At the conclusion of this lecture, the participant will:

• Understand the origins of current Jehovah’s Witnesses’ beliefs pertaining to blood transfusion
• Be familiar with controversies and “gray areas” surrounding such beliefs and medicolegal precedents
• Be familiar with alternatives to blood transfusion for the Jehovah’s Witness patient
• Understand the ethical issues surrounding cost/outcomes of transfusions vs. alternatives to transfusion

Blood transfusions have been controversial since the earliest attempts. Currently, in the United States alone more than 11,000,000 units of red cells are transfused into 3,000,000 patients annually. Despite the widespread use, there are no absolutes in current transfusion standards of even PRBCs. While transfusion of PRBCs may provide a survival benefit in elderly patients presenting with acute myocardial infarction and a hematocrit <30%, there is a wide variation in practice regarding what and how much is transfused but also regarding whether a transfusion is administered at all. In fact, Hébert et. al argued that a more restrictive transfusion algorithm may have achieved equivalent morbidity and mortality outcomes with less than half of the blood products transfused to a large cohort of critically ill patients may not have been necessary. Heart surgery has been performed successfully on JWs for decades, and in 1981, Cooley reviewed 542 bloodless cardiovascular operations performed on JWs (22% on minors) and determined “that the risk of surgery in patients of the Jehovah's Witness group has not been substantially higher than for others.” Indeed, with respect to cardiac surgery, equivalent morbidity and mortality outcomes have been reported in bloodless surgery with 49 JW patients compared to matched controls treated with conventional approaches. In fact, one study reported that Jehovah's Witnesses experienced significantly less bleeding, were intubated for fewer hours, and had shorter stays in both intensive care and the hospital. Case reports document successful adherence to bloodless protocols in congenital cardiac procedures on infants < 4 kg, and in high risk adult procedures including Type A dissection and thoracoabdominal aortic aneurysm repair. Due to a more complete understanding of transfusion related risks, efforts have been made in this century to create bloodless cardiac surgical centers and blood conservation committees and to apply such principles to non-JW patients.

As transfusion medicine evolved, so have the opinions of Jehovah’s Witnesses. While the word “blood” occurs 463 times in the Bible, the Christian faith-based refusal by Jehovah’s Witnesses....

http://www.ajwb.org/bible/index.shtml
(JWs) of blood product administration stems from interpretations of may biblical passages, including but not limited to the following:

\(\text{(Genesis 9:3-6)}\) Every moving animal that is alive may serve as food for YOU. As in the case of green vegetation, I do give it all to YOU. 4 Only flesh with its soul-its blood-YOU must not eat. 5 And, besides that, YOUR blood of YOUR souls shall I ask back. From the hand of every living creature shall I ask it back; and from the hand of man, from the hand of each one who is his brother, shall I ask back the soul of man. 6 Anyone shedding man's blood, by man will his own blood be shed, for in God's image he made man.

\(\text{(Leviticus 17:10-14)}\) "As for any man of the house of Israel or some alien resident who is residing as an alien in YOUR midst who eats any sort of blood, I shall certainly set my face against the soul that is eating the blood, and I shall indeed cut him off from among his people. 11 For the soul of the flesh is in the blood, and I myself have put it upon the altar for YOU to make atonement for YOUR souls, because it is the blood that makes atonement by the soul [in it]. 12 That is why I have said to the sons of Israel: "No soul of YOU must eat blood and no alien resident who is residing as an alien in YOUR midst should eat blood." 13 "As for any man of the sons of Israel or some alien resident who is residing as an alien in YOUR midst who in hunting catches a wild beast or a fowl that may be eaten, he must in that case pour its blood out and cover it with dust. 14 For the soul of every sort of flesh is its blood by the soul in it. Consequently I said to the sons of Israel: "YOU must not eat the blood of any sort of flesh, because the soul of every sort of flesh is its blood. Anyone eating it will be cut off."

\(\text{(1 Sam. 14:34,35)}\) "After that Saul said: "Scatter among the people, and YOU must say to them, 'Bring near to me, each one of YOU, his bull and, each one, his sheep, and YOU must do the slaughtering in this place and the eating, and YOU must not sin against Jehovah by eating along with the blood."

\(\text{(Act 15: 19-22, 28-29)}\) 19 Hence my decision is not to trouble those from the nations who are turning to God, 20 but to write them to abstain from things polluted by idols and from fornication and from what is strangled and from blood. 21 For from ancient times Moses has had in city after city those who preach him, because he is read aloud in the synagogues on every sabbath." 22 Then the apostles and the older men together with the whole congregation favored sending chosen men from among them to Antioch along with Paul and Bar'nahas, namely, Judas who was called Bar'sabbas and Silas, leading men among the brothers; 23 and by their hand they wrote: ...28 “For the holy spirit and we ourselves have favored adding no further burden to YOU, except these necessary things, 29 to keep abstaining from things sacrificed to idols and from blood and from things strangled and from fornication. If YOU carefully keep yourselves from these things, YOU will prosper. Good health to YOU!" -Acts 15: 19-29

Throughout the era of modern-day post-WWII transfusion medicine, Jehovah’s Witnesses have steadfastly held the belief that Christians can not conscientiously accept blood or any of its four main components in order to sustain life, whether it be ingested or transfused. While Watchtower Society (WTS) policy has fluctuated with respect to vaccines and solid organ transplants, their sanctioned publications between 1961 until 2000 were fairly all-encompassing with respect to blood product administration:

\(^{b}\) All biblical quotes taken from the New World Translation of the Holy Scriptures
“If you have reason to believe that a certain product contains blood or a blood fraction...if the label says that certain tablets contain hemoglobin...this is from blood...a Christian knows, without asking, that he should avoid such a preparation. - The Watchtower 11/01/1961, p. 669

Is it wrong to sustain life by administering a transfusion of blood or plasma or red cells or others of the component parts of the blood? Yes!...the prohibition includes "any blood at all." - Blood, Medicine and the Law of God, 1961, pp. 13, 14

Similarly, the definition of “blood” has in fact undergone many changes as transfusion medicine has become more complex. The WTS current policies include an understanding that blood contains a vast number of constituents, including water, inorganic salts, minerals, enzymes, sugars, proteins, hemoglobin, globulins, hormones, antibodies, etc. As such, current abject condemnation of acceptance of blood product administration includes only whole blood and its four main constituents, namely red blood cells, plasma, platelets, and white blood cells. The WTS acknowledges that as blood gets further fractionated into separate components, it becomes dissimilar to blood. However, the storage of blood necessary to create such fractions is seen by many to preclude the use of any of these products by Scriptural decree. As such, a 2000 WTS publication states, "...when it comes to fractions of any of the primary components, each Christian, after careful and prayerful meditation, must conscientiously decide for himself." (The Watchtower 6/15/00 p.29-31.) In the same publication, it was noted that “…such therapies are not transfusions of those primary components; they usually involve parts or fractions thereof. Should Christians accept these fractions in medical treatment? We cannot say. The Bible does not give details, so a Christian must make his own conscientious decision before God."

For this reason, it is extremely important to clarify which blood-derived products your patient may conscientiously accept. While church elders and Hospital Liaison Committees (HLC) in most communities have active educational programs concerning the derivations of such products, it may be that individual patients do not completely understand the subtle differences. For elective cases, careful discussion is prudent. Church elders and HLC members are likely available on extremely short notice for consultation with patients in all but extreme emergencies. All hospitals should have protocols to deal with issues related to the refusal of blood transfusion, and many have special consent forms that are used to assist in this process. Such protocols should accomplish the following:

- Provide for informed consent concerning the benefits and risks of receiving or refusing transfusions in the particular clinical setting which the patient faces.
- Outline alternatives to transfusions, including the possibility of transferring the patient to the care of another physician or facility or using artificial blood.
- Explain the role of the local HLC if the patient is a Jehovah’s Witness, especially if he or she is not fully apprised of the rules regarding the transfusion of primary and secondary blood components.
• Identify the actions to be taken if it is determined that court intervention is necessary, as may sometimes occur in the case of pediatric patients or patients who are incompetent by virtue of coma, dementia or other reasons.

Alternatives to blood product administration and techniques for managing blood conservation and hemorrhage similarly fall into categories of conscientious contemplation. Due to concerns about blood storage, most JWs will object to preoperative autologous donation. Similarly, among other techniques, some JWs may object to red and white cell stimulants (e.g. erythropoietin, g-CSF), factor concentrates, purified albumin products, cell-salvage, and intraoperative acute normovolumic hemodilution.

Opinions amongst the vast majority of JWs comply with WTS teachings; however, exceptions to the norm are similar to other religions, or even different Christian sects. As an example, many Catholics disagree with Vatican teachings on contraception, amongst other controversial ethical subjects. Positions on blood and medicine, while important to many JWs, constitute but a modicum of the WTS doctrine and the Jehovah’s Witness’s faith. Indeed, while the WTS makes and distributes policies and faith-based teachings, individual members may not wholly embrace medical rulings of the WTS.

Until a change in WTS policy communicated by press release in 2000, JW members who accepted blood transfusions were subject to investigation by congregation judicial committees and disfellowshipping. While the WTS has instructed member congregations to cease disfellowshipping JWs who accept blood transfusions, it was to be understood from this point forward that one who accepts blood will have unilaterally disassociated themselves from the WTS, unless they express remorse and sincere repentance that satisfies local elders. According to the website of the Associated Jehovah’s Witnesses for Reform on Blood:a “it is important to remember that individuals who are "disassociated" JWs are treated identically to those who are disfellowshipped. They are shunned by JW friends and denied normal family relations with JW family members.” Because of this, a prudent physician should, in accordance with modern HIPPA practice, isolate JW patients from elders, church members, and even family members in order to have a confidential conversation about consent for allogeneic blood transfusion.

In one survey of an entire congregation, 7 of 59 responders to an anonymous questionnaire administered with the knowledge of church elders stipulated that they would accept plasma transfusion. In a recent publication, Benson reported that over 10% of 58 JW oncology patients treated at H. Lee Moffitt Cancer Center & Research Institute from October 1986 through February 1994 accepted transfusions of blood products specifically forbidden by the WTS, with a particular preponderance for young adults and parents of minors providing consent. Even more recently, Gyamfi et. al identified 61 pregnant patients who identified themselves as JWs treated from 1997 to 2002 at the Mt. Sinai School of Medicine. Of these, 39.3% had agreed to accept a variety of donated blood products, and 9.8% would accept donated packed red blood cells.

In many Western countries such as in Canada and the USA, a patient's legal right to refuse or consent to treatment is based on common law, which allows any mentally competent individual the right to refuse medical treatment or therapy. In the USA, this precedent was set in 1914 in the case of Schloendorff v. Society of New York Hospital, when a woman suffered complications from a
surgery that was done despite her refusal to consent to it. Based on this case and similar subsequent cases, patient refusal alone should sufficiently supercede a physician’s own personal views when caring for an adult JW patient.

But what should one do in the case of the unconscious patient or minor patients? Based on the landmark case of *Malette v. Shulman* in Canada in 1979, when Dr. Shulman was found guilty of battery for administering (likely life-saving) transfusions in an unconscious JW who carried a signed (undated and unwitnessed) wallet card indicating refusal of transfusion, autonomy is also extended to unconscious patients if the healthcare giver has reason to believe that the patient would refuse such treatment if he or she were capable. As minors are typically not deemed competent enough to make such decisions for themselves, many Western courts will provide physicians with court orders in the event of an emergency to disregard parents’ refusal of transfusion for their children. In 1995, this situation received some attention in the case of *B(R) v. Children’s Aid Society of Metropolitan Toronto* when a severely anemic infant child of JW parents at risk of congestive heart failure was made a ward of the court in order to administer a blood transfusion. Such precedents exist in the American court system as well, and in fact courts have sometimes ordered a transfusion in a pregnant woman to save the life of the fetus. Because of these cases, many HLCs will work with hospitals in order to find acceptable wording for consent forms for parents of minors that may make a legal battle unnecessary. Such documents contain an acknowledgement that physician’s will practice blood conservation to their fullest capabilities in efforts to avoid transfusion, but parents similarly acknowledge that if the healthcare providers feel that transfusion is a last resort to prevent imminent mortality, the a court order can be obtained that will supercede parents’ wishes. Most JW parents feel that in this situation, signing such a form which is approved by their elders and identifies their objections neither constitutes an unforgivable sin on their parts nor dooms the child to eternal damnation.

In conclusion, there exist a wide variety of techniques that can be used successfully to safely perform even very complex surgical procedures in a bloodless manner. Despite this, ethical issues abound on the part of patients and healthcare providers when the JW patient presents for treatment. Hospital Liaison Committees have been established in an effort to educate patients and providers about what types of treatments and blood products should be refused vs. those which are left to the conscience of competent JW patients. Similarly, clinicians are encouraged to understand the ethical issues surrounding care of the JW patient so that when emergencies occur, confusion is minimized and appropriate decisions prevail.

### Bibliography


