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LIFE ISSUES CONNECTOR

Surprising Realities of Organ Donation and Brain Death

By: Sherry Pinson

Imagine lying in a hospital unable to communicate in any way. You can hear, but you can't move even the smallest muscle or make any sound.

Now imagine hearing doctors say your spouse is being "completely unreasonable" by refusing to donate your organs. You're brain dead, you hear. Other patients need your organs.

Jennifer Hamann owes her life to her completely unreasonable husband. Jenny had been diagnosed with epilepsy at 25. Medication prescribed for an unrelated illness turned out to be contraindicated for epilepsy, and it triggered her first grand mal seizures. Twice she was resuscitated, and she was left comatose.

Doctors were eager to harvest her organs, but Jenny was not brain dead. After three weeks she woke up. Over the next year she fully recovered. Afterward she became a nurse, inspired during the coma by some of the nurses who cared for her. "I was the recipient of good nursing care and not so good," she said. "I wanted to be one of the good ones."

To the not-so-good ones, "I wasn't a person," she said. "I was a body they were forced to take care of." She heard a nurse call for help to "turn this thing," and a doctor called her a "young, healthy specimen."

Jenny's experience is not unique. The sanctity of human life is on a collision course with the medical community's willingness—even eagerness—to declare a patient brain dead and harvest his or her organs. In the US, organ donation led to 28,000 transplants in 2013, about 79 patients per day. But another 18 patients died each day "due to a shortage of donated organs."[1] Clearly demand far exceeds supply.

As transplant expertise advances, the demand for organs grows. Some countries now use an opt-out system; unless a person specifically registers objection to being a donor, permission is assumed. In a study published September 2014, researchers looked at organ donation rates in 48 countries from 2000 to 2012, specifically studying kidneys and livers. Twenty-three countries used opt-in systems, including the United States, and 25 used opt-out. Researchers expected opt-out to produce higher donation rates, and their hypothesis proved true.[2]

These results are not surprising, given that opt-out makes organ donation the default. If a person wants to be an organ donor, no action is needed. On the other hand, if people avoid thoughts of death and delay opting out or simply never consider the question, the decision is made for them. If one does nothing, whether by ignorance, delay or choice, he or she is automatically a donor.

The default may carry additional authority if perceived as public policy or a social good. Organizations such as Recycle Yourself promote the latter. The Recycle Yourself website offers t-shirts and other "goodies" as well as Scalpel Pal, a "fun and interactive way" to learn about organ donation by playing "cool games" with friends on Facebook.

Even with opt-out consent, however, supply lags behind demand. Spain has the world's highest rate of organ donation, but that was not always true. Despite using opt-out for a decade, Spain did not see a significant rise in donations until it introduced a transplant coordination network, placing procurement teams in hospitals and promoting organ donation among the public. Such hospital-based teams—the "Spanish Model"—are now common. Certified Organ Procurement Organizations are active in all 50 US states, the District of Columbia, Puerto Rico and the US Virgin Islands. Their function is two-fold: "increasing the number of registered donors" and "coordinat-

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Broadcast News

Facing Life Head-On Launches New Website

Facing Life Head-On, the Emmy Award® -winning television program sponsored by Life Issues Institute, launched a new website in September to give viewers access to programs on any device and easier search capabilities. The site will also introduce a new initiative called *Facing Life Now*, which presents the pro-life message in bite-size video clips tailored to the viewing habits of social media users. Hosted at the familiar facinglife.tv address, the site features:

- The latest in parallax video technology
- Responsive technology for display on mobile devices as well as smart TVs and desktops
- Social media sharing
- Easier movement between seasons
- Search capabilities

Episode pages continue to offer links to related resources when applicable, photo galleries and links to the *Facing Life Head-On* collection on the Life Issues Institute secure Shopify site.

Facing Life Head-On Welcomes Parables TV

Parables TV is the newest network to air *Facing Life Head-On*, the Emmy® Award-winning weekly program sponsored by Life Issues Institute. The Parables TV network specializes in quality, faith-based programming, including movies, documentaries, series, children's programs and original content. Programs are live-streamed or delivered on demand to televisions, mobile devices and desktops. *Facing Life Head-On* episodes air Wednesdays at 7:30 p.m. ET and repeat Fridays at 3:30 p.m. ET. For more information and to start a free 30-day trial, visit parablestv.com. PARABLES

Life Issues Radio Expands

Life Issues Welcomes New Listeners

Life Issues, the daily radio commentary by Life Issues Institute president Brad Mattes, is heard on more than 1,150 outlets around the US and Canada.

The story of *Life Issues* in Juneau

To spread the pro-life message farther across Juneau, Alaskans for Life sponsors *Life Issues* on flagship station KINY and four affiliates, all non-religious outlets.

Visit lifeissues.org and click on Programming > Life Issues to learn where *Life Issues* airs. If it's not available in your area, listen online at lifeissues.org or ask your local station to begin airing it. Direct the station to Ambassador Advertising at (949) 681-7600.

Surprising Realities of Organ Donation

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ing the donation process when actual donors become available."[3]

Interestingly, donation rates in France and Brazil fell under an opt-out system, an outcome attributed partly to mistrust of the medical community. The researchers also considered mistrust a factor in the United Kingdom's decision to stay with opt-in consent. While the UK "reveres" its National Health Service (NHS), the system's "shortcomings and failures" and financial realities are clear. Said Bruce Keogh, medical director of NHS England, "Medicine has become much more advanced, has become more complex and more effective, but importantly, it has also become more expensive." Britain is "gripped in the quadruple pincer of increasing demand, escalating costs, a set of rising expectations, all in a constrained financial environment."[4] That pincer is also inevitable as the Patient Protection and Affordable Care Act—Obamacare—works itself out in the United States.

Given the cost of care and rehabilitation for brain-injured patients and the lucrative business of organ transplantation, the public is wise to be wary of the brain-death diagnosis, says Angela Clemente, a forensic analyst who consults for congressional investigations. Organ donation carries a connotation of generosity. Donations regularly make feel-good headlines, especially if the victim-donor is young. According to Clemente, an organ procurement team often knows the patient will be declared brain dead before the family knows.

When families are numb with grief and shock, the idea that their loved one may somehow live on through donation may offer comfort. Procurement teams are well aware of families' vulnerability. They also are aware of families' ignorance about brain death.

In August 1968, an ad hoc committee of Harvard Medical School published a report to redefine brain death, or irreversible coma. Death had long been defined by cessation of cardio-respiratory function, but medical advances made it possible to maintain those functions artificially. The committee itself signaled the controversy its definition would create in terms of patient care, family concerns, finite resources and transplants:

"(1) Improvements in resuscitative and supportive measures have led to increased efforts to save those who are desperately injured. Sometimes these efforts have only partial success so that the result is an individual whose heart continues to beat but whose brain is irreversibly damaged. The burden is great on patients who suffer permanent loss of intellect, on their families, on the hospitals, and on those in need of hospital beds already occupied by these comatose patients. (2) Obsolete criteria for the definition of death can lead to controversy in obtaining organs for transplantation."[5]

The diagnosis remains highly subjective. Any physician can determine brain death in most US states, but laws differ by state and even by institution. Some require the physician to have specialized expertise; others don't.[6]

Theresa Dampf, a registered nurse whose patients are transplant recipients or potential recipients, recalled in-service seminars where instructors said patients have to be "100 percent brain dead." She asked for clarification, noting that patients with as much as 50 percent brain function had been declared brain dead. Clarification was not forthcoming.

"Death occurs when life is absent," said Paul Byrne, MD, who

practiced 55 years and is president of the Life Guardian Foundation. "Life is gone with the destruction of three major systems: circulatory, respira-

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SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

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Planned Parenthood Update: A Eugenics Marketing Strategy

In recently released videos that graphically illustrate Planned Parenthood's complicity in the selling of aborted baby parts, the abortion giant's reprehensible practices are exposed for the world to see. But in addition to exploiting aborted babies for their own financial gain, Planned Parenthood also continues to facilitate the extermination of Black and Hispanic/Latino babies by placing the majority of their surgical abortion facilities within walking distance of minority neighborhoods.

Protecting Black Life's 2012 census-based study of the demographics surrounding Planned Parenthood's 165 surgical abortion facilities found that 79 percent were located within walking distance (two miles) of Black or Hispanic/Latino communities. Since then, Planned Parenthood has closed 10 facilities, opened 18 new ones and moved 18 others, for a current total of 173 surgical abortion facilities.

Using the same census-based analysis, *Protecting Black Life* found that 78 percent of these 173 facilities are within walking distance of Black and Hispanic/Latino communities, indicating that Planned Parenthood continues their strategy of targeting minority communities for abortion.

In addition, 74 percent of the facilities are within walking distance of at least one college, confirming Planned Parenthood's approach of targeting all vulnerable demographics possible. College-aged women (20-24) receive 33 percent of all abortions.

In total, a whopping 90 percent of Planned Parenthood's current surgical abortion facilities are within walking distance of a college or a Black or Hispanic/Latino neighborhood. Clearly with intent, Planned Parenthood has placed 35 percent of these facilities to target all three of these vulnerable demographics from each location.

Planned Parenthood argues that they place their facilities to serve poor communities with "reproductive health care." However, our study documents that they specifically place their **surgical abortion facilities** in these minority/poor areas. For those women, Planned Parenthood's idea of "reproductive health care" is clearly abortion. The abortion giant "serves" them by taking their money and killing their babies. Planned Parenthood's annual report shows that over 94 percent of the pregnant women they "serve" receive an abortion, compared to 5 percent who receive pre-natal care and 1 percent referred for adoption.

In fact, abortion is the leading killer of Blacks and Hispanics, more than all other causes of death combined. In 2010, approximately 330,000 Black babies were aborted, compared to 286,959 Black deaths by all other causes. In the same year, 275,000 Hispanic/Latino babies died by abortion, compared to 144,490 deaths by all other causes. Over their lifetime, Black women are five times more likely to have an abortion than White women, and Hispanic women are 2.3 times more likely. These trends are frightening for the future of minority communities, and are arguably rooted in the continuous targeting of minorities by the abortion industry.

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Since the legalization of abortion in 1973, Planned Parenthood has consistently placed their abortion facilities in or near minority communities, becoming the "friendly neighborhood clinic" residents see in their daily travels. Over time, the constant presence of an abortion facility has insidiously allowed abortion to become part of the culture.

With each abortion, Planned Parenthood receives money for killing a tiny human being. That's a fact. In Fiscal Year 2013-2014, they earned an estimated $170 million from abortions, approximately 58 percent of their Health Services revenue. Unlike Pregnancy Resource Centers, who offer services free of charge to women in crisis pregnancies, Planned Parenthood has a financial interest in encouraging women to abort. In her book *Unplanned*, former Planned Parenthood facility director Abby Johnson revealed that abortion facilities are routinely pressured to improve their bottom line by increasing the number of abortions they perform.

Also in Fiscal Year 2013-2014, taxpayers added $528 million to the coffers of Planned Parenthood, ostensibly to provide healthcare to women. Since Planned Parenthood offers no mammograms, very little pre-natal care and no care for ailments unrelated to reproduction, their services consist largely of birth control, pregnancy tests and abortions. With over 9,000 other non-abortion-providing federally qualified centers in the country, it makes no sense for taxpayers to fund an organization that has fewer than 700 locations, offers very little actual healthcare and kills pre-born babies for money. It's time to stop the taxpayer largesse that enables Planned Parenthood.

These facts about Planned Parenthood are documented in Protecting Black Life's ***Client brochures*** *and* ***Client Educator booklets*** *(Black and Hispanic versions) designed for Pregnancy Resource Centers and available from store.lifeissues.org.*

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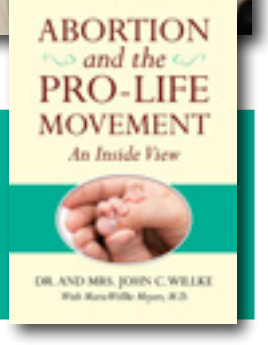
In Loving Memory
Dr. John C. Willke

On July 21, pro-life leaders gathered in Washington, DC, for a reception honoring the legacy of the late Dr. John C. Willke, father of the modern pro-life movement and co-founder of Life Issues Institute. With your help, Life Issues Institute is committed to continuing his work to protect innocent human life from fertilization through natural death.

These photos were taken at the memorial reception. To view a slideshow featured at the event, us your smartphone to scan the code at right.

Abortion and the Pro-Life Movement: An Inside View is the last book written by Dr. and Mrs. Willke. Through December 31, 2015, all those who donate $150 or more to the Dr. Willke Memorial Fund will receive a copy as our thanks. To donate, call 513.729.3600 or visit lifeissues.org, click Donate and then click the button labeled Dr. Willke Memorial.



"For organs to be viable, the patient must be breathing and the heart must be pumping."

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tory and brain." A physician may observe the absence of brain function, he noted, but function may not be gone. A damaged brain is slow to respond and slow to heal.

Diagnoses other than brain death may or may not be more accurate. For example, neurosurgeons first described persistent vegetative state in 1972, meaning patients have autonomic function controlled by the brain stem, such as heartbeat and respiration, but not higher functions such as thought and reason. Life Issues Institute takes exception to the language on its face—people are not vegetables—but in any case a study by London's Royal Hospital for Neurodisability found the diagnosis to be wrong in 43 percent of cases.[7]

Another diagnosis, minimally conscious state (MCS), was described in 2002. MCS patients sometimes recover, even after years.

The diagnoses are fluid. A patient who appears to have only autonomic function may continue thus until the state is considered persistent but also could reach MCS. An MCS patient may retreat to only autonomic function. The timeframe for diagnosis depends on the cause of injury, whether oxygen deprivation or trauma. In the former, an autonomic-only state is considered permanent after three months; in the latter, 12 months is needed.[8]

Yet families often face pressure for organ donation within days of injury. If the patient is not a registered donor, Clemente noted, procurement teams may talk with family members separately to see if they disagree about donation. If so, the hospital's ethics committee can step in and make the decision. The team may wait until a grieving family member is alone to push for donation.

Also, said Dampf, a family's consent may not be informed consent. One common misconception is that the patient draws a last breath, the heart stops beating and the family is given time to say goodbye. In reality, organs are useless for transplantation after only four or five minutes without blood flow. For organs to be viable, the patient must be breathing and the heart must be pumping. The harvest can't wait for death as the public perceives death.

Families may have few options, Dampf said, because once doctors declare a patient brain dead, insurance companies can refuse to pay for treatment after a specified period. Yet stories abound of "brain dead" patients who later recovered to varying degrees.

Caution on the side of life is the humane course. "When you are dealing with patients who seem not to be aware, you must treat them as if they are," said Jenny Hamann. "You can't know."

[1]"Organ donation: is an opt-in or opt-out system better?" Medical News Today, Sept. 24, 2014. http://www.medicalnewstoday.com/articles/282905.php

[2]Lee Shepherd, Ronan E. O'Carroll and Eamonn Ferguson, "An international comparison of deceased and living organ donation/transplant rates in opt-in and opt-out systems: a panel study." BMC Medicine 2014, 12:131 http://www.biomedcentral.com/1741-7015/12/131

[3]US Department of Health and Human Services, http://www.organdonor.gov/materialsresources/materialsopolist.html. Accessed Sept. 8, 2015.

[4]Stephen Castle, "Britain's National Health Service, Creaking but Revered, Looms Over National Elections." New York Times, April 25, 2015. http://www.nytimes.com/2015/04/26/world/europe/britains-national-health-service-creaking-but-revered-looms-over-elections.html

[5]"A Definition of Irreversible Coma, Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death." JAMA. 1968;205(6):337-340.

[6]University of Miami Miller School of Medicine, American Academy of Neurology Guidelines for Brain Death Determination, http://surgery.med.miami.edu/laora/clinical-operations/brain-death-diagnosis. Accessed Sept. 8, 2015

[7]Keith Andrews, Lesley Murphy, Ros Munday, Clare Littlewood, "Misdiagnosis of the vegetative state: retrospective study in a rehabilitation unit." British Medical Journal, 1996 Jul 6; 313(7048): 13–16

[8]Joseph J. Fins, "Brain Injury: The Vegetative and Minimally Conscious States," in From Birth to Death and Bench to Clinic: The Hastings Center Bioethics Briefing Book for Journalists, Policymakers, and Campaigns, ed. Mary Crowley (Garrison, NY: The Hastings Center, 2008), 15-20.

Watch *Surprising Realities of Brain Death and Organ Donation*, the newest two-part episode of *Facing Life Head-On*, released to cable and satellite networks in September and available on demand at facinglife.tv.

Fasten Your Seatbelts. It's going to be a Bumpy Night.

FROM PRESIDENT BRADLEY MATTES

This famous quote by actress Bette Davis describes the political season America is entering. "Bumpy" is an understatement!

I was in Bogota, Colombia, in July and a young Venezuelan man with impeccable English and a better knowledge of American politics than 80 percent of our voters asked me the inevitable question. "How is it that Mr. Donald Trump is the favorite candidate of the Republican Party?" My response then was he's a flash in the pan and would implode any day now. I was wrong.

As I write, America is showing surprising support for two candidates: Senator Bernie Saunders, an avowed Socialist, and Donald Trump, a person who defies description. How can they be viable candidates? It's impossible to predict how this presidential election will turn out, but we know what got us here.

For what feels like eons, Congress and various presidents have turned a deaf ear to Americans and it's finally catching up with them. They spend our tax dollars like drunken sailors; they often exempt themselves from the twisted laws they make; and the morals and values of many qualify them as mayor of Sodom and Gomorrah, not Congress. And then there's Barack Obama, who seems determined to undermine our constitution and unilaterally change our beloved nation into something unrecognizable.

Now millions of legitimately ticked off voters are fed up and want real change (not the Obama-ized version), and they want it now.

But Congress still doesn't get it. Republicans have a campaign issue in the Planned Parenthood videos that reveal the most sadistic and twisted covert activity imaginable. Yet it's like pulling teeth to boldly present a budget that doesn't fund the abortion giant. If they succeeded, our efforts to end the holocaust of abortion would take a huge leap forward.

Lest we point fingers only outward, we have to look also to our own ranks for some of America's ills.

I could retire to a sandy beach if I had a dollar for every time a Christian told me during the last two presidential elections, "McCain isn't pro-life enough" or "I'm not voting for a Mormon." And despite overwhelming evidence that Mr. Obama would be the most aggressively pro-abortion president in our history, a substantial number of self-professed Christians voted for him anyway. They kicked millions of innocent unborn babies to the curb for an expected economic return that never came.

Voters who refused to cast a ballot for the best possible candidate are partially responsible for the havoc inflicted on our nation. They enabled Obamacare, which includes massive government funding of abortion; appointments of justices to the US Supreme Court and appellate courts who routinely legislate from the bench and support abortion on demand without apologies; and an almighty government that's forcing individuals and corporations to fund and promote abortion-causing drugs. Without Mr. Obama and his ilk we wouldn't have had homosexual marriage forced down our throats and face arrest for refusing to participate in whatever perversion is now politically correct. The list could go on.

I understand everyone's outrage. I feel it myself. Every day I grieve for our nation and generations who were never taught the concept of self-denial for the benefit of others and who think the world revolves around selfies on social networks. I worry about the increasing number of Americans who don't understand the importance of a strong military defense; who aren't moved when the Stars and Stripes is raised during the National Anthem; and who are swayed by relentless hateful attacks against those who stand on a solid foundation of Christian beliefs.

Voters who refused to cast a ballot for the best possible candidate are partially responsible for the havoc inflicted on our nation.

America is facing very difficult years ahead. But if everyone who holds to conservative and/or pro-life beliefs would research every candidate's stand on abortion—from the local school board to the president—and vote for the best viable option, with God's help we could turn things around.

So make sure that seatbelt is securely fastened around your waist, because we're in for many bumpy nights through the various primaries and 2016 November election. And avoid the temptation of supporting only the "perfect" pro-life candidate. He or she doesn't exist. Use your God-given smarts to find out which viable candidates can best protect our right to life, liberty and pursuit of happiness. Note that life is listed first.

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Pro-Life Strategies: Make Known Your Will to Live

In the minds of most people, ordinary care for an ailing loved one would include food and water. It does not.

As we learned when Terri Schiavo was killed, treatment is defined by the medical community and court cases. Food and water are no longer considered ordinary care. Instead, they are classified as medical treatment and can be withheld as easily as medication or surgery.

Families facing a medical crisis are ill equipped to deal with legal definitions of care. The time to make decisions about organ donation and extent of care is before the need arises. The person best suited to make those decisions is the one most affected: the potential patient.

Instead of the common Living Will, which often assumes a withdrawal of care, Life Issues Institute recommends the more detailed Will to Live. Society pushes for assisted suicide, valuing an arbitrary quality of life more than life itself. The language of a Living Will is vague and open to interpretation, but a Will to Live spells out exactly the care a person is willing to accept or forego as well as who may speak on his or her behalf.

Equally valuable is a signed and witnessed Organ Donor Refusal card. A person who has not registered as an organ donor can still be considered a potential donor unless he or she has explicitly refused. The Organ Donor Refusal card also allows a person to reject tests that doctors use to declare brain death.

Find documents and more information:
Organ Donor Refusal card: visit Human Life Alliance at humanlife.org > Resource Center > Other or call 651.484.1040
Will to Live: visit National Right to Life at nrlc.org > Issues > Advance Care Planning