

LEGA NAZIONALE CONTRO LA PREDAZIONE DI ORGANI E LA MORTE A CUORE BATTENTE

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HE WAS READY TO HAVE HIS ORGANS REMOVED BUT THE PATIENT DECLARED DEAD BY CARDIAC ARREST WAS STILL ALIVE **The lack of organs prompts physicians to new crimes**

In Paris in February 2008 a 45 year-old man suffered a massive heart attack. Rescuers tried to revive him for 10 minutes without success in an ambulance before taking him to the Pitié-Salpêtrière hospital where he was declared to be “dead from cardiac arrest”. Revival efforts continued as preparations were made to turn him into an organ donor. The transplant team was late in arriving so doctors had to continue using cardiac massage on the patient for an hour and a half - not to save his life but to keep his circulation going in order to be able to remove his organs (kidneys). In the operating theatre the patient’s heart started beating autonomously again and the patient gave signs that he felt pain: he was alive.

It was a timely delay as now the patient can walk and talk. Doctors are keen to harvest kidneys for those on the waiting lists. The transplant team had been on time they would have killed him.

A new stratagem of declaring a patient to be dead from cardiac arrest after 2 - 5 minutes is being treacherously employed in some countries side by side with false “brain death” which is declared on patients on life-sustaining treatment in order to obtain live and pulsating organs. Transplant surgeons hope to be able to increase the number of organs available but the medical world is divided over this procedure.

Prof. Dr. Massimo Bondi general surgeon and general pathologist says, “It is obvious that the definitions of death have been distorted in order to obtain organs for transplant. Brain death is not death, at best it is a prognosis of death” and he adds, “cardiac death declared prematurely in 2 - 5 minutes is not death because it is a potentially reversible situation in which case failure to assist would be the case”. This shows us that organs are never taken from the dead; they are always taken from alive or dying patients.

The most serious aspect of organ harvesting in the presence of cardiac arrest is the administration of drugs such as anticoagulants before or whilst removing the ventilator in order to preserve the organs during their removal; this is not to favour the patient.

Doctors seem to have also forgotten about “apparent death”, especially in the case of heart attack patients. When this occurs vermicular movement of the muscular fibres of the myocardium guarantee subliminal circulation which sends oxygen to the brain making it possible given the necessary time for the heart to start beating again. This movement is not detected by an electrocardiogram (ECG). Every year about 1000 cases of “apparent death” are registered in Europe. It would be interesting to find out if the number of “apparent death” cases a year has decreased in the countries where pilot programmes which permit organ transplants on patients in cardiac arrest are practiced. This would be the proof that patients are killed by the rush for organs to transplant.

By Italian law “death from cardiac arrest can be ascertained by a doctor (not necessarily a cardiologist Ed) using an electrocardiogram (ECG) for 20 minutes” or after 24 hours of simple observation or, when there is doubt of “apparent death”, after 48 hours of observation.

A question comes to mind: after the forced suspension of the life-sustaining treatment on a non-donor declared to be “brain dead”, after how long is the patient considered to be dead from cardiac arrest? After 20 minutes, or is the patient considered to be dead immediately in order to be able to use his tissues and kidneys? Can we really be sure that the doctors inside an operating theatre don’t remove kidneys straight after presumed cardiac arrest?

We know that Italy is working towards this new stratagem. Italy would like to emulate Spain, where 30% of kidneys are removed using this ploy, as happens in the USA, England and France .

Public debate has been silenced everywhere to favour the transplant industry.

Medical-Scientific Committee
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