



The source of most vital organs (heart, lungs, liver, kidneys and pancreas) for transplantation is patients who have been declared dead. Are they truly dead? The answer to this question is crucially important, for, if organ donors are not dead, removal of their vital organs will kill them.

Protect yourself

Donation after brain death (DBD):

The definition of “brain death” requires the irreversible cessation of all functions of the entire brain. DBD donors retain some essential brain functions (e.g., the secretion of hypothalamic hormones and regulation of body temperature), but these functions are simply ignored in the pursuit of organs. Also, some brain functions may be only temporarily lost and recover over time, if the patient is given time to recover them. Consider:

- “Brain dead” patients have signs of life – vital signs. They are warm and pink, have a beating heart and blood pressure, and breathe with the support of a ventilator.
- Their wounds heal, they grow and mature sexually, digest food and excrete waste.
- Many cases of recovery after “brain death” diagnoses have been reported (Zach Dunlap, Stephen Thorpe, George Pickering III, Jimi Fritze, Colleen S. Burns, John Cordero, etc.).

An apnea test is required to determine “brain death.” The ventilator is turned off for up to 10 minutes to see if the patient will breathe spontaneously. This test can increase brain damage and may even cause death.

Donation after circulatory death (DCD):

DCD donors are on ventilators, but not “brain dead.” A patient/family agrees to stop life-support and a do not resuscitate (DNR) order is written. Then they consent to organ donation. After removing the ventilator, the medical team waits until no pulse or breathing is discernible. 2-5 minutes later, organ retrieval begins. Cautious physicians would never assert that a patient is dead who has been pulseless for 5 minutes or less – except when healthy organs must be cut out quickly before they deteriorate due to lack of circulation.

The Uniform Anatomical Gift Act was revised in 2006 to classify everyone who has not explicitly refused to be an organ donor as a “prospective donor.” If you are “at or near death,” your hospital must notify an Organ Procurement Organization (OPO). While the OPO searches for someone legally authorized to consent or refuse to donate your organs, the medical team can treat you like a donor, subjecting you to medical procedures—not beneficial to you—solely to ensure your organs are in tip-top condition for transplantation.



Refuse to be an organ donor.

Human Life Alliance (HLA) recommends signing and carrying a “Refusal to be an Organ Donor” wallet card.

To request cards, call HLA at 651-484-1040.

humanlife.org