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## **Death before Dying: History, Medicine, and Brain Death by Gary S. Belkin (review)**

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to develop new means of detecting, diagnosing, and treating the disease; to muddle therapeutically through despite the likelihood of failure; to proffer hope to hopeless patients; and all too often then to watch them die. The disease may be recalcitrant as Timmermann suggests, but so too were (and are) the therapeutic responses to it.

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Gary S. Belkin. *Death before Dying: History, Medicine, and Brain Death*. New York: Oxford University Press, 2014. xxviii + 256 pp. Ill. £38.99 (978-0-19-989817-6).

Current debates about advance directives and organ trafficking are evidence of the importance of Gary Belkin's new history, *Death before Dying*. Belkin is a psychiatrist who earned a Ph.D. in history of science during his medical residency. The book builds on his dissertation research and looks at the self-appointed Harvard committee that in 1968 set criteria for brain death in the only report that it wrote. For the most part, what appeared to be the work of the committee was the handicraft of its creator, chairman, and autocrat at the conference table, Dr. Henry Beecher. During the summer of 1968, Beecher pieced together his previous writing and marshaled the words of twelve additional committee members, all Harvard men, most from the medical school. In August, their final product appeared in the *Journal of the American Medical Association*. Since then, definitions of brain death have remained controversial (see the Terri Schiavo debates) and have defied efforts to universalize one meaning. Yet the committee's report set a new, dominant default position among clinicians, in which an irreversible coma equaled brain death, and brain death was as good as death itself.

Belkin refines a story that has been told as a tale of two postwar technologies: the positive-pressure ventilator that could extend life and the electroencephalogram that could mark its end. In six chapters, the book self-consciously follows the structure of the report itself and relies on the documents that the committee and its members archived at Harvard, as well as on published primary and secondary sources.

Belkin writes against the conventional wisdom about the committee on two issues. First, scholars have previously argued that the committee had an unseemly interest in harvesting organs for transplantation, and thus were zealous to declare death—legally, morally—for comatose patients who seemed bound indefinitely to life support. Belkin aims to rehabilitate the moral integrity of the committee's work by arguing that its biggest background concern was the problem of human experimentation (i.e., the moment when care shades into discovery) more so than with transplantation. Such an account is consonant with Beecher's previous

work on experiment, though Belkin has to read assertively against the grain of the materials he presents in order to make the claim.

Second, scholars have claimed that the committee had little empirical basis for the four criteria it promoted as evidence of irreversible coma. As counterpoint, Belkin presents exciting and persuasive evidence of the committee's empirical basis for the report. Snuggled into the middle of the book is a seemingly modest section that displays Belkin's finest materials and smartest analysis (pp. 173–200). Ingeniously, Belkin sought and was granted access to medical records of 421 comatose patients that committee member Robert Schwab and colleagues treated (and removed from life support) in the decade prior to his work on the brain death report. Belkin uses the records to show how Harvard neurologists gradually refined a social routine and a technique for interpreting EEGs between 1958 and 1967. To his credit, Belkin avoids weighing in the "correct" diagnosis, dodging the temptation to evaluate the clinicians' judgments with hindsight. Instead, Belkin uses the patient records as evidence of his claim that the committee's report was empirically grounded, and was specifically based on clinicians' own bedside experience at Massachusetts General Hospital in years that preceded their summer's work on it. Belkin reproduces clinicians' notes about patients, allowing readers to witness the neurologists in the process of thinking. As John Harley Warner and others have observed, medical records are important forms of evidence for historians of medicine. They are also nearly impossible to access. Belkin has done a service to his argument and also to the field through his intelligent analysis and helpful reproduction of fragments of these patient records.

Another fine chapter looks at the status of (brain) death in American law. Belkin shows that committee members anticipated how their criteria would be challenged in U.S. courts and worked to preempt efforts to dismantle the report. The committee members strategically chose to address irreversible coma, rather than to make the apt but more combustible claim that they were defining death. Importantly, and on the advice of member and legal scholar William Curran, the committee insisted that the report summarized a new consensus that existed in the medical community: irreversible coma was death. By the 1960s, claims about a scientific consensus held great sway in American courts, and so it appears that committee members brought into being the very consensus they claimed already existed.

Belkin values empiricism. It makes him a good historian and, presumably, a good doctor, too. Yet Belkin organizes the book around the classic but flawed division between facts and values, relegating the concepts into stable, coherent, and separate spheres. In using this dichotomy, Belkin is sometimes following his actors' debates with bioethicists. But Belkin himself also invests considerable energy and word count in misfired shots at bioethics, because, he claims, it lacks empirical basis. No doubt, the field of bioethics deserves thoroughgoing critique. Already, the field has received many sound, subtle, and square hits, such as sociologist John Evans's sustained and effective confrontations with the discipline (which Belkin cites). However *Death before Dying* tends to treat bioethics as a static field and thus pins it to outdated (at best) and caricatured (at worst) positions. It is

a missed opportunity to rise above the fray to help historians better understand what people are debating when they are debating brain death, or better grasp the power dynamics endemic to such debates.

On the whole, *Death before Dying* is a work of admirable detail and insight. It offers a useful description of the postwar work of a powerhouse Harvard committee, whose report on brain death continues to have great consequence in courts, clinics, and everyday life.

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Lesley A. Sharp. *The Transplant Imaginary: Mechanical Hearts, Animal Parts, and Moral Thinking in Highly Experimental Science*. Berkeley: University of California Press, 2014. xiv + 221 pp. Ill. \$29.95 (978-0-520-27798-4).

Over the past twenty years medical anthropologist Lesley A. Sharp has contributed much to our understanding of the phenomenon of organ transplantation. This is a field of knowledge that anthropologists and sociologists have made their own, with important contributions including Renée Fox and Judith P. Swazey's *Courage to Fail* and *Spare Parts*, Margaret Lock's *Twice Dead*, and Sharp's own *Strange Harvest*.<sup>1</sup> More recently, historians have examined transplantation's longer history, notably Susan Lederer, Thomas Schlich, and Ayesha Nathoo.<sup>2</sup>

In *The Transplant Imaginary*, Sharp focuses on two experimental forms of contemporary transplantation, concentrating in the main on the period from the 1990s to the present and drawing on research she carried out in the United States, Canada, the United Kingdom, Australia, and New Zealand. Here, Sharp extends her consideration of transplantation's moral world by attending to the troubled phenomena of xenotransplantation (grafting nonhuman animals' organs into human bodies) and the development and use of mechanical parts such as artificial hearts. Both these experimental forms of organ replacement are rationalized as being driven by the well-publicized dearth of available human organs to transplant.

1. Renée Fox and Judith P. Swazey, *The Courage to Fail: A Social View of Organ Transplants and Dialysis* (Chicago: University of Chicago Press, 1975) and *Spare Parts: Organ Replacement in American Society* (New York: Oxford University Press, 1992); Margaret Lock, *Twice Dead: Organ Transplants and the Reinvention of Death* (Berkeley: University of California Press, 2002); and Lesley A. Sharp, *Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self* (New York: Columbia University Press, 2006).

2. Susan Lederer, *Flesh and Blood: Organ Transplantation and Blood Transfusion in Twentieth-Century America* (New York: Oxford University Press, 2008); Thomas Schlich, *The Origins of Organ Transplantation: Surgery and Laboratory Science 1880–1930* (New York: University of Rochester Press, 2010); and Ayesha Nathoo, *Hearts Exposed: Transplants and the Media in 1960s Britain* (Basingstoke: Palgrave Macmillan, 2009).