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The determination of human death from the perspective of the philosophy of science

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Determination of death from the perspective of the philosophy of science

Alberto Molina-Pérez
Institute for Advanced Social Studies



Death and Life, Klimt 1915.

IESA-CSIC, Cordoba, Spain

Institute for Advanced Social Studies (IESA),
Spanish National Research Council (CSIC)





Outline of the presentation

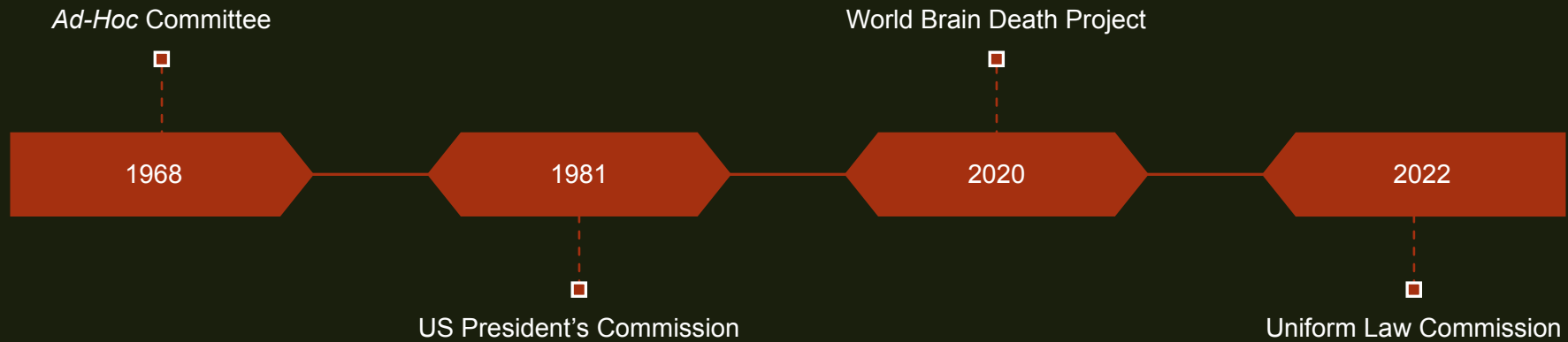
- 1) Brain death debates
- 2) Philosophy of science
- 3) Inconsistency in the UDDA
- 4) Open questions

1.

BRAIN DEATH DEBATES



A *very* brief history of death criteria





A *bifurcated* legal standard

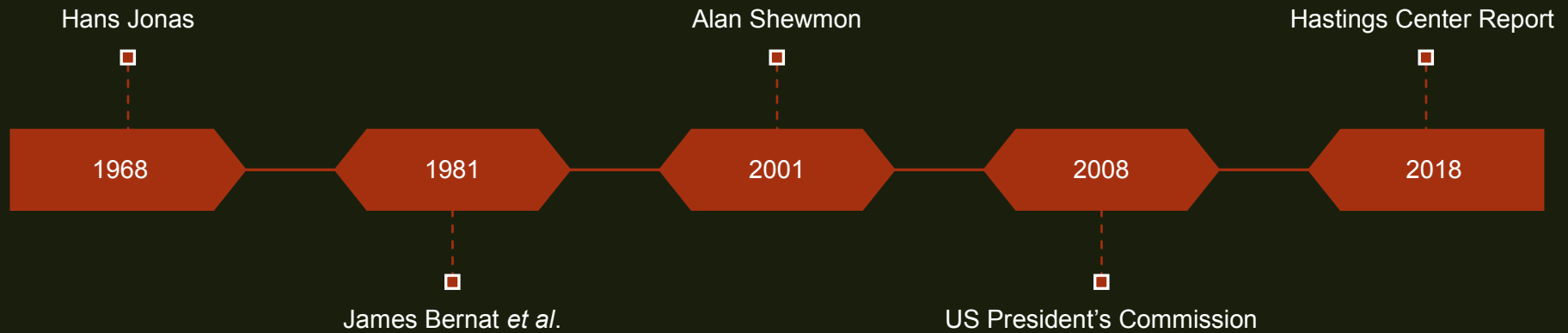
The Uniform Death Determination Act (President's Commission, 1981):

An individual who has sustained either

- 1) irreversible cessation of **circulatory and respiratory functions** or*
- 2) irreversible cessation of **all functions of the entire brain**, including the brain stem is dead.*

A determination of death must be made in accordance with accepted medical standards.

50+ *years* of bioethical debates



2.

PHILOSOPHY OF SCIENCE





A *journey* from bioethics to epistemology

- ◆ From physics to the philosophy of science
- ◆ Teleology and functions in biology (PhD dissertation, 2018)
- ◆ Brain death debates and organ donation ethics

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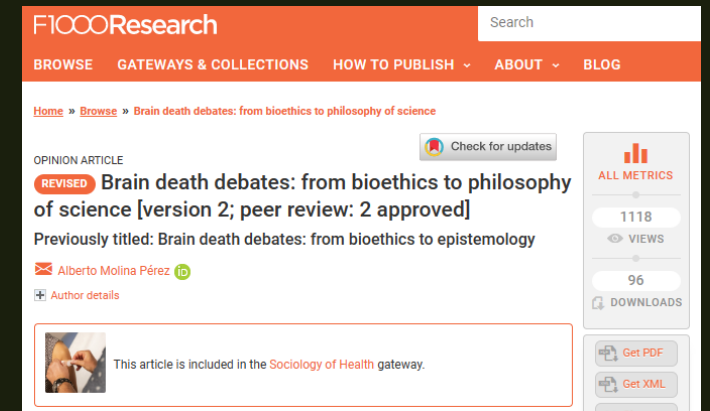
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 - Brain death debates: from bioethics to philosophy of science, *F100Research* 11:195, 2022



3.

INCONSISTENCY IN THE UDDA



Conceptual inconsistency in the UDDA

A. Molina-Pérez, J. Bernat, A. Dalle Ave

- ◆ Two uses of the notion of “cessation of functions”

(1

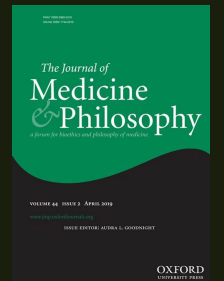


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Conceptual inconsistency in the UDDA

A. Molina-Pérez, J. Bernat, A. Dalle Ave

- ◆ Two uses of the notion of “cessation of functions”:
 1. Both natural and artificially supported functions
 2. Only natural (spontaneous) functions



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*What matters is the total cessation of **circulation and respiration themselves**, either spontaneous or artificially supported, not the cessation of functioning of the heart and lungs, i.e. the organs.*



(In press)

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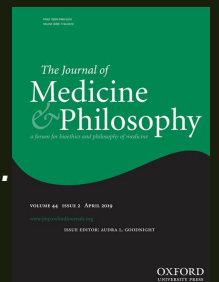
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What matters is the *cessation of functioning of the **brain itself**, i.e. the organ*, not the cessation of the **functions** normally performed by the brain.

Individuals can be dead even if some functions are performed by artificial means.



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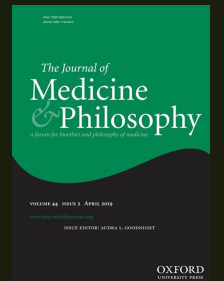


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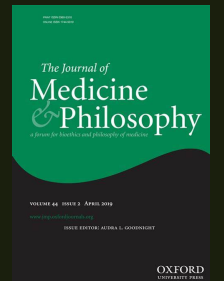


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- ◆ There is no good solution in sight, unfortunately



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 - ◆ There is no good solution in sight, unfortunately
- ➔ What if I was wrong? (Alternative interpretation)

4.

OPEN QUESTIONS





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 - Absolute, relative irreversibility
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 - Irreversibility vs. permanence: **Two different ontologies?**

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- Is death **irreversible**?
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Osiris, Dionysus, Jesus, Lazarus, (Eurydice)...
 - ◆ In medicine & philosophy: A XIXth century dogma?

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■ How do we **know**?

- false positives / negatives
- e.g.: *global ischemic penumbra* (Jahi McMath)



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◆ What does **function** mean?

- natural / artificial
 - We are no longer natural entities (*Homo artificialis*)
 - Redefining the boundary between life and death
- function vs. activity
 - e.g. hypothalamus
- in and across medicine
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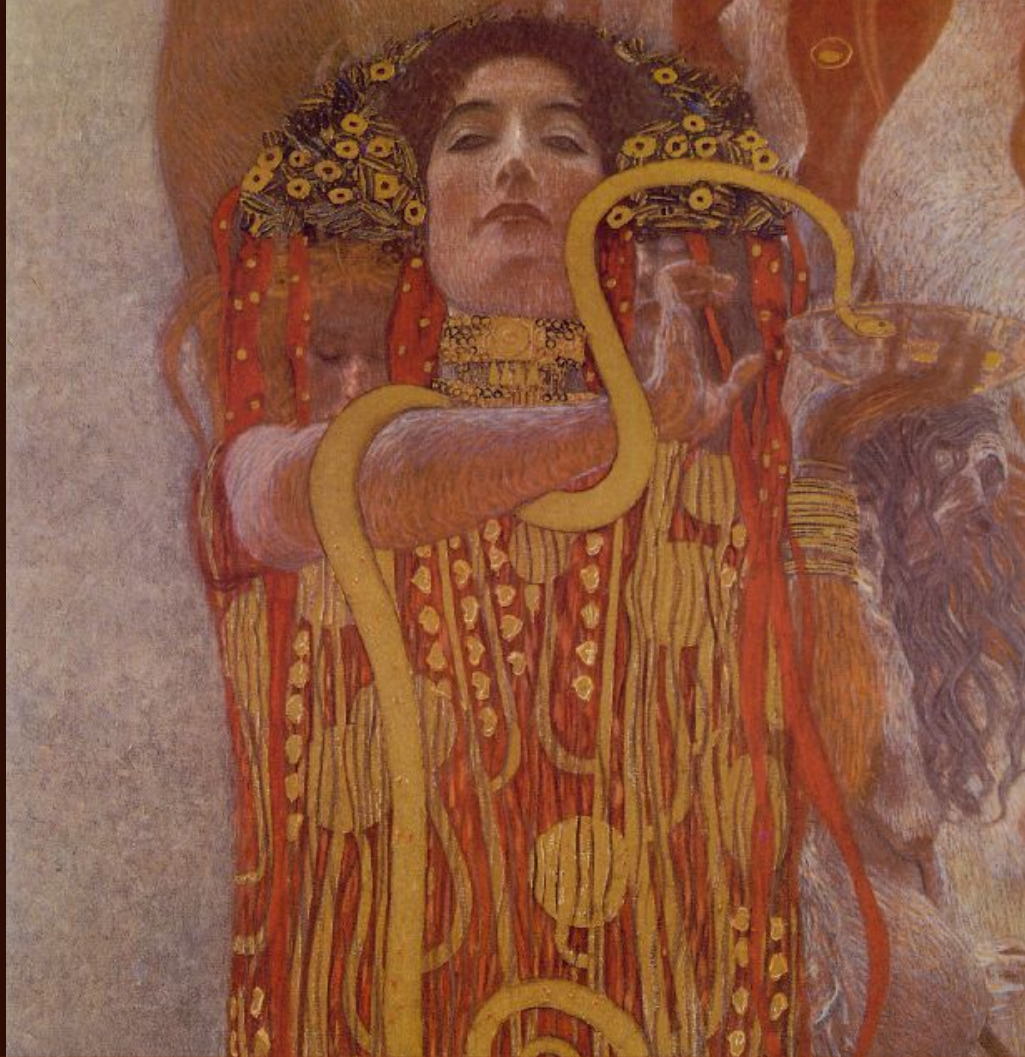
Other questions

- ◆ What is a **criterion** of death?
- ◆ What is the **logical form** of a criterion of death?
- ◆ What do physicians do when they sign a **death certificate**?



Other questions?

- ◆ It is **your** turn to ask



Thank you!

