The concept of death evolved as technology forced medicine and society to expand ancient cardiorespiratory definitions of death to include neurocentric diagnoses. Scientific advances of the last century produced mechanical ventilation and cardiopulmonary resuscitation, which gave rise to a condition previously impossible to imagine – a state in which the brain is massively damaged and nonfunctional while other organs continued to function. Is a patient in such a state alive or dead? Brain death was gradually accepted as death of the individual. It is commonly believed that the concept of brain death evolved to benefit organ transplantation, but both brain death and transplantation have separate origins. Organ transplantation became possible with technical advances in surgery and immunosuppressive treatment. The concept of brain death emerged with the introduction of intensive care units. Research on brain death, persistent vegetative states and, more recently, the minimally conscious state, continues to refine these concepts – and inform ethical debate.

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