

Cultural Implications of Brain Death - Literature Review; Author: Santasha Dhoot

First Author	Study Design	Sample Size/ Study Population	Aims of Study	Main Findings	Limitations
Bowman, K. 2003	Lit Review	<ul style="list-style-type: none"> <li>• N=2</li> <li>• Western and Japanese cultural differences on brain death</li> </ul>	<ul style="list-style-type: none"> <li>• To explore differences between Western and Japanese perspectives on brain death and organ donation</li> <li>• To find strategies for healthcare workers working cross-culturally in cases involving brain death</li> </ul>	<ul style="list-style-type: none"> <li>• Most Japanese believe brain death is death of a human being; minority believe it is not a true death.</li> <li>• Traditional Japanese perspective sees organ removal from a brain dead human as wrong because it disrupts the person's body, mind, and spirit.</li> <li>• Through Buddhist teachings one's identity is not specifically in the brain; they see as a brain dead patient as not fully dead.</li> <li>• In the West brain death is thought of as a legitimate death with little public pushback.</li> <li>• The West has been shaped by Christianity; believes a body without a soul is no longer a person; organ donation is an act of love and generosity.</li> <li>• To improve the relationship between clinicians and patients family ask the family questions, discuss culture.</li> <li>• There is a need for more cultural research.</li> </ul>	<ul style="list-style-type: none"> <li>• General overview not citing direct subjects</li> </ul>
Bülow, H. (et al.) 2007	Lit Review	<ul style="list-style-type: none"> <li>• N = 6 (Different religious perspectives)</li> <li>• 6 different religions (Christian, Judaism, Islam, Hinduism/ Sikhism, Confucian/ Taoism, Buddhism)</li> </ul>	<ul style="list-style-type: none"> <li>• To explore how various religions conceptualize end of life care, brain death, and organ donation</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to summarize Christian perspectives because term encompasses many groups</li> <li>• Jewish perspective around brain death vary, with some allowing organ donation if brain death medically verified but others defining it as when the heart stops</li> <li>• Islam stresses that being taken off life support must be a family decision and after consultation with the medical team</li> <li>• Islamic countries now accept brain death</li> <li>• Brain death is accepted in Hindu/Sikh religions because death should be peaceful and artificially/mechanical sustained life is seen to have little value</li> <li>• Within Chinese culture, discussion of death is generally taboo</li> <li>• Confucian/Taoist perspectives vary greatly but no definitive religious ruling has been found on brain death or organ transplantation</li> <li>• In Buddhism, there is no mandate to keep people alive at any cost and organ donation is accepted</li> <li>• Important to acknowledge religious beliefs because have major impact on medical decisions, both by patients &amp; providers</li> </ul>	<ul style="list-style-type: none"> <li>• Could expand discussion to other religions</li> <li>• Hints at strategies for physicians to use when navigating religious beliefs and clinical practice but could be more comprehensive</li> </ul>

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Hedayat, K. 2006	Lit Review	<ul style="list-style-type: none"> <li>• N= N/A</li> <li>• Muslims attitudes towards childhood deaths</li> </ul>	<ul style="list-style-type: none"> <li>• To share Muslim attitudes toward infant/child death to a Western audience</li> </ul>	<ul style="list-style-type: none"> <li>• Islam is the fastest growing religion in U.S.</li> <li>• No papacy exists so various Islamic scholars share their expertise to address contemporary issues</li> <li>• In Islam, children and the role of parents are highly regarded</li> <li>• Belief that life is sacred because it originates and returns to God; sanctity of life outweighs quality of life</li> <li>• Due to current medical technologies, brain death has been recognized as death</li> <li>• However, while clinical role of brain death is acknowledged by Islamic scholars, for lay people, the person is not considered dead and end-of-life rituals cannot begin until body is cold and in rigor mortis</li> <li>• Typically, withdrawing care is not allowed and considered form of passive euthanasia except when diagnosis of brain death is made</li> <li>• Important for providers to be aware of personal cultural beliefs and encourage practices when possible, especially in end-of-life care</li> </ul>	<ul style="list-style-type: none"> <li>• Generalized common Islamic views on brain death</li> <li>• Not comprehensive; only presented common beliefs for Shia and Sunni</li> </ul>
Kleissig, J. 1992	Survey	<ul style="list-style-type: none"> <li>• N= 230</li> <li>• Patients of a county facility in Los Angeles</li> <li>• Representative of different cultural groups (African American, Chinese, Filipino, Iranian, Jewish, Korean, Mexican American)</li> <li>• Included reference group of white US born people</li> </ul>	<ul style="list-style-type: none"> <li>• To explore perspectives around life support for different cultural groups</li> </ul>	<ul style="list-style-type: none"> <li>• African American (60%), Filipino (80%), Iranian (84%), and Korean (74%) respondents were more likely to agree with starting life support.</li> <li>• Jewish (13%) and the reference group (17%) respondents were less likely to agree with starting life support.</li> <li>• Chinese (53%) and Mexican American (53%) respondents were equivocal about starting life support.</li> <li>• Chinese (65%), Jewish (90%), and the reference group (71%) respondents were more likely to agree with stopping life support.</li> <li>• African American (40%), Filipino (14%), Iranian (24%), and Korean (30%) respondents were less likely to agree with stopping life support.</li> <li>• Mexican American (49%) respondents were equivocal about stopping life support.</li> <li>• Iranian family had difficulty accepting concept of brain death as patient was perceived alive due to presence of heart beat and warm skin.</li> </ul>	<ul style="list-style-type: none"> <li>• study specific to patients at a county facility in Los Angeles</li> <li>• study conducted &gt; 20 years ago</li> <li>• self-reported data</li> <li>• convenience sample</li> </ul>

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McConnell, J. 1999	Lit Review	<ul style="list-style-type: none"> <li>• N= N/A</li> <li>• Japanese citizens</li> <li>• Followers of Shinto, Taoism, Confucianism, and Buddhism</li> </ul>	<ul style="list-style-type: none"> <li>• To understand the root of Japanese medical ethics towards brain death and organ transplantation</li> </ul>	<ul style="list-style-type: none"> <li>• Religion has profound influence on Japanese about brain death.</li> <li>• Major religions are Shinto, Taoism, Confucianism, and Buddhism. Many of their practices overlap.</li> <li>• Majority of population is Shinto. Followers believe declaring death while the heart is still beating is unnatural and premature.</li> <li>• Majority of medical establishment believes in brain death but much of the elderly population upholds traditional values.</li> <li>• Strong respect for elders and their traditional values contributes to the lack of acceptance of brain death by Japanese people.</li> <li>• Dual definition of death in Japan: legal definition of brain death by medical determination when the deceased is an organ donor; if they are not a donor, the time of death is recorded when the heart stops beating.</li> </ul>	<ul style="list-style-type: none"> <li>• No set sample size or control population to study</li> <li>• Generalized to the whole Japanese population</li> </ul>
Miller, A. (et al.) 2014	Lit Review	<ul style="list-style-type: none"> <li>• N= 713 studies</li> <li>• Literature on brain death from English language searches of PubMed, Scopus, EMBASE, Web of Science, PsycNet, Sociological Abstracts, DIALOGUE ProQuest, Lexus Nexus, Google, Religious texts (as applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• To describe the concept of brain death</li> <li>• To determine if brain death is accepted among Islamic scholars</li> <li>• To improve communication between physicians and families when discussing brain death</li> </ul>	<ul style="list-style-type: none"> <li>• In Judaism, there is no consensus on the definition of death but support the idea to not prolong suffering.</li> <li>• In Catholic Christian tradition, brain death has been supported by the Pope as true death.</li> <li>• In Islam, most Muslim scholars and medical organizations accept brain death as true death; strong minority that only sees cardiopulmonary death as a true death.</li> <li>• Communication is key in brain death discussions; involving Islamic spiritual leaders may help.</li> <li>• Muslim clinicians who do not accept concept of brain death may function as conscientious objectors or recuse from these cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Search conducted in English; may limit incorporating relevant sources in other languages</li> </ul>

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Padela, A. (et al.) 2011	Lit Review	<ul style="list-style-type: none"> <li>• N=2</li> <li>• Organization of Islamic Conferences' Islamic Fiqh Academy (OIC-IFA)</li> <li>• Islamic Organization of Medical Sciences (IOMS)</li> <li>• Verdicts made by the OIC-IFA and IOMS regarding brain death</li> <li>• Islamic law</li> </ul>	<ul style="list-style-type: none"> <li>• To review religious verdicts made by the IOMS and OIC-FA regarding brain death</li> </ul>	<ul style="list-style-type: none"> <li>• OIC-IFA and IOMS are organizations that bring together medical scientists and Islamic legal scholars.</li> <li>• Many Muslim bioethicists and medical professionals support brain death as definition of death.</li> <li>• Islamic consensus on brain death is lacking due to disparate rulings from Islamic councils around the world.</li> <li>• The Islamic Medical Association of North America (IMANA) supportive of brain death as determined by specialist physicians.</li> <li>• OIF-CA states death as when all vital functions of the brain cease irreversibly and the brain has started to degenerate. It does not give clear guidance on how to satisfy these conditions. - In Islamic theology, death occurs when the soul has left the body. OIF-CA implies that a brain-dead patient has no soul but provides no clear guidance on how to address ensuing metaphysical questions. IOMS states cardiopulmonary death as only legal death. It allows for removal of life support once a person is declared brain dead.</li> </ul>	<ul style="list-style-type: none"> <li>• Gaps and lack of clarity found in the OIC-IFA &amp; IOMS determinations</li> <li>• More research needed to further understand the different Islamic laws concerning brain death and determination if brain death equal to traditional death or an intermediate state between life/death</li> </ul>
Siminoff, L. (et al.) 2004	Survey	<ul style="list-style-type: none"> <li>• N= 1351</li> <li>• Ohio residents over 18 years old</li> <li>• Randomly selected and surveyed using random digit dialing</li> <li>• Respondent demographics: 72% Caucasian 23% African Americans</li> <li>• 5% Other ethnicity</li> <li>• 61% Protestant</li> <li>• 23% Catholic,</li> <li>• 9% Jewish, Muslim, Other Christian, Other, or No religious affiliation</li> </ul>	<ul style="list-style-type: none"> <li>• To determine public attitudes and beliefs about the determination of death and organ donation</li> </ul>	<ul style="list-style-type: none"> <li>• Respondents given 3 scenarios based on hypothetical patients: one brain dead, one in a coma, and one in a persistent vegetative state (PVS)</li> <li>• Asked which patients they thought were dead and assessed willingness to donate organs of those patients</li> <li>• 98.4% heard of brain death</li> <li>• 33.7% believed that someone who was brain dead was legally dead</li> <li>• 86.2% identified brain dead patient as dead</li> <li>• 52.7% identified patient in a coma as dead</li> <li>• 34.1% identified the patient in a PVS as dead</li> <li>• Found that general public has varying personal beliefs about whether a patient is dead that may differ from medico-legal definitions</li> <li>• Found that general public is misinformed/unaware about medico-legal definitions of brain death</li> <li>• Found that respondents typically unwilling to donate organs of patients they considered alive</li> </ul>	<ul style="list-style-type: none"> <li>• Scenarios given to respondents were brief and did not include details from real life examples</li> <li>• Study was conducted in a single state</li> <li>• Sample lacks diversity; did not include many Hispanics or Asian Americans</li> </ul>

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Wijdicks, E. 2002	Lit Review	<ul style="list-style-type: none"> <li>• N=80</li> <li>• Data on adult brain death from 80 different countries from 1968-2000</li> </ul>	<ul style="list-style-type: none"> <li>• To survey brain death criteria around the world</li> </ul>	<ul style="list-style-type: none"> <li>• Obtained data for about 42% of UN listed member states.</li> <li>• Practice guidelines for brain death were present in 88% of the countries.</li> <li>• Differences in declaring brain death with time of observation and expertise of physicians.</li> <li>• Lab testing mandatory in 40% of countries.</li> <li>• Differences in guidelines may be due to different cultural attitudes about brain death in each country.</li> <li>• Cultural rejection of brain death can defer development of clinical guidelines.</li> <li>• There is a need for standardization of brain death around the world.</li> </ul>	<ul style="list-style-type: none"> <li>• Need for data on other UN member states</li> <li>• May have been changes in practice guideline since 2002</li> </ul>
Yang, Q. (et al.) 2014	Comparative Study	<p>N=2</p> <p>-West (North America, Western and Northern Europe, Australia, New Zealand) and East (East and Southeast Asia)</p>	<ul style="list-style-type: none"> <li>• To contrast cultural differences on brain death</li> </ul>	<p>-Brain death has been accepted in the West and is a part of medical practice.</p> <p>-Eastern countries still reluctant to incorporate brain death into medical practice and legislation.</p> <p>-In the West brain death is more accepted based on scientific background; small minority that oppose it.</p> <p>-Asia has stricter criteria for brain death determination than the West.</p> <p>-In the West the brain is thought to be an integral part of the body, and loss of that means death.</p> <p>-In the East, death is gradual and is the disintegration of the physical and spiritual parts of the body; brain death is seen as too specific and artificial.</p>	<ul style="list-style-type: none"> <li>• Study represents mainstream thinking of the East and West, not all views noted</li> </ul>