

INTERVIEW

## «I visited Alfie: the problem is "brain death"»

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What is the origin of the medical approach, flaunted on the world stage, which decided the life of little Alfie Evans? The answer for Dr. Paul Byrne, internationally renowned neonatologist, who flew to Liverpool to visit Alfie in December 2017, has been clear for years: «Everything stems from the definition of death formulated by a Harvard medical committee in 1968 which no longer considered death as stopping of breathing, heart

beat and circulation but cessation of brain function».

**Dr. Byrne, can you explain the difference between natural death and “brain death”?**

When I started an intensive care unit for sick babies in 1963 at Cardinal Glennon Hospital for Children in St. Louis, I was strongly motivated to explore ways to sustain life. During this period, working alone and with other doctors, new treatments were discovered. But a few years later, a new definition of death began to circulate: the patient was no longer considered dead only after their cardiac and circulatory functions stopped working and therefore their respiratory and nervous systems as well; rather it was considered sufficient to detect the absence of brain activity to declare a person dead even if their body was still functioning. In 1975, a premature baby was put in my ward called Joseph. He was ventilated and then declared cerebrally dead because his electroencephalogram showed no sign of activity. But Joseph was alive, so I continued to treat him. Today he is the father of three children. From that moment on, I began to question the definition of “brain death” and discovered it was a lie.

**How does this relate to Alfie?**

This mentality has a huge impact on patients like Alfie. If we consider the person dead and therefore no longer worthy of care, when their brain shows no sign of activity, we inevitably think that a person with minimal brain activity has less dignity. If the measure of life is the brain, then it becomes acceptable to think that as part of Alfie's brain did not appear normal (he also had seizures) that the child was practically dead and therefore not worthy of care. Not surprisingly, even when Alfie was alive, he did not receive a tracheostomy, instead it was decided as if totally normal, to let him die. Even if the doctors were surprised that he was able to breathe for four days without the ET tube and ventilator, they knew that it would be a struggle to live without proper treatment.

**As a doctor, how would you have treated Alfie?**

All doctors knowledgeable about ET tubes and ventilators are aware that after 2-3 weeks, certainly after more than a year of mechanical ventilation on an ET tube as was the situation with Alfie, a tracheostomy is necessary. We cannot tell, if Alfie would have been able to breathe longer with a tracheostomy. The only way to know would have been to treat him. Alfie's parents fought against the reductive and false mentality of being dead or as good as dead when there is cessation of brain function and unveiled the truth to many; our world is immersed in a culture of death which is not realized by many. Or more precisely, it is seen only by the ordinary people who have not been

already indoctrinated, like the people who protested in Liverpool.

**What was your perception of Alfie and his family?**

I think Alfie was called to draw our attention to the fact we are immersed in a culture of death by merit of his parents who stood up to a formidable medical and legal system, not unlike that in Canada and America. "Brain death" is false death, it is not real death. But it is very useful for the organ market, which wants us to consider people with circulation and respiration as non-persons and their body as a set of spare parts.

**In short, are you insinuating that organ donation is behind this culture of death?**

It is not possible to explant organs from a corpse. It can only be done if the person is still alive but necessarily has been classified dead to justify the practice. In this way, we begin to think that if a person has only minimal brain activity their life is not worth living otherwise it has no dignity. This vision is partial and eliminates the existence of the soul.

**Doctor Byrne, what is your conception of life?**

Life of a person is a continuum from conception until true death (mors vera). A person has dignity even if their condition is not what would be considered pleasant. A person ought to be treated until their respiratory, circulatory and brain functions have all ceased working.

**Do you think it is a coincidence that the definition of "brain death" and the first heart transplant both took place in 1967-68?**

Researchers found it was impossible to use organs from corpses for transplant. The only way to recycle human organs is to take them from living people. That's why today, we have so many cases of people judged dead by doctors or judges, who are actually alive. I visited Taquisha McKitty in Canada, she was living in her bed but was declared cerebrally dead on September 24, 2017; now in May 31, 2018 the Supreme Court will decide if she is dead or alive, and therefore if she qualifies to be cared for. I went to California to visit Jahi McMath who was certified brain dead in 2013. Jahi was moved to New Jersey after the family fought a legal battle. Tracheostomy and a PEG tube were provided in New Jersey. Jahi is still alive today. I also tried to help Isaiah Haastrup in England; he was alive too and should have been treated because his life still had value. His ET tube and ventilator were abruptly stopped. Isaiah lived for seven hours after ventilator was stopped.

**There have been reports in the news of several cases where people declared "brain dead" have eventually woken up. In each case, the doctors have claimed it was due to an error in the assessment of the "brain death" diagnosis which**

**must confirm the absence of respiration, brain activity and pain perception.**

When this happens, they say there has been a mistake in diagnosis but the real problem is in the conception of life and death.

**To deny the evidence, some will cry out (even atheists) it's a miracle.**

Miracles do happen, but to qualify as one, it has to contradict natural laws. In these cases, there is no contradiction. The truth is that all those patients declared "brain dead" are not truly dead. Their heart had not stopped beating and their circulation had not ceased for hours. They were not rotting corpses. So, the only element that is miraculous in these cases is that no-one removed their organs.

**In Britain and also now in Italy, the law says that you can ask not to be "resuscitated" or "revived", what does that mean?**

Doctors do not have the power to bring anyone back to life (although it is called resuscitation): either you are alive, so you can be taken care of or you are a corpse and no-one can take care of you. If you are a corpse, only God can bring you back to life.

**If, for example you were faced with a patient who was unable to breathe on their own, to react to stimuli or to experience pain and whose brain functions appeared to be non-functioning, what would you do?**

I would not declare them dead. One thing I encourage is to examine the patient's thyroid. If the thyroid is not functioning, thyroid medication ought to be given. When the thyroid is treated, it can indeed help the brain to heal or can lead to autonomous feeding and breathing. There are many things which can be done to help a person live until he is truly dead. Recently a 9-year-old boy, declared "brain dead," was treated and now he is well.

**If there is evidence that contradicts the definition of brain dead, Why is it so difficult to go back now?**

Only in 2017 in USA, the organ market had a turnover of 34 billion dollars. It is a global market and is also present in Italy.

**What do you think of the then Cardinal Ratzinger's statement in an interview with *La Repubblica* on the laicity of organ transplants and when catechism says «the donation of organs after death is a noble act?».**

Please note that it states after death (Latin: post mortem). The Catechism 2296 continues: «... it is not morally admissible to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons». Pope Benedict XVI on Nov 7, 2008 stated: «Individual vital organs cannot be extracted except

ex cadavere, which, more-over, possesses its own dignity that must be respected». «The principal criteria of respect for the life of the donator must always prevail so that the extraction of organs be performed only in the case of his/her true death. (cf. Compendium of the Catechism of the Catholic Church, n. 476)». While “brain death” and organ transplantation were not being considered in the 13th century, the direction from the Council of Vienne, 1311-1313 still holds: «Moreover, with the approval of the said council, we reject as erroneous and contrary to the truth of the catholic faith every doctrine or proposition rashly asserting that the substance of the rational or the intellectual soul is not of itself and essentially the form of the human body, or casting doubt on this matter. In order that all may know the truth of the faith in its purity and all error may be excluded, we define that anyone who presumes henceforth to assert, defend or hold stubbornly that the rational or intellectual soul is not the form of the human body of itself and essentially, is to be considered a heretic». This position was reaffirmed by the Fifth Lateran Council, 19 December 1513. The Catholic Catechism 365, citing the Council of Vienne, states that «the unity of soul and body is so profound that one has to consider the soul to be the ‘form’ of the body». Pope Pius XII in 1957 in an Address to Anesthesiologists stated: «But considerations of a general nature allow us to believe that human life continues for as long as its vital functions -- distinguished from the simple life of organs -- manifest themselves spontaneously or even with help of artificial processes».

**Many doctors say that the problem is not the definition of brain death but its abuse: according to them the cases of awakening are the result of not completely correct diagnosis. It's true? They say that the battle is not in denying the irreversible coma and the "brain death" definition but in the denouncing the abuse of it.**

It is common that this answer is given. The fact is that we can know that life is present when there is interdependent functioning of many organs and systems including heart, brain, lungs, kidneys, etc. Many disparate sets of "brain death" criteria have been published. No set is evidenced based. When someone has been declared "brain dead," but then recovers, some will say observations were not done properly. The patients that get in the news are because parents and relatives do not accept death when there is circulation and respiration. It must be noted that a heart suitable for transplantation must be beating right up to the time the surgeon lifts the heart from the chest of the donor. There is no mistaken diagnosis of death after the heart has been cut out, the donor is certainly and always truly dead. The question is, are the donors really dead when there is circulation and respiration?

*(Translation by Patricia Gooding-Williams)*