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Physicians seek common guidelines to determine brain death

INDIANAPOLIS – TV and movies have made us familiar with the term “flatline.” When an echocardiogram reveals a person has no heartbeat or pulse, a flat line appears on the heart monitor screen. What follows are often heroic attempts to resuscitate the patient. If the flat line continues, doctors know the heart is not responding. The patient has died.

Brain death, however, cannot always be determined solely by a flat line on a monitor. An encephalogram, which depicts electrical activity in the brain, can be helpful but it is only a confirmatory tool to be paired with a doctor’s clinical examination.

Nor is declaring a patient brain dead something physicians do in their day-to-day care of patients. Yes, every doctor is taught about brain death in medical school, but inconsistencies exist in the diagnostic protocols physicians follow, and hospitals often have no clear policy for establishing brain death. Moreover, appropriate determinations about brain death in children demand a different process than what is used with adults.

Neurosurgeon Emil Weber, M.D., regional medical director for the Indiana Organ Procurement Organization, grew increasingly concerned that physicians, nurses and hospitals in Indiana do not share a common understanding of brain death. “There is a need for this understanding when making end-of-life decisions,” Dr. Weber said. “We can keep life going, but if the brain is dead, there is no hope for survival.”

Dr. Weber turned to knowledgeable colleagues, and together a team of six physician specialists gathered the most authoritative information in the nation. They are now proposing statewide guidelines for establishing brain death in Indiana. “Without such

guidelines, there is a great deal of variation in how brain death is determined. We wish to give physicians and nurses a reference point,” Dr. Weber explained.

The proposed adult guidelines are modeled on those first established by the American Academy of Neurology; the pediatric guidelines were defined by five different medical professional organizations.

The physician team will present its guidelines during the annual convention of the Indiana State Medical Association (ISMA), a membership organization comprised of 8,400 of the state’s doctors. From Sept. 25-27 in Indianapolis, the ISMA’s House of Delegates will convene about 300 physician representatives from all across Indiana. The delegates will vote on 65 resolutions, such as the one addressing the brain death guidelines, on Sunday, Sept. 27. The resolutions cover public health, legislative, socio-economic, regulatory and organizational topics.

If adopted by the ISMA, the brain death guidelines will be distributed to hospitals to serve as a valuable tool in the process of obtaining accurate diagnostic information for patient care decision-making, Dr. Weber explained. “It’s not very often we make a brain death determination; the guidelines will give us a common reference point.”

The ad hoc committee on brain death guidelines included:

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Neurologist, Indiana University Medical Center

Paul R. Helft, M.D.
Oncologist-ethicist, Indiana University Medical Center
Director, Fairbanks Center for Medical Ethics

Terry G. Horner, M.D.
Neurosurgeon, Indianapolis Neurosurgical Group, Inc.

Michael R. Niemeier, M.D.
Pulmonary Disease and Critical Care Medicine Specialist,
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Pediatrician, Medical Director, Pediatric ICU at Memorial Hospital, South Bend

The ISMA House of Delegates convenes this year for the 160th time. Since 1849, the ISMA has worked to promote sound health care policy in the public, private and governmental sectors and to support continuing medical education for the state's physicians.

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Editor's note: For more on the ISMA convention, go to www.ismanet.org/news/convention/conv_media_center.htm.