

RLG387H1S: Religion and Science (Summer)

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It is indeed a universally accepted truth that life, as we know it, reaches an end. This is true for one and all and cannot be proved otherwise. However, defining life is not as complicated as defining its end, death. Understanding the state of being dead has and continues to perplex bioethicists while determining whether the end has come and if it has, what is to be done with the physical body. In particular, experts of bioethics across the world have been separated over the topic of brain death. Additionally, the discussion over organ transplantation has certainly added to the already existing bewilderment. I believe that organ transplantation in brain dead patients is in fact unethical and unjust nevertheless, in order to better understand issues of such complex nature, a more fundamental question needs to be dealt with first. Should death be looked at from a scientific perspective or a religious one? This paper studies the works (Hamdy 47-80, Varela 137-213) of Sherine Hamdy and Francisco J. Varela and argues that death as well as the questions surrounding it are better understood if looked at, with a religious lens.

With time, definitions and interpretations of death have differed across the world. The Western medical view of death continues to have a more scientific and practical approach as compared to other countries. Pete Engel in 'Sleeping, Dreaming, and Dying: An Exploration of Consciousness with the Dalai Lama' highlights that the Western medical view is similar to the

analogy of “turning off a light switch: that’s the end” (Varela 137). In medical terms, the failure of organ systems due to trauma or disease is what lays the path for death. This causes the loss of a source of energy which Western science believes, life is based on (139). In addition to this, death can also occur due to the failure of the control mechanism, the brain. Since the brain stem is inhabited by breathing centres, the breakdown of one could lead to that of the other, therefore causing death of the individual. In contrast, the Buddhist medical system emphasizes that the definition of death is better understood when seen as opposed to the definition of life (141). Hence, if life is interpreted as the foundation for consciousness, then death, from the Buddhist view, is loss of consciousness. The usage of the word death, according to Buddhism should be inclusive and in reference to the whole individual and not to a particular organ (like brain death). As His Holiness, the Dalai Lama exclaims, “When people say that a certain person died, we don’t ask, ‘Well, which part died?’” (141). Moreover, not only are there differences in definitions of death but in their interpretations too. Joan Halifax believes that “there are many rites (or ritual events) that conduce an experience of death and rebirth” (177). She exclaims that the rite of passage refers to leaving behind an old way of being and entering a new way of life. This could be seen in life changing events such as a women giving birth, adolescents, marriage. She highlights that such conditioning of the mind may lead to another state of consciousness and that these events (constituting rites of passage) not only prepare an individual for life but also for death. Joan attributes the absence of these rites in the Western culture to their fear of death. On the other hand, this fear is not only absent in Tibetan practice but is also viewed with a sense of benevolence.

Another question that has baffled bioethicists is knowing when to “pull the plug” (Varela 161) that is, knowing if and when it is ethical enough to stop the patient’s suffering. His Holiness, The Dalai Lama in this regard, emphasizes that there are numerous factors to be looked at in order to arrive at an ethical conclusion. He says that the wishes of the suffering individual are extremely important, there are the wishes of the loved ones too along with another essential aspect being that of cost involved. In cases of brain death specifically, His Holiness, The Dalai Lama believes that if the brain is not functioning yet the body is kept alive at great expense, then some other purpose could be served from costs involved in such procedures. He highlights that from a Buddhist perspective, if the brain is being used to think and increase positive motivations like compassion, then that is great however, in the case of brain death, the brain is not accomplishing anything. It would be wrong to assume that given the Buddhists’ views on brain death, they restrain from practices of transplantation. In fact, their version of a brain transplant also known as “Drongjuk” (174) is a rather astonishing phenomenon. His Holiness, The Dalai Lama describes it as sending one’s continuum of consciousness into another body that is not living but a corpse. In essence, the second person converts into the first person. This practice is only considered acceptable when the individual sees the upcoming signs of death and an ill-timed application of “Drongjuk” (174) is considered the equivalent to suicide which in Buddhism is distasteful. Therefore, the Buddhist practice can be considered more ethical than organ transplantation from brain dead patients in that the former does not lead to loss of life whereas the latter leads to saving one life at the cost of the other.

Medical experts across Egypt have been divided over the idea of organ transplantation in brain dead people. A nephrologist – urologist from Tanta University Hospital, in reference to the treatment of brain dead patients in an American hospital, exclaims “Their hearts are still beating; they are still breathing. And they split him open and take from him what they want” We treat our animals better than that!” (Hamdy 62). Holding similar views, Dr. Mustafa expresses that “I think this is haram, because they should be really dead. In our religion, we can’t allow this, because his soul is still there.” (62) This is similar to the beliefs of Buddhists given that their usage of the word, death is inclusive, referring to the entire individual not just one organ. In Dr. Mustafa’s view, the difference in ontological interpretations of death and soul was not the only factor leading to differences in practices among Euro-American countries. In his view, the difference in medical standards and conditions played a vital role too. On one hand, North American countries along with some European countries possess superior medical conditions allowing for longer life support systems. However, on the other hand, due to poor conditions in countries like Egypt, infections among patients are extremely common thus preventing required appropriate medical care. Dr. Mustafa noted that “this discrepancy bears important ethical implications for understanding the issue of brain death” (63). Hence, brain dead patients in Egypt have been extremely hard to study due to deteriorating conditions medically as well as environmentally.

While organ transplantation has the obvious benefits of saving the lives of those in need, it has several strings attached to it. The black market for organs in Egypt has been on a constant rise due to continuous debate on the issue of organ transplantation without any solid resolution over the past three decades. A senior anesthesiologist from Cairo University Faculty of Medicine, Dr. Lotfy was one of the major opposing voices to organ transplantation in brain dead patients, which he viewed as an “inhumane, barbaric, and unethical practice” (Hamdy 67). Dr. Lotfy even formed a committee, the ‘Egyptian National Ethics Committee’ to spread his views with other medical experts. The arguments made by him were based on both religious as well as medicinal grounds with the latter being used to express the complications linked to organ transplantation. Dr. Lotfy questioned the use of anesthesia while acquiring organs, suggesting that had the brain dead individual actually been dead, anesthesia would not be required. Furthermore, he argued from a religious view that the departure of the soul is seen by three clear signs – cooling of the body, halting of bodily functions, and decomposition of the body itself. However, none of these can be seen in brain dead patients implying that their state must not be mistaken as actual death. In his conversation with His Holiness The Dalai Lama, Francisco J. Varela highlighted that there had been accounts of people with non-decaying bodies for several days. When asked “At what point does death occur?” (Varela 162) His Holiness The Dalai Lama replied suggesting that “Such a person is said to be in the state of dying, but has not yet entered death” (162). In my opinion, the state of brain dead patients is analogous to this ‘state of dying’, signifying that the end of the individual has not yet come. Therefore, organ transplantation in such a state would certainly be unjustifiable.

With altering criterion for organ transplantation, the concerns surrounding it have risen too. Anthropologist, Lesley Sharp highlights (Hamdy 84) a new development of the procurement of organs from 'non-heartbeating donors (NHBDs)' known as 'donation after cardiac death (DCD)'. This practice is of most worry for patients that are on artificial life support but are not brain-dead. Sharp explains that for such patients, DCD enables quick surgical transplantation of organs as soon as the heart stop beating, without any medical attempt to revive the patient who within a moment becomes a donor. I believe that this is proof of ignorance of the boundaries that need to be clearly drawn when dealing with patients on life support and while considering organ transplantation. Opposition to organ harvesting has been ongoing and one such example can be seen from a German book from the early 1990s. The book illustrates an ancient German folktale which I consider is analogous to the practices of organ transplantation from brain dead patients. In the tale, a wolf while moving closer to a herd of sheep justifies that he is of no harm given that he only eats dead sheep. As a response to this, the sheep is said to have said "An animal that eats dead sheep learns quickly out of hunger to see sick sheep as dead ones and then healthy ones as sick." (84) In my view, without any clear and strict boundaries (laws and regulations), supporters of organ transplantation from brain dead patients, who already look at these 'sick sheep' as 'dead ones' may soon perceive the 'healthy ones as sick'.

To conclude, definitions of death and in particular brain death do not seem to be the core of the issue. It is their interpretations and practices based on those interpretations that require ethical clarity along with explicit and strict regulations. In my view, organ transplantation from brain dead patients is certainly unethical. However, its prevention requires rigorous laws in line with bioethical principles as well as decisive action. In agreement with Sherine Hamdy, I believe that several viewpoints and perspectives expose various facets of complex questions. Therefore, the case of Egypt serves as a great learning lesson to “use multiple perspectives as a strength rather than as a failure” (Hamdy 86).

Works Cited:

[1] Varela, Francisco J., ed. 1997. “What Is Bodily Death?” And “Near-Death Experiences.” In *Sleeping, Dreaming, and Dying: An Exploration of Consciousness with the Dalai Lama*, translated by Alan B. Wallace and Thupen Jinpa, **137-213**. Simon and Schuster.

[2] Hamdy, Sherine. 2012. “Defining Death: When the Experts Disagree.” In ‘Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt’, **47–80**. Berkeley, Calif: University of California Press. Library Online.

Bibliography:

[1] Varela, Francisco J., ed. 1997. "What Is Bodily Death?" And "Near-Death Experiences." In *Sleeping, Dreaming, and Dying: An Exploration of Consciousness with the Dalai Lama*, translated by Alan B. Wallace and Thupen Jinpa. Simon and Schuster.

[2] Hamdy, Sherine. 2012. "Defining Death: When the Experts Disagree." In 'Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt'. Berkeley, Calif: University of California Press. Library Online.