

Excision of Vital Organs is Imposed Death (*Epivalothanasia*)

By

Paul A. Byrne, M.D.

Recently it was reported in the National Catholic Register that Dr. Francis L. Delmonico, Organ transplant coordinator for the New England states visited the Vatican to ask for help to stop organ “trafficking.” It was most gratifying to read that it appears that Dr. Delmonico, a notorious transplant surgeon himself, seems to have had a change of heart regarding the scandalous farming out of human organs that he has been supporting through the National “Catholic” Bioethics Center for many years. This center, under the guise of “Catholic” has been influencing the general public and even Bishops, that “brain death” is death, enabling human trafficking to expand throughout Catholic hospitals in the United States of America and all over the world.

Hopefully, Dr. Delmonico told the Vatican officials of the moral crime of excising organs for transplantation after regarding a brain injured patient as being “brain dead”. Unbeknown to the family is the performing of the “apnea test” on their loved one without their consent. To make a declaration of “brain death” in an unresponsive brain injured patient on a life-supporting ventilator requires that the ventilator be taken away to see if the patient can breathe on his own. This maneuvering is called an “apnea test.” The patient is taken off the ventilator for up to 10 minutes. (We require a breath about every 3-5 seconds!) The relatives of the unresponsive unconscious patient are never informed about the cruelty of stopping the life supporting ventilator that will make it impossible for the patient to recover to a normal daily life.

This draconian test is contrary to good medical practice for the following reasons:

1. It is extremely abnormal to place a brain-injured patient into further stress, which can cause additional damage to the brain. (It would be comparable to an irresponsible order for a heart attack victim to be subjected to run on a treadmill);
2. These criminal practices are overlooked because of their desire to harvest the donor’s organs; and
3. This practice has become a multibillion dollar business, equally, if not more profitable than the abortion industry.

Instead of accepting the fallacy of “brain death” and the “apnea test”, the leadership of the Catholic Church, the leadership of Pro life organizations and all anti-ethanasia organizations ought to be encouraging and strongly supporting further evaluation of brain hypothermia and other therapies to save patients with severe brain damage, in order to prevent irreversible brain damage. Successful results of hypothermic therapy have been published from studies done in Japan¹ and Germany² with a 60-70% success. Also, new research has demonstrated the benefit of the steroid, progesterone, in patients with head injury. In newborn infants there is much success with the use of the

¹ Hayashi N: Brain Hypothermia Therapy (in Japanese), Japanese Medical Journal, No. 3767, July 6, 1996, pp.21-27. Yamaguchi K: Brain Hypothermia treatment: Resuscitation from impending brain death (in Japanese) in Committee on Brain Death and Organ Transplantation (Ed): *Is Organ Transplantation an Expression of Love?* Tokyo, Shakai Hyoron-sha, 1997, pp.29-34.

² Metz C, Holzschuh M, Bein T et al: Moderate hypothermia in patients with severe head injury: Cerebral and extracerebral effects. *J Neurosurg* 85, Oct 1996, 533-541.

FDA approved Infant Cool Head Bag. None of the treated patients were subjected to the damaging and possibly lethal “apnea test.”

We can hope that Dr. Delmonico informed the Vatican officials that every time a heart is taken for transplantation it is a healthy heart that is taken from a living donor. Then the heart donor is truly dead. That innocent donors waiting to have their healthy organs excised are often given intra-venous fluids and blood transfusions, (to a cadaver? Give me a break). Additionally, they also give them thyroid hormones, adrenal hormones, and anesthesia, (why if they are dead)? Is it because the anesthesiologist and nurses are uncomfortable when the supposed “cadaver” who is breathing moves as they cut into the chest to eventually extract his heart from his body? If the donor is dead, why do they give the donor a paralyzing agent? Is it to reassure the concerned medical staff that the “brain dead” donor does not move with pain as before when the transplant surgeon removes his organs? It is curious to note that even though the donor is paralyzed, the heart rate and blood pressure increase when his heart is being extracted. But the most irrational of these criminal procedures is when the so-called “brain dead” expectant mother continues to give life to her infant in the womb for months and during this time the mother is regarded as a cadaver. How can a so-called “brain dead” mother after delivery of a live baby produce breast milk when the transplant surgeon assures the family that the brain is dead? Does the transplant society ignore the fact that breast milk is the result of the activity of the pituitary gland **in the brain** that sends the signals for the production of prolactin, whose levels rise in order to produce milk for the baby?

If in this single example, a major flaw indicates activity from the brain, it is obvious that existing technology is incapable, at the present time, of detecting hidden brain activity, such as the intricate functions of the pituitary gland which are attached to the hypothalamus that has to be silently functioning very effectively in the so-called “brain dead” donors. Or perhaps this is another example of whatever might be chosen to be peripheral to the situation so as not to get in the way of organ transplantation.

Such victims are clamoring for protection from the Church, the medical profession, the pro-life groups, and the anti-euthanasia organizations: Are they dead or alive? Has their soul left their body or not? As long as they can’t prove it, the Catholic Church’s leadership has the humane obligation to protect that human person until he stops breathing and his heart stops beating. That is and always has been his natural end. The leadership of the Catholic Church cannot declare death **unless there is no doubt that the soul has separated from the body**. Pope John Paul II stated in his written remarks, February 3 4, 2005, (read in his absence due to illness) to the participants of the Pontifical Academy of Sciences meeting entitled, “The Signs of Death”:

“Within the horizon of Christian anthropology, it is well known that the moment of death for each person consists in the definitive loss of the constitutive unity of body and spirit. Each human being, in fact, is alive precisely insofar as he or she is “*corpore et anima unus*” (body and soul united) (*Gaudium et Spes*, 14), and he or she remains so for as long as the substantial unity-in-totality subsists.”³

³ John Paul II, address to the Pontifical Academy of Sciences conference “*The Signs of Death*” February 3, 2005

Why is it not understood that every human person on earth is **always** a spirit-body unity, of which the spirit is essential and predominant? Only God knows when it is the right time to die. The physical body dies and spirit lives—for an eternity, in heaven or in hell!

Even a child would recognize the existence of life when a patient is breathing and his/her heart is still beating. One does not need to be a theologian or a physician to know that while vital signs are present, and decomposition of the body has not yet occurred, the soul has not yet departed from the donor's body. The "brain death" hoax, has not only become a multi-billion dollar business, but a far more serious consequence has been to deprive souls from reaching eternal salvation. Additionally, such a false representation of true death, has been depriving millions of souls from receiving the Last Rites of the Catholic Church in order to attain salvation. This is the everlasting end for that innocent soul if he/she were not in the state of sanctifying grace.

Therefore, when surgeons excise any unpaired vital organ from a "brain dead" donor, such as a beating heart, they are causing the death of an innocent living patient. This medical intervention is a travesty and a clear violation of the Fifth Commandment.

Changes in the Revised Uniform Anatomical Gift Act 2006 cause me to add this important information:

The Revised Uniform Anatomical Gift Act (UAGA) is the Law through which organs are obtained for transplantation, research and education (N.B. Not only to get organs for transplantation but **also for research and education**). This revised UAGA continues the policy of the original 1968 Act, revised in 1987 and again in 2006. This 2006 Revised UAGA has already been passed in 23 States and it can be predicted to be passed soon in all states. These Acts require consent to take organs.

The 2006 Revised Act empowers a minor eligible under other laws to apply for a driver's license to be a donor. If the minor donor dies under the age of 18, it "seems appropriate that the minor's parents should be able to revoke the gift." However, the minor's parents cannot revoke the anatomical gift if the minor donor later dies over the age of 18. Thus, in a state that provides that a license issued to a minor is good for five years and the minor applies for the license at age 17, the minor can make an anatomical gift on the driver's license at age 17 and need not reaffirm the gift for another five years. Furthermore, once the minor reaches age 18, the minor's parents cannot revoke the gift.

The UAGA facilitates donations by adding to the list of persons who can make a gift of the deceased individual's body or parts the following persons: the person who was acting as the decedent's agent under a power of attorney for health care at the time of the decedent's death, the decedent's adult grandchildren, and an adult who exhibited special care and concern for the decedent.

The UAGA has a default rule to preserve organs to assure their medical suitability for transplantation or therapy. Measures necessary to ensure the medical suitability of an organ for transplantation or therapy may not be withheld or withdrawn from the

prospective donor who has an advance health-care directive or declaration unless the directive or declaration expressly provides to the contrary. The purpose is to presume that for prospective donors the desire to save lives by making an anatomical gift trumps the desire to have life support systems withheld or withdrawn (Section 14 c).

Even when a prospective donor has a declaration or advance healthcare directive instructing the withdrawal or withholding of life-support systems, measures necessary to ensure the medical suitability of organs for transplantation or therapy will not be withdrawn or withheld, unless the declaration or advance healthcare directive expressly so provides. Thus, the 2006 UAGA results in the desires of individuals to take organs overrides the desires and instructions of individuals not to have their lives unduly prolonged.

When the individual did not make an anatomical gift, and if other authorized persons did not make a gift because they were not reasonably available (did not answer the phone), then the coroner or medical examiner has the authority to make the gift. The 2006 UAGA directs procurement organizations and coroners and medical examiners to cooperate in maximizing donation opportunities.

This Revised 2006 UAGA results in “presumed intent” so that everyone is a potential warehouse for organs. Yes, consent is still required from someone. A designated requestor, very likely employed and certainly instructed by the Organ Procurement Organization, will approach the relatives to get consent. All involved in organ donation and transplantation ought to be fully implicitly and explicitly informed about all of this.

There comes a time when it is necessary to give instruction that you want your life protected and preserved. You do not want your death hastened or your life shortened. Also if you do not explicitly instruct that you do not want to be an organ donor, you will be.

While there are many serious concerns of the 2006 revision, **it strengthens the right of a person not to donate their own organs by signing a refusal, which also prevents others from overriding such decision not to donate his/her own organs (Section 7).**

One way to try to live the life span given by our Creator is to sign and have 2 witnesses with the following information. Two examples of business-size cards that you can have printed for yourself and your friends are provided, one for Roman Catholics and another for Protestants. The issues are the same for everyone, no matter how they worship. The difference is because Roman Catholics want a priest and the Last Sacraments.

For Roman Catholics: You and 2 witnesses should sign and date these **Life Support Directions**. Carry this card with you at all times.

At admission to hospital contact a Roman Catholic priest (See reverse side). I wish to live the life span given to me by God. I direct my treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. Do not hasten my death. Do not take any organs for transplantation or any other purpose.

Signature and Date

Witness and Date

Witness and Date

Reverse Side:

Please contact a Roman Catholic priest if I am unconscious, seriously ill, injured, or unable to communicate. Preferred contact:

My pastor: _____

Phone: _____

or a Catholic Priest from the local parish.

My signature: _____

For Protestants: You and 2 witnesses should sign and date these **Life Support Directions**. Carry this card with you at all times.

At admission to hospital contact a minister (See reverse side). I wish to live the life span given to me by God. I direct my treatments and care, including nutrition and hydration however administered, be given to protect and preserve my life. Do not hasten my death. Do not take any organs for transplantation or any other purpose.

Signature and Date

Witness and Date

Witness and Date

Reverse Side:

Please contact a minister if I am unconscious, seriously ill, injured, or unable to communicate. Preferred contact:

My minister: _____

Phone: _____

or a local minister.

My signature: _____

Chapter 11

It is foolish, then, to say that a man is 'in death' before he arrives at death—for, if he is, then toward what goal is he approaching while he is finishing the course of his life? In fact, to declare that a man is alive and dead at the same time is as monstrous as to claim—what is impossible—that he is awake and asleep at the same time. This being so, the question arises: When is a man a dying man? Before death comes, he is not dying but is living; when death has come, he is not dying but dead. The one state, then, is before death, and the other after.

Just when, then, is man 'in death,' that is to say, when is he dying? Now, there are three distinct periods of time— 1) before, 2) in, and 3) after death—corresponding to three states of a man 1) living, 2) dying 3) dead; but it is difficult to determine just when a man is dying, that is to say, 'in death.' For, he cannot be living, since that is a state 'before death'; nor can he be dead, for that is a state 'after death.' As long as the soul is in the body, especially if sensation is present, undoubtedly a man, composed of both soul and body, is still alive and, therefore, 'before death,' and not 'in death.' But, once the soul has departed and taken away all bodily sensation, then the time 'after death' has begun and the man is pronounced dead.

Between 'alive' and 'dead' there is no room left for a third state in which a man is 'dying' or 'in death'; for, if alive, the time is 'before death'; if he has ceased to live, the time is 'after death.' It is clear, then, that he is never 'dying' or 'in death.'

It is like trying to find the 'present' in the course of time and failing because it is merely the unmeasurable transition from 'future' to 'past.' Does it not seem that, for the same

reason, there is no such thing as the death of the body? If there is, just when can a thing exist which cannot be in anyone and no one can be in it? If a man is still alive, his death does not yet exist, since being alive is 'before death,' not 'in death'; and if being alive has ceased then his state is 'after,' not 'in death,' and again death has no existence. Now, if there is no death either before or after something, then what do the expressions 'before death' and 'after death' mean? It is silly to use such terms if there is no death. Would to God that in Eden we had lived so well that, in truth, there were no such thing as death. However, as things now are, death is so bitterly real that we have neither words to bewail it nor ways to escape it

Let us, then, follow established usage (as, of course, we ought) and say 'before death,' before death occurs, as Scripture does: 'Praise not any man before death.'¹ And when death has occurred, let us say: After the death of this man or that one, this or that happened. And let us use a kind of continuous present tense, as we well may when, for example, we say: 'While he was dying, he made his will,' or 'While he was dying, he left such and such to so and so,' although, of course, the man could do nothing of the kind except while he was living, and, if anything, he did it 'before death' rather than 'in death.' However, let us follow the usage of Holy Scripture which does not hesitate to say even of those who are dead that they are 'in death,' not 'after death.' Take, for example, the verse: 'For there is no one in death that is mindful of thee.'²

Until the day of resurrection we can rightly say that men are 'in death' as we say that a person is asleep until he awakes. However, although we say that those who are asleep

¹ Eccli. 11.30.

² Ps. 6.6.

are sleeping, we cannot likewise say that those who are dead are dying. When it is a question of the death of the body—the subject I am now discussing—those who have already been separated from their bodies cannot be said to be still dying. Now, this is, as I have already said, something that cannot be put into words—just how the dying can be said to be alive, or the dead, even after death, be said to be in death.

For, how can a man be after dying if he is still dying, especially since we do not use ‘dying’ as we use ‘sleeping’ for those who are asleep, and ‘fainting’ for those in a faint, and ‘sorrowing’ for those in sorrow, or ‘living’ for those who are alive. The dead, however, before they rise again are said to be ‘in death,’ yet cannot be said to be dying.

Thus, quite fitly and consistently, I think, it has happened, not by any human plan but perhaps by a divine purpose, that grammarians are not able to conjugate the verb *moritur* in Latin according governing other verbs. The perfect tense of the verb *oritur* is *ortus est* and the tenses of all similar verbs are derived from the perfect participle. Yet, if we ask what is the *perfect of motitur*, the answer is *mortuus est* with a double *u*; *mortuus* being pronounced in the same way as *fatuus*, *arduus*, *conspiciuus*, and such like words which are not perfect participles but, like nouns, are declined without reference to tense. But *mortuus*, a noun, is used as a perfect participle, as though something indeclinable were meant to be declined.³ Thus, there is something congruous in the fact that the word expressing death can no more be declined than the reality of death.