Comment: Is international consensus on brain death achievable?

The wide diversity of brain death practices and perceptions throughout the world catalogued by Wahlster et al.\(^1\) raises the question of whether agreement on international standards and practices of brain death is an achievable goal. Worldwide concurrence on death determination criteria can enhance public confidence in physicians’ ability to determine death by eliminating the possibility that patients declared dead in one jurisdiction would be considered alive in another. International harmonization also is a constructive step toward improving global systems of organ transplantation. But as the WHO has found,\(^2\) formidable medical and societal barriers must be overcome before such consensus becomes possible.

- Acceptance of brain death as death
- Legal standards of death determination
- Religious beliefs about death
- Cultural norms about death
- Requirements for organ donation
- Knowledge deficits of professionals
- Examination technical requirements
- Availability and quality of ancillary tests

Even in the United States, where criteria propounded by the American Academy of Neurology and allied specialty societies are widely accepted, it has been challenging to standardize practices of brain death determination. Wahlster et al.\(^1\) highlight studies showing a surprising degree of practice variation among hospitals in the United States. In contrast to the international circumstance, in which practice disparities arise more because of legal, cultural, or religious differences, those in the United States result more from the biases and ingrained practices of individual physicians.

A less discussed source of variation results from disagreement over the conceptual question of whether brain dead patients are truly dead or only “legally dead.” Surveys continue to show both widespread misunderstanding of the brain death concept and its rejection as equivalent to biological death by some health care professionals.\(^3\)


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