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Eastern Orthodox Views on a “Higher-Brain” Death Criterion: Why Theology Must Inform Medical Ethics

Abstract

In the years following the first successful organ transplants, some recommendations have been put forth to optimize the number of available transplantable organs. Among these, one proposes that the criteria by which death may be diagnosed be broadened to include a ‘higher-brain’ option, whereby a patient who has permanently lost consciousness (such as a person who is in a Persistent Vegetative State) may be declared dead despite ongoing brainstem function. Whereas Christian majority opinion holds these patients to be alive, some Orthodox Christian scholars believe them to be dead and have so stated



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both in academic literature and in ethical guidance for a lay Orthodox public. In this essay, I contend that such guidance is inconsistent with the high theological anthropology of Holy Scripture, Patristic thought, and traditional Orthodox scholarship. I contend that the matter is of significant and urgent consideration in the contemporary climate of medical ethics and practice.

Keywords

Higher Brain Death (HBD), Hypostasis, Persistent Vegetative State (PVS), Personhood, Whole Brain Death (WBD)

1 Introduction

Within a year of Christiaan Barnard's successful transplantation of a human heart in 1967, the medical profession anticipated the coming transplantable organ shortfall. In preliminary response to this situation, the *Journal of the American Medical Association* (JAMA) published the report of the Harvard Ad-Hoc committee on the definition of irreversible coma,¹ which suggested that, by instituting a new criterion for death, much needed hospital beds would become available, and the number of organs that might be donated could be optimized. There followed in 1981 the President's Commission Report on Defining Death and the resulting Uniform Definition of Death Act (UDDA) which codified that death could be established by either a traditional cardio-respiratory or a brain death

¹ Henry Beecher, et al, 'A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death,' *JAMA* 205.6 (1968), pp. 85-88.

criterion. The definition of brain death was defined as whole brain death (WBD), that is, the 'irreversible' loss of *whole-brain viability*; importantly, in addition to loss of higher-brain function (for example, conscious awareness), the deepest level of brain function, that controlling respiratory drive, must be demonstrably lost. The "Dead Donor Rule" which followed is a philosophical synthesis of the UDDA and homicide law and establishes that no organ may be procured from anyone who is not dead by either traditional circulatory or whole-brain criteria.²

In 2008, a second President's Commission issued a *White Paper Report on Controversies Surrounding the Determination of Death* which engaged several alternative proposals to expand the criteria for death. Among these was a proposal for a so-called *neocortical* or *higher brain* criterion for brain death, wherein the cognitive functions of the brain have been lost, but the brainstem continues to generate spontaneous respirations. Patients who are in so-called *Persistent Vegetative State* (PVS) are thus afflicted. The *White Paper Report* considered but rejected the higher-brain formula for determining death, and reaffirmed the previous determinations of death based on either whole brain or circulatory criteria.³ While not without controversy, the practice of determining death by a whole brain criterion is deeply entrenched in medical, philosophical, and legal thought. Determination of death by circulatory or whole brain criteria has been endorsed broadly across religions and

² James Bernat, 'Life or death for the dead-donor rule?' *New England Journal of Medicine* 369.14 (2013), pp. 1289-91.

³ The President's Council on Bioethics, *Controversies in the Determination of Death*, January 2009, available at <https://bioethicsarchive.georgetown.edu/pcbe/reports/death/chapter1.html>, p. 2, accessed 7/11/16.

traditions within the Christian community, including the Eastern Orthodox Church.⁴ Recent years, however, have seen a renewed interest in the higher-brain criterion option. The reasons for this are several, having to do with a contemporary intersection of the continuing need for transplantable organs, on the one hand, and the national movement toward an autonomy-driven program of physician assisted suicide (PAS), on the other.

Roman Catholic and Protestant physicians and ethicists reject the assertion that HBD is co-equal with death. Rather, majority opinion holds that patients in PVS are alive and worthy of continued care, nutrition, and comfort. It is notable, therefore, that a number Eastern Orthodox scholars and pastors have endorsed the view that patients in PVS are indeed dead, their ability to breathe independently notwithstanding.

In this essay, I review Christian opinions regarding HBD and contend that there exists an inconsistency of certain Eastern Orthodox pastoral and ethical guidance, on the one hand, with the weight of Orthodox theological anthropology, on the other. I further predict the inevitable practical ethical implications of this inconsistency.

2 The “Higher Brain” Death Concept

A brief review of the HBD formula may be helpful. Foremost among proponents of HBD is transplantation ethicist Robert Veatch,⁵ who has for four decades advocated its merit, based

⁴ Protodeacon Basil Andruchow, *Medical Bioethics: An Orthodox Christian Perspective for Orthodox Christians*, *The Orthodox Church in America*, Vol. III, 2010.

⁵ Robert Veatch and Lainie Ross, *Transplantation Ethics*, 2nd ed., (Washington, DC: Georgetown University Press 2015).

not least upon problems he claims to be inherent in the whole-brain formula.⁶ Veatch offers an alternative proposal for a revised criterion for establishing death that relies not on biological parameters, but rather on a concept of personhood, whereby death may be defined as the "irreversible loss of embodied capacity for consciousness."⁷ He calls this criterion the *higher-brain concept of death*, and states,

"This would make those who have lost all functions of the entire brain dead [i.e., WBD], of course; but it would also include those who lack consciousness, which includes the permanently comatose, the permanently vegetative, and the anencephalic infant to the extent that these groups can be identified"⁸.

Veatch insists that a move to change the law from the current whole-brain to a higher-brain criterion is essential to clarify and standardize the definition of death, and has linked this proposal to opportunities for organ procurement.⁹ Also, for these patients, 'death behaviors' (grieving, burial) may commence.¹⁰ Finally, Veatch endorses a 'conscience clause,' which would provide for the freedom of individuals to select, by advance directive or surrogacy, which criteria for death (circulatory, WBD, or HBD) they wish to have applied to themselves.¹¹ Veatch, with co-author Lainie Ross, has recently

⁶ A comprehensive response to Veatch's concerns has been provided by James Bernat; see James Bernat, 'How much of the brain must die in brain death?' *Journal of Clinical Bioethics*, 1992 3(1):21-26 and James Bernat, 'Life or death for the dead-donor rule?' *New England Journal of Medicine* 2013; 369(14) 1289-91.

⁷ Robert Veatch, Lainie Ross, *Transplantation Ethics*, p. 93.

⁸ *Ibidem*.

⁹ Veatch, Robert, Donating hearts after cardiac death – reversing the irreversible, *NEJM* 2008; 359(7), pp. 672-3

¹⁰ *Ibid.*, p. 45

¹¹ Robert Veatch, Lainie Ross, *Transplantation Ethics*, pp. 110-111.

issued for the general public a recommendation for legislation (including wording of a bill) which would permit just such an individualized selection of medical criteria.¹²

3 The “Higher Brain” Concept in Christian Ethical Thought

Whereas there are Christian writers who endorse, on biological grounds, a HBD formula,¹³ they are in a minority. A Western Christian response to HBD perhaps has been best articulated by Gilbert Meilaender who holds that biological life, however disabled, is not separable from who we are, and who we are meant to become, that is, from our ‘personhood.’

“In an age supposedly dominated by modes of thought more natural and historical than metaphysical, we have allowed ourselves to think of personhood in terms quite divorced from our biological nature or the history of our embodied selves. (...) To live the risen life with God is, presumably, to be what we are meant to be. It is the fulfillment and completion of one’s personal history. (...) That history obtains in this fallen biological life, before we are conscious of it and, for many of us, continues after we have lost consciousness of it.”¹⁴

I have argued elsewhere that a higher brain death option requires the embrace of a hierarchical dualism of mind over

¹² Robert Veatch, Lainie Ross, *Defining Death: The Case for Choice*, (Washington, DC: Georgetown University Press, 2016).

¹³ See Kevin Corcoran, ‘The Constitution View of Persons’ in Joel B. Green (ed.), *In Search of the Soul: Perspectives on the Mind-Body Problem*, 2nd ed., (Eugene, Oregon: Wipf & Stock, 2010).

¹⁴ Gilbert Meilaender, ‘Terra es animata: on having a life,’ *Hastings Center Report* (1993), pp. 25-32.

body, such as that articulated by John Lizza, Jeff McMahan, and others, but that this particular construct is foreign to Christian thought from antiquity. Indeed, for Christians, the HBD formula requires what may be considered an anthropological heresy.¹⁵ Roman Catholic and Protestant organizations do not recognize patients in PVS to be dead. On the contrary, the *Ethical and Religious Directives (ERD) for Catholic Healthcare Services* endorse the ongoing care for these patients including the provision of nutrition via feeding tube,¹⁶ and the Christian Medical and Dental Association (CMDA), a predominantly Protestant organization, holds PVS patients to be “neither dead nor less than human.”¹⁷

Some Eastern Orthodox writers, on the other hand, believe patients who are in PVS (that is, those meeting HBD criteria) to be dead. Orthodox Protodeacon Basil Andruchow has written an Orthodox parish ministry resource in which the preamble states: “The understanding and discussion of contemporary medical bioethical issues is, for Orthodox Christians, predicated upon the tenets of the Orthodox Church. These tenets help us to frame the right questions for consideration from the very beginning.”¹⁸ His paper engages some ethical issues surrounding the beginning and end of life. Regarding “deep coma, persistent vegetative state, and brain death,” he states that “the criterion for life is brain activity within the cerebral

¹⁵ Allen Roberts, ‘The Higher Brain Concept of Death: A Christian Theological Appraisal,’ *Ethics & Medicine* 33.3 (2017) (in press).

¹⁶ The United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Healthcare Services*, 2009, p. 30.

¹⁷ Christian Medical & Dental Associations *Ethics Statement on Persistent Vegetative State*, 1998, III:1.

¹⁸ Basil Andruchow, *Medical Bioethics: An Orthodox Christian Perspective for Orthodox Christians*, Vol. III:8, 2010, available at <https://oca.org/parish-ministry/familylife/medical-bioethics-an-orthodox-christian-perspective-for-orthodox-christians>.

cortex. It is activity in that region of the brain that defines the human condition.”¹⁹

Orthodox priest Fr. John Breck, in a text covering Orthodox Christian bioethics for the lay Orthodox public, similarly grounds bioethical reflection in “Holy Scripture and in Holy Tradition. Scripture (...) provide us with the perspective – the ‘mind of the Church,’ shaped by Scripture and the whole of ecclesial tradition – needed to make moral judgments and to offer pastoral direction to those who are involved firsthand with critical issues.”²⁰ In his final chapter, on ‘Care in the Final Stage of Life,’ he states that PVS is “often referred to as brain death (...) the death of the cerebrum indicates that the soul, in liturgical language, has ‘left the body,’ and the person as such is dead.”²¹ Orthodox priest and ethicist Stanley Harakas has commented:

“There are two fundamental aspects of Orthodox Ethics that need to be kept in mind. The first is that the ethical norms, that is, the ‘ought’ affirmations, have no independent reality outside their faith context (...) it is the faith affirmations, understood as representative of reality, which determine the ‘oughts’ of Eastern Orthodox Ethical discourse. Orthodox theology then makes claims about ultimate realities and - from the perspective of ethics - describes what is and then affirms what ought to be.”²²

Subsequently, articulating the Orthodox perspective in a series on ‘Religious Traditions and Healthcare Decisions,’ Harakas

¹⁹ Ibidem.

²⁰ John and Lyn Breck, *Stages on Life's Way: Orthodox Thinking on Bioethics*, Chapter 7: ‘Care in the Final Stage of Life,’ (Crestwood, New York: St. Vladimir's Seminary Press, 2005), p. 22.

²¹ Ibid., pp. 231-2.

²² Stanley Harakas, ‘An Eastern Orthodox Approach to Bioethics,’ *The Journal of Medicine and Philosophy* 18 (1993), pp. 531-548.

opens his comments with the observation that "the ethics of the Church are embodied in the Holy Scriptures and Holy Tradition, both of which are understood to be witnesses to God's revelation."²³ Agreeing with Andruchow and Breck, Harakas engages issues surrounding death and dying, and asserts: "Generally, the Orthodox recognize death as the cessation of higher human capacities concurrent with the demise of the cerebral cortex, even though lower brain stem activities may remain."²⁴ This situation, it will be recalled, is that of PVS.

Fr. Nikolaos Hatzinikolaou, Chair of the Bioethics Committee of the Church of Greece, attempts to identify the moment of death. Acknowledging the deep mystery of death, and sharing Harakas' notion of the mutually edifying relationship of the Church with the medical sciences,²⁵ he observes that "the body ceases to exist as such from the very moment it ceases to support the person."²⁶ He further indicates that once awareness, consciousness, cognition, "or any of the necessary brain functions" are permanently lost, the body "fails to manifest the soul, even if some of his bodily functions are supported mechanically or biochemically," and becomes inferior to the life of animals.²⁷ However, he then asserts that "the freedom of the soul is expressed through its coexistence

²³ Stanley S. Harakas, 'The Orthodox Christian Tradition: Religious Beliefs and Healthcare Decisions,' as Part of the *Religious Traditions and Healthcare Decisions* handbook series published by The Park Ridge Center for the Study of Health, Faith, and Ethics (1999), p. 10.

²⁴ *Ibid.*, p. 1.

²⁵ Stanley Harakas, 'An Eastern Orthodox Approach to Bioethics,'.

²⁶ Nikolaos Hatzinikolaou, 'Prolonging Life or Hindering Death? An Orthodox Perspective on Death, Dying, and Euthanasia,' *Christian Bioethics* 9.2-3 (2003), pp. 187-201.

²⁷ *Ibid.*, pp. 191-2.

with the body, so long as the latter is biologically alive.”²⁸ His position would thus seem ambiguous.

One may note, with respect, the inaccuracy of Breck’s assertion that PVS is equivalent to brain death, as there are no jurisdictions, under the UDDA, which recognize this to be the case. Similarly, these are not equated in the parlance of clinical medicine. However, the more fundamental question is how Orthodox scholarship might have arrived at such conclusions, and to this question we now turn.

4 The Question of “Personhood”

Because the issue has been framed by Veatch and others regarding a concept of personhood, it is tempting to seek the Orthodox view on *personhood*, per se, as a possible window into pertinent theological considerations. However, physician, ethicist, and Orthodox believer H. Tristram Engelhardt cautions: “Western Christianity and Western secular moral thought have in great measure sought to articulate morality and bioethics as if they could be adequately understood by experience and reflection outside a life rightly aimed at God.”²⁹ He traces this philosophical tendency to Augustine and to a “mid-second-millennial confidence in secular discursive reasoning that spanned from Scholasticism to the Enlightenment.”³⁰ Lamenting the moral relativism to which such reasoning inevitably leads in the absence of a universal moral, philosophical consensus, he asserts: “Orthodox

²⁸ Ibid., p. 192.

²⁹ H. Tristram Engelhardt, ‘Orthodox Christian Bioethics: Some Foundational Differences from Western Christian Bioethics,’ *Studies in Christian Ethics* 24.4 (2011), pp. 487-499.

³⁰ Ibidem.

Christians do not have a morality, a moral theology, or a moral philosophy. The sole true mediator [of morality] is Christ."³¹ An Orthodox moral theology, therefore, bypasses much of the swath of influence of second millennial philosophical enquiry, and appeals directly to Holy Scripture and to the Church Fathers, given their historical, cultural, and spiritual proximity to Christ and the apostles themselves.³²

As to the specific concept of personhood, Orthodox theologian Vladimir Lossky opines:

"I would have had to ask myself (...) to what degree this wish to find a doctrine of the human person among the Fathers of the first centuries is legitimate. Would this not be trying to attribute to them certain ideas which may have remained unknown to them and which we would nevertheless attribute to them without realizing how much, in our way of conceiving the human person, we depend upon a complex philosophical tradition (...) very different from the one which could claim to be part of a properly theological tradition?"³³

With these caveats, then, our pursuit must be directed toward Orthodox theology and its appeal to Patristic thought. In so doing, two perspectives emerge, namely *hypostasis* and *Incarnation*, which may shed light on the topic at hand.

Hilarion Alfeyev, Bishop of the Moscow Patriarchate, states that according to Orthodox thought, human beings, created in the image of God, are in fact *hypostases*, patterned after the eternal

³¹ Ibid., p. 491.

³² See Christopher A. Hall, *Reading Scripture with the Church Fathers*, Downers Grove, Illinois, Intervarsity Press, 1998 for an analysis of and apologetic for reading Patristic theology.

³³ Vladimir Lossky, *In the Image and Likeness of God*, Chapter 6: 'The Theological Notion of the Human Person,' (Crestwood, New York: St. Vladimir's Seminary Press, 1974), p. 111.

Hypostases (that is, the three Persons) of the Holy Trinity.³⁴ He acknowledges that the construct of hypostasis draws from both Old Testament and Hellenistic thought. He further claims that the image of God “has been understood by some Fathers as our free will and self-determination”³⁵; therefore one might see in this assertion a putative avenue for an ancient Patristic imprimatur on today’s HBD formula. Individuals who have permanently lost higher brain function, it could be argued, no longer possess self-determination.

However, the hypostasis construct is developed more fully by John Zizioulas, late Metropolitan of Pergamon. Zizioulas traces the history of ‘persona’ through Greek and Roman thought, but states that the philosophy of personhood stalled, as it were, over the difficulty with reconciling the nature of the individual with the nature of humankind.

“How, then, could we have arrived at an identification of the person with the being of man? (...) For these things to have come about, two basic presuppositions were necessary: a radical change in cosmology which would free the world from ontological necessity [i.e., that of Greek thought] and an ontological view of man which would unite the person with the being of man. (...) The first of these could only be offered by Christianity with its Biblical outlook. The second could only be attained by Greek thought with its interest in ontology. The concept of the person with its absolute and ontological content was born historically from the endeavor of the Church to give ontological expression to its faith in the Triune God. (...)”

³⁴ Hilarion Alfayev, *The Mysteries of the Faith: An Introduction to the Teaching and Spirituality of the Orthodox Church* (London: Darton, Longman & Todd, Ltd. 2002), p. 59.

³⁵ *Ibid.*, p. 59.

[Man's] hypostasis must inevitably be rooted, or constituted, in an ontologic reality which does not suffer from createdness."³⁶

Zizioulas states that whereas the term 'hypostasis' originally was never related to the term 'person,' it came over time (and as a by-product of the conciliar controversies), to embrace what the West now calls personhood, but in continuity with what constitutes the substance (ousias) of human beings. "From this endeavor came the identification of hypostasis with person."³⁷ Zizioulas then states that "Patristic theology considers the person to be an 'image and likeness of God,' It is not satisfied with a humanistic interpretation of the person. (...) Patristic theology sees man in the light of two 'modes of existence. One may be called the *hypostasis of biological existence*, the other the *hypostasis of ecclesial existence*."³⁸ The hypostasis of biological existence, he says, happens at conception. Moreover, unless a person is saved by becoming the hypostasis of ecclesial existence (that is, entering, through the Church, into the process of divinization or theosis), the necessary outcome of biological existence is death. Death, for Zizioulas, is biological death and is not tied to loss of capacity for conscious thought.

Lossky, who cautioned against reading 'personhood' into the Fathers, nonetheless acknowledges that *anthropology* does indeed exist in first millennial Patristic writing. He sees 'personal reality' as best understood in light of a personal God, and therefore holds that hypostatic personhood is the necessary outworking of the Trinitarian hypostases.³⁹

³⁶ John D. Zizioulas, *Being as Communion*, Chapter 1: "Personhood and Being," (Crestwood, NY: St. Vladimirs Seminary Press, 1985) pp. 50.54.

³⁷ *Ibid.*, p. 37.

³⁸ *Ibid.*, p. 50.

³⁹ Vladimir Lossky, *In the Image and Likeness of God*, p. 112.

Thus, both Zizioulas and Lossky do seem to ‘overhear’ a form of anthropology in Patristic thought that is fundamentally tied to humankind’s hypostasis being the inevitable creative work and manifestation of the Trinitarian hypostasis. Since the hypostases of the Triune God are distinguished by their internal relationship one to another, and not by characteristics or qualities, so it is that a hypostasis of personhood is to be understood relationally, and not confined to a quality, characteristic, or anatomic locus.

The second pertinent perspective of Orthodox thought is that of the Incarnation, and what it has to tell us about man’s hypostasis. Fr. Patrick Reardon, in his exegesis and meditation on Psalm 8, informs us that this psalm is paradigmatic of the Incarnation. “Christ is no afterthought; *He is the original meaning of humanity*. Christ is what God had in mind when He formed the first lump of mud into a man.”⁴⁰ According to Orthodox theology, Redemption is tied, before any work of Christ on Calvary, to His Incarnation. According to Reardon “the Church Fathers, sought the root of man’s theosis – sharing in the very life of God - in the event of the Incarnation.”⁴¹

In summary, then, an *Orthodox theological anthropology* is expressed regarding humankind’s hypostasis being patterned after the Divine Hypostases on the one hand; this human hypostasis, with its potential for relationship and theosis, is the soteriologically necessary fruit of the Incarnation, on the other. The implication of these facts for the discussion at hand has to do with the limits of *assigning to hypostasis* a biological event or

⁴⁰ Patrick H. Reardon, *Christ in the Psalms*, ‘Psalm 8,’ (Ben Lomond, California, Conciliar Press, 2000), pp. 15-16. (emphasis added).

⁴¹ Patrick H. Reardon, *Reclaiming the Atonement: An Orthodox Theology of Redemption*, Vol. 1, *The Incarnation*, Chapter 4, ‘Incarnation and Deification,’ (Chesterton, Indiana, Ancient Faith Publishing, 2015), p. 118.

anatomic locus. Hypostasis, on an Incarnational view, necessarily happens at conception – it cannot be tied to an arbitrary embryological milestone; similarly, the end of life - the departure of the soul - may not be related to the death of an arbitrary anatomical site, for example, the cerebrum.

Subsequent Orthodox theologians seem to agree. Professor Christos Yannaras of Panteon University in Athens endorses a praxis that seems more aligned with the ‘hypostasis/Incarnation’ construct, bringing the understanding of hypostasis of antiquity to bear upon the more contemporary (and Western) concept of personhood.

“What man *is*, then, his hypostasis, cannot be identified either with his body or with his soul. It is only *given effect*, expressed and revealed by its bodily or spiritual functions. Therefore no bodily infirmity, injury or deformity and no mental illness, loss of power of speech or dementia can touch the truth of any man, the inmost *I* which constitutes him as an existential event.”⁴²

Similarly, Professor Daniel Varghese of St. Vladimirs Seminary tackles the ambiguity of the term *personhood* as it appears in secular and theological scholarly parlance. He seeks to redirect the discussion regarding what it is to be a human being, according to Eastern Orthodox thought. To this end, he affirms Orthodox Patristic concepts of theosis, and recruits the term “burgeoning being” to define the human being. Orthodox teaching, he says, holds that all human beings are created in God’s image “irrespective of the development of organs. Consequently, Orthodoxy could reject the arguments for denial of personhood based only on biological or cognitive

⁴² Christos Yannaras, *Elements of Faith: An Introduction to Orthodox Theology* (Edinburgh: T&T Clark, 1991), p. 63.

capabilities.”⁴³ They are burgeoning beings, he says, from birth to death. “The intellect or reason is not the dominant factor to determine whether a being is a person or not.”⁴⁴ Varghese, then, seems to come closer than any of his Orthodox colleagues to arriving at grounds for refutation of a claim that a soul has departed the body at such time as cognitive function is lost.

There is, then, nothing in Holy Scripture, Patristic thought, or in more contemporary Eastern Orthodox theology that would lend itself to the assignment of the human hypostasis to a particular anatomic locus (for example, the cerebrum) or physiologic function (for example, consciousness), and thereby to an endorsement of the HBD formula. The declarations of Andruchow, Breck, and Harakas seem incongruous with the weight of Eastern Orthodox anthropology as it seeks to articulate the mysteries of Trinitarian hypostasis and Incarnation.

5 A Confluence of Ethical Issues

The question, finally, is not merely an academic exercise. The consideration of Higher Brain Death is upon us due to a medical and philosophical construct which had utilitarian origins in the need for procuring more organs for transplantation, rather than in the procuring of benefit for any specific living patient who languishes in PVS. Moreover, in the midst of the contemporary wave of legalization of assisted death, the so-called conscience clause proposed by Veatch has the potential to fuel an agenda of assisted death in those with PVS. It should not escape our notice

⁴³ Daniel Varghese ‘Personhood and Bioethics: An Eastern Perspective,’ *International Journal of Orthodox Theology* 6:4 (2015), pp. 107-143.

⁴⁴ *Ibidem*.

that organ procurement following euthanasia is currently being practiced in some European countries,⁴⁵ and that "practical manuals" for this endeavor have been published already in American transplantation journals.⁴⁶

At this point, it is necessary to return briefly to Veatch's most recent work, noted above, in which he has called for legislation that would permit a choice, by patients (via advance directive) or surrogates, as to which criteria they wish to be used in establishing their own death. In his text, Veatch acknowledges the right of patients to choose assisted suicide at the end of life.⁴⁷ How are PAS and euthanasia handled in Eastern Orthodox ethical thought and pastoral guidance?

Protodeacon Andruchow, in the same paper in which he endorses a HBD definition, says,

"The term *euthanasia* originally was used and understood to mean a 'good death.' However, in current times it has come to mean 'to put an end to a person's life by a specific act.' The Orthodox Church cannot and does not support such actions whether it is executed by the patient (suicide) or by any other party (...) even if the rationale is based on the 'relief of suffering.'"⁴⁸

John Breck agrees, and endorses activism to optimize palliative care education and practice, and to "militate peacefully yet forcefully against the immoral expediency of active voluntary

⁴⁵ D. Van Raemdonck et al, 'Initial Experience with Transplantation of Lungs Recovered from Donors after Euthanasia,' *Applied Cardiopulmonary Pathophysiology* 15 (2011), pp. 38-48.

⁴⁶ J. Bolen, et al, 'Organ Donation after Euthanasia: A Dutch Practical Manual,' *The American Journal of Transplantation* 16 (2016), pp. 1967-72.

⁴⁷ Robert Veatch, Lainie Ross, *Defining Death: The Case for Choice*, p. 9.

⁴⁸ Protodeacon Basil Andruchow, *Medical Bioethics: An Orthodox Christian Perspective for Orthodox Christians*, p. 10.

euthanasia and physician assisted suicide.”⁴⁹ Harakas asserts, “Since the earliest years of the Christian tradition, suicide has been defined as a sin; ethically, it is understood as self-murder. (...) All forms of assisted suicide are understood as the unjust taking of human life.”⁵⁰ Hatzinikolaou concludes his essay, “The Church condemns as unethical and insulting to the medical profession every medical act which does not contribute to the health or the prolongation of life, but, instead, intentionally provokes the hastening of the moment of death.”⁵¹

Finally, Engelhardt recognizes the unhappy intersection of Eastern Orthodox thought on this matter with that of the culture.

“So, too, when a person is dying in intractable pain, begging for physician-assisted suicide, the Orthodox Christian must out of love attempt to ameliorate the pain while resolutely denying the request. In such circumstances, these denials may appear as immoral affronts, not only to those who ask but to those in the culture generally see the denial as unfeeling, if not disrespectful and outrageous. (...) When traditional Christian healthcare professionals refuse to be involved in core elements of the liberal cosmopolitan understandings of decent healthcare, it will be clear that traditional Christians stand for moral views at odds with the healthcare values of the surrounding society.”⁵²

⁴⁹ John and Lyn Breck, *Stages on Life's Way: Orthodox Thinking on Bioethics*, p. 229.

⁵⁰ Stanley S. Harakas, ‘The Orthodox Christian Tradition: Religious Beliefs and Healthcare Decisions,’ p. 10.

⁵¹ Nikolaos Hatzinikolaou, ‘Prolonging Life or Hindering Death? An Orthodox Perspective on Death, Dying, and Euthanasia,’ p. 196.

⁵² H. Tristram Engelhardt, *The Foundations of Christian Bioethics* (Amsterdam: Lisse, Swets & Zeitlinger Publishers 2000), p. 367.

6 Concluding Thoughts

The cultural momentum at this hour of medical history is shaping ethical issues that will be upon us in the near future. The acceptance in law and public policy of an HBD option, such as the one Veatch advocates, has enormous implications for those who suffer but who are not yet dead, and for the practice of medicine. Organ procurement strategies and the assisted death agenda are on a path of inevitable intersection. The embrace of HBD by Orthodox scholars will be found ultimately to be at odds, practically speaking, with their condemnation of assisted death. If Veatch and others have their way, this is a certainty.

It is crucial, and urgently so, that the deep and holy mysteries of the Orthodox Christian Church – specifically her high anthropology of hypostasis and Incarnation, which embrace a unity of body and soul that cannot be defined by scientifically arbitrary functionality – be reflected faithfully and consistently in her practical and pastoral theology. Any endorsement of the HBD formula, borne as that formula is of enlightenment-derived personhood considerations, is inconsistent with the teaching of two millennia of Orthodox Christianity.