A Review of The Undead
Author: Dick Teresi
Reviewed by Steve Okonek, liver recipient

An Op/Ed piece in the Wall Street Journal by Dick Teresi, “What You Lose When You Sign a Donor Card” (March 10-11, 2012) hardly served as a rousing endorsement of organ donation. Two medical ethicists, I correspond with, told me it’s created a stir among some transplant surgeons, and has apparently led to a undetermined number of folks questioning their willingness to become donors. Colleagues, who know I am a liver recipient, have asked me about it. Puzzled by the clamor over such a short article, I bought the book to get a better sense of Teresi’s arguments. Here’s what I found.

While the WSJ piece clearly focused on transplants, the book is much broader, covering the vagaries of death. The author posits that “the moment of death may come long after it’s been formally declared,” and that a primary reason for this is a hospital’s fixation on freeing up organs for transplant.

The first third of “The Undead” deals with the history of death and longevity. Teresi, who is no stranger to science writing having won numerous national awards, handles this very well. Many folks have an aversion to death – duh! We all appreciate and understand the difference between cardiopulmonary death and brain death, but historically these represent only the tip of the iceberg of ways that the ancients determined whether you were still around.

Teresi prances through a smorgasbord of outside the box death situations where the need to assess if someone is really, truly dead is critical. Papal camerlengo, near-death experiences, out-of-body episodes, botched executions, murder convictions for shooting a corpse are all detailed in a sometimes macabre fashion I occasionally found interesting and once even hilarious. But the author reserves his venom for the transplant industry. (Note: If you’ve received an organ from a living donor, where obviously no death declaration was involved, Teresi is a strong supporter, and you get a pass!)

Teresi writes, “My assumption was that the inexact art of death determination that had confounded doctors for millennia was a thing of the past, and that modern gizmos and gadgets had replaced crude instruments, old wives tales, superstitions and religious beliefs about when the soul departs. After a few months of research, it became apparent that few doctors are using such high-tech equipment (for the purpose of declaring death) and it doesn’t work.”

The crux of the author’s gripe is that the “Uniform Determination of Death Act (1982), which attempted to spell out brain death, isn’t uniform at all and gave the medical profession carte blanche to declare people dead using whatever they decide upon. Despite the law, the criteria throughout the country are all over the map. Lax utilization of electroencephalography (EEG’s) and inadequate monitoring of carbon dioxide are only two of the alleged shortcomings he points to. He is particularly harsh on the transplant clinics in Washington, DC, where donation after cardiac death (DCD) is apparently common.

One of the safeguards I learned at CTDN training was the requirement that the doctor declaring a patient deceased be clearly separate from the transplant team. Teresi recognizes this but suggests that OPO’s have made significant inroads into ICU’s and that there is no effort by OPO’s to provide informed consent. He offers no specific cases.

Fair is fair, and if laws need bolstering in the face of new technologies or haphazard enforcement, they must be fixed. But I’m at a loss to cite any litigation against an OPO or transplant hospital that involved a hasty declaration of death simply to procure organs. You won’t
find any in the book – just hypotheticals. Teresi’s description of OPO employees as “organ wranglers” pushing ICU’s to declare is tasteless and unfounded. His noting that donor families receive no monetary consideration for their decision while OPO’s are flush with transplant money is hardly breaking news. But if one accepts Teresi’s argument that doctors can have a monetary incentive to declare 8 patients dead for transplant, what about the doctor caring for the potential donor? Doesn’t he/she have an obvious financial incentive as well – to keep the bill-paying patient alive? With my Pirates of the Caribbean hat on, it’s clear that not only do dead men tell no tales. They don’t pay medical bills!

The author spends a good deal of space on issues such as pain possibly suffered by the donor during organ recovery, so don’t miss his e-mail correspondence with his local OPO found in the notes section.

In my vision of a perfect world I’d hope that the ruckus Teresi creates would simply blow over. But the day I finished his book, my newspaper prominently played a story about an Argentinean woman who found her baby alive in a coffin in a morgue nearly 12 hours after the girl had been declared dead. Most of the attending medical staff had been suspended pending an investigation. Apparently no transplant was involved, but it perfectly reflected Teresi’s thesis about the blurring line between life and death. I don’t think this topic will go away.

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