

1: Death Penalty Law Law and Legal Definition | USLegal, Inc.

Cf Angel of death, Kevorkian-'Dr Death' Regulatory death Unless you meet the requirements of the Uniform Determination of Death Act passed by the US Congress, , you ain't officially dead; a person.

To clarify death further, we will need to say a bit about the nature of life, and ask whether life can be suspended or restored, and how it relates to our continued existence. We can also distinguish between the concept of death and criteria by which death can be detected. Suppose we could construct a machine, the HAL 1. It seems that being conscious does not entail being alive. Still, to the extent that we are puzzled about the nature of life, we will be puzzled about what is entailed by the ending of life, that is, death. Things that are alive have a distinctive capacity to develop or maintain themselves by engaging in various processes including chemosynthesis, photosynthesis, cellular respiration, cell generation, and maintenance of homeostasis. Let us call these vital processes. It is one thing to have the capacity to deploy these processes and another to actually deploy them, just as there is a difference between having the ability to run and actually running. For accounts of life, see Van Inwagen and Bedau We can call this the loss of life account of death. The event by which the capacity to employ vital processes is lost is one thing and the condition of having lost it is another. On one hand it might be a process wherein our lives are progressively extinguished, until finally they are gone. On the other it might be a momentary event. This event might be understood in three ways. First, it might be the ending of the dying process—the loss of the very last trace of life. Second, it might be the point in the dying process when extinction is assured, at least given the resources available to prevent it. A third possibility is that life ends when the physiological systems of the body have lost the capacity to function as an integrated whole, or when this loss becomes irreversible Belshaw ; DeGrazia Thus death can be a state being dead , the process of extinction dying , or one of three events that occur during the dying process. Death in all of these senses can be further distinguished from events—such as being shot with an arrow—that cause death. When zygotes and embryos are frozen for later use in the in vitro fertilization procedure, their vital processes are brought to a stop, or very nearly so. The same goes for water bears that are dehydrated, and for seeds and spores. It seems clear that the zygotes and water bears are not dead, since their vital processes can easily be restarted—by warming the zygote or by wetting the water bear. They are not dead, but are they alive? If we deny that they are alive, presumably we would do so on the grounds that their vital processes are halted. However, the loss of life account is thoroughly established in ordinary usage, and is easily reconciled with the possibility of suspended animation. In denying that frozen embryos are dead, it is clear that we mean to emphasize that they have not lost the capacity to deploy their vital processes. When we say that something is dead, we mean to emphasize that this capacity has been lost. Our best option is to use a pair of contrasting terms. What seems relatively uncontroversial is that being dead consists in unviability. To retain the loss of life account, we have only to add that being alive consists in viability. We can then say that a frozen embryo is viable and hence alive despite its lack of vitality, and it will die if its life ends it will die if it ceases to be viable. We would then say that a frozen embryo is not alive since it lacks vitality but also that it is not dead since it remains viable. Restoration in this sense is quite different from the revival of something, such as a frozen embryo, whose vital processes have been halted. Something can be revived only if it is alive—only if it has the capacity to deploy vital processes, as in the case of a frozen zygote. It is revived when it regains vitality. Life is restored when this capacity is regained. To bring the possibility of restoration into view, imagine a futuristic device, the Disassembler-Reassembler, that reduces me to small cubes, or individual cells, or disconnected atoms, which it stores and later reassembles just as they were before. Many of us will say that I would survive—my life would continue—after Reassembly, but it is quite clear that I would not live during intervals when my atoms are stacked in storage. I would not even exist during such intervals. If I can be Reassembled, my life would be restored, not revived. Restoration, not revival, is a way of bringing a creature back from the dead. Now imagine a device that repairs corpses: Like the Disassembler-Reassembler, the corpse reanimator would resurrect the dead—it would restore the lives of people who have died. Given the possibilities of restoration and revivification, it seems best to refine the loss of life account, as follows: A thing

dies at the time it loses this capacity. It is dead at all times afterwards, except while that capacity is regained. This characterization of death could be sharpened if we had a clearer idea of what we are, and the conditions under which we persist. However, the latter is a matter of controversy. There are three main views: Animalism suggests that we persist over time just in case we remain the same animal; mindism suggests that we persist just when we remain the same mind. Personism is usually paired with the view that our persistence is determined by our psychological features and the relations among them Locke , Parfit If we are animals, with the persistence conditions of animals, our deaths are constituted by the cessation of the vital processes that sustain our existence as human beings. If we are minds, our deaths are constituted by the extinction of the vital processes that sustain our existence as minds. And if persistence is determined by our retaining certain psychological features, then the loss of those features will constitute death. These three ways of understanding death have very different implications. Severe dementia can destroy a great many psychological features without destroying the mind, which suggests that death as understood by personists can occur even though death as understood by mindists has not. Moreover, human beings sometimes survive the destruction of the mind, as when the cerebrum dies but the brainstem does not, leaving an individual in a persistent vegetative state. It is also conceivable that the mind can survive the extinction of the human being: These possibilities suggest that death as understood by mindists can occur even though death as understood by animalists has not and also that the latter sort of death need not be accompanied by the former. May people and other creatures continue to exist after dying, or cease to exist without dying? Take the first question: The view that death entails our annihilation has been called the termination thesis Feldman The position that we can indeed survive death we might call the dead survivors view. The dead survivors view has been defended by various theorists, most notably Fred Feldman , , The idea might be that an animal continues to count as the same animal if enough of its original components remain in much the same order, and animals continue to meet this condition for a time following death Mackie On this view, if you and I are animals as animalists say then we could survive for a time after we are dead, albeit as corpses. In fact, we could survive indefinitely, by arranging to have our corpses preserved. However, this way of defending the dead survivors view may not be decisive. What about the second question: Certainly things that never were alive, such as bubbles and statues, can be deathlessly annihilated. Arguably, there are also ways that living creatures can be deathlessly annihilated Rosenberg , Feldman , Gilmore Yet when amoebas split, and chlamydomonas fuse, the vital processes that sustain them do not cease. If people could divide like amoebas, perhaps they, too could cease to exist without dying. For a famous discussion of division, fusion, and their implications, see Parfit However, proponents of that account can hold their ground. They can say that division, fusion, and other apparent examples of deathless exits are unusual ways of dying, because nonexistence is not brought about via the destruction of vital processes, but they are not ways of escaping death altogether. Proponents of the loss of life account might also turn the tables on its critics, and argue as follows: So there are no deathless exits after all. A criterion for death, by contrast, lays out conditions by which all and only actual deaths may be readily identified. Such a criterion falls short of a definition, but plays a practical role. For example, it would help physicians and jurists determine when death has occurred. A determination of death must be made in accordance with accepted medical standards. Animalists might resist the criteria since the vital processes of human beings whose entire brains have ceased to function can be sustained artificially using cardiopulmonary assistance. Mindists and personists might also resist the criteria, on the grounds that minds and all psychological features can be destroyed in human beings whose brain stems are intact. For example, cerebral death can leave its victim with an intact brain stem, yet mindless and devoid of self-awareness. Misfortune May death or posthumous events harm us? Might they benefit us? Perhaps; in order to decide, we will need an analysis of welfare, which tells us what well-being is and how well off we are. We will also need an account of personal interests, which tells us what it is for something to be in our interests or against our interests. In order to clarify comparativism, it is best to distinguish different senses in which an event can have value. Some events are intrinsically good or bad for a subject; such events are good bad for their own sakes, rather than in virtue of their contingent effects. By contrast, some events are extrinsically good bad for a subject; they are good bad because of their contingent effects. For example, many people count their pleasure as

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intrinsically good and their pain as intrinsically bad; aspirin would be extrinsically good, since it eliminates pain, and really bad puns would be extrinsically bad in that they are painful. Events can have value in a different way: Events are overall good bad for me when and to the extent that they make my life better worse than it would be if those events had not occurred. Contrast events that are partially good bad for me: Partial goods may be overall bad for me. For example, playing video games every day gives me pleasure, and is hence partially good for me, but if it also causes me to neglect my job, health and family, it might well be overall bad for me. But let us attempt to formulate the comparativist account a bit more precisely.

2: What Is the Biblical Definition of Death?

Death's-head, a symbol of mortality, is from s. Death row first recorded s. Death knell is attested from ; death penalty from ; death rate from Slang be death on "be very good at" is from Death wish first recorded

This work is available here free, so that those who cannot afford it can still have access to it, and so that no one has to pay before they read something that might not be what they really are seeking. But if you find it meaningful and helpful and would like to contribute whatever easily affordable amount you feel it is worth, please do do. I will appreciate it. The button to the right will take you to PayPal where you can make any size donation of 25 cents or more you wish, using either your PayPal account or a credit card without a PayPal account. The Definition of Death Rick Garlikov The attempts by legislatures, lawyers, clergymen, physicians, and philosophers to define death as the cessation of function of a certain body part whether heart, brain, part of the brain, or whatever have been misguided. They are failures in theory, and, as medical science progresses, somewhat likely to be shown to be failures in practice. These attempts show a fundamental misunderstanding of what we mean by death and what medical science is doing when one or more of its practitioners pronounces a person dead. The legislative concern about what death is, is actually or ought to be the concern with when we know for sure death first occurs. This is necessary in those cases where the process of dying is somewhat gradual or where the signs of death are not definitive, especially perhaps in those cases where the body, or parts of the body can be kept functioning mechanically even after death. It is not necessary in those cases where death results immediately and obviously from some kind of cataclysmic, and clearly fatal, trauma to the body. Nor is it necessary for knowing a decomposed body is dead. We do not need to, say, hook up an EEG to a skeleton to know the person whose skeleton it was is dead. Knowing when death first occurs in the unclear cases is important, in order to know when to discontinue life support systems, when to remove organs for donation, when to pronounce death for legal purposes such as probating wills, etc. What death is has been quite clear and has not changed throughout the ages; but when death clearly first occurs, or when death has clearly first occurred, in a person depends to an extent on the power of medical science at any given time, and this is what changes through history as medical science and medical technology improve. It is conceivable that medical science will progress to a point where the concept of death itself will have to be changed, and I will address that at the end of this essay, but at the time of this writing, death is still what it has always been. The normally considered useful or important activities are those in which the body can act voluntarily in some way, and at least show that thought or feeling or perception is associated "with" it. And people show through their physical bodies they are thinking, perceiving, feeling, etc. When they are dead, they are no longer able to show either of these things. Their bodies are no longer able to show that they are or can be associated with any kinds of mental states. Now it is normally thought, even by people who believe in life after death, that dead bodies are no longer able to show that they are associated with any kinds of mental states because they are in fact no longer able to be associated with any kinds of mental states. But whether that is true or not, it is at least true that the dead bodies show no association with mental activity or mental states. Dead bodies give no hint or sign of being able to think, make decisions, see, hear, feel, or smell anything, have emotions, do algebra, or have any other mental experience, whether they can in fact have such experiences or not. When one entertains the possibility of life after death, one is not questioning the permanence of physical death or death of the body; one is simply questioning whether physical death also causes or involves the end of all mental life or abilities, not just those associated with and demonstrated by, that body. But there is no empirical test that I know for whether disembodied mental activity continues or has ceased, permanently or otherwise, for any dead body; and disembodied or spiritual mental perishing has never been the issue in declaring death or knowing death. Death has always been understood in terms of bodily death -- in terms of a permanently non-functioning body, or at least a non-functioning body for which there is no reason to believe functioning will ever return, particularly the mental functioning previously associated or in the case of a baby, expected to be associated with the body. The possibility, of course, remains open that some metaphysical or eschatological religious intervention might occur in which bones don flesh and the dead from ages past arise and live again, and if this

ever happened we would have to re-think of death as some sort of dormancy rather than as permanent perishing or annihilation of the body. Death is, and is usually thought of, as the permanent cessation of any possible voluntary movement or activity, or of any self-initiated or self-contained or self-activated movement or activity of the body except, again, for decay, hair growth, etc. In a sense, the death of the body is significant because it signals, and is a part of, the death of the relationship between the body and the mind that is, between the body and the mental phenomena associated with that body. The key element is that the body is thought to be permanently unable to demonstrate any association with any mental phenomena. In death there is no self-activated heartbeat, brain waves, breathing, speech, motion, display of emotion or display of thinking, feeling, etc. Just after medical science learned it could re-start hearts which had quit beating, people whose hearts had been restarted were said to have been "dead for two minutes" or for whatever amount of time their heart had been idle. That, however, is a metaphorical or mistaken use of "dead" or is simply a use of the term "dead" because of a formal legal or medical definition, even though that definition does not involve the essential aspect of death that means when you are dead, you are not "coming back. To say someone died during surgery and then was resuscitated and is now fine is not to mean they "died" in the normal sense of the word. I do not know what to say about a case like Lazarus, said to be dead four days before Jesus is said to have intervened and brought him back to life. That kind of case, however, falls under the rubric of metaphysical or divine intervention, and is probably not too necessary to try to allow for in normal medical or legal considerations about the onset of death. Should such cases occur, they would cause us to re-think our notion of what death is and they would cause all kinds of problems for life insurance beneficiaries, remarried widows, inheritance, disability insurance policies, burial or cremation policies, etc. The important, difficult, but entirely empirical question is not what death is then, but when it can be known or confirmed to first occur. This is important for the courts, doctors, etc. It is also important to know so that life insurance rather than disability insurance should be paid, grieving over death begin, funeral services take place, spouses legally re-marry, burial or cremation take place, wills be probated, etc. The answer to that question is subject to change as medical science improves in its ability to detect important bodily functions and in its ability to revive people from states it previously could not. And because doctors and other medical people have neither found any other important activity occurring or being able to continue for long with a "stopped" brain nor have seen anyone revive from a brain whose activity has ceased for a certain amount of time, that criterion for the onset of death is the current one. This is not a definition of death; it is a criterion for deciding when death has first occurred. It is the earliest state of non- self-activity or of non- important activity from which no one has ever known to have revived or been revived. Now one can imagine a day when either a new, important bodily activity is detected or brain waves too weak for an EEG can be detected by another, more sensitive machine when an EEG does not detect brain waves, or one can imagine the day when someone discovers some chemical, electrical, or surgical, or whatever, balm or procedure that can get stopped brains or stopped brain waves "going" again or rendered unnecessary. It is hard to believe that desiccated bones dug up from the grave will be restorable to life, or that in fact any body, once it begins to decay substantially, can be resuscitated; but if that happens or could be made to happen, then my definition of death would be wrong, and we would need to reconsider all our behavior relating to death. Or death would have happened only to those unfortunates who had such catastrophic accidents that nothing of their bodies is left to resuscitate. But at this point in time there is no need to worry about what death is or whether it could be overcome in terms of physical resurrection, resuscitation, remedy, or revitalization of those long thought dead. At whatever stage that is with regard to medical technology and knowledge, that is the criterion at that time, and should be the legal criterion, for telling when death first has occurred. Instruments may not have to be used to ascertain that state has occurred, if it is known that the state coincides with more visible phenomena, such as decapitation or even the last breath of a long-suffering cancer patient. Notice, that there is possibly a difference between knowing when death has first occurred, and its actually having first occurred. Suppose that some people have had brain waves spontaneously re-start after five hours of flatline. That would mean, one would have to wait at least five hours after brainwaves flatlined in order to know whether the brain would re-start or not. Suppose that in a given case it does not restart. One would pronounce the person dead at the end of the requisite period of time, but it

is reasonable to believe that the person actually died the second his brainwaves stopped, since they were not going to re-start. We just have to wait the requisite period in order to know whether he had suffered irreversible brain cessation or not. When a doctor is frantically trying to revive a stopped heart after other members of a medical team say it is too late, they are disagreeing about whether they know for sure at the time that the patient is dead -- "gone forever". The doctor still trying to save him is not saying he is not dead; he is only saying he may not yet be dead -- that we do not know yet whether he is dead or not. To pronounce a patient dead is to say at that point we know his body is not coming back to functioning in the requisite way and cannot be brought back to functioning in that way. Similarly, I think, but I am not wedded to this, if there is absolutely no access to medical assistance of the kind that might restart body functions, the person is dead once those body functions cease, even though they could be, or could have been, theoretically re-started under different conditions. This is true whether the conditions for resuscitating the body are distant in either time or space. I think I would want to say that a person whose heart stopped in and was unable to be re-started then was dead at that time, even though he could have been saved in if he were within reach of the right medical care and were in that same condition. But in both cases they were each "theoretically not yet dead," since there are now known ways to revive them under the proper circumstances. Since the concept of death for thousands of years had no reason to make this kind of distinction, since there were no scientific, medical ways to revive people from a stopped heart or possibly even stopped breathing, there is no point in trying to choose one of the two meanings over the other as being "the real" meaning or definition of death. Fiction and science fiction have painted pictures of the sort I will be describing that all seemed pretty clear to people, even though the concepts were difficult to explain in words. One original Star Trek television episode portrayed brightly glowing jars that contained the living minds not brains, but minds of a husband and wife pair of scientists who were anxious to make robot bodies for themselves after being in their separate jars for centuries. To make such bodies, they first changed places with the minds of Captain Kirk and a beautiful female astrophysicist. Once the change was in effect, the jars glowed very dimly since the intellects of Captain Kirk and the astrophysicist were not as advanced as the intellects of the scientists. The scientists were clearly brighter than Kirk and the woman crew member. The scientists then were finally able to kiss after centuries. Watching the show, one had no difficulty "suspending belief" in order to see the couple as either Captain Kirk and crew member or as male and female alien scientist, depending on which mind was in the body at the time. In short, the person and the body of the person can easily be thought of as two different things, though in real life, we would not talk that way or have any use for talking that way. So far that concept is relegated to fiction, but there is at least the theoretical possibility that science could allow persons to change bodies. If so, as I describe below, that will necessitate a new concept of death, which I will also discuss below. The notion or concept of death I have described above involves essentially the death of the body of the "person" who is dead. Suppose, though, that there is some part of the body presumably the brain or some part of the brain that is integrally associated with thinking and perceiving, with memory, etc. The brain might be also preserved in a machine, such as a mechanical, robot-like, body, or if put into a host human body that body might have two brains after the transplant. The specifics of the physical aspects of this may vary, but the conceptual issues I am about to raise will still be about the same, I think. Until and unless the day arrives for such a transplant, I think everything I said earlier is true. But if that day does come, there will be new conceptual problems I will now begin to discuss, but I think those can be resolved. The initial problem is this: Suppose we have two people, Abe and John. Up to the time of the possibility of a brain transplant, this would mean that Abe is about to die. John, in the meantime has something severely wrong with his brain, even though the rest of his body is perfectly healthy. Technically this could be considered either a brain transplant or a body transplant, but we typically would say it is a brain transplant. To begin with, let us assume that when this "body with the different brain" wakes up, "it" or the person "in it" identifies himself with Abe. When asked his name, he says it is Abe. He recognizes his wife and children and says how happy he is to be able to still be with them. He can name all his grade school teachers and he starts telling strangers some of the stories that he has been telling for years. He asks for his favorite food, which is the same favorite food Abe always asked for. In short, we would say this is Abe and Abe is still alive. Abe might look different, and might even look like a twenty year old if John was 20

, and his friends might not recognize him or believe it was him, but this problem is not much different than if he had lost a lot of weight, got in shape, had a hair implant, had a face lift, dyed his hair, etc. As time goes on, his friends would easily come to recognize him again, and might even eventually forget he used to look like the old Abe. In short, this is Abe. If it does not work out so cleanly in that way, then we are on new conceptual ground, though fiction and science fiction has explored this new ground to some extent. Normally there are two aspects to being the same person, one mental, one physical, and these two aspects normally "go together" in some sense. They "stay with" the same body. That is, of course, while he is alive. But even in the normal case, conceptual problems arise if one were to think about them. The mind and the body each change through time.

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A final assumption underlying the mainstream discussion of the definition of death is that human death is a morally crucial marker. Were it not, then accuracy in the definition of death would be of purely ontological, conceptual, or scientific interest. This attitude, of course, is not the prevailing one.

The Current Mainstream View: The Whole-Brain Approach According to the whole-brain standard, human death is the irreversible cessation of functioning of the entire brain, including the brainstem. This standard is generally associated with an organismic definition of death as explained below. Unlike the older cardiopulmonary standard, the whole-brain standard assigns significance to the difference between assisted and unassisted respiration. But such a patient necessarily lacks the capacity for unassisted respiration. On the old view, such a patient counted as alive so long as respiration of any sort assisted or unassisted occurred. But on the whole-brain account, such a patient is dead. The present approach also maintains that someone in a permanent irreversible vegetative state is alive because a functioning brainstem enables spontaneous respiration and circulation as well as certain primitive reflexes. The most important terms for our purposes appear in italics. We may think of the brain as comprising two major portions: With these basic concepts in view, it may be easier to contrast various states of permanent unconsciousness. For a helpful overview, see Cranford By contrast, in a permanent irreversible vegetative state PVS , while the higher brain is extensively damaged, causing irretrievable loss of consciousness, the brainstem is largely intact. Thus, as noted earlier, a patient in a PVS is alive according to the whole-brain standard. Retaining brainstem functions, PVS patients exhibit some or all of the following: A rare form of unconsciousness that is distinct from PVS and tends to lead fairly quickly to death is permanent irreversible coma. This state, in which patients never appear to be awake, involves partial brainstem functioning. Permanently comatose patients, like PVS patients, can maintain breathing and heartbeat without mechanical assistance. With this background, we turn to the advantages and disadvantages of the whole-brain approach. First, what considerations favor this approach over the traditional focus on cardiopulmonary function in determining death? The most prominent and arguably the most powerful case for the whole-brain standard appeals to two considerations: Some who regard a general definition of death as unnecessary have focused on consideration 2 in defending the whole-brain standard. Some others, as discussed later, have retained consideration 1 but dropped consideration 2. An additional consideration that has been influential, yet is logically separable from the other two, is 3 the thesis that the whole-brain standard updates, without replacing, the traditional approach to defining death. According to the organismic definition, death is the irreversible loss of functioning of the organism as a whole Becker ; Bernat, Culver, and Gert Proponents of this approach emphasize that death is a biological occurrence common to all organisms. Although individual cells and organs live and die, organisms are the only entities that literally do so without being parts of larger biological systems. Ideas, cultures, and machines live and die only figuratively; cells and tissues are literally alive but are parts of larger biological systems. So an adequate definition of death must be adequate in the case of all organisms. What happens when a paramecium, clover, tree, mosquito, rabbit, or human dies? The organism stops functioning as an integrated unit and breaks down, turning what was once a dynamic object that took energy from the environment to maintain its own structure and functioning into an inert piece of matter subject to disintegration and decay. In the case of humans, no less than other organisms, death involves the collapse of integrated bodily functioning. The whole-brain standard does not follow straightforwardly from the organismic conception of death. Why think the brain so important? Although heartbeat and breathing normally indicate life, they do not constitute life. Life involves integrated functioning of the whole organism. Circulation and respiration are centrally important, but so are maintenance of body temperature, hormonal regulation, and various other functions—as well as, in humans and other higher animals, consciousness. The brain makes all of these vital functions possible. Their integration within the organism is due to a central integrator, the brain. This leading case for the whole-brain standard, then, consists in an organismic conception of death coupled with a view of the brain as the chief integrator of interdependent bodily functions. Another consideration sometimes advanced in favor of the whole-brain standard positions it

as a part of time-honored tradition rather than a departure from tradition. The argument may be understood either as an appeal to the authority of tradition or as an appeal to the practicality of not departing radically from tradition. Three organs—the heart, lungs, and brain—assume special significance because their interrelationship is close and the irreversible cessation of any one very quickly stops the other two and consequently halts the integrated functioning of the organism as a whole. According to this view, when the entire brain is nonfunctional but cardiopulmonary function continues due to a respirator and perhaps other life-supports, the mechanical assistance presents a false appearance of life, concealing the absence of integrated functioning in the organism as a whole. The whole-brain approach clearly enjoys advantages. First, whether or not the whole-brain standard really incorporates, rather than replacing, the traditional cardiopulmonary standard, the former is at least fairly continuous with traditional practices and understandings concerning human death. Indeed, current law in the American states incorporates both standards into disjunctive form, most states adopting the Uniform Determination of Death Act UDDA while others have embraced similar language Bernat . The close pairing of the whole-brain and cardiopulmonary standards in the law suggests that the whole-brain standard does not depart radically from tradition. The present approach offers other advantages as well. For one, the whole-brain standard is prima facie plausible as a specification of the organismic definition of death in the case of human beings. Another practical advantage is permitting, without an advance directive or proxy consent, discontinuation of costly life-support measures on patients who have incurred total brain failure. While most proponents of the whole-brain approach insist that such practical advantages are merely fortunate consequences of the biological facts about death, one might regard these advantages as part of the justification for a standard whose defense requires more than appeals to biology see subsection 4. The advantages proffered by this approach contributed to its widespread social acceptance and legal adoption in the last few decades of the 20th century. As mentioned, every American state has legally adopted the whole-brain standard alongside the cardiopulmonary standard as in the UDDA. It is worth noting, however, that a close cousin to the whole-brain standard, the brainstem standard, was adopted by the United Kingdom and various other nations. According to the brainstem standard—which has the practical advantage of requiring fewer clinical tests—human death occurs at the irreversible cessation of brainstem function. Importantly, outside the English-speaking world, many or most nations, including virtually all developed countries, have legally adopted either whole-brain or brainstem criteria for the determination of death Wijdicks . Moreover, most of the public, to the extent that it is aware of the relevant laws, appears to accept such criteria for death *ibid*. Opponents commonly fall within one of two main groups. One group consists of religious conservatives—and, recently, a growing number of secular academics—who favor the cardiopulmonary standard, according to which one can be brain-dead yet alive if assisted cardiopulmonary function persists. The other group consists of those liberal intellectuals who favor the higher-brain standard to be discussed , which, notably, has not been adopted by any jurisdiction. The widespread acceptance in the U. Yet this near-consensus has been broader than it is deep. Following are several major challenges to the whole-brain standard—and, implicitly, to the brainstem standard. Several additional challenges are implicit in arguments supporting the higher-brain approach. The first challenge is directed at proponents of the whole-brain approach who claim that its standard merely updates, without replacing, the traditional cardiopulmonary standard. A major contention that motivates this thesis is that irreversible cessation of brain function will quickly lead to irreversible loss of cardiopulmonary function and vice versa. But extended maintenance on respirators of patients with total brain failure has removed this component of the case for the whole-brain standard PCB . The remaining challenges to the whole-brain approach are not specifically directed to those who assert that its standard merely updates the traditional cardiopulmonary standard. First, in the case of at least some members of our species, total brain failure is not necessary for death. After all, human embryos and early fetuses can die although, lacking brains, they cannot satisfy whole-brain criteria for death Persson , 22— An advocate could respond by introducing a modified definition: In the case of any human being in possession of a functioning brain, death is the irreversible cessation of functioning of the entire brain. While this may be practically useful in the world as we know it for the foreseeable future, this definition is not conceptually satisfactory if it is possible in principle for some human beings with brains that is, who have

functioning brains at any point in their existence to die without destruction of their brains. But suppose we develop the ability to transplant brains. The thought-experiment that follows appears in McMahan, Recall that the whole-brain standard is generally thought to receive support from an organismic definition of death. But such a conception of human death, one could argue, only makes sense on the assumption that we are essentially human organisms see discussion of the essence of human persons in section 2. According to the present critique, the brain is merely a part of the organism. Suppose the brain were removed from one of us, and kept intact and functioning, perhaps by being transplanted into another, de-brained body. Bereft of mechanical assistance, the body from which the brain was removed would surely die. But this body was the living organism, one of us. So, although the original brain continues to function, the human being, one of us, would have died. Total brain failure, then, is not strictly necessary for human death. A possible rebuttal to this challenge from one who accepts that we are essentially organisms is to argue that the existence of a functioning brain is sufficient for the continued existence of the organism van Inwagen, 1984, 1985. If so, then in the imagined scenario the original human being would survive the brain transplant in a new body. Thus, the rebuttal concludes, it is false that a human being could die although her brain continued to live. Perhaps more threatening to the whole-brain approach is the growing empirical evidence that total brain failure is not sufficient for human death assuming the latter is construed, as whole-brain advocates generally construe it, as the breakdown of organismic functioning mediated by the brain. Many of our integrative functions, according to the challenge, are not mediated by the brain and can therefore persist in individuals who meet whole-brain criteria for death by standard clinical tests. Such somatically integrating functions include homeostasis, assimilation of nutrients, detoxification and recycling of cellular wastes, elimination, wound healing, fighting of infections, and cardiovascular and hormonal stress responses to unanesthetized incisions for organ procurement ; in a few cases, brain-dead bodies have even gestated a fetus, matured sexually, or grown in size Shewmon ; Potts It has been argued that most brain functions commonly cited as integrative merely sustain an existing functional integration, suggesting that the brain is more an enhancer than an indispensable integrator of bodily functions Shewmon This hormonal regulation is a brain function that represents an integrated function of the organism as a whole Miller and Truog Another, related problem for the sufficiency of total brain failure for human death arises from reflection on locked-in syndrome. People with locked-in syndrome are conscious, and therefore alive, but completely paralyzed with the possible exception of their eyes. With intensive medical support they can live. The interesting fact for our purposes is that some patients with this syndrome exhibit no more somatic functioning integrated by the brain than some brain-dead individuals. Whatever integration of bodily functions remains is maintained by external supports and by bodily systems other than the brain, which merely preserves consciousness Bartlett and Youngner , 1986. If total brain failure is supposed to be sufficient for death, and if this is true only because the former entails the loss of somatic functioning integrated by the brain, then the loss of those functions should also be sufficient for death. But these patients, who are clearly alive, show that this is not so.

4: Definitions of Death - rituals, world, burial, body, funeral, life, history, beliefs, cause, time

Legal Definition of death: a permanent cessation of all vital bodily functions: the end of life – see also brain death, civil death Note: Death is usually defined by statute and for purposes of criminal homicide has been held to include brain death.

For example, the first edition of Encyclopaedia Britannica informed its readership that "DEATH is generally considered as the separation of the soul and body; in which sense it stands opposed to life, which consists in the union thereof" , v. The confidence and concision had dissolved by the time the fifteenth edition appeared in The entry on death had expanded to more than thirty times the original length. The earlier definition was not mentioned, and the alternative that death is simply the absence of life was dismissed as an empty negative. Readers seeking a clear and accurate definition were met instead with the admission that death "can only be conjectured" and is "the supreme puzzle of poets" , v. This shift from confidence to admission of ignorance is extraordinary not only because death is such a familiar term, but also because so much new scientific knowledge has been acquired since the eighteenth century. Actually, the advances in biomedical knowledge and technology have contributed greatly to the complexity that surrounds the concept and therefore the definition of death in the twenty-first century. Furthermore, the definition of death has become a crucial element in family, ethical, religious, legal, economic, and policy-making decisions. It would be convenient to offer a firm definition of death at this point – but it would also be premature. An imposed definition would have little value before alternative definitions have been considered within their socio-medical contexts. Nevertheless, several general elements are likely to be associated with any definition that has a reasonable prospect for general acceptance in the early years of the twenty-first century. Such a definition would probably include the elements of a complete loss or absence of function that is permanent, not reversible, and useful to society. These specifications include the cautious differentiation of "permanent" from "not reversible" because they take into account the argument that a death condition might persist under ordinary circumstances, but that life might be restored by extraordinary circumstances. Despite this caution there are other and more serious difficulties with even the basic elements that have been sketched above. That a definition of death must also be "useful to society" is a specification that might appear to be wildly inappropriate. The relevance of this specification is evident, however, in a pattern of events that emerged in the second half of the twentieth century and that continues to remain significant e. Competing definitions of death are regarded with respect to their societal implications as well as their biomedical credibility. Attention is given first to some of the ways in which common usage of words has often led to ambiguity in the definition of death. The historical dimension is briefly considered, followed by a more substantial examination of the biomedical approach and its implications. One Word Used in Several Ways The word death is used in at least three primary and numerous secondary ways. The context indicates the intended meaning in some instances, but it is not unusual for ambiguity or a shift in meanings to occur in the midst of a discussion. People may talk or write past each other when the specific usage of "death" is not clearly shared. The three primary usages are: Death as an event. In this usage, death is something that happens. As an event, death occurs at a particular time and place and in a particular way. In this sense of the term, death is a phenomenon that stays within the bounds of mainstream conception and observation. Time, place, and cause can be recorded on a death certificate theoretically, in all instances although, in practice, the information may be incomplete or imprecise. This usage does not concern itself with mysteries or explanations: Death is an event that cuts off a life. Death as a condition. This is the crucial area in biomedical and bioethical controversy. Death is the nonreversible condition in which an organism is incapable of carrying out the vital functions of life. It is related to but not identical with death as an event because the focus here is on the specific signs that establish the cessation of life. These signs or determinants are often obvious to all observers. Sometimes, though, even experts can disagree. Death as a state of existence or nonexistence. In this sense, it can almost be said that death is what becomes of a person after death. It refers not to the event that ended life nor the condition of the body at that time, but rather to whatever form of existence might be thought to prevail when a temporal life has come to its end.

Miscommunications and unnecessary disagreements can occur when people are not using the term death in the same way. For example, while grieving family members might already be concerned with finding someone to stay in contact with a loved one who will soon be "in death," the physicians are more likely to focus on criteria for determining the cessation of life. In such situations the same word death is receiving functionally different definitions. The secondary usages are mostly figurative. There are also extended uses that can be considered either literal or figurative, as when the destruction of the universe is contemplated: The issue open to speculation is whether the universe is fundamentally inanimate or a mega-life form.

Traditional Definitions of Death

Biomedical approaches to the definition of death have become increasingly complex and influential since the middle of the twentieth century. Throughout most of human history, however, death was defined through a combination of everyday observations and religious beliefs. The definition offered in the edition of *Encyclopaedia Britannica* is faithful to the ancient tradition that death should be understood as the separation of soul or spirit from the body. The philosophical foundation for this belief is known as dualism: Reality consists of two forms or essences, one of which is material and certain to decay, the other of which has a more subtle essence that can depart from its embodied host. Dualistic thinking is inherent in major world religions and was also evident in widespread belief systems at the dawn of known history. Definitions of death in very early human societies have been inferred from physical evidence, a limited though valuable source of information. Cro-Magnon burials, for example, hint at a belief in death as separation of some essence of the person from the flesh. The remains were painted with red ochre, consistently placed in a north-south orientation, and provided with items in the grave that would be useful in the journey to the next life. Anthropologists discovered similar practices among tribal people in the nineteenth and early twentieth centuries. The fact that corpses were painted red in so many cultures throughout the world has led to the speculation that this tinting was intended as a symbolic representation of blood. People throughout the world have long recognized that the loss of blood can lead to death, and that the cold pallor of the dead suggests that they have lost the physical essence of life conceived as blood, as well as the spiritual conceived as breath. A religious practice such as symbolically replacing or renewing blood through red-tinting would therefore have its origin in observations of the changes that occur when a living person becomes a corpse. A significant element in traditional definitions of death is the belief that death does not happen all at once. Observers may clearly recognize signs of physical cessation; for example, lack of respiration and responsiveness as well as pallor and stiffening. Nevertheless, the death is not complete until the spirit has liberated itself from the body. This consideration has been taken into account in deathbed and mourning rituals that are intended to assist the soul to abandon the body and proceed on its afterlife journey. It was not unusual to wait until only the bones remain prior to burial because that would indicate that the spirit has separated, the death completed, and the living emancipated to go on with their lives. Definitions of death as an event or condition have usually been based on the assumption that life is instantly transformed into death. This view has been modified to some extent through biomedical research and clinical observation. Historical tradition, though, has often conceived death as a process that takes some time and is subject to irregularities. This process view has characterized belief systems throughout much of the world and remains influential in the twenty-first century. Islamic doctrine, for example, holds that death is the separation of the soul from the body, and that death is not complete as long as the spirit continues to reside in any part of the body. This perspective is of particular interest because medical sophistication has long been part of Islamic culture and has therefore created a perpetual dialogue between religious insights and biomedical advances. The question of reconciling traditional with contemporary approaches to the definition of death requires attention to recent and current developments.

Biomedical Determinations and Definitions of Death

For many years physicians depended on a few basic observations in determining death. Life had passed into death if the heart did not beat and air did not flow into and out of the lungs. Simple tests could be added if necessary; for example, finding no response when the skin is pinched or pricked nor adjustive movements when the body is moved to a different position. In the great majority of instances it was sufficient to define death operationally as the absence of cardiac activity, respiration, and responsiveness. There were enough exceptions, however, to prove disturbing. Trauma, illness, and even "fainting spells" occasionally reduced people to a condition that could be mistaken for death. The

fortunate ones recovered, thereby prompting the realization that a person could look somewhat dead yet still be viable. The unfortunate ones were buried—and the most unfortunate stayed buried. There were enough seeming recoveries from the funeral process that fears of live burial circulated widely, especially from the late eighteenth century into the early years of the twentieth century. A related development served as a foreshadowing of complexities and perplexities yet to come. Scientifically minded citizens of late-eighteenth-century London believed they could rescue and resuscitate victims of drowning; they could and they did. Not all victims could be saved, but there were carefully authenticated cases in which an apparent corpse had been returned to life. Some of the resuscitation techniques they pioneered have entered the repertoire of emergency responders around the world. They also tried with occasional success the futuristic technique of galvanic electrical stimulation. The impact of these experiments in resuscitation far exceeded the small number of cases involved. Frankenstein would reanimate the dead by capturing a flash of lightning—and nonfictional physicians would later employ electric paddles and other devices and techniques for much the same purpose. The wonder at seeing an apparently dead person return to life was accompanied by a growing sense of uneasiness regarding the definition of death. It would not be until the middle of the twentieth century, though, that new developments in technology would pose questions about the definition of death that could no longer be shunted aside. The accepted legal definition of death in the middle of the twentieth century appeared simple and firm on the surface. Death was the cessation of life as indicated by the absence of blood circulation, respiration, pulse, and other vital functions. The development of new biomedical techniques, however, soon raised questions about the adequacy of this definition. Cardiopulmonary resuscitation CPR had resuscitated some people whose condition seemed to meet the criteria for death. Furthermore, life support systems had been devised to prolong respiration and other vital functions in people whose bodies could no longer maintain themselves. In the past these people would have died in short order. The concept of a persistent vegetative state became salient and a disturbing question had to be faced: Were these unfortunate people alive, dead, or somewhere in between? This question had practical as well as theoretical implications. It was expensive to keep people on extended life support and also occupied hospital resources that might have more therapeutic uses. It was also hard on family members who saw their loved ones in that dependent and nonresponsive condition and who were not able to enter fully into the grieving process because the lost person was still there physically.

5: Jason Hairston death: What is the definition of CTE?

Death: 1. The end of life. The cessation of life. (These common definitions of death ultimately depend upon the definition of life, upon which there is no consensus.) 2. The permanent cessation of all vital bodily functions. (This definition depends upon the definition of "vital bodily functions.") See: Vital bodily functions. 3.

How is new medical technology changing the way we define death? She suffered from sleep apnea and her doctors hoped that removing her tonsils and some surrounding tissues would help relieve the problem. In the recovery room after the procedure, Jahi suddenly began bleeding from her mouth and nose. Her heart stopped and she fell into a coma. Although doctors were able to restart her heart, the damage was already done. Starved for oxygen, her brain had suffered widespread damage. She would not breathe on her own, or open her eyes, again. Although multiple doctors examined Jahi and proclaimed her brain dead, her family rejected their declaration. There, families may require "on religious grounds" that death be proclaimed only when the heart has stopped. The family has filed a malpractice lawsuit. The suit itself is fairly straightforward: Jahi should not have experienced complications from what is normally a safe surgery. If she is still alive, then there is no limit on how much the hospital could owe in damages. It could potentially be held responsible to cover the cost of care for Jahi for the rest of her life. That could run into the millions of dollars. An Alameda County Superior Court judge has issued a tentative ruling, saying he is inclined to uphold previous decisions that Jahi is dead. So, the question becomes: Is Jahi McMath alive or dead? And do we, as a culture, need to redefine our decades-old understanding of what it means to be dead? This puts death into a special legal category where the final call is ultimately made by medical experts, not the letter of the law. For the American Academy of Neurology AAN, this means a physician performing a clinical examination to determine if the brainstem and cerebrum are functioning. In addition, the test must be performed a second time by a different physician to confirm that the brain is, in fact, dead, according to California law. However, the heart can continue to beat unassisted. The heart has a self-enclosed nerve web of its own that allows it to beat without input from the brain. In fact, there have been several cases of pregnant women who have suffered brain death and have been kept on a ventilator until their children successfully came to term. Which raises the question: Why is an otherwise-living person with a dead brain considered dead? John Luce, emeritus professor of medicine at UCSF, and practicing physician at the San Francisco General Hospital division of pulmonary and critical care medicine, in an interview with Healthline. The person would stop moving, grow stiff, cold, and bluish, and eventually, start to rot. When a person stopped breathing and their heart stopped beating, they were dead. And generally, one would swiftly follow the other. This definition remained for thousands of years. Loss of breath or heartbeat invariably resulted in death of the brain as well. But after the close of World War II, medicine experienced a revolution. Several new innovations came on the heels of one another. CPR was invented as was the mechanical ventilator, severing the connection between loss of breathing and death. The intensive care unit ICU was established, giving life-saving opportunities to people who would have previously died of heart failure. And perhaps most crucially, technologies and medicines improved enough to make organ transplantation feasible. Together, these developments called for a new definition of death. They also raised a whole series of new questions. If someone shoots another person and that person suffers brain death, but their body is kept alive in the hospital, is the shooter a murderer? If the brain dead person had expressed the desire to donate their organs, then would ending body function by removing their organs count as murder? New York and New Jersey are the only states that allow any kind of religious exemption. Does the Definition Need to Be Changed? Under this definition, Jahi McMath was dead at the time she was examined. She was unable to respond to any of the reflex tests and unable to breathe on her own. Her brainstem, at the very least, appears to be damaged or destroyed. However, he also argues that she was far from meeting the criteria for stability that the brain death test requires. They stopped providing her with any type of treatment designed to maintain her existence. I am of the firm belief that they were hoping she would die so the legal case would become moot. Dolan reports that Jahi has received an electroencephalogram EEG that has found evidence of electrical activity in her brain. In addition, MRI scans have found that her cerebrum is physically intact and receiving

blood flow. Having courts make decisions for patients is just a recipe for disaster. I would not accept it. The brain dead people are not as dead as we once thought they were, in the overall biological sense. Some scientists take the higher brain approach, arguing that death of the cerebrum constitutes death of the self. This would mean that patients in a persistent vegetative state PVS would also be considered dead. Currently, vegetative patients are considered severely disabled, not dead, although their cerebrums have been partially or wholly destroyed. The opposite can also occur. Patients who have an intact cerebrum but damage to the midbrain or brainstem can experience locked-in syndrome, in which they are fully conscious but unable to move, speak, or interact with the world. Some are capable of blinking their eyes to communicate, while others cannot move in any way at all. These patients can easily be misdiagnosed as being in a PVS. Meanwhile, patients with less brain damage may find themselves in a minimally conscious state MCS, a phrase that encapsulates a wide range of minor functions or lack thereof. An Ethical Quagmire Meanwhile, the dilemma of defining death cuts in both directions. Many people, such as Luce, feel that quality of life is just as important as presence of life. Even if someone is in a PVS, they can still have nutrition withdrawn so they pass away, as was the case with Terri Schiavo. This emphasis on personal wishes reflects another major shift in medicine. Nowadays, we have a complete swing of the pendulum toward patient autonomy. We have a tremendous emphasis on patients making decisions for themselves. Department of Health and Human Services reports that in , there were , people in the United States on waiting lists to receive organs, but only 29, transplants occurred which were taken from 14, donors. Each day, about 79 people receive organ transplants, but 22 die while still waiting for the organ they need. However, for a transplanted organ to be as healthy as possible, it needs to come from a healthy body. A body that has suffered cardiac death will cease to supply its organs with vital blood-laden oxygen, causing them to quickly die as well. But killing a patient by removing their organs is murder. They can transfer the brain dead body out of intensive care and into a room next to the operating rooms where the organ recipients are waiting. Should we require neuroimaging data for every evaluation? No, but there may be an increasing number of cases that middle ground area where a reasonable doctor would employ neuroimaging. And if this is the case, then the legal standard would adjust. That kind of information is very helpful to a physician. Sam Barclay on August 27, related stories.

6: Determination of Death Act Summary

According to the Uniform Determination of Death Act (), the definition of death is: An individual is dead if the individual has sustained either, irreversible cessation of circulatory and respiratory functions; or irreversible cessation of all functions of the entire brain, including the brain stem.

Search Determination of Death Act Summary In an era of rapid technological change, it is not unusual for technology to overcome medical, social and legal commonplaces. One instance of this is the legal standard for determining biological death. Advances in medical techniques and equipment have made it necessary to re-evaluate traditional legal standards for declaring a human being dead. Such standards are necessary not because of death itself, but because of the effect in the law of the biological fact of death. Criminal law outlaws murder for the protection of life. Yet ironically, criminal law requires a legal determination of death upon which murder sanctions can be anchored. Determinations of death are also important in establishing the property relationships that arise through inheritance and devise. The standards for determining death are not much of a problem for the deceased, but they are important to the living, who may be favored or disfavored in the law because of the biological fact. It was plain that legal recognition only of traditional criteria—“which rely on measuring cessation of respiration and circulation”—would no longer suffice. Clearly the brain, as the center of the human body, is its most important organ. Its irreversible functioning should be accepted as death. Nonetheless, cessation of respiration and circulation are easily detectable and have been the only means available to determine death until very recently. Direct detection of loss of brain function is a product of very modern technology. Those biological functions can now be maintained by "extraordinary means of life support" beyond the time the brain can be maintained. Therefore, a broader standard than the traditional one for determining death has become essential. The Uniform Brain Death Act simply established that the "irreversible cessation of all functioning of the brain, including the brain stem" is death. It then prescribed that determination of death be made in accordance with "reasonable medical standards. But this omission proved confusing for states trying to adopt comprehensive legislation on the subject. The term "reasonable medical standards" has also been changed to "acceptable medical standards. This is because it does not contain an exclusive definition of death. It is concerned only with medical determination of biological death, and as such, complements existing and accepted definitions. The act does not specify an exact means of diagnosis. To do so would guarantee its obsolescence as technology advances. Specifying criteria would inhibit advancement in technology, and also would inhibit the courts in determining the facts in each individual case and in recognizing acceptable standards as a dynamic, rather than static, concept. The purpose of the UDDA is a minimum one. It recognizes cardiorespiratory and brain death in accordance with the criteria the medical profession universally accepts. The act does not authorize euthanasia or "death with dignity," and does not enact any sort of living will. The current state of medical decision-making as it relates to death, termination of life, or other related issues remains unchanged. These issues are left to other law. The UDDA simply attempts to relieve one relatively small problem in law and medicine, before it becomes a larger one.

7: Death | Define Death at www.enganchecubano.com

the medical definition of death According to the "whole brain" definition of death, life ends with the "cessation of all functions of the entire brain." 9 During her first surgery, Pam's brain had been drained of blood and found "dead" by all clinical tests of brain function.

Brain death no neuronal activity Pallor mortis , paleness which happens in the 15 minutes after death Livor mortis , a settling of the blood in the lower dependent portion of the body Algor mortis , the reduction in body temperature following death. This is generally a steady decline until matching ambient temperature Rigor mortis , the limbs of the corpse become stiff Latin rigor and difficult to move or manipulate Decomposition , the reduction into simpler forms of matter, accompanied by a strong, unpleasant odor. For example, brain death, as practiced in medical science, defines death as a point in time at which brain activity ceases. As a point in time, death would seem to refer to the moment at which life ends. Determining when death has occurred is difficult, as cessation of life functions is often not simultaneous across organ systems. This is difficult, due to there being little consensus on how to define life. This general problem applies to the particular challenge of defining death in the context of medicine. It is possible to define life in terms of consciousness. When consciousness ceases, a living organism can be said to have died. One of the flaws in this approach is that there are many organisms which are alive but probably not conscious for example, single-celled organisms. Another problem is in defining consciousness, which has many different definitions given by modern scientists, psychologists and philosophers. Additionally, many religious traditions, including Abrahamic and Dharmic traditions, hold that death does not or may not entail the end of consciousness. In certain cultures, death is more of a process than a single event. It implies a slow shift from one spiritual state to another. Thus, the definition of "life" simultaneously defines death. Death was once defined as the cessation of heartbeat cardiac arrest and of breathing , but the development of CPR and prompt defibrillation have rendered that definition inadequate because breathing and heartbeat can sometimes be restarted. Events which were causally linked to death in the past no longer kill in all circumstances; without a functioning heart or lungs, life can sometimes be sustained with a combination of life support devices, organ transplants and artificial pacemakers. Today, where a definition of the moment of death is required, doctors and coroners usually turn to "brain death" or "biological death" to define a person as being dead; people are considered dead when the electrical activity in their brain ceases. It is presumed that an end of electrical activity indicates the end of consciousness. Suspension of consciousness must be permanent, and not transient, as occurs during certain sleep stages, and especially a coma. In the case of sleep, EEGs can easily tell the difference. The category of "brain death" is seen as problematic by some scholars. These patients maintained the ability to sustain circulation and respiration, control temperature, excrete wastes, heal wounds, fight infections and, most dramatically, to gestate fetuses in the case of pregnant "brain-dead" women. Eventually it is possible that the criterion for death will be the permanent and irreversible loss of cognitive function, as evidenced by the death of the cerebral cortex. All hope of recovering human thought and personality is then gone given current and foreseeable medical technology. In , the Terri Schiavo case brought the question of brain death and artificial sustenance to the front of American politics. Even by whole-brain criteria, the determination of brain death can be complicated. EEGs can detect spurious electrical impulses, while certain drugs , hypoglycemia , hypoxia , or hypothermia can suppress or even stop brain activity on a temporary basis. Because of this, hospitals have protocols for determining brain death involving EEGs at widely separated intervals under defined conditions. Legal death The death of a person has legal consequences that may vary between different jurisdictions. Ouseley claimed that as many as 2, people were buried prematurely each year in England and Wales , although others estimated the figure to be closer to People found unconscious under icy water may survive if their faces are kept continuously cold until they arrive at an emergency room. The lack of electrical brain activity may not be enough to consider someone scientifically dead. Therefore, the concept of information-theoretic death [21] has been suggested as a better means of defining when true death occurs, though the concept has few practical applications outside the field of cryonics. There have been some

scientific attempts to bring dead organisms back to life, but with limited success. List of causes of death by rate and List of preventable causes of death The leading cause of human death in developing countries is infectious disease. The leading causes in developed countries are atherosclerosis heart disease and stroke , cancer , and other diseases related to obesity and aging. By an extremely wide margin, the largest unifying cause of death in the developed world is biological aging, [6] leading to various complications known as aging-associated diseases. These conditions cause loss of homeostasis , leading to cardiac arrest , causing loss of oxygen and nutrient supply, causing irreversible deterioration of the brain and other tissues. Of the roughly , people who die each day across the globe, about two thirds die of age-related causes. Home deaths, once commonplace, are now rare in the developed world. American children smoking in Tobacco smoking caused an estimated million deaths in the 20th century. One such disease is tuberculosis , a bacterial disease which killed 1. Ziegler says worldwide approximately 62M people died from all causes and of those deaths more than 36M died of hunger or diseases due to deficiencies in micronutrients. The evolutionary cause of aging is, at best, only just beginning to be understood. It has been suggested that direct intervention in the aging process may now be the most effective intervention against major causes of death. He demonstrated that stress decreases adaptability of an organism and proposed to describe the adaptability as a special resource, adaptation energy. The animal dies when this resource is exhausted. Later on, Goldstone proposed the concept of a production or income of adaptation energy which may be stored up to a limit , as a capital reserve of adaptation. It is demonstrated that oscillations of well-being appear when the reserve of adaptability is almost exhausted. In high-income and middle income countries nearly half up to more than two thirds of all people live beyond the age of 70 and predominantly die of chronic diseases. In low-income countries, where less than one in five of all people reach the age of 70, and more than a third of all deaths are among children under 15, people predominantly die of infectious diseases. It is usually performed by a specialized medical doctor called a pathologist. Autopsies are either performed for legal or medical purposes. A forensic autopsy is carried out when the cause of death may be a criminal matter, while a clinical or academic autopsy is performed to find the medical cause of death and is used in cases of unknown or uncertain death, or for research purposes. Autopsies can be further classified into cases where external examination suffices, and those where the body is dissected and an internal examination is conducted. Permission from next of kin may be required for internal autopsy in some cases. Once an internal autopsy is complete the body is generally reconstituted by sewing it back together. Autopsy is important in a medical environment and may shed light on mistakes and help improve practices. A "necropsy" is an older term for a postmortem examination, unregulated, and not always a medical procedure. In modern times the term is more often used in the postmortem examination of the corpses of animals. The stated rationale for cryonics is that people who are considered dead by current legal or medical definitions may not necessarily be dead according to the more stringent information-theoretic definition of death. Life extension Life extension refers to an increase in maximum or average lifespan , especially in humans, by slowing down or reversing the processes of aging. Average lifespan is determined by vulnerability to accidents and age or lifestyle-related afflictions such as cancer , or cardiovascular disease. Extension of average lifespan can be achieved by good diet , exercise and avoidance of hazards such as smoking. Maximum lifespan is also determined by the rate of aging for a species inherent in its genes. Currently, the only widely recognized method of extending maximum lifespan is calorie restriction. Theoretically, extension of maximum lifespan can be achieved by reducing the rate of aging damage, by periodic replacement of damaged tissues , or by molecular repair or rejuvenation of deteriorated cells and tissues. A United States poll found that religious people and irreligious people, as well as men and women and people of different economic classes have similar rates of support for life extension, while Africans and Hispanics have higher rates of support than white people. Researchers of life extension are a subclass of biogerontologists known as "biomedical gerontologists ". They try to understand the nature of aging and they develop treatments to reverse aging processes or to at least slow them down, for the improvement of health and the maintenance of youthful vigor at every stage of life. Those who take advantage of life extension findings and seek to apply them upon themselves are called "life extensionists" or "longevists". The primary life extension strategy currently is to apply available anti-aging methods in the hope of living long enough to benefit from a complete cure to aging

WHAT IS THE DEFINITION OF DEATH? pdf

once it is developed. Therefore, practitioners of this approach, e. It took many years to shift to this new location where dying was commonly taking place outside the home.

8: Death penalty | Define Death penalty at www.enganchecubano.com

Definition of the death penalty: death as a punishment given by a court of law for very serious crimes: capital punishment If convicted, he could face the death penalty.

Medical declaration[edit] Most legal determinations of death in the developed world are made by medical professionals who pronounce death when specific criteria are met. Two categories of legal death are death determined by irreversible cessation of heartbeat and breathing cardiopulmonary death , and death determined by irreversible cessation of functions of the brain brain death. In the United States , each state has laws for determining these two categories of death that are modeled after the Uniform Determination of Death Act. Cardiopulmonary criteria for death are met when a physician determines that efforts to restart a stopped heart during cardiac arrest are futile, or that no attempt should be made to restart a stopped heart, such as when there is a Do Not Resuscitate DNR order. In the latter case, irreversible is understood to mean that heartbeat and breathing cannot return on their own and will not be restored by medical intervention. Brain death is determined by there being no signs of brain function during neurological examination of a person with a beating heart. If a clinically dead person has suffered injuries so severe that resuscitation is obviously impossible, then in some jurisdictions first responders may make a legal determination of cardiopulmonary death. Such a person is said to be dead on arrival DOA or dead at the scene. Presumption of death[edit] Main article: This is under one of two circumstances. First, if a person was known to be in mortal peril when last seen, they can often be declared dead shortly after. Examples would be the passengers of the Titanic that were not rescued after the ship sank. Second, if a person has not been seen for a certain period of time and there has been no evidence that they are alive. The amount of time that has passed varies by jurisdiction, from as little as four years in the US state of Georgia to twenty years in Italy. False declarations of death[edit] There are three general categories where people may be falsely declared dead: Mistaken presumption of death[edit] Sometimes people who are declared dead return and are unable to be declared alive. One study estimated that every year, the U. Social Security Administration declares 12, alive citizens as dead. He resurfaced in and sued to be declared alive, but the court declined and ruled he was still legally dead. Several people have faked their own deaths for various reasons. The most common reasons for this are to collect insurance money , to avoid capture by police or to avoid paying debts. At times, people declare other people dead for some benefit to themselves. For example, Constantin Reliu, a Romanian man living in Turkey was declared dead by his wife so that she could remarry. The best known is Lal Bihari , who was fraudulently declared dead by family members, and was legally dead between and Bihari founded the Association of Dead People to help others in similar situations. This is known as civil death. Such a person loses all rights normally granted a person. In jurisdictions that practiced civil death, it was legal to murder such a person, since they were not actually alive accordingly to the law, and therefore not actually killed. Investigation[edit] Determining manner of death often has important legal implications. Governments elect a coroner or appoint a medical examiner , depending on jurisdiction, to both determine manner and cause of death, and if necessary, identify bodies when their identities are unknown. Manner of death is usually classified as natural , accidental , homicide , suicide , pending or undetermined. A soldier is often listed as killed in action if the death was during military service. There are legal implications to all of the classifications. Probate In nearly all jurisdictions, dead people do not have the right to own property. When a person dies, their property needs to be distributed to others in a process called probate. People can specify their wishes before they die by preparing a will and testament. If there is no will, the laws of their country determine how the property is distributed. In most cases, it would go to next of kin , such as a spouse or adult child. If the person who died is wealthy, often a portion of their property will be collected by an estate tax. For this reason, many have argued that the word "irreversible" in this context should be understood to mean "cessation of circulatory and respiratory functions under conditions in which those functions cannot return on their own and will not be restored by medical interventions. This examination includes the assessment of coma, the absence of brain reflexes, and the assessment of apnea. Critical Care 1st ed. However, barbiturate coma, metabolic dysfunction e.

9: What Is the Medical Definition of Death? - Christian Research Institute

The Biblical definition of death - whether physical or spiritual - is not non-existence, but separation. Physical death is, as I explained in another article, the separation of body and soul. "Then the dust will return to the earth as it was, and the spirit will return to God who gave it" (Ecclesiastes).

What Is the Biblical Definition of Death? Elliott People put forth many definitions of death that are off the mark. Building Our Case on Solid Ground Many Darwinian evolutionists, and virtually all atheists, believe that man, being a creature purely of time and chance, merely ceases to exist when physical life ends. But as Christians we must be careful to build our thinking about death upon solid Biblical ground. We who are subject to death cannot define death. Only Someone who exists outside of the sphere of death can objectively define death for us. God has done that in His Word. So the critical question is this: How does God in Scripture define death? The Bible speaks of the two distinctly, but they share one common characteristic. The Biblical definition of death - whether physical or spiritual - is not non-existence, but separation. Physical death is, as I explained in another article , the separation of body and soul. Spiritual death means that man, apart from salvation in Christ, is separated from God. All who are sinners in Adam died in Adam, just as all who are justified in Christ are made alive in Christ 1 Corinthians Paul speaks of the unsaved as being "alienated Greek apellotriomenoi, estranged or shut out from the life of God" Ephesians 4: This is true even though the unsaved person has physical life. The final state of unsaved souls cast into the Lake of Fire for eternity is called "the second death" in both Revelation chapters 20 and Then I saw a great white throne and Him who sat on it, from whose face the earth and the heaven fled away. And there was found no place for them. And I saw the dead, small and great, standing before God, and books were opened. And another book was opened, which is the Book of Life. And the dead were judged according to their works, by the things which were written in the books. The sea gave up the dead who were in it, and Death and Hades delivered up the dead who were in them. And they were judged, each one according to his works. Then Death and Hades were cast into the Lake of Fire. This is the second death. And anyone not found written in the Book of Life was cast into the Lake of Fire. What About the Tree of Life? Some of our correspondents have raised another question, suggesting that it adds weight to the annihilationist case: At the point when God uttered the words of Genesis 3: Moreover, He had proclaimed the future coming of the Christ who would deal with sin and Satan forever Genesis 3: These acts of God, signaling the initiation of the eternal Covenant of Redemption in time and creation, meant that the Tree of Life was no longer the way to eternal life as it had been under the former relationship between God and man. To allow Adam and Eve to partake of that tree and live forever in their now-sinful state would have been an effective reaffirmation of the former relationship that man had just broken forever. Many Bible teachers speak of this relationship as the Covenant of Works. Likewise, for God to have permitted fallen man to eat of that tree would have been an effective repudiation of the gracious way of salvation God had now opened through the coming death of Christ. It is for all these reasons that we find so many historic confessions of faith and doctrinal statements of churches affirming what Scripture teaches: There is, truly, an eternal Heaven to be gained, and an eternal Hell to escape, "through the blood of the everlasting covenant" Hebrews

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