic and dishonestly. In my opinion, the philosophical rationale and its premises are these:

1. All human beings (not just the "brain dead") will sooner

¹Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death: 1968, 'Report of the Ad hoc committee of Harvard Medical School to examine the definition of brain death', in *Journal of the American Medical Association / JAMA*, 209, pp. 337-43.

or later be non-heart-beating patients. Thus, through introducing the dishonest notion of CCCD the organ-pool is potentially enlarged from a few BD persons to all human beings minutes after they suffer cardiac arrest.

2. Non heart beating patients will die in an extremely short time if one does not reanimate them.
3. One does not have in all cases an obligation to attempt reanimation in the name of respect of the patient's autonomy.
4. The organs one wishes to explant from "non heart-beating patients" (who will not be reanimated) are of no use for them anymore and just are uselessly "sitting there", but they are, if one extracts them immediately after cardiac arrest, as fresh as those of the BD.
5. Finally the whole lie of the name "controlled cardiac / circulatory death" for a state that is neither "controlled" nor "death", because at 2-5 minutes after cardiac arrest the patient is not yet dead. It is common knowledge that death always comes uninvited. Whether at home or in the hospital setting, one cannot predict when a terminally ill patient will die, let alone determine the exact moment of death. Yet the CCCD protocol set up controlled conditions in order to impose a specific exact moment of death -- e.g. with the Pittsburgh protocol, it is exactly two minutes after asystole. In what way can we artificially force death to come at a specific moment if not by means of a homicide? This faulty and deceptive terminology is then just used to extract vital organs from living persons to whom they are no longer considered to be "useful". It would be more honest not to call CCCD a "definition of death" but a protocol designed to be leg-

ally protected against being accused of homicide when one kills living persons in order to extract their organs. Just like BD, so also CCCD is a linguistic trick to kill the living.

Thus, CCCD is not truly a definition of death but a construct that refers, if one stated honestly the truth, to a state of living persons whom one acknowledges to be living but thinks one may treat them as if they were dead, because (1) they will be dead in less than an hour, and (2) their organs are of no lasting use to them anymore but can save other lives. By calling their state "controlled death" one creates a linguistic monstrosity to veil the truth of committing an act of "homicide for a good purpose".

Since their respective inception, both BD and "controlled cardiac/circulatory death" have generated serious and persistent controversies, all revolving around the crucial moral question: are donors truly dead when they are declared dead by either protocol; are they truly dead at the time of the removal of their organs?

To study this question necessitates a multidisciplinary approach because death is both a metaphysical and a biological event. Therefore, the discussion in this book integrates biology, medicine, contemporary biophilosophy, Aristotelian-Thomistic metaphysical anthropology, and Christian ethics according to the teaching of the Catholic Church. The focus is on the discussion within the Catholic tradition. However, as amply shown throughout the book, the debate within the Catholic circle, especially with regard to the BD controversy, is inherently linked to that in the secular society at large, precisely because BD proponents share common presuppositions, irrespective of their intellectual and religious tradition of origin.

In addition to the Introduction and Conclusion, the book

contains five chapters divided in three parts:

- (i) part I is a critical analysis of the arguments by pro-life Catholics who support BD and / or “controlled cardiac / circulatory death”,
- (ii) part II demonstrates, on the basis of sound metaphysical anthropology and holistic contemporary biophilosophy, the untenability of the BD paradigm (and also the untenability of the “controlled cardiac/circulatory death” paradigm), and
- (iii) part III demonstrates that both paradigms contradict the tenets of the Church’s moral teaching on organ donation.

The Introduction clarifies why a critical analysis of the new paradigms of death for organ donation is a necessary endeavor. On the one hand, organ donation conveys the idea of a noble act of charity and solidarity highly lauded by the Church. On the other hand, both the BD and “controlled cardiac / circulatory death” definitions and protocols are causes for anthropological and ethical concerns, further compounded by the lack of transparency toward the public at large with regard to the disclosure of critical information about both paradigms. In particular, if “brain dead” donors are truly dead, then why do they exhibit spontaneous movements or react to noxious stimuli, for instance the dramatic “Lazarus reflex” and show many other signs of life?

Much of the Introduction is devoted to a historical overview of how BD and “controlled cardiac / circulatory death” came to be introduced into clinical practice by the Harvard Committee and the Pittsburgh Committee, respectively. In both instances, there was essentially no scientific validation prior to their respective implementation. There was no accompanying

conceptual / philosophical rationale, either. The first conceptual rationale in defense of BD was advanced by Bernat and his colleagues in 1981; it was adopted and promulgated by the 1981 President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The driving force behind both "controlled cardiac / circulatory death" and the BD paradigm was, and still remains, the pragmatic and utilitarian need to obtain optimally fresh and viable organs for transplantation. Of note is that such a utilitarian motive was already present during the drafting of the Harvard report: the manuscript-drafts of the Harvard report and the memos exchanged between the Committee members spoke of the great need for the tissues and organs of the hopelessly comatose for transplantation purposes. Likewise, the authors of the Pittsburgh protocol knew that the introduction of "controlled cardiac /circulatory death" would raise controversy; they knew the protocol literally pushes the criteria for death past acceptable limits as it sanctions organ removal just two minutes after the onset of cardiac arrest.

Part I of the book, which consists of Chapters 1 and 2, presents the positions of Catholics who support the new definitions of death.

Chapter 1 critically examines the position of the Pontifical Academy of Sciences (PAS), a consultative body to the Holy See that has hosted since 1984 several Conferences on BD (in 1984 the acceptance of BD was unanimous; in 1989 it was almost unanimous – with the exception of a clear rejection of BD by Josef Seifert and a beginning of Alan Shewmon's critique of "brain death" definitions (today he is the most prominent critic of this notion); in 2005 a Meeting at PAS rejected the BD definitions by a large margin; in 2006 by a lesser margin. In its 2008 Summary Statement, the PAS, ignoring all the critics who have disproved the arguments of the BD adherents,

formally declares that BD is death simpliciter. In so doing, the Academy also reiterates arguments previously endorsed by the 1981 President's Commission and defended by leading pro-BD scholars in secular academia (such as Bernat and Wijdicks) who are also signatories of the Summary Statement. Adopting the arguments of secular pro-BD scholars, the PAS denies the connection between BD and the interest of organ transplantation. It also insists that there is consensus about BD, and that the evidence for this is the worldwide medicolegal acceptance of BD. Such a sweeping assertion on the part of the PAS deliberately ignores that, (i) there have been increasing objections against BD in both academic and popular literature, ii) there is significant variation in the application of BD diagnostic criteria from one institution to the next, and (iii) the fact that something is legally accepted does not necessarily mean that it is ethical.

The philosophical premise which undergirds the PAS's claim of BD as death simpliciter is basically the thesis developed (and subsequently modified) by Bernat – the thesis of the brain as the master (central) somatic integrator of the human organism, i.e., the critical organ which controls all the activities of the body, and without which the human being is biologically dead. To buttress his doctrine, Bernat has employed different arguments, including the decapitation thought experiment and the “masking death” argument. The same arguments have been repeated by Catholic BD supporters, including the PAS. This chief argument in favor of “brain death” definitions has been thoroughly refuted by Alan Shewmon and is further refuted in this book.

Much of Chapter 1 is devoted to unveil the numerous difficulties and inconsistencies inherent in each of the pro-BD arguments. In particular the decapitation thought experiment basically reduces the human person to the mind, and the mind

in turn is reduced to the brain. Moreover it does not address the issue of whether the BD body is still an organism or not; instead it focuses on the question of where (above or below the neck) the person's personality is located. BD advocates are unable to explain why BD individuals (whom they regard as being truly dead) still retain subtle brain functions (e.g., the secretion of pituitary hormone), and/or exhibit spontaneous movements and reflexes of the limbs to noxious stimuli. BD proponents simply disregard these signs as clinically insignificant, or claim the ventilator and pharmacological agents mask death. The "masking death" argument literally ignores the principle of causality, according to which that which is present in the effect presupposes the existence of its only possible cause. Can any man-made device, such as the ventilator, which only has the power of pumping air into the lung, have also the power to control respiration, circulation, digestion, and homeostasis of various kinds, among other? It is metaphysically impossible for any man made device and pharmacological agent to account for the signs of life (e.g. warm pink flesh) manifested by BD patients.

Bernat's arguments are also flawed on logical grounds. In particular, his reasoning – if there is a functioning brain, the patient is alive; if there is no functioning brain, the patient is not alive – has the form of "if P then Q; not P, therefore not Q," which in formal logic is known as the inverse fallacy. Such a fallacy renders the whole argument invalid. Likewise, what Bernat's argument does not take into account is the known phenomenon of the penumbra which occurs during the acute phase of severe brain injury when the brain shuts down as a self protective mechanism, such that brain electrical activity, and even cerebral blood flow, fall below the detection threshold level.

Chapter 1 closes with an analysis of the problematic issues

with “controlled cardiac / circulatory death”, especially the issue of irreversibility. True death is an irreversible event. For this reason, proponents of the new definitions of death have insisted on irreversibility as a condition for the determination of death in either BD or “controlled cardiac / circulatory death”, since according to the dead-donor-rule, a patient must be dead before his organs can be removed. In “controlled cardiac / circulatory death”, respect for autonomy serves as a stand-in for irreversibility; The clinical evidence in “controlled cardiac / circulatory death” thus far has amply shown, as Bernat himself had to admit, that at the time of organ removal, there is no certainty that the “controlled cardiac / circulatory death” donor is truly dead.

Chapter 2 critically looks at the arguments advanced by individual pro-BD Catholic scholars in the wake of John Paul II’s Address to the 18th International Congress of the Transplantation Society in August 2000. In this regard, there are two major groups. The first consists of Catholic scholars who merely reiterate Bernat’s thesis of the brain as central somatic integrator and use the argument of authority (citing John Paul II’s address, and the position of the PAS). A representative of this group is Furton, whose argument of the brain as the locus of the body–soul union comes very close to the argument of higher BD according to which the so-called irreversible loss of consciousness and cognitive functions is a sufficient criterion to declare a person dead. In the second group are two different types of pro-BD arguments currently in use in the Catholic pro-BD circle. The first is Lee and Grisez’s rationale of substantial change, according to which BD individuals have lost the radical capacity for sentience such that, although they are alive, they have lost their human nature and are no longer human beings. Instead, they have been transformed into some sort of “large living entity” (of an unknown species) because they

have lost the radical capacity for conscious sentience, and (iii) the rationale of Condic and Moschella, according to which the BD body is basically a no longer integrated but merely a "bag" of organs which remain coordinated with each other thanks to the ventilator and intensive care support, which results in a semblance of integration.

Chapter 2 unveils the many flaws inherent in Lee and Grisez's rationale, both from the scientific and metaphysical perspectives. In particular, conscious sentience is a first person experience, not measurable by third parties. If this is true about consciousness, then how much more so this would be with respect to its radical capacity? Lee and Grisez themselves admit it is extremely difficult to establish beyond reasonable doubt that a patient has lost the capacity for consciousness; yet at the same time they insist that BD patients entirely lack it, clearly a contradictory position. Lee and Grisez's argument is also flawed from the perspective of metaphysics. In Scholastic terms, Nguyen argues, what Lee and Grisez refer to as radical capacities corresponds to natural active potentialities (or potencies). Human active potentialities are grounded in human nature. This in turn means that the human nature of a particular person is not directly affected by the actualization or the non-actualization of this or that specific potency. Hence, the person remains the same ensouled individual, even when the capacity to use certain faculties (such as perception, consciousness, or intellection) is not or cannot be actualized (which is the case of the BD patient). Their position presupposes an entirely anti-Thomistic and false "actualism": to be a person presupposes to act as a person.

Condic's rationale is basically a reworking of Bernat's doctrine. Condic asserts that BD individuals are dead because, without a functioning brain, they have lost organismic (somatic) integration. Condic claims that BD bodies are ana-

logous to cell cultures, and the vegetative functions observable in them merely represent coordination between unintegrated body parts and organs because these parts are being sustained by life support technology. This last argument is basically the “masking death argument” mentioned above, according to which the ventilator produces a semblance of integration. Chapter 2 demonstrates that Condic’s rationale is laden with difficulties. In particular, Condic’s heuristic device, the so-called distinction between coordination and integration, as well as her analogy of BD bodies to cell cultures are not supported by scientific/medical evidence.

Chapter 2 also demonstrates that the position of pro-life, pro-BD Catholics contains an inherent self-contradiction: if the thesis that a human being without a functioning brain lacks somatic integration, then how does one account for the somatic integration of the embryo since every human being begins his life as a human organism with no brain? The neural groove does not begin to form till the 4th week of gestation, long after the formation of the heart and vascular system. If life (and therefore somatic integration) already exists before the brain develops, than how could it be logically asserted that the brain is the master organ necessary for somatic integration?

Chapter 2 closes with a discussion on ethical issues peculiar to “controlled cardiac / circulatory death” alone, namely the pre-mortem use of heparin and the extra-corporeal-membrane-oxygenation procedure. The latter further reinforces the likelihood that the donor is not yet dead at the time of organ removal.

Part II consists of Chapter 3 and 4, and presents the *sed contra* arguments against the new definitions of death from the perspectives of classical Aristotelian-Thomistic metaphysical anthropology and of holistic contemporary biophilosophy, respectively. Within the Catholic circle, both sides of the BD

controversy have appealed to the classical teaching of Aristotle and Aquinas. There is one notable difference, however. Catholic pro-BD scholars have consistently sought to graft Bernat's doctrine to Aquinas's teaching, and make the latter subservient to the former. The analysis in chapter 3 shows that there is a radical divergence between Bernat's doctrine (which is reductionistic) and Aristotelian-Thomistic anthropology (which is holistic). By forcing the grafting of two incompatible elements, pro-BD Catholics inevitably produce inconsistencies and incoherence within their own rationales.

Chapter 3 (the longest chapter in the book) provides a detailed and complex discussion of those aspects of Aristotelian-Thomistic hylomorphism which are most pertinent to the BD issue. The basic truth is that the vegetative power of the human rational soul is fundamental to life, and manifests itself through diverse vegetative functions. Since BD bodies manifest a whole host of vegetative functions, it can only mean that they are still ensouled and therefore still alive. NB: on this point, however, BD advocates invariably invoke the above mentioned "masking death" argument.

On the basis of several important metaphysical principles, notably those regarding (i) act and potentiality, (ii) essence and existence, as well as (a) the notion of the soul as the first actuality giving esse and life to the body, and (b) the distinction between the soul's capacities/powers and the soul itself, Chapter 3 brings to light serious metaphysical inconsistencies and grave errors inherent in the Catholic pro-BD rationales, in particular the rationale of Lee and Grisez, and that of Moschella (the philosophical counterpart of Condic's scientific rationale). Moschella asserts that BD patients have lost the root capacity for self-integration because they no longer possess the material basis for the capacity to control respiration and circulation, and they no longer have the material basis for

sentience. Moschella's thesis, although couched under the sophisticated terminologies of "root capacity" and "material basis" is basically a reformulation of Bernat's thesis of the brain (= the material basis) as that organ without which the body is no longer integrated.

In light of Aquinas's teaching on the unicity of the soul, Chapter 3 demonstrates that Lee and Grisez's rationale of substantial change does not cohere with the Church's teaching on human nature. In substantial change, except in the miraculous transsubstantiation of bread and wine into the body and blood of Jesus Christ, the original accidents cannot remain because the *subiectum* has changed. How then is it possible that a substantial change has occurred in BD patients when all the characteristics of human life ("accidents," in Scholastic terms) still remain?

The rigorous application of Thomistic metaphysical anthropology in Chapter 3 also demonstrates that Moschella's philosophical rationale, despite its claim of being Aristotelian-Thomistic, does not cohere with Aquinas's metaphysics. Chapter 3 demonstrates that the fundamental flaw common to both Moschella rationale and that of Lee and Grisez is the confusion and conflation of the powers of the human soul with the rational human soul itself, an "actualism" wholly foreign both to truth and Thomist philosophy.

Chapter 3 also demonstrates the untenability of the idea of a primary organ of integration, which pro-BD Catholics invoke in order to defend the primacy of the brain. Even in the context of the limited medical knowledge of his times, Aquinas never spoke of a primary organ of integration. He only spoke of a primary organ of motion. Moreover, advanced medical sciences have provided no confirmatory evidence to support the thesis of a primary organ.

Chapter 3 closes with a discussion on the philosophy of Descartes

and Locke with respect to their impact on our understanding of human nature. The holistic and realistic vision of Aristotelian-Thomistic metaphysics coheres with the axiom that an organic whole is greater than the sum of its parts and that no part can account for the whole. The brain is an organ, and like any other organ of the human body, is a part of an organic whole. In contrast, the approach of Cartesian-Lockean philosophy is reductionistic and mechanistic, in which a part can account for the whole. The BD paradigm, which exalts the brain (and consciousness) as that without which the human being no longer exists, is a paradigmatic example of Cartesian-Lockean philosophy.

Chapter 4 presents the *sed contra* arguments against the new definitions of death from the perspective of contemporary biophilosophy. The latter is essentially the modern equivalent of Aristotle's philosophy of nature, in which there is a constant dialogue between philosophical theories and reality-based evidence. Chapter 4, by virtue of the nature of biophilosophy, employs a good number of technical and scientific concepts and language, which, to some readers, may seem "dry" and difficult to grasp.

Since the last century, especially with the pioneering works of Woodger and Bertalanffy, biological sciences have gradually moved away from a mechanistic to a holistic vision (systems view) of nature, including human nature. Chapter 4 provides a detailed discussion of those fundamental biophilosophical concepts most relevant to the BD issue. In biophilosophical terms, life (understood in the biological sense), is at its essence an anti-entropic phenomenon, and a living organism is a complex, dynamic, hierarchically organized, closed network system characterized by a circular organization in which no part or process (however vital it may be) can qualify as the causal control center to account for the organism's somatic integration. Complex

metabolic processes immanently present throughout the human body constitute a fundamental anti-entropic activity of human life.

Chapter 4 also includes the biophilosophical arguments of two Catholic scholars against BD: (i) Alan Shewmon's novel philosophy of organismic integration, and (ii) Nicanor Austriaco's systems-hylomorphism. The author of this book (Doyen Nguyen) adopts the comprehensive notion of autopoiesis (a notion which encompasses both Shewmon's and Austriaco's arguments) as a biophilosophical argument against BD.

It emerges from Chapter 4 that there are similarities and points of contact between holistic contemporary biophilosophy and Aristotelian-Thomistic metaphysical anthropology, especially since both are grounded in reality. For instance, both uphold that the organic whole is greater than the sum of its parts, and both recognize that the vegetative dimension of life (in which the brain plays only a minimal role) is foundational to life itself. The new definitions of death are therefore unsound, as they contradict both the truth found in Aristotelian-Thomistic metaphysics and in contemporary biophilosophy.

Part III looks at the new definitions of death in terms of Christian ethics. The ethical section is treated last since every bioethical investigation of a particular issue regarding the human person must include: (i) the empirical biological data as the starting point of the investigation, (ii) followed by an in-depth discourse on sound anthropology with a holistic gaze on the human person as a unity of body and soul, and (iii) ethical conclusion regarding the bioethical issue in question. The conclusion is drawn only after an adequate investigation of both the empirical and metaphysical dimension. This is the reason for multidisciplinary approach taken in this book. This triangular model is the standard used in bioethical investigation.

The two fundamental pillars in Christian ethics are human

dignity and sacredness of life. Chapter 5 shows the divergent understanding of dignity between a theistic and a non-theistic worldview. In contrast to the Judeo-Christian understanding of dignity, which leads to the protection of human life, dignity understood in a non-theistic worldview comes down to an exaltation of autonomy, which results in moral relativism and the disrespect of human life, especially that of the most vulnerable members of the human family.

Chapter 5 also provides a detailed critical analysis of John Paul II's 2000 Address to the 18th International Congress of the Transplantation Society, within the larger context of the Magisterial teaching on death and organ donation. The analysis reveals that, contrary to the claim made by Catholic pro-BD scholars, John Paul II did not give a formal approval to any of the different BD definitions and protocols. What is contained in his address is a conditional approval (using the conjunction "if"), pending the fulfillment of the presupposed premises, in particular, (i) the validation and global consensus of the clinical test-criteria for BD, (ii) the rigorous application of the BD clinical test-criteria, and (iii) most importantly, coherence with the fundamental elements of sound Christian anthropology, as held and taught by the Catholic Church. As demonstrated in the book, the BD paradigm has not fulfilled any of these presuppositions.

The teaching of the Church remains unchanged, namely that vital organs can only be extracted from the donor after his/her true death, "*ex cadavere*" (cf. Benedict XVI's Address to the participants of the 2008 International Congress organized by the Pontifical Academy of Life). The operative principle toward comatose individuals is thus *in dubio, pro vita*.

The Conclusion presents a synthesis of the most important points gathered from the detailed and multidisciplinary analysis (carried out in the previous chapters) on BD and "con-

trolled cardiac / circulatory death”. On the basis of empirical scientific evidence and the holistic understanding of human organisms (according to both classical metaphysics and contemporary biophilosophy), it cannot be said that either BD or “controlled cardiac / circulatory death” corresponds to true death. As such, both lead to veiled forms of euthanasia or simply to murder of living human persons. Indeed, they are immediate precursors of the practice of organ donation after euthanasia, now already established in Belgium and the Netherlands. In that sense, both BD and “controlled cardiac / circulatory death” violate the moral order and also contradict the meaning of the word “gift” which organ donation is supposed to represent.

Synopsis of Abstract: In the long-standing debate on BD, to which is superimposed the second controversy on “controlled cardiac / circulatory death”, it seems that theologians / bioethicists have been talking past each other. In this controversial climate, this book makes several important contributions, including:

- (i) The book brings under ‘one roof’ the various positions with regard to the new definitions of death in organ donation, in particular BD. The author evaluates them critically in order to demonstrate that they neither cohere with the sound tenets of the Church’s anthropology nor reflect medical/scientific reality about the human organism.
- (ii) Though focusing on a specific bioethics issue (the determination of death in the context of organ transplantation), the book is an example of theology and metaphysics in dialogue with science and contemporary biophilosophy. The book shows that it is possible to “translate” some of the metaphysical concepts (and Scholastic terminology)

into the contemporary biophilosophical language. This should then permit to convey certain known metaphysical truths which the Church holds about the human person to the scientific world at large.

- (iii) The author (a devout Catholic) of the book has had the courage – in the spirit of fraternal charity in truth – to critique not only the PAS' ideological pro-BD position, but also offers a splendid critique of John Paul II's 2000 address to the International Transplantation Society.
- (iv) The book offers several original discoveries and contributions, in particular: (a) it provides a detailed critique of John Paul II's 2000 address to the International Transplantation Society, (b) it unveils the many flaws and inconsistencies in the arguments of pro-life, pro-BD Catholic scholars, in particular the rationales of Lee and Grisez, and those of Eberl, Moschella and Condic. Although these authors claim that their rationales in defense of BD are grounded in Aristotelian-Thomistic metaphysics, the book clearly demonstrates that such is not the case.
- (v) Through its comprehensive and multidisciplinary approach, integrating biological and medical sciences, metaphysics, contemporary biophilosophy, theology, Christian ethics, and the teaching of the Magisterium of the Catholic Church, the book has demonstrated beyond the shadow of a doubt the unethical character of using in transplantation medicine both BD and "controlled cardiac / circulatory death", and that both are designed to justify veiled forms of euthanasia for the interests of organ transplantation. Put bluntly, both the use of BD and CCCD in order to explant vital organs are legalized homicide, just as abortion is.

Nguyen's book² about "brain death" is scholarly, well organized and reasoned, and well researched and referenced. Furthermore, the tone is perfect, very respectful of those she disagrees with, not at all strident, but completely calm and objective.

This book impresses the reader chiefly by the "sober passion for the truth" that underlies the most comprehensive and well-reasoned critique to date of "brain death" and other definitions of human death that seek to replace the classical understanding of that fundamental event which we call "death." The fact that the author uses with equal competence methods of natural science, of logic and philosophical anthropology, ethics, and metaphysics, as well as of theology, makes this work a singularly complete and competent book on this complex topic.

Her simple, yet complex, straightforward and yet highly dialectical way of discussing the different utterances on "brain death" and on the cardiopulmonary death linked to non-resuscitation orders (used in the extraction of organs from non-heart-beating donors) from a medical, philosophical, and religious perspective makes the present work a real treasure, and its reading a scientific and philosophical pleasure. She minutely analyses secular and Catholic utterances on death from the perspective of Christian ethics and the Catholic faith, but at the same time applying a thorough labor of ratio.

Her keen analysis and equally precise and complete account of empirical research stands in sharp contrast to the imprecisions and incompleteness among many who speak on "brain death" without taking all empirical facts into account. In the same manner, she submits the unavoidable philosophical

²The remaining part of this book-review is, with the exception of a few words, a citation of what I have written in the Preface to the book *The New Definitions of Death for Organ Donation. A Multidisciplinary Analysis from the Perspective of Christian Ethics* (Bern: Peter Lang, 2018), pp. xv-xviii.

interpretations of the empirical facts to a rigorous logical, anthropological, and metaphysical scrutiny.

The sharp analysis from the scientific, legal, and ethical contexts, of ambiguities, equivocations of terms, logical contradictions, and non sequiturs, makes it overwhelmingly clear that purely pragmatic and utilitarian arguments for the use of organ donors, cannot be a justification for calling them dead.

The author seeks passionately and *sine ira et studio* the truth about human death. Her calm logical analyses uncover many sophisms and intrinsic incoherences in the arguments advanced for the defense of the new definitions of death, and demonstrate the massive contradictions between these definitions and both empirical science and philosophical knowledge. She draws her own philosophical knowledge from an intelligent and highly differentiated understanding of the Aristotelian-Thomistic anthropology, some of the most central tenets of which are confirmed by the doctrine of the Catholic Church. In this anthropology, the unicity of the human soul and the intimate union between body and soul are understood in terms of the rational human soul being the only substantial form of the human person, bestowing on the body *esse* (being), vegetative, sentient, and rational life.

Against this background, and on the basis of her multidisciplinary approach, she analyses in a calm and admirable sharpness the views of various authors. In spite of her obvious deep and uncompromising Catholic faith, she is entirely objective in her rational analysis to critically examine not only the utterances of the Pontifical Academy of Sciences (a consultative body to the Holy See with no magisterial authority whatsoever), but also the pronouncements of Saint John Paul II on the issue of "brain death."

In this regard, she follows in some way the example of Professor Alan Shewmon, who, in his response to Tonti Filippini's

charges in *Communio*, has shown why the address of John Paul II to the 18th International Congress of the Transplantation Society, was not meant to raise the so-called adoption of the whole brain death criterion to the rank of magisterial teaching.

Unbiased by her orthodox Catholic faith and her devotion toward Saint John Paul II, Dr. Nguyen analyses first of all the precise meaning of what John Paul II says, the premises and contents of his utterances, and the obvious incorrectness of some of his remarks, for example, on a universal consensus of the medical scientific community on “brain death.” Focusing on the “ifs” and “seems” in his statement, she demonstrates that the opinion promoted by many (such as the Pontifical Academy of Sciences) that Pope John Paul II had made acceptance of “brain death definitions” an article of Catholic faith, is completely mistaken.

The careful scrutiny of the various declarations and results of four distinct sessions of the Pontifical Academy of Sciences dedicated to “brain death”, her sharp and objective analyses of Bernat’s, Grisez’s, Lee’s, Moschella’s, Condit’s and many other defenders’ opinions and arguments for the identity of “brain death” with human death make this book a singularly important scientific and philosophical contribution to the debate.

Its high value is largely due to the philosophical rigor and profundity of the book. While some readers, for example myself, might consider her book too Thomistic, or may find her judgments on Duns Scotus, Descartes, John Locke, and other philosophers harsh and partly unjustifiedly so, and uses a somewhat undifferentiated negative “attitude” towards “dualism,” not distinguishing its true from its false meanings, the book’s historical knowledge and scholarship, as well as its philosophical depth, are astounding. Dr. Nguyen’s profound understanding of the nature of human life, of the person, of soul, and of ethical insights of Hippocratic medicine, make this book the most

balanced and well-rounded work written on the subject I have seen. Moreover, she is in no way a "closed-minded Thomist" but shows herself quite open to many insights of bio-philosophy of the 19th and 20th century that have no Thomistic roots.

The book excels through its multidisciplinary approach. It meets the highest standards of science, philosophy, and theology, being an extremely careful and well researched *compendium scientiarum omnium mortis humanae* (of all sciences regarding human death).

One can only recommend its careful study to every person interested in the truth about human life and death, and in the ethics of organ transplantation, and in particular to every serious scholar, who raises his or her voice in this discussion. Nobody should speak on "brain death" any longer in serious scientific conversations without having read this work.

With singular sobriety and thoughtful foundation in medical and philosophical research, the author presents a vision that tends to bring about a Hippocratic revolution of the anti-Hippocratic transplantation medicine that surges from a spirit of disregard of the dignity of each living human being, by reducing many human beings to mere open fields of organ-harvesting, and by muddying the borders between transplantation medicine and euthanasia.

As it behooves a pure dedication to the truth, the author stays completely free of wishful thinking that distorts reality for the sake of political or economic gains and concludes the book with a magnificent appeal to restore a truly Christian and truly Hippocratic ethics that shows the limits of anyone's "right to organs," by not allowing committing any evil so that good may come from it.

This ethics of moral absolutes, imbued with an impressive respect for the life of each human person makes the work a wonderful and fascinating reading, even in some of its dry sci-

entific and historical parts.

Dr. Nguyen's work is profoundly inspired by both the respect for the dignity of the human person and the Hippocratic Oath with its perennial ethical wisdom. The book reminds physicians to keep in mind the good of the patient and never to treat him or her as a mere means to an end, even if this end is for the noble purpose of saving lives and restoring the health of organ recipients. With a logic and consistency that is beautiful, sharp, and transparent as a diamond, she unmaskes the many compromises dominating contemporary medicine, showing that the multitude of benefits and blessings of medicine can never justify killing nor damaging patients.

Her work also echoes the extraordinary ethical and medical analyses owed to Professor Cicero Coimbra's research on the dangers entailed in the apnea test. This test, performed in order to see whether the patients are really dead, clearly and demonstrably risks killing organ donors. This danger, proven empirically by careful research on animals, is nonetheless conveniently ignored by many in the medical community. Irrespective of one's position towards "brain death," the apnea test puts beneficence to the patient second on a scale of values, and as such, contradicts Hippocratic medicine.

In virtue of its strong ethical dimension, this book can also be highly recommended as an ethical vade mecum for physicians and as an important educational and ethical tool and textbook for students of medicine.