

“BODILY INTEGRATION”:
A RESPONSE TO
ROBERT SPAEMANN

• Nicholas Tonti-Filippini •

“The medical question for us now is whether the irreversible loss of all brain function is accompanied by the disintegration and loss of unity to which the Pope refers.”



In his “Is Brain Death the Death of the Human Being?”¹ Professor Robert Spaemann makes a number of criticisms of the practice of diagnosing death by the brain criterion. In the accompanying article² I have offered criticisms of the current practice of diagnosing it by the clinical criteria alone, but have defended the teaching of Pope John Paul II on the issue of death by the brain criterion. To some extent at least, the criticisms that Alan Shewmon has made, to which Spaemann adverts, are also applicable to the current practice in many Western countries, especially the English-speaking ones, but not necessarily the concept itself.

¹*Communio: International Catholic Review* 38 (Summer 2011): 326–40.

²“You Only Die Twice: Augustine, Aquinas, the Council of Vienne, and Death by the Brain Criterion,” *Communio: International Catholic Review* 38 (Summer 2011): 308–25.

This issue is confusing because there is some fluidity about the terms being used. I understand death by the brain criterion to mean complete and irreversible loss of all function of the brain. That is the way in which it is legally defined in most jurisdictions. I have argued that testing to ensure that there is no blood flow to the brain ensures that the loss of all brain function has occurred. It has not necessarily occurred if the clinical criteria alone are used. Several countries use the blood flow test as the standard, but most English-speaking countries rely on the clinical criteria alone in most instances.

Reliance on the clinical criteria alone allows the diagnosis of death on the basis of the absence of some brainstem reflexes, the history of the trauma, and the absence of circumstances that might mask the brainstem reflexes. In those circumstances the person might still retain some brain function. In fact, as I explained, many patients diagnosed by the brain criterion using the clinical criteria alone will retain some midbrain functions and the evidence for that is the absence of diabetes insipidus in those cases. There are some other brain mediated functions such as control of blood pressure, which may also be maintained in someone who has been diagnosed by the clinical criteria alone.

The practice of relying solely on the clinical criteria has led to some confusion about what death by the brain criterion means. If it means complete and irreversible loss of all function of the brain then clearly the clinical criteria are not sufficient to diagnose it.

Some of the concerns that Spaemann reports in relation to continued activity in someone diagnosed by the brain criterion may apply after diagnosis using the clinical criteria alone, but the teaching of John Paul II was based on loss of all brain function, and he was careful to spell out that he means “the complete and irreversible cessation of all brain activity (in the cerebrum, cerebellum and brain stem)”.³ That a patient with loss of all brain

³John Paul II, Address to the 18th International Congress of the Transplantation Society (Rome, 29 April 2000), http://www.vatican.va/holy_father/john_paul_ii/speeches/2000/jul-sep/documents/hf_jp-ii_spe_20000829_transplants_en.html.

function could reach out and touch the body of a nurse, as Spaemann reports, is simply not possible.

That said, Spaemann also takes up the arguments of Alan Shewmon on the matter of integration and whether the loss of all function of the brain is sufficient to establish loss of integration in the way in which John Paul II used the concept in supporting diagnosis of death by the brain criterion. I agree with the validity of Spaemann’s argument that if John Paul II relied on a medical understanding that was mistaken then we would have grounds to question the teaching. However, this issue does need to be addressed, and as I have argued in my own article, it needs to be addressed on the basis of the doctrine about what death is.

Spaemann refers to Shewmon presenting his research results on integration after diagnosis by the brain criterion at a conference in Cuba and reports that there was surprisingly broad acceptance. Shewmon’s research was also well received by the U.S. President’s Council on Bioethics. In fact it was so well received that the Council dismissed the use of the concept of integration as the basis for diagnosis of death by the brain criterion. Instead, they adopted what they called a “mode of being” view which allows death to be diagnosed on the basis of irreversible loss of spontaneous breathing and irreversible loss of consciousness. The latter view is clearly subject to the criticisms that Spaemann has made of death by the brain criterion.

Most of the President’s Council took the “mode of being” view, demonstrating that the majority thinking is far removed from the Church’s thought, as represented by the teaching of John Paul II. The Council clearly lacks an ontological view of the human person and makes no apparent effort to relate its understanding of death to the religious view that death is the separation of the soul from the body.

The concern that I have expressed in my article is that the President’s Council and Shewmon are not using the concept of integration in relation to the doctrine of the soul forming or informing the body. This doctrine was proclaimed at the Council of Vienne and many times since including in the second Vatican Council document *Gaudium et spes* and its wonderful analysis of the *imago dei*, and in the Congregation for the Doctrine of the Faith

document *Donum Vitae*. John Paul II explained death in the following way:

*The death of the person is a single event, consisting in the total disintegration of that unitary and integrated whole that is the personal self. It results from the separation of the life-principle (or soul) from the corporal reality of the person. The death of the person, understood in this primary sense, is an event which no scientific technique or empirical method can identify directly.*⁴

This is entirely consistent with the doctrine proclaimed at Vienne. An important feature of this explanation is that death is a single event, and not, as some have argued, a process, although it may be the end of a process. The crucial phrase here is “the total disintegration of that unitary and integrated whole, that is the personal self.” In connection with this, he goes on as follows:

It is a well-known fact that for some time certain scientific approaches to ascertaining death have shifted the emphasis from the traditional cardio-respiratory signs to the so-called “neurological” criterion. Specifically, this consists in establishing, according to clearly determined parameters commonly held by the international scientific community, the complete and irreversible cessation of all brain activity (in the cerebrum, cerebellum and brain stem). This is then considered the sign that the individual organism has lost its integrative capacity.⁵

Presumably it is the latter statement, which is a report of a commonly held medical view, that Spaemann would challenge, rather than the previous statement about what death is.

In Shewmon’s research into death by the brain criterion, he has made claims about what he calls integrative functions persisting in persons diagnosed by the American standard, which like most

⁴Ibid., 4.

⁵Ibid., 5.

English-speaking countries uses the clinical criteria rather than a test of blood flow to the brain to establish the diagnosis.

I have two objections to this. One is whether those functions that he found to have persisted would persist in a person diagnosed by a blood flow test. A second issue is whether something, such as wound healing, to which Shewmon refers as indicative of integration, is really indicative of integration in the way in which the term was used by John Paul II in connection with the phrase "the total disintegration of that unitary and integrated whole that is the personal self."

A problem which is not specific to death by the brain criterion is that there never is evidence of the separation of the soul. As the Pope expressed it, "The death of the person, understood in this primary sense, is an event which *no scientific technique or empirical method can identify directly.*" Souls are not observable.

Instead, John Paul II referred to the human experience that shows that once death occurs, "*certain biological signs inevitably follow, which medicine has learnt to recognize with increasing precision.*"⁶ This is as true of diagnosing death by the loss of respiration or loss of circulation as it is of determining death by the commencement of corruption, as it was once determined. There have always been fears about being buried alive and they were especially strong during the 19th century when people could buy coffins that were fitted with spring-loaded lids and bells to be worked from inside. The medical question for us now is whether the irreversible loss of all brain function is accompanied by the disintegration and loss of unity to which the Pope refers.

As the Pope expressed it, "the 'criteria' for ascertaining death used by medicine today should not be understood as the technical-scientific determination of the *exact moment* of a person's death, but as a scientifically secure means of identifying *the biological signs that a person has indeed died.*"⁷

The assumption in connecting disintegration and loss of unity with the separation of the soul is that the soul is responsible

⁶Ibid., 4.

⁷Ibid.

for integration and unity. Both integration and unity are essential aspects of our identity as an individual human being. A function such as wound healing indicates some communication between parts of the body responsible for that process. But communication between some parts of the body does not indicate an integrated unity. There are many functions that can occur in vitro. That there are functioning organs, or even some organs relating to or communicating with other organs, does not constitute an integrated unity of the whole body. Some communication between organs does not constitute the self.

The body has two communicative systems that bring about the integration of the different parts of the body—the neural system and the endocrine system. The capacity for all the parts of the body to be in communication with each other, through these two systems and thus integrated, is mediated by the brain. That is not to claim that the brain is the locus of all integration in the body, but rather that the brain is necessary for that integration because without the brain the integration that remains is only between parts of the body rather than the body as a whole. On this conventional medical understanding, the body ceases to function as a single system with communication between each of its parts when the brain ceases to function. What is left is a collection of parts between some of which there is some communication. That is not integration because it is not unity. The body is no longer a unity in any meaningful sense.

Surprisingly, when Shewmon claims that the “integrative unity of a complex organism is an inherently non-localizable, holistic feature involving the mutual interaction among all the parts,”⁸ he is largely in agreement with the above concept of integration. However the fact that the integration is non-localizable does not mean that there cannot be a necessary condition for it to take place. Some brain function is physiologically necessary for the mutual interaction among all the parts because the neural and

⁸D. Alan Shewmon, “The Brain and Somatic Integration: Insights into the Standard Biological Rationale for Equating ‘Brain Death’ with Death,” *Journal of Medicine and Philosophy* 26 (2001): 457–78.

endocrine systems are mediated by the brain. To say that the brain is necessary for that mutual interaction is not to say that that mutual interaction is wholly located in the brain, just that it is dependent upon some brain function. At the same time the existence of some integration between parts of the body does not indicate mutual interaction between all parts. Supporting death by the brain criterion does not mean equating personhood with the brain any more than supporting death by the loss of circulation is to claim that the person is reducible to their heart function. Both are associated with loss of integration and loss of unity in the body. Shewmon's claim would have it that integration between some of the parts is unity of the whole. That is just not true.

Diagnosis by the brain criterion is very challenging for people who encounter it for the first time in an intensive care unit. The patient has their breathing maintained by a ventilator and blood pressure maintained with pharmacological assistance, and for a time many of the other organs can function, including the heart and the kidneys, after the brain has ceased to function. Though it is not a stable state, the patient can look well and there can even be spinal reflexes that may cause a muscle response to stimuli in the limbs. In reality, what is left is a collection of parts, not the unity that is a human person.

Spaemann refers to the use of an anaesthetic during procedures to remove organs from someone who has been diagnosed dead by the brain criterion. That report is accurate and the reason for it is to prevent the reflexes referred to above. However a spinal reflex does not indicate mutual interaction of all the parts. It indicates only that some parts are still functioning.

In my hospital experience, diagnosis of death by the brain criterion remained an issue for some members of staff, including some nursing staff, who found it difficult to accept. Conscientious objection to participate in surgery to remove organs from someone diagnosed by the brain criterion was not uncommon.

This issue is very complex and because it involves the mystery of death, people can find it difficult to come to terms with it, just as it is difficult to come to terms with death generally. The difference here is that the observation of those factors that determine that a person has lost all brain function is reserved for the

medical practitioners. Others rely on their judgement. We can all observe when circulation and respiration have stopped, though even then we seek medical confirmation because we may be mistaken. Death by the brain criterion is the same death, loss of integration and unity. It is just differently diagnosed and the method of diagnosis is more complex.

I am not convinced that the medical evidence on which John Paul II relied is mistaken. Rather, Shewmon has used a different concept of integration that is not inclusive of the unity of the body, as well as referring to a state determined by the clinical criteria which is not necessarily the complete and irreversible loss of all brain function.

Spaemann's position ultimately rests on Shewmon's account, and Shewmon's account fails because it does not address integration in the sense of unity that is implied by seeing its absence as confirmatory that the soul no longer forms or informs the body.

This issue would be much clearer and people would be much more able to accept death by the brain criterion if a test of blood flow to the brain were required to diagnose it. A strong advantage of performing such a test would be that, instead of relying on the doctors' judgement entirely, the patient's family could be shown the evidence of an X-ray or Doppler ultrasound image indicating that there was no blood flow to the brain. That is the practice in countries such as France, Spain, Japan and Singapore. It ought to be the universal practice.

A sad consequence of the position that Shewmon has taken is that the concept of disintegration of the body has been rejected by the U.S. President's Council as an explanation for death by the brain criterion. An even more liberal position has been adopted based on the "mode of being" view which requires the patient to be able to interact with the environment, such as by breathing or by being conscious. That is a truly dreadful outcome. In other words, the Council rejected the idea that death is disintegration and loss of unity. That is surely not the outcome that Shewmon wanted.

Perhaps the most important aspect of this discussion is to retain the teaching that death is the separation of the soul and that it results in disintegration and loss of unity. We may differ on the medical assessment of what empirically constitutes evidence for that

disintegration, but we should remain clear about what constitutes the state of death.

Spaemann says that this issue is not exclusively a medical issue. On the one hand, the definition of death and what we mean by it—disintegration and loss of unity—are a matter for the philosophers and theologians, and hence the Church. On the other hand, the evidence for disintegration and loss of unity remains a medical matter, but should be explained to the families of patients (and the Church) in a way that leaves no reasonable doubt as to the empirical reality.

The reliance on the clinical criteria for diagnosing loss of all brain function is unsatisfactory both because it is often untrue and because there is no evidence by which families can be shown that death has occurred. However, John Paul II did not err when he taught that in ascertaining the fact of death, “the *complete and irreversible* cessation of all brain activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology.”⁹ □

NICHOLAS TONTI-FILIPPINI is associate dean and head of bioethics at the Pontifical John Paul II Institute for Marriage and Family in Melbourne, Australia.

⁹Address to the 18th International Congress of the Transplantation Society, 5.