

# Death and Belief in the Afterlife

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“CHRIST’S REDEMPTION AND SAVING GRACE EMBRACE THE WHOLE PERSON, ESPECIALLY IN HIS OR HER ILLNESS, SUFFERING, AND DEATH... IN THE FACE OF DEATH – FOR MANY, A TIME WHEN HOPE SEEMS LOST – THE CHURCH AND WITNESSES TO HER BELIEF THAT GOD HAS CREATED EACH PERSON FOR EACH ETERNAL LIFE.”

*-Ethical and Religious Directives, Part Five*

## Introduction

### Belief and unbelief make a difference.

Kathy Kalina, a Catholic “midwife” to the dying, *Midwife for Souls: Spiritual Care for the Dying*.

Karen Whitley Bell, a hospice nurse, *Living at the End of Life: A Hospice Nurse Addresses the Most Common Questions*

### Death is an event with a distinct meaning.

*An event*: the separation of the soul from the body or a departure of the “spirit”; never merely the disintegration of the body or the loss of consciousness

*With a meaning*: a consequence of the Fall and a reason for redemption (CCC 399-405); an end and a beginning (John Henry Newman, St. John of the Cross)

### *The Ethical and Religious Directives for Catholic Health Care Services (ERD)*

55. Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

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# Death and Its Definitions

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## Introduction

Death is an *event*, a passage to afterlife, a “sleeping” of the body. vs. Dying is a continuum of increasing bodily loss of function.

## Are all Definitions the Same?

TRADITIONAL: The separation of the soul/spirit from the body

CLINICAL DEFINITIONS (by cardio-respiratory or neurological): (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.

## Important to Distinguish: death, conditions, signs

DEATH: separation of the soul/spirit from the body;

BODILY CONDITIONS indicating death has occurred: “irreversible cessation ...” 1) of cardio-respiratory function or 2) of neurological [brain] function; or some say even 3) of consciousness (and neurological structures of memory and personality).

SIGNS OF THESE CONDITIONS. Irreversible *cardiac* function loss: no spontaneous respiration for 2-5 minutes. Irreversible *brain* function loss: no pain response; no cranial nerve reflexes, such a pupillary reflexes; no spontaneous respiration; no electrical activity; examination by two physicians at different times;

## Church teaching

John Paul II, “Address to the 18<sup>th</sup> International Congress of the Transplantation Society,” August 29, 2000.

“[T]he death of the person is a single event, consisting in the total disintegration of that unitary and integrated whole that is the personal self. It results from the separation of the life-principle (or soul) from the corporal reality of the person. The death of the person, understood in this primary sense, is an event which *no scientific technique or empirical method can identify directly*.

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Yet human experience shows that once death occurs *certain biological signs inevitably follow*, which medicine has learnt to recognize with increasing precision. In this sense, the “criteria” for ascertaining death used by medicine today should not be understood as the technical-scientific determination of the *exact moment* of a person’s death, but as a scientifically secure a means of identifying *the biological signs that the person has indeed died.*”

#### Persistent Vegetative State (PVS)

- Coma: a state of deep unconsciousness inevitably resolving itself into either a regaining of consciousness (with or without impairment) or the vegetative state. There is debate about how long a coma lasts before vegetative state is recognized. The American Academy of Neurology [AAN] judges one month; see below.
- Vegetative state: self-unawareness, sleep-wake cycles, brainstem function. “The vegetative state is a clinical condition of complete unawareness of the self and the environment accompanied by sleep-wake cycles with either complete or partial preservation of hypothalamic and brainstem autonomic functions.” (AAN, “Practice Parameters: Assessment and Management of Patients in Persistent Vegetative State, 1994)
- Persistent vegetative state (PVS): vegetative state present for *one month* after acute traumatic or non-traumatic head injury. (Probability for recovery from unlikely after 12 months from traumatic head injury and 3 months from non-traumatic head injury [AAN 1994])
- Permanent vegetative state: vegetative state with irreversible loss of consciousness Brain death: irreversible cessation of whole brain function, including the brain stem

#### Organ Donation

##### Introduction

Death may have the meaning of a charitable gift of self ... if carried out rightly.

##### Church Teaching

John Paul II, “Address to the 18<sup>th</sup> International Congress of the Transplantation Society,” August 29, 2000.

“[E]very organ transplant has its source in a decision of great ethical value: "the decision to offer without reward a part of one's own body for the health and well-being of another person" .... a gesture which is a genuine act of love. It is not just a matter of giving away something that belongs to us but of giving something of ourselves, for "by virtue of its substantial union with a spiritual soul, the

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human body cannot be considered as a mere complex of tissues, organs and functions . . . rather it is a constitutive part of the person who manifests and expresses himself through it"

With regard to the parameters used today for ascertaining death - whether the "encephalic" signs or the more traditional cardio-respiratory signs - the Church does not make technical decisions. She limits herself to the Gospel duty of comparing the data offered by medical science with the Christian understanding of the unity of the person, bringing out the similarities and the possible conflicts capable of endangering respect for human dignity.

Here it can be said that the criterion adopted in more recent times for ascertaining the fact of death, namely the complete and irreversible cessation of all brain activity, if rigorously applied, does not seem to conflict with the essential elements of a sound anthropology. Therefore a health-worker professionally responsible for ascertaining death can use these criteria in each individual case as the basis for arriving at that degree of assurance in ethical judgement which moral teaching describes as "moral certainty". This moral certainty is considered the necessary and sufficient basis for an ethically correct course of action. Only where such certainty exists, and where informed consent has already been given by the donor or the donor's legitimate representatives, is it morally right to initiate the technical procedures required for the removal of organs for transplant."

*The Ethical and Religious Directives for Catholic Health Care Services (ERD)*

63. Catholic Health Care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tuition, for ethically legitimate purposes, so that they may be used for donation and research after death.

64. Such organs should not be removed until it has been medically determined that the patient has taught. In order to prevent any conflict of interest the Physician who determines that should not be a member of the transplant team.

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