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Review

Determination of death: Metaphysical and biomedical discourse

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ABSTRACT

The prominence of biomedical criteria relying on brain death reduces the impact of metaphysical, anthropological, psychosocial, cultural, religious, and legal aspects disclosing the real value and essence of human life. The aim of this literature review is to discuss metaphysical and biomedical approaches toward death and their complimentary relationship in the determination of death. A critical appraisal of theoretical and scientific evidence and legal documents supported analytical discourse. In the *metaphysical* discourse of death, two main questions about what human death is and how to determine the fact of death clearly separate the ontological and epistemological aspects of death. During the 20th century, various understandings of human death distinguished two different approaches toward the human: the human is a subject of activities or a subject of the human being. Extinction of the difference between the entities and the being, emphasized as rational-logical instrumentation, is not sufficient to understand death thoroughly. *Biological criteria* of death are associated with biological features and irreversible loss of certain cognitive capabilities. Debating on the question “Does a brain death mean death of a human being?” two approaches are considering: the body-centrist and the mind-centrist. By bridging those two alternatives human death appears not only as biomedical, but also as metaphysical phenomenon. It was summarized that a predominance of clinical criteria for determination of death in practice leads to medicalization of death and limits the holistic perspective toward individual's death. Therefore, the balance of metaphysical and biomedical

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approaches toward death and its determination would decrease the medicalization of the concept of death.

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1. Introduction

The boundary between life and death continues to be the object of debate despite the fact that “humanity has thoughtfully struggled with the concept and criteria for death for millennia” [1]. The importance and the need to reconsider criteria for the definition of human death and to develop more rigorous ones have increased with advanced medical technologies in resuscitation and life maintenance systems and with the growing demand for organ transplantation. In natural sciences, there is no problem of death: everything what is alive dies. Human death is not the only event in the body, but as an event that occurs in the human being, it is an individual human drama. Thus, the prominence of brain death criteria regarding the interpretation of death and dying reduces the impact of anthropological, psychosocial, cultural, religious, and legal aspects. With its manifestation, the real value and essence of human life is disclosed. The end is an empirical outcome, but the essence lies in the meta-empirical reason.

Following Bruggen, “if the brain entirely and irreversibly ceases to function, the organism and, hence, the human being, ceases to be.” By such a biomedical definition of death, “organism death is equated with the death of the being” [2]. The controversy of clinical criteria of death is still being widely debated in scientific literature [3,4]. Some researchers believe that brain death criteria are only a legal construct without any reference to the metaphysical and even actual biological basis for the determination of death [5,6].

One of the core issues has been the implementation of criteria of death into the legislation system regulating organ transplantation and other clinical practices like do-not-resuscitation tactics in intensive care units.

From the historical perspective, neurological criteria of death – better known as *brain death* – have been defined by the Ad Hoc Committee of the Harvard Medical School in 1968 [7]. The Harvard criteria still “remain an example of simplicity” [8] as they are as follows: unreceptivity and unresponsiveness; no movement or breathing; no reflexes; flat electroencephalogram; repetition of all tests at least 24 h later with no change and exclusion of hypothermia or central nervous system depressants [7].

Meanwhile the neurological criteria for the determination of death were theoretically justified [2] by President's Commission that in 1981 published the landmark report “Defining Death: Medical, Legal and Ethical Issues in the Determination of Death” [9]. In this report, the brain is approached as the regulator of the body's complex integration: respiration and heartbeat are controlled by brain centers. Accordingly, as it was defined by President's Commission, death is the moment at which the body loses its complex integration, i.e., “at which the body's physiological system ceases to constitute an integrated whole” [9]. It is clear, that

exposure of Harvard criteria of death and prevalence of organ transplantation launched further discussion on the ethical and practical questions of how to protect patients from irresponsible decisions and avoid medical errors in diagnosis.

Montreal Forum Report for its purpose considered death as a biological event and respectfully recognized the impact of attending religious, ethical, legal, spiritual, philosophical and cultural aspects of death and its determination following the guidelines proposed [1,3]. In any case, when the analysis of the conception of death takes place, one of the fundamental questions – whether patients with the diagnosis of complete brain death are really dead – remains open.

The aim of this review is to discuss metaphysical and biomedical approaches toward death and their complementary relationship in the determination of death.

2. Metaphysical approach toward death

There are two main issues related to the philosophical analysis of death: (1) what the death is? and (2) how to determine the fact of death? These questions clearly separate the ontological and epistemological aspects of death and build a conceptual framework to reveal the problem of death criteria. From the ontological point of view, the conceptual definition of death is important. Among the abundance of definitions, one says that “death is the irreversible extinction of the body's vital functions” or, for example, “human death is the irreversible loss of one's personhood” [10]. From the epistemological point of view, in order to conclude the fact of death, certain criteria to find out how it happened, as well as specific clinical measures to assess how these criteria are met, are necessary. Cardiopulmonary and total brain death criteria traditionally remain considered as the main criteria of such knowledge. The definition of an individual's death is inevitably linked with further questions: how the human death is associated with the concept of death of other living creatures; whether human death is only the act of biological nature, i.e., just the death of a physical body, or the concepts of life and death should be linked with the soul matters; or maybe the individual is ontologically neutral, something between life and death; what is the connection between death and the person's identity?

In the 20th century, the approach to human death was mostly formed by existential philosophy. Heidegger primarily distinguishes death as the exceptional opportunity of human existence. Heidegger emphasizes the difference between death as an actual event and death as personal comprehension. In particular, he states, “The publicness of everyday being-with-one-another 'knows' death as a constantly occurring event, as a 'case of death.' Someone or another 'dies,' be a neighbor or a stranger. People unknown to us 'die' daily and hourly” [11]. Accordingly, Heidegger

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