GUEST EDITORIAL

"Dead" Patients Coming Alive: A Case for a Foolproof Death Pronouncement in India

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Introduction

It is not a rare occurrence where a patient who has been declared dead in the hospital comes alive either during transport back home or while performing the last rites. But in recent times we are witnessing a steady rise in such incidences.[1–4] Though it is a global phenomenon, in our country it has brought a lot of negativity and adverse publicity against medical professionals and hospitals. These incidences are casting serious doubt in the minds of the public about the ability and knowledge of medical professionals in declaring someone dead and have eroded the public trust in doctors. On many occasions it is being perceived as serious negligence or total irresponsibility on the part of a medical professional. A patient who has been declared dead but comes alive could put medical professionals under serious mental stress with long-lasting emotional trauma as well. Beyond the medical realm, such cases raise legal and ethical dilemmas. Families go through unnecessary mental trauma, funeral services are disrupted, and, in some cases, patients wake up in morgues or coffins—an unimaginable horror. In India we have neither any data on such occurrences nor a well-accepted protocol or guidelines for the determination and declaration of death. While cases of the "dead" coming back to life remain rare, they highlight the gaps in medical practices that need urgent attention, and there is a pressing need for a foolproof protocol for pronouncement of death that is acceptable legally and medically and with a pan-India application.

Declaring death is one of the most definitive diagnoses a clinician makes, and there could be no scope for any ambiguity or error in this medical conclusion. However, medical science being a complex and unpredictable science, it is practically impossible for any medical professional to deliver healthcare error-free, be it in managing the patient or pronouncing death.

Causes for the Wrongful or Erroneous Death Declarations

- Absence of formal training during undergraduate and postgraduate medical studies.
- Many a time, death pronouncement is done by relatively junior or less experienced medical professionals.
- Absence of a universally accepted protocol to declare someone dead in India.
- Misunderstanding between the family members and the medical team regarding the patient's health condition. The word "may not survive" is misunderstood as "dead" by the family members.
- Lazarus syndrome, otherwise known as autoresuscitation, is a strange phenomenon named after a biblical character who was supposed to have come back to life 4 days after death. It refers to blood circulation returning spontaneously after a failed cardiopulmonary resuscitation (CPR). Survival time after autoresuscitation ranges from minutes to hours, days, and even months. Six patients with the Lazarus phenomenon reached full recovery without any neurological impairment. Hyperventilation, auto-positive end-expiratory pressure (PEEP), and delayed drug action are the popular explanations for this strange autorecovery of cardiac function and circulation. The hyperventilated lung due to prolonged CPR causes air trapping inside the lungs, which eventually raises the intrathoracic pressure to a level that leads to complete cessation of venous return to the heart and results in persistent cardiac arrest unresponsive to CPR. On stopping the CPR, there is a scope for the passive exhalation of the trapped air from the lungs and the reduction in intrathoracic pressure, which allows venous return as well as the inotropes injected earlier to return to the heart, resulting in cardiac function being reinstated to bring back the dead to life. This strange phenomenon could be avoided by keeping the cardiac monitor on at least for 10 minutes after cessation of resuscitation and disconnecting the endotracheal tube from the ventilator or artificial manual breathing unit (AMBU) bag.[5]
- Medical equipment malfunction: In rare cases, medical equipment such as monitors, defibrillators, or electrocardiogram (ECG) machines may malfunction, giving false readings and leading to a premature and erroneous declaration of death.

Key Guidelines Available to Medical Professionals in India for the Declaration of Death

- World Health Organization (WHO) guidelines on the definition and declaration of death.[6]
- Brain death criteria as outlined by the Uniform Determination of Death Act (UDDA) and the American Academy of Neurology (AAN).[7]
- Ethical principles from the World Medical Association (WMA) for organ donation and brain death determination.[8]
- World Medical Association Declaration of Istanbul.[9]
- Transplantation of Human Organs (Amendment) Act 2011.[10]

Definition of Death

"Death is the permanent loss of capacity for consciousness and all brainstem functions. This may result from permanent cessation of circulation or catastrophic brain injury." This is the popular and widely accepted definition of death, and here "permanent" refers to loss of function that cannot resume spontaneously and will not be restored through intervention.[11,12]

Gardiner et al.[13] advocate three sets of criteria to diagnose human death. Each set of criteria clearly establishes the irreversible loss of the capacity for consciousness, combined with the irreversible loss of the capacity to breathe. The three criteria sets are somatic (features visible on external inspection of the corpse), circulatory (after cardiorespiratory arrest), and neurological (in patients in coma on mechanical ventilation)

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and represent a diagnostic standard in which the medical profession and the public can have complete confidence. Despite all these guidelines or protocols, every now and then we find reports of dead patients coming alive in some parts of India, indicating that they are not foolproof.

In our country, a registered medical practitioner can only certify death, and the process could be really challenging when he is summoned to pronounce a patient or person dead at the residence of the deceased, and there is a lot of scope for errors during these home visits. Declaring the patient dead at the hospital could occur under two circumstances—pronouncing an inpatient as dead or declaring someone brought to the emergency as dead on arrival or brought in dead.

Survivor Medical Care

Unfortunately, most of the "dead" patients who come alive will eventually succumb in a few hours to a few days due to the critical illness they suffer from. In order to improve their long-term survival and recovery thereafter, an action plan should be formulated to treat such patients in nearby tertiary care hospitals rather than small hospitals in their hometown. The relatives of the patient should be elaborately counseled on the limitations of medical science regarding someone being declared dead erroneously. This would not only help the patients and their relatives come to terms with the facts but also revive and rejuvenate the doctor–patient relationship and trust in the medical profession at large.

Ethical and Legal Considerations

The certification of death is not only a medical issue but also an ethical and legal one. The misdiagnosis could be the bone of contention in a legal dispute and lead to legal consequences for the healthcare professionals, and it could pave the way for long-drawn and draining litigations in the court of law for the doctors. The media, which takes center stage in highlighting such incidences, loses interest as the spotlights fade.

Proposed Guidelines to a Foolproof Death Certification

In order to avoid erroneously diagnosing someone dead, medical professionals should follow strict guidelines to confirm that death has actually occurred. There is a need for Indian guidelines simulating best practices from different countries:

- A minimum of two experienced medical professionals should be involved in declaring the patient dead.[13]
- A mandatory minimum period of 10 minutes of waiting following a failed CPR, with cardiac monitors being on, to ensure that there is no spontaneous return of cardiac or respiratory function (autoresuscitation).[5,14]
- In similar lines, the endotracheal tube should be disconnected from the ventilator or AMBU bag to negate the effect of auto-PEEP and allow venous return.[5]

Policy Recommendations

As there are no data available on this important issue, incidences of "dead" patients coming alive should be made a notifiable medical condition. Hence, the state and union governments should issue a gazette notification in this regard. Accumulated data could help constitute special audit units to look into such cases and come out with useful protocols to make death certification a foolproof process to mitigate such events.

Conclusion

To prevent errors in diagnosing someone dead, hospitals and medical professionals must implement more rigorous death confirmation procedures, including extended observation periods and better training. Medical students and newly graduated doctors need mandatory special training or workshops to learn the clinical skill and knowledge to pronounce someone dead. The public should be made aware of the limitations of medical science, which could result in someone being erroneously declared dead. The medical fraternity should take utmost care and caution while pronouncing someone dead, and there should be no scope for any callous or casual approach in the best interests of the profession and society at large. The Ministry of Health and Family Welfare, in coordination with the National Medical Council of India, should come out with an error-free protocol for death declaration, which is legally and ethically acceptable.

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