

#ESAGeneva: Definition of Brain Death Must be Cleared Up



At the Euroanaesthesia Congress in Geneva this year, a special session will focus on the international variation in the definition of death. Experts believe that it is important to clear up this variation in order to restore both public and professional confidence as well as improve the management of patients at the end of life to improve successful organ donation.

As Giuseppe Citerio, Professor of Anesthesia and Intensive Care at the Milano Bicocca University, School of Medicine and Surgery, Milan, Italy points out, one would think that determination of death would be a straightforward matter but despite the fact that the concept of brain death was introduced nearly 40 years ago, there is still controversy surrounding the determination of death by neurological criteria (DNC). It is thus important to research and clarify outstanding issues related to this definition. The WHO has already developed an international guideline for the determination of death but Prof. Citerio says that other steps are also needed.

He further explains that there is consensus that human death is ultimately the death of the brain but there is still controversy in the way the ceasing of the brain function is demonstrated. The term DNC can be legally defined in two different ways in different countries based on whole brain and brainstem criteria. It becomes further complicated since the clinical determination of the whole brain and brainstem death is identical as both require an absence of the brainstem function through unresponsive coma and absence of brainstem reflexes.

While Prof Citerio believes that brainstem death means that the person is dead, some countries insist that extra tests be carried out to determine brain death. This variation can result in significant confusion.

Prof Citerio highlights the need to establish a universal definition of DNC as well as outline a universal procedure to diagnose it. He says that "critical care physicians must unite with other professional colleagues and public policymakers to engage local communities and national governments in DNC-related issues. Only in this way will it be possible to achieve equivalence of DNC and cardiorespiratory death in the minds of the public and professionals."

Prof Citerio also emphasises that improvement in the definition of brain death could also help reduce the huge gap between organ availability and organ requirements for transplantation.

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