Elvis Ain't Dead Until We Say So

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*Much of the discussion of the definition and criteria of death occurs within the framework of what James Bernat has called the “paradigm of death” – a set of conditions and assumptions that defines the nature of the phenomena and its conceptual boundaries. Two assumptions in this paradigm are that death is “an immutable and objective biological fact and not fundamentally a social contrivance” and that “‘death’ can be applied directly and categorically only to organisms” and not to persons (persons can die in only a “metaphorical” sense). I challenge these assumptions and argue that defining death is not simply a biological matter but also a matter for metaphysical, moral, and cultural reflection. When it comes to deciding among non-brain, whole-brain or higher-brain formulations of death, biological considerations are insufficient. Disagreement among proponents of these formulations can be traced to disagreements over the nature of the kind of being we are or to moral, social or cultural differences. This is illustrated by a critical analysis of the position taken by the U. S. President’s Council on Bioethics in its White Paper, *Controversies in the Determination of Death* (2008). It may be false in some contexts to say that Elvis ain’t dead until we say so. However, insofar as defining death involves metaphysical, moral, and cultural considerations, Elvis ain’t dead until we say so.*

The title for this talk was inspired by a fan of Elvis Presley screaming on the radio, “Elvis ain’t dead until we say so!” I was in my car on my way to the Cleveland Clinic, where in 1999 I was a visiting scholar in the Bioethics Department, researching resuscitative techniques and the meaning of “irreversibility” in the definition of death. While I was convinced that there is some uncertainty in determining when there is an irreversible loss of circulatory and respiratory functions in protocols for non-heart-beating organ donation, I was pretty sure that Elvis was dead despite the fan’s insistence that he wasn’t. On the other hand, I had written some papers and later a book challenging the common assumption that defining death is a strictly biological matter and arguing that it is as much a matter for metaphysical and moral reflection as it is for biology.¹ How could I think that the Elvis fan was mistaken but

¹ Lizza 1993, 1999, 2002; Lizza 2006.

reject the idea that defining death was a strictly biological matter? If determining death involves more than recognition of a biological fact, then might it be true in some sense that Elvis ain't dead until we say so?

In 1981 the U. S. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research was charged with investigating whether a neurological criterion for determining death should be adopted in law. At the time, some states had already accepted a neurological criterion, in addition to the traditional criterion of the irreversible loss of circulation and respiration, but other states had not. Thus, in 1981 a person could be dead in Kansas but alive in the neighboring state of Missouri. In response to this problem, the President's Commission proposed the Uniform Statutory Definition of Death Act, which provides that

An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all function of the entire brain, including the brainstem, is dead.²

Subsequently, every state in the US has accepted either judicially or legislatively the UDDA. New Jersey is an exception in that state law includes a "conscience clause" that allows individuals who reject the neurological criterion on religious grounds to have only the traditional circulatory-respiratory criterion apply (Section 26:6A-5 of the New Jersey Declaration of Death Act). New York is also an exception in that it allows but does not require physicians to accommodate family beliefs about the acceptability of the neurological criterion. The Commission's 1981 report, *Defining Death*, has also been extremely influential in leading to acceptance of a neurological criterion in many other places around the world.

The President's Commission considered three alternative definitions of death: (1) the permanent cessation of the integrated functioning of the organism as a whole; (2) the departure of the animating or vital principle from the body; and (3) the irreversible loss of personhood (consciousness-related or "higher-brain" formulation). Although the Commission asserted that "the *basic concept* of death is fundamentally a philosophical matter," it went on to say that it would not "journey down arcane philosophical paths" that were far removed from the practical matter of defining death.³ The Commission endorsed the first biological definition. However, it did not give a philosophical justification for accepting the irreversible loss of organic integration as the definition of human death. Instead, a biological justification was given: a human being who has irreversibly lost all brain function is no longer an integrated organism as a whole, but is merely a collection of organic parts. As we will see, this failure to give a philosophical justification has come back to haunt the more recent U. S. President's Council on Bioethics.

2 President's Commission 1981, 2.

3 President's Commission 1981, 55.

The matter of defining and determining death was revisited in 2008 by the U. S. President's Council on Bioethics. The highly publicized case of Terri Schiavo in Florida no doubt played a significant role in putting this matter on the Council's agenda. However, since 1981 a serious challenge has been raised to the neurological criterion. Indeed, I believe that D. Alan Shewmon has effectively shown that it is implausible to think that a human organism that has sustained total brain failure requires a functioning brain in order to be organically integrated.⁴ Cases of post-mortem pregnancy in which whole-brain-dead women are sustained for weeks or months to allow the fetus to gestate and be removed by Caesarian section,⁵ and the extraordinary case in which a whole-brain-dead individual was sustained for over twenty years show that organic integration is compatible with the loss of all brain function.⁶ As Shewmon put it in his presentation before the President's Council, "any biologist would say, 'Well, of course this (the artificially sustained whole-brain-dead individual) is a living organism. This is a comatose apneic living organism.'"⁷ Thus, if we accept the 1981 Commission's definition of death as "the permanent cessation of the integrated functioning of the organism as a whole,"⁸ Shewmon argues that there is no reason to think that the current whole-brain neurological criterion determines when this occurs. If this is correct, we must either reject the current neurological criterion and return to using only the traditional circulatory-respiratory criterion, as Shewmon and others advocate, or revise the definition of death to make it compatible with the neurological criterion. The President's Council took the second option. It revised the definition of death by revising what it means for a human organism to be integrated as a whole.

In its 2008 *White Paper: Controversies in the Determination of Death*, the President's Council admitted that the 1981 Commission's biological rationale for accepting total brain failure as death was mistaken. Artificially sustained individuals with total brain failure are not just collections of organic parts without integrated functioning.⁹ Nonetheless, in the Council's view, artificially sustained individuals with total brain failure are correctly classified as dead, because they lack the spontaneous "drive" and "felt need" to breathe and interact consciously with the world. They have irreversibly lost the capacity to engage in commerce with the

4 Shewmon 1998, 2001.

5 Field et al. 1988; Bernstein et al. 1989; Anstötz 1993.

6 Shewmon 1998.

7 President's Council 2007 (parenthetical remark added).

8 President's Commission 1981, 55.

9 This is a rather startling conclusion when one thinks about how influential the 1981 President's Commission's report on defining death was in leading to revision of the legal definition of death in the United States and many other countries (President's Council on Bioethics 2008).

surrounding world to secure their sustenance.¹⁰ In short, by redefining organic integration in terms of having a spontaneous “drive” and “felt need” to interact with the environment in a life-sustaining way and holding that brain function is necessary for this “drive” and “felt need,” the Council defends acceptance of total brain failure as a neurological criterion for determining death.

Does this notion of organic integration fare any better? I think not. First, suppose that an individual in a permanent vegetative state sustained a highly localized lesion in the brainstem that prevented the individual from breathing without assistance. The Council’s view entails that this individual would be dead, since the individual would now lack the “drive” and “felt need” to interact with the environment in a conscious or life-sustaining way. However, suppose that this ability to interact with the environment could be compensated easily by putting the individual on a ventilator. The exchange of oxygen between the organism and the environment would continue, as it continues in individuals who require ventilator support but are not in a permanent vegetative state. Why in this case is the loss of a normally spontaneous brainstem function so significant that the Council’s view entails that the organism no longer maintains an “over-and-against relationship with the world”? If the loss of this spontaneous brainstem function is not sufficient for determining death in many other patients who require ventilator support and if the irreversible loss of consciousness is, as the Council also holds, insufficient for determining death, why does the irreversible loss of consciousness suddenly become so relevant that it puts the artificially sustained individual in permanent vegetative state in the class of the dead? The organic integration between the individual in permanent vegetative state who requires a ventilator and one who does not seems to be a trivial difference. We have not been given a reason why this difference is ontologically or ethically relevant. If, as the Council holds, there is reason to think that the individual in permanent vegetative state is a living human being or whole organism and if dependency on a ventilator does not change the status of the organic integration of other living human beings from dead to alive, why should it do so in the case of individuals in permanent vegetative state who require ventilator support? Unless we attribute the same significance to the loss of spontaneous respiration in human beings who are not in a permanent vegetative state as we do to those that are, the view lacks consistency and suggests that it is based on an arbitrary stipulation.

Second, it is unclear why we should not consider the ventilator simply a change in the organism’s environmental conditions. The organism continues to interact

10 The President’s Council on Bioethics (2008, 61) states: The work of the organism, expressed in its commerce with the surrounding world, depends on three fundamental capacities:

1. Openness to the world, that is, receptivity to stimuli and signals from the surrounding environment.
2. The ability to act upon the world to obtain selectively what it needs.
3. The basic felt need that drives the organism to act as it must, to obtain what it needs and what its openness reveals to be available.

Appreciating these capacities as mutually supporting aspects of the organism’s vital work will help us understand why an individual with total brain failure should be declared dead, even when ventilator-supported “breathing” masks the presence of death.

with its environment, but its environment has now been changed to enable it to take in oxygen in a special way. Respiration continues. Oxygen is distributed to cells and organs throughout the body and the myriad biological coordinated functions of those cells and organs continue. As Shewmon has pointed out, individuals with total brain failure on respiratory and alimentary support grow proportionally and maintain homeostasis.¹¹ Why doesn't this count as an organism's "drive" and "felt need" to interact with its environment and therefore constitutive of the persistence of life in the organism? All organisms require a certain environment in which to survive. Why isn't this a case in which organic integration persists, but there is a change in the environmental conditions to allow the organism to continue to exercise its internal "drive" and organic integration?

While human organisms normally do not need to interact with a ventilator in order to survive, some do. Suppose, for example, a human organism lost what would be its normal capacity to regulate its temperature and could only survive if environmental conditions were altered to effect the regulation of its temperature. Outside of this controlled environment, the organism would not survive. How is ventilator support any different from this? Just as we would not say that the organism was dead because it lacked the internal "drive" or capacity to regulate its temperature, there is no reason to think that a human organism on ventilator support, even one in a permanent vegetative state or one who has lost all brain function, is dead.

The underlying problem is that the critical concepts of an internal, spontaneous "drive" and "felt need" that the Council invokes are not biological concepts at all and therefore cannot explain in modern biological terms what it means for an organism to be integrated internally and externally with its environment. These concepts do not appear in modern biology textbooks. Moreover, as argued above, there is no more reason to think that such a "drive" is or is not present in the individual with total brain failure that can process nourishment, eliminate waste, heal wounds, grow proportionally, and maintain homeostasis. Instead, "drive" is a stand-in or "functional shorthand" for the metaphysical concept of the soul (anima). Under the guise of biological talk about an organism's integration with its environment, the Council is in effect defining death as the departure of the animating or vital principle from the body.

Support for this interpretation can be found in the transcripts of the proceedings of the President's Council. For example, on September 7, 2006, there are repeated references to the "soul" by members of the Council:

PROF. MEILAENDER: If you have lost higher brain capacity but you are still breathing independently of mechanical assistance and your heart is beating, then yours is, as far as I am concerned, still an animated body with the anima still present. . . .

DR. EBERSTADT: . . . (Leon Kass) mentioned one thing in particular that I think might be apposite to add to our discussion. And that is the discussion of the human soul. . . .

11 Shewmon 2009.

DR. CARSON: . . . it really gets back to what you were saying, you know, about the soul or about that part of us that when gone, no longer allows you to function as a human being. . . .

PROF. LAWLER: So the organism can be a whole and in a certain way from the traditional point of view, without a soul in a way, in a controversial way, because the organism then becomes no brain and all body. And it keeps going. It keeps ticking literally. So this presents us with a problem. . . .

PROF. MEILAENDER: I find myself in the, for me, unusual position of wanting to issue a caution with respect to language that is thought of as religious. That is to say the soul language though, of course, it doesn't necessarily have to be necessarily religious. It can be sort of a purely philosophical language.

But I was sitting here when Ben was talking about the danger of this language [sic] is that people are going to connect soul language to certain kinds of higher brain capacities. And think that the loss of the soul is the same as that.

And sure enough, five minutes later, Peter (Lawler) talked about a functioning body from which the soul or brain is gone. I think that is a mistake. And I don't think that is the way the soul language needs to be understood. I just want to point out that it is a danger.

From my perspective, any proper understanding of soul language is such that if you got a living human body, there is a soul there, you see, and you actually don't know that the soul is gone unless and until you don't have a living human body by whatever criteria you determine that any longer. If it is animated, the anima is there. . . .

DR. HULBURT: . . . trying to avoid the word "soul," we have lost the functional shorthand for what a lot of people – what relates to a lot of people's concept of what is going on in these realms.

If we could in a gingerly sort of way reenter into that category without any disposition of prejudice toward any one formulation, we might really come to some valuable insight and help our society reformulate what was meant by soul but in a more pluralistic and more material physiologically-related description.

In other words, I think that we might be offered the unique opportunity to clarify the meaning of soul and psyche in modern terms would be a really wonderful thing to do [sic] because there is a lot that is being lost by not using the word soul. . . .

PROF. LAWLER: I raised my hand a while ago to say I agreed with Gil (Meilaender) that I don't – you know you can't talk about the human soul in the absence of a human body as if the soul and body weren't a whole. Now you can call the whole the soul because the danger in talking about the soul as if it were something different from the body is that you might end up distinguishing between human life and life.

So human life is worth legal protection but not life. And so you can conceive of the possibility of something that is alive, a being who is alive but not human. And the studies before us present us with this possibility. I mean a real possibility of this being who is somehow still an organism but without a brain [sic]. So is this a human life? A being that is somehow still an organism but utterly without a brain? . . .

CHAIRMAN PELLEGRINO: From the ontological point of view, I believe that death occurs when the soul leaves the body. I take the Aristotelian point of view on the soul and the unity of the body and soul, as some of you [have already] said. And I don't think that we are going to be able to discern that moment by any test that I know.¹²

12 President's Council 2006 (parenthetical names and remarks added).

All this talk about the soul makes me wonder about its relevance. Why are members of a U. S. President's Council on Bioethics talking about the soul in the context of defining death? It also makes me think about what the 1981 President's Commission meant when it said that "the basic concept of death is fundamentally a philosophical matter."¹³ What relevance does philosophy or religion have to the matter of defining death?

It may be suggested that considerations about ensoulment, what, in Dr. Hulburt's words, "relates to a lot of people's concept of what is going on in these realms," or any other considerations beyond strictly biological ones are irrelevant to the matter of determining death. However, I think that that would be a mistake. As Daniel Callahan pointed out many years ago in his discussion of when human life begins,

Biological data, however great the details and subtlety of scientific investigation, do not carry with them self-evident interpretations. There are no labels pasted by God or nature on zygotes, primitive streaks, or fetuses that say "human" or "nonhuman." Any interpretation of known facts is going to be the result not only of our particular interests as we go about establishing criteria for interpretation, but also of the kind of language and the type of analytic-conceptual devices we bring to bear to solve the problems we set for ourselves. This is only to say, at the very outset, that a purely "scientific" answer to the question of the beginning of human life is not possible. "Science" itself is a human construct – a set of methods, terms, and perspectives – and any use of science to answer one particular question, particularly when the answer has moral implications, will be a human use, that is, a use subject to human definitions, distinctions, and decisions. The language of science is a human artifact; the word "life" is a word devised by human beings in order to refer to certain phenomena which can be observed in nature. Scientific method can classify and analyze the phenomena and draw certain "scientific" conclusions (e.g., establish empirical correlations, causal relationships, etc.). But the conclusions it draws will be a result of the humanly devised conceptual schemes used to approach the phenomena in the first place.¹⁴

Callahan's remarks about the beginning of life apply equally well to the end of life.

Callahan suggests that to approach the question of whether a zygote or fetus is a human being, we need to bring to bear the concept of a human being that is already embedded in our current language and that paradigmatically applies to fully developed human beings, i.e., us. This concept of *human being* is informed by multiple disciplines, including zoology, biology, psychology, anthropology, philosophy, and religion. Similarly, when we ask whether an artificially sustained whole-brain-dead body or an individual in permanent vegetative state is a living human being, we need to bring to bear this same concept of a human being and evaluate whether it can be extended to the borderline cases. In addition, we must consider why we are asking for criteria for determining death, since the context provides the framework for any meaningful answer.

¹³ President's Commission 1981, 55.

¹⁴ Callahan 1988, 32.

Failure to attend to our interests and purpose in asking for criteria for determining death and to ignore how our already informed concept of humanity may impact on what we consider to be an acceptable answer to the question of when our lives end may lead to absurd conclusions. For example, I have pointed out elsewhere that since the same degree of organic integration in an artificially sustained human body with total brain failure may be present in an artificially sustained, decapitated human body, rejection of total brain failure as a criterion for determining death would entail that artificially sustained, decapitated human bodies would be living human beings.¹⁵ Because there is no reason or purpose to count artificially sustained, decapitated human bodies among the living “we,” there is no reason or purpose to count artificially sustained human bodies with total brain failure among the living “we.” Both are in some sense the live remains of human beings, and thus the human being has died. By artificially sustaining whole-brain-dead bodies or (hypothetically) decapitated bodies, we have intervened in the natural process of dying and made it possible for a person’s remains to now take the form of an artificially sustained organism of some sort devoid of any potential or capacity for consciousness and any other mental function. To count such beings among the living “we” would involve a radical distortion of what it means to be a living human being or person, i.e., one of us. Treating such individuals as human beings has no place in our moral and legal framework, which is the framework in which we need to formulate criteria for determining death.

In his *Cruzan* (1990) dissent, Justice Stevens pointed out that “for patients ... who have no consciousness and no chance of recovery, there is a serious question as to whether the mere persistence of their bodies is ‘life’ as that word is commonly understood, or as it is used both in the Constitution and the Declaration of Independence.”¹⁶ While Stevens was considering individuals in permanent vegetative state, his remarks apply equally well, if not more so, to the whole-brain dead. Stevens’s question is not framed in strictly biological terms. When we ask for a definition and criteria for determining death, it is not in terms of human beings as strictly biological beings that we are interested in an answer to the question. We are interested in the life and death of human beings understood as psychological, moral, and cultural beings, as well as biological beings. Indeed, if we try to frame the question in strictly biological terms, we rule out the psychological, moral, and cultural dimensions of human beings from the start and thereby distort the purpose of why we seek to answer the question in the first place.

This view is also supported by consideration of what it means for a human organism to be integrated “as a whole” in the moral and legal context in which we are seeking a definition and criteria for determining death. While more robust conditions may be necessary, the realistic potential for consciousness is a minimal necessary condition for a human organism to be the kind of organism that can

15 Lizza 2009a, 2009b, 2011.

16 Cruzan 1990.

sensibly have standing in our moral and legal systems of thought as it pertains to human beings. Human organisms that have irreversibly lost any potential for consciousness and any other mental function, i.e., human organisms whose psychophysical integration has been irreversibly destroyed, are no longer human beings, because they no longer exist “as a whole” in any relevant moral or legal sense. The biological sense in which artificially sustained whole-brain-dead bodies or decapitated bodies may be integrated organisms of some sort and more than disintegrated collections of organic parts is not the relevant sense of what it means for one of us to exist “as a whole.” To maintain that such beings are still living human beings is to lose sight of the purpose of a statutory definition of death.

Moreover, as Bernard Gert, Charles Culver, and K. Danner Clouser have pointed out, “the importance of consciousness to a conscious organism has no counterpart in nonconscious animals or plants.”¹⁷ Reflecting on actual experiments in which the heads of monkeys were transplanted to the bodies of other monkeys,¹⁸ Gert, Culver, and Clouser take the presence of consciousness in the transplanted head as evidence that a death has not occurred. In their view, it would radically alter the ordinary meaning of death to consider the monkeys in those experiments to have died. Gert, Culver, and Clouser hold that, if a human being underwent such a head transplant, the artificially supported head which manifests consciousness would count as the continuation of the living person, and they ask for a new term to describe the headless body that might be artificially sustained, since in their view it would clearly no longer be the human being or person.¹⁹ In earlier work, I have suggested that we use the term ‘humanoid’ for the artificially sustained headless body, as well as the artificially sustained whole-brain dead.²⁰

There is no disagreement over the biological “facts” of these experiments, just as there is no disagreement over the biological “facts” of what biological activity may remain in artificially sustained whole-brain-dead or decapitated bodies. The disagreement is over the interpretation of those facts. Again, what Callahan says about the “embryological facts” at the beginning of life applies equally well to the facts of biologically integrative activity at the end of life:

For all that, men who can agree on the biological facts can and do differ when it comes to saying that certain embryological facts *prove* the presence of a “human being.” It is neither plausible nor reasonable to (a) assume that one group of scientists, theologians, or philosophers understands the “facts” better than another (for the “facts” are not all that obscure, open only to “correct” interpretations by a gifted handful); or (b) assume that some future scientific discoveries will decisively answer the question of when human life begins; or (c) expect that, with enough scientific “objectivity,” a consensus

17 Gert, Culver & Clouser 2006, 292.

18 White, Wolin & Massopust 1971.

19 Gert, Culver & Clouser 2006, 288–289.

20 Lizza 2006.

on the “meaning” of the facts could be established for the purpose of ethical discourse on abortion or any other moral problem. To ask people to simply “stick to the facts” is naive. The “facts” must be understood and interpreted, and science provides no fixed rules for the interpretation of facts in moral reasoning. Once this is seen – and the point, for all its simplicity, is crucial – it will be evident that people not only have the right, but are forced to bring extrascientific values and conceptual systems to bear on the facts. As James Gustafson has pointed out, “The *values* of human life have not appeared more clearly, because we have a more accurate account of the *facts* of life.”²¹

The kind of philosophical and religious considerations that the President’s Council brought to bear on the choice of a definition and criteria for determining death are thus entirely relevant. I agree with Dr. Hulburt that it would indeed be valuable and helpful to clarify the meaning of soul or psyche in modern terms and how that may define our being. Or more reservedly, it would be helpful to see how alternative views about our nature involving a soul or spirit can be reconciled with alternative formulations of death. However, this is a difficult challenge, since there are many different views about the soul and spirit. Indeed, I think that the main obstacle to achieving consensus on the definition and criteria for death stems from a lack of consensus on our nature as persons or human beings. Essentially, proponents of alternative formulations of death have been talking past each other, because they have been proposing criteria for the determination of death for different kinds of beings. The ontological question, “What kind of being are we?” is the fundamental question that needs to be addressed, before we can begin to formulate more specific criteria for when such a being begins and ceases to exist.

It is interesting, for example, how quick Prof. Meilaender was to rebut Prof. Lawler’s suggestion that total brain failure might be a case in which there is an integrated organism without a soul. Lawler’s ontological suggestion, of course, could also serve as a basis for accepting a consciousness-related formulation of death and understanding individuals in permanent vegetative state to be integrated organisms without souls and therefore dead. However, according to Meilaender, Lawler’s view should be rejected, because it relies on a mistaken view about the nature of the soul. In Meilaender’s view, there cannot be integrated human organisms without a soul.

The problem, however, is that the nature of the soul is not a biological matter but a metaphysical one, and it is unclear why a statutory definition of death should be grounded in one particular metaphysical view about the nature of the soul, as opposed to another. We are not all good Aristotelians or Thomists, and, in fact, Aristotelian and Thomistic scholars disagree on what type of physical matter may be necessary for a being to be rationally ensouled. For example, grounding his view in his understanding of ensoulment in the Catholic tradition, Shewmon holds that artificially sustained human organisms with total brain failure are still rationally ensouled and that they retain the radical potency for intellect and will. In

21 Callahan 1988, 33.

his view, this radical potency does not depend on the functioning of any particular organ, such as the brain, but on the organism as a whole.²² Others in the Catholic tradition, such as William Wallace, maintain that Aquinas's view is consistent with accepting a higher-brain or consciousness-related formulation of death in which the rational soul departs from the body when the brain has been destroyed to an extent inconsistent with the potential for intellect and will.²³

In addition, consider what Prof. Meilaender's response would be to a Japanese person who rejects the whole-brain neurological criterion on grounds that it conflicts with her understanding of *ki* or *kokoro* as an inner spirit or self that does not reside in the brain and remains present in artificially sustained, whole-brain-dead bodies?²⁴ Or what would be his response to someone who does not believe in immaterial souls, but accepts a consciousness-related formulation of death on grounds that consciousness (or the potential for consciousness) is a minimal necessary condition for an individual to be counted among the living "we"?

If the matter of defining death depends on an understanding of our nature that is bound up with different religious, philosophical, and cultural beliefs, for example, with different views about the nature of ensoulment and the very existence of the soul, then the determination of death is not simply a biological matter. At the controversial borders of determining our being, whether Elvis is dead is not simply a biological fact to be discovered, but depends on an understanding of our nature and whether we decide to project the term "death" to new conditions created by advances in life-sustaining technology. Whether a projection makes sense depends on how well it holds in focus an understanding of our nature – an understanding that is informed by a multitude of purposes for which our concept of ourselves is put to use and how we think it should be put to use. Not every projection makes sense. To say that Elvis is not dead is to distort our understanding of ourselves as at least in part living biological beings. As I have pointed out here and argued more extensively in other work, to reject total brain failure as a criterion for determining death involves another type of distortion of our nature, i.e., it does not do justice to our nature as a locus of value in conscious, social relations with others.²⁵

Despite my own acceptance of the destruction of a person's psychophysical integration as death, evident in cases of permanent vegetative state as well as total brain failure, and my belief that this definition of death coheres best with an understanding of our nature, recognition of how defining death is bound up with philosophical, cultural, or moral beliefs argues for a more pluralistic approach to the legal definition of death. It thus would be helpful to show how alternative views about the nature of a human being or person may be consistent or inconsistent

²² Shewmon 1997.

²³ Wallace 1995.

²⁴ Lock 2002, 226–229.

²⁵ Lizza 2009a, 2009b, 2011.

with alternative formulations of death. At least, this would clarify for many how their beliefs about what makes us the kind of being that we are and what we value about ourselves are related to alternative formulations of death. Instead of pretending that defining death is a strictly biological matter, the metaphysical, moral, and cultural dimensions of persons would be given their due. Here, I agree with Margaret Lock that, “in this transnational world of increasingly pluralistic societies, we must begin to recognize a multiplicity of ways of comprehending and legalizing the process of dying, and the management of death.”²⁶

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