



Brain Death: Determination and Communication

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DESCRIPTION

Brain death is not similar with coma, because someone in a coma is unconscious but still alive. Brain death occurs when an unfavorably ill patient dies sometime after being placed on life support. This situation can occur after, for example, a heart attack or stroke. The heart endures to beat while the ventilator brings oxygen to the lungs but, despite the beating heart and warm skin, the person is dead. Since the brain has stopped working, the person won't breathe if the ventilator is switched off.

In brain death there is no brain function exists. From swelling in the brain; blood flow in the brain ceases and without blood to oxygenate the cells, brain death results and the tissue dies. It is irreversible or permanent. Once brain tissue dies, there is nothing that can be done to heal it.

The brain performs various functions, including movement, thought and all the neural functions that permit the body to maintain blood pressure, heart rate, body temperature, hormones, breathing, etc. When a person deteriorates to brain death, the body's whole system stops working. Usually after getting an acute catastrophic brain injury, brain death occurs. Abruption of cerebral perfusion occurs if a related elevation of intracranial pressure is more than mean arterial pressure.

Death of Brain is a very conservative analysis and is only made when there is no doubt in the findings. Brain death is an uncommon event that occurs in one out of every 200 hospital deaths. Doctors will perform a series of tests to define if brain death has occurred. These tests would confirm whether the patient has no response to visual or verbal command, the patient is flaccid; pupils are unreactive and immovable; has no

oculocephalic, gag, oculovestibular or corneal reflexes; and there is no spontaneous respiration. Even after authorization of these tests, many physicians appeal additional, tests before pronouncing brain death. These frequently include the Electroencephalogram (EEG) and the Cerebral Blood Flow (CBF) study. The EEG measures brain voltage in microvolts. It is so sensitive that the static electricity in a person's clothes will give a squiggle on the EEG. All affirmative responses suggest brain function. The patient in the deepest coma will express some EEG electro activity, while the brain-dead patient will not.

The Cerebral Blood Flow (CBF) study contains the injection of a minor radioactive isotope into the blood stream. By insertion a radioactivity counter over the head, one can measure the amount of blood flow into the brain. If there is no blood flow to the brain, the brain is dead. An undesirable cerebral flow study is indisputable indication of a dead brain. Only after brain death has been confirmed and the time of death noted, can organ donation become a possibility.

CONCLUSION

Brain death did not exist before the invention of ventilators, which are machines that breathe for patients who are incapable to breathe naturally. Patients who suffered severe brain injuries simply died due to their injuries before ventilators, when they were severe enough to disturb breathing or heart function. However, ventilator doesn't fix the problem of the patient; it just helps to support a person until other treatments become effective. Defining the occurrence of death in people with a heart beating, brain death is often called death by neurological criteria, and the perception and approach to this determination was advanced after mechanical ventilation was more extensively used in the late 1950's and 1960's.

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