



Difficult Moral Decisions in Brain Death and Pregnancy

"Wouldn't a mother, carrying a child in her womb, and having expended so much effort to foster that new life, naturally want to offer her child this opportunity to live, even after her own death?"



CNN recently profiled the case of a woman named Marlise Munoz, who was both pregnant and brain dead. Its report noted that Mrs. Munoz was “33 years old and 14 weeks pregnant with the couple's second child when her husband found her unconscious on their kitchen floor November 26. Though doctors had pronounced her brain dead and her family had said she did not want to have machines keep her body alive, officials at John Peter Smith Hospital in Fort Worth, Texas, argued state law required them to maintain life-sustaining treatment for a pregnant patient.”

The family sought a court order to have Mrs. Munoz disconnected from the ventilator because she had shared that she never wanted to be on life support. It remained unclear, however, whether Mrs. Munoz would have felt the same way about life support if she knew she were pregnant and nurturing a child.

As weeks on the ventilator turned into months, Mrs. Munoz began to manifest overt signs of death: her skin texture changed, becoming cool and rubbery like a mannequin's, and her body began to smell of deterioration. Maintaining a mother's corpse on a ventilator requires significant effort and ex-

pense, and imposes real burdens on family members, who would like to be able to grieve their loss, and are not fully able to do so while their loved one remains in a state of suspended animation — deceased, yet not quite ready to be buried because she is still supporting a living child.

Mrs. Munoz's case raises challenging questions: should the continued use of a ventilator in these circumstances be considered extreme? Could such life-sustaining measures be considered abusive of a corpse? These are hard questions, in part because people can give their bodies over to a variety of uses after they die. Some donate them to science, so students can open them up, look around inside and learn about anatomy. Others donate their organs to help strangers who need transplants. Similarly, a mother's corpse — no longer useful to her — may be life-saving for her child. Wouldn't a mother, carrying a child in her womb, and having expended so much effort to foster that new life, naturally want to offer her child this opportunity to live, even after her own death? The medical literature documents several cases where a child in this situation has been delivered later

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by C-section and fared well. Thus it can be reasonable in certain situations for medical professionals to make a serious effort to shuttle a pregnancy to the point of viability, for the benefit of the sole remaining patient, i.e. the child.

As Mrs. Munoz's pregnancy approached 22 weeks (with 23 weeks generally being considered "viable" for life outside the womb), lawyers for the family declared that the child was "distinctly abnormal," with significant deformities in the lower extremities. The child was also reported to suffer from hydrocephalus and a possible heart defect. Some commentators even speculated that the defects of the unborn child may have been "incompatible with life."

In prenatal cases, depending on the likelihood of survival until viability, efforts may be made to at least offer a C-section and provide baptism. Often the family, with the assistance of perinatal hospice, can hold and name their child right after such a delivery, even as his or her brief life draws to a close. This can provide valuable healing and closure for the family.

Whether Mrs. Munoz's unborn child (later named Nichole by her father) had defects that were genu-

inely "incompatible with life," or whether she would have simply been born with handicaps, is an important question. Extensive prenatal testing was rendered difficult by the machine-driven, ICU-bound body of Mrs. Munoz. The possibility that a child might be born with handicaps, of course, should not become the equivalent of a death sentence for the unborn, as members of the disability community are quick to remind us. We should love and welcome those with disabilities as much as anyone else.

Public reaction to Mrs. Munoz's case ranged from strong support and hope that her child would be born, to claims that hospital officials were treating her deceased body as an incubator to "preserve the fetus she carried." In the end, a judge in Fort Worth ordered Mrs. Munoz's corpse to be disconnected from life support, even though the pregnancy had been successfully maintained for nearly two months and Nichole was a mere stone's throw from viability. While it was clearly a difficult and heart-wrenching situation for all involved, including the courts, this legal decision seemed questionable, given the uncertainty surrounding Nichole's actual medical condition and her appar-

ent proximity to being able to be delivered.

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