

consciousness, what difference does it make if the whole brain dies or not? In any event, death of the brain stem alone means irreversible unconsciousness and unconsciousness is the state in which a person has no capacity to act willfully and no capacity of conscious thought. If so, even in cases of destruction of less than the whole brain there is no living consciousness. According to the Gaon of Vilna, such a dieing patient is to be considered halachically dead.

And if one is concerned with the state of respiration, why is the absence of autonomous respiration and the impossibility of restoring it insufficient to categorize the patient as halachically dead in accord with the sole sign mentioned by the Talmudic Sages, cessation of breathing?

Rabbi Auerbach required a strict position in viewing the patient as dubiously on the verge of death, thus prohibiting moving him for non-therapeutic purposes. Rabbi A.A. Shapiro has commented on this position in two ways: (a) Examinations performed to verify brain death are likely to be of benefit to the patient because they might reveal signs of life, thereby enabling the medical staff to treat him and perhaps restore him to life; (b) A brain dead patient attached to a ventilating machine does not exhibit signs of being on the verge of death (*goses*; see Rema, *Even ha-Ezer* 121:6; *Choshen Mishpat* 212:2). Therefore, he does not have the status of a person on the verge of death.

We can conclude that the permissibility, and indeed the great obligation, of donating organs from a brain dead donor for transplantation in lifesaving procedures is well founded and sturdy. There is no reason to object to anyone who relies on the great authorities who established this position for they are the ordained chief rabbis of Israel, as Hazon Ish wrote (see *supra*). On the contrary, it is very meritorious for a person to save a life even after his own death, and it is a great mitzvah for the family of the donor which gives their consent for the procedure.

## International Responsa Project

**Subject: Euthanasia**

**Date:** April 2007

**Q:** *There is a patient who is on a ventilator for two weeks. She is completely sedated and her blood pressure is maintained by an adrenaline infusion pump, to raise the blood pressure. The question asked is if the doctor can stop this adrenaline because the patient is beyond being healed.*

*In the guidelines by Professor Steinberg it says in 6a, "to gradually lower dopamine dosage."*

*Bechavod rav*

**A:** Shalom,

From halakhic point of view the following issues have to taken into account:

The patient is terminal, *i.e.*, his life expectancy is less than 12 months;

The treatment is intermittant in nature, *i.e.*, there is a need to re-start the dose or the mode of treatment periodically;

The amount of suffering.

From the details of the question it seems that the patient is indeed a dying patient with *chayye sha'ah* only.

The dopamine is by nature an intermittant treatment so that when the dose finishes one is permitted not to add another amount of it.

The issue of suffering is a debate between the *poskim*. According to R. Eliashiv the suffering has to noticeable, *i.e.*, we should see actual signs of suffering in the dying patient. Also according to his opinion the treatment has to be such that causes suffering otherwise it is not permissible to withhold it. Hence, according to this opinion the dopamine ought to be continued. According to R. Feinstein and R. Auerbach any patient who is dying is by definition suffering even if doctors don't realize it. Also the suffering is regarded by mere contiuous life of suffering regardless of the mode of treatment. Hence by this opinion one is permitted not to resume the next dose of dopamine.