



Pediatric Brain Death and Organ/Tissue Retrieval: Medical, Ethical, and Legal Aspects

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The death of a child, one whose vulnerability and unfilled promise compounds the tragedy of any death, touches us deeply. When that death occurs due to the generally unexpected and sudden loss of brain function, it is particularly poignant. And yet, when death comes, it should be diagnosed expeditiously. The professional responsibilities of the physician require that he both recognize brain death and inform the family of its occurrence. In addition, since recent advances in transplantation provide the possibility of using the organs of a brain-dead child to save the lives of other children, the concepts of beneficence and charity further compel physicians to facilitate such transplantations by informing the family about this possibility. Criteria of brain death have been refined over about 30 years since the term coma dépassé (beyond coma) was coined by Mollaret and Goulon in 1957 (Kaufman and Lynn, 1986). The last major criteria evolved on a national level were those of the President's Commission in 1981. However, studies to date have concentrated on adults, and relatively little work has been reported about developing brain death criteria for the young. Indeed, the advisors to the President's Commission suggested that there are significant—although not well defined—differences in the ability of the brains of those under five years of age to recover from clinical states that would be accepted as indicative of complete and irreversible loss of brain function in adults.

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