

Chapter 1 : Beyond Brain Death : M. Potts :

'Beyond Brain Death is a Must read for all individuals, physicians and non-physicians alike. Some readers will enthusiastically endorse the opinions expressed in the book, others may question them and perhaps remain unconvinced, and still others will strongly disagree with them.

Although some decades have passed, there are still worldwide controversies about a concept of human death on neurological grounds. There are also disagreements on the diagnostic criteria for brain death, whether clinical alone or clinical plus ancillary tests. Moreover, some scholars who were strong defenders of a brain-based standard of death are now favoring a circulatory-respiratory standard. The study of coma is extremely important because lesions of the brain are responsible for quality of life in patients or cause of death. The main goal of *Brain Death and Disorders of Consciousness* is to provide a suitable scientific platform to discuss all topics related to human death and coma. Columbia University Press Format Available: Among the most profound questions we confront are the nature of what and who we are as conscious beings, and how the human mind relates to the rest of what we consider reality. For millennia, philosophers, scientists, and religious thinkers have attempted answers, perhaps none more meaningful today than those offered by neuroscience and by Buddhism. The encounter between these two worldviews has spurred ongoing conversations about what science and Buddhism can teach each other about mind and reality. Presti, with the assistance of other distinguished researchers, explores how evidence for anomalous phenomena—such as near-death experiences, apparent memories of past lives, apparitions, experiences associated with death, and other so-called psi or paranormal phenomena, including telepathy, clairvoyance, and precognition—can influence the Buddhism-science conversation. Presti describes the extensive but frequently unacknowledged history of scientific investigation into these phenomena, demonstrating its relevance to questions about consciousness and reality. The new perspectives opened up, if we are willing to take evidence of such often off-limits topics seriously, offer significant challenges to dominant explanatory paradigms and raise the prospect that we may be poised for truly revolutionary developments in the scientific investigation of mind. *Mind Beyond Brain* represents the next level in the science and Buddhism dialogue. Bentham Science Publishers Format Available: Since the last century, remarkable advances at both the basic and clinical levels have considerably improved our ability to evaluate and treat children with neurological disorders. This manual is a neurology reference for medical students and pediatric residents and is intended to supplement larger textbooks on pediatric neurology already available. Many of undergraduate medical students refer to deficient and oversimplified references that do not enable them to deal with pediatric neurology patients adequately. The manual presents a simplified, organized, and comprehensive problem based approach to common pediatric neurological disorders directed to the level of medical students, pediatric residents, general practitioners and general pediatricians. This e-book is thus a concise outline with practical tips to facilitate proper diagnosis and management of various neurological disorders. Wipf and Stock Publishers Format Available: Since its inception in , the brain-death criterion for human death has enjoyed the status of one of the few relatively well-settled issues in bioethics. However, over the last fifteen years or so, a growing number of experts in medicine, philosophy, and religion have come to regard brain death as an untenable criterion for the determination of death. Given that the debate about brain death has occupied a relatively small group of professionals, few are aware that brain death fails to correspond to any coherent biological or philosophical conception of death. This is significant, for if the brain-dead are not dead, then the removal of their vital organs for transplantation is the direct cause of their deaths, and a violation of the Dead Donor Rule. This unique monograph synthesizes the social, legal, medical, religious, and philosophical problems inherent in current social policy allowing for organ donation under the brain-death criterion. In so doing, this bioethical appraisal offers a provocative investigation of the ethical quandaries inherent in the way transplantable organs are currently procured. Drawing together these multidisciplinary threads, this book advocates the abandonment of the brain-death criterion in light of its adverse failures, and concludes by laying the groundwork for a new policy of death in an effort to further the good of organ donation and transplantation.

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Beyond Brain Death offers a provocative challenge to one of the most widely accepted conclusions of contemporary bioethics: the position that brain death marks the death of the human person. Eleven chapters by physicians, philosophers, and theologians present the case against brain-based criteria for human death.

Legal history[edit] Traditionally, both the legal and medical communities determined death through the permanent end of certain bodily functions in clinical death , especially respiration and heartbeat. With the increasing ability of the medical community to resuscitate people with no respiration, heartbeat, or other external signs of life, the need for another definition of death occurred, raising questions of legal death. This gained greater urgency with the widespread use of life support equipment, as well as rising capabilities and demand for organ transplantation. Since the s, laws on determining death have, therefore, been implemented in all countries with active organ transplantation programs. The first European country to adopt brain death as a legal definition or indicator of death was France , in In the United States , Kansas had enacted a similar law earlier. In the wake of the Karen Ann Quinlan case , state legislatures in the United States moved to accept brain death as an acceptable indication of death. In a Presidential commission issued a landmark report “ Defining Death: Medical, Legal, and Ethical Issues in the Determination of Death [10] ” that rejected the "higher brain" approach to death in favor of a "whole brain" definition. This report was the basis for the Uniform Determination of Death Act , which has been enacted in 39 states of the United States. In particular, there must be definite clinical or neuro-imaging evidence of acute brain pathology e. The living cells that can cause these movements are not living cells from the brain or brain stem, these cells come from the spinal cord. Sometimes these body movements can cause false hope for family members. A brain-dead individual has no clinical evidence of brain function upon physical examination. This includes no response to pain and no cranial nerve reflexes. Reflexes include pupillary response fixed pupils , oculocephalic reflex , corneal reflex , no response to the caloric reflex test , and no spontaneous respirations. Brain death can sometimes be difficult to differentiate from other medical states such as barbiturate overdose , alcohol intoxication , sedative overdose, hypothermia , hypoglycemia , coma , and chronic vegetative states. Some comatose patients can recover to pre-coma or near pre-coma level of functioning, and some patients with severe irreversible neurological dysfunction will nonetheless retain some lower brain functions, such as spontaneous respiration, despite the losses of both cortex and brain stem functionality. Such is the case with anencephaly. Brain electrical activity can stop completely, or drop to such a low level as to be undetectable with most equipment. An EEG will therefore be flat, though this is sometimes also observed during deep anesthesia or cardiac arrest. In the UK it is not considered to be of value because any continuing activity it might reveal in parts of the brain above the brain stem is held to be irrelevant to the diagnosis of death on the Code of Practice criteria. Legal criteria vary, but in general require neurological examinations by two independent physicians. The patient should have a normal temperature and be free of drugs that can suppress brain activity if the diagnosis is to be made on EEG criteria. No intracranial blood flow. The "hot-nose" sign is shown. Also, a radionuclide cerebral blood flow scan that shows complete absence of intracranial blood flow must be considered with other exams “ temporary swelling of the brain, particularly within the first 72 hours, can lead to a false positive test on a patient that may recover with more time. Cerebral angiography is considered the most sensitive confirmatory test in the determination of brain death. Organ donation While the diagnosis of brain death has become accepted as a basis for the certification of death for legal purposes, it is a very different state from biological death - the state universally recognized and understood as death. Elsewhere, consent from family members or next-of-kin may be required for organ donation. In New Zealand , Australia , the United Kingdom excluding Wales and most states in the United States , drivers are asked upon application if they wish to be registered as an organ donor. If the patient has indicated in an advance health care directive that they do not wish to receive mechanical ventilation or has specified a do not resuscitate order and the patient has also indicated that they wish to donate their organs, some vital organs such as the heart and lungs may not be able to be recovered.

Chapter 3 : Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy - Stanislav Grof - Google

That is, integration often continues in brain dead patients if artificial interventions are employed. Further, the notion of 'whole' brain death is suspect when the brain can continue to maintain.

Chapter 4 : Beyond Brain Death: The Case Against Brain Based Criteria for Human Death by Michael Potts

Beyond the Brain is the world's premier conference series exploring new research on whether and how consciousness and mind extend beyond the physical brain and body. This year's event covers the power of intention, transpersonal psychology, consciousness in relation to the brain and the universe, lucid dreaming and out-of-body experiences.

Chapter 5 : Beyond Brain Death: The Case Against Brain Based Criteria for Human Death by M. Potts

Beyond Brain Death offers a provocative challenge to one of the most widely accepted conclusions of contemporary bioethics: the position that brain death marks the death of the human person. Eleven chapters by physicians, philosophers, and theologians present the case against brain-based criteria.

Chapter 6 : Beyond Brain Death - M Potts, P A Byrne, R G Nilges - Bok () | Bokus

*BEYOND BRAIN DEATH THE CASE AGAINST BRAIN BASED CRITERIA FOR HUMAN DEATH by MICHAEL POTTS
Methodist College, Associate Professor of Philosophy, Fayetteville, North Carolina, U.S.A.*

Chapter 7 : Beyond brain death

Beyond brain death Pam Reynolds' near-death experience Michael Sabom is a cardiologist whose latest book, Light and Death, includes a detailed medical and scientific analysis of an amazing near-death experience of a patient named Pam Reynolds who underwent a highly unusual operation in which the patient is "flatlined" in order to perform a.

Chapter 8 : Beyond brain death?

confined to the relationship between "brain-death" legislation and the second class of interests. Our argument in the rest of Part I is that in view of a basic shift in the practice of medicine, manifested most clearly by a change in the way death is determined, any legislation.

Chapter 9 : Beyond Brain Death (ebook) by M. Potts |

Beyond Death: The Science of the Afterlife "This world of consciousness beyond the body," he wrote, "is the true new frontier, not just of science but of humankind itself, and it is my.