

Editorial

Brain death in non donator: when turn off the equipment?

Bioethical dilemma inherent to brain death in non-donator patient is present in physician's daily routine, and it is susceptible to all sort of questioning: from ethicality and legality to moral and religious rules. In view of Medical legal regulations, supported by CFM Resolution 1,826/07 and by Medical Ethic Code, it is physician's competence for the ethical decision to suspend therapeutical supporting procedures before determination of brain death of a non-donator individual.

Brain death equals to clinical death. Therefore, it is the professional's duty to stop the means for artificial maintenance of vital organs used up to determination of death when configured the impossibility of organs donation. Suspension of these resources it is not euthanasia or any sort of offence against life, as it deals with a dead patient and not of a terminal patient. In these cases, to keep him connected to devices may cause anguish to family members or limit access to intensive care services to other patients.

Physician should proceed, when taking ethical decision, with humanity and sensibility to inform family member or legal representative about patient's death, and its inherent consequences. It is also his responsibility to base and record his decision on Patient's Medical Records, in addition to Death Certificate, except for cases motivated by external causes, in order for action related to funerals can be taken. It is important to remember that date and time recorded in the Death Certificate will be the same as for determination of brain death.

To make explicit, hereto, such technical feature precautions justifies because, sometimes, the fact that a patient is declared dead while his body is warm still, presenting heart beat causes perplexity to family members, contrasting with classic signs of death: coldness (algid) and lack of heart beat. These body signs, which are identified automatically by the layman with life, derive from maintenance of venting support and inotropic medications. It is necessary that, in order to explain this apparent contradiction, at this instance the professional uses empathy, exercising his capacity of identifying himself with that family, and to feel what they are feeling. This compassion, as defined by Beauchamp and Childress in *Principles of biomedical ethics*, is one of the virtue that must be cultivated in the professional life, producing an action that *combines an attitude of consideration for the well being of the other, an imaginative awareness, and an emotional reaction of deep sympathy and affection.*

However, this is not always an easy task even for a medical professional who works daily at the borderline between life and death. Rather, in face of the horror that death arises in such mission is, most of times, an extenuating exercise. Rubem Alves leads, in his book *The physician*, to a reflection about the finite aspect of corporal life and on teachings that it represents: *there was a time our power in face of Death was really small. Thus, men and women dedicated to hear its voice and could become wise in the art of living. Currently, our power has increased, and Death defined as our foe that needs to be defeated, we were possessed by the omnipotent fantasy that we can free ourselves from its touch. Therefore, we became deaf to lessons that it could teach us. And we face the danger that, the more powerful we become in face of it (uselessly, because all we can do is to postpone it...), and more fools we will become in the art of living.*

CFM tried to respond to this issue, by editing Resolution no. 1,826/07, and it proposed to support ethical, moral, and legal behavior in suspending unneeded and costly treatment that still brings, as associated consequence, a high level of emotional wearing for involved medical professionals. And, if the topic yields anxiety, doubts, and qualms among them, what then among the whole society, in which death and dying still are a persistent taboo? Thus, the topic must be faced in a comprehensively, humane and solidarian way, gradually but constantly support by a pertinent reflection and broad discussion. It is necessary to generate awareness in order that in our society death can be faced as a complement of life, and not as a foe that must be defeated at any cost.

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