



# Ethical issues in the care of Jehovah's Witnesses

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## Purpose of review

To review the beliefs of Jehovah's Witnesses regarding the use of blood and blood products, and how to ensure that those patients professing to be Jehovah's Witnesses are treated ethically.

## Recent findings

There are a number of blog sites that have reported that Jehovah's Witnesses have changed their position on transfusion, but communications with them have revealed these reports to be untrue. Most articles about the treatment of Jehovah's Witnesses focus on respect for personal autonomy and the right to refuse treatment. Although this is imperative, especially in the USA, it is important not only to respect this right, but also to ensure that the patient understands all of his or her options, is making these decisions free of coercion, is optimally prepared for surgery and that the anesthesia provider is fully prepared. The anesthesiologist's rights should be respected as well.

## Summary

When treating a patient that may be one of Jehovah's Witnesses, the principle of respect for autonomy is not the only principle that must be heeded. Adherence to the principles of beneficence, nonmaleficence and sometimes justice is paramount as well.

## Keywords

autonomy, coercion, ethics, informed consent, Jehovah's Witnesses

## INTRODUCTION

It would seem that the topic of ethical treatment of Jehovah's Witnesses including their right to refuse treatment has been thoroughly discussed. However, there continues to be a misunderstanding about what blood products Jehovah's Witnesses can and cannot receive, sometimes even among the Jehovah's Witnesses themselves. Additionally, ethical treatment of these patients includes not only respecting their autonomy but ensuring they understand all of their options, protecting their privacy especially when they elect to receive blood and evaluating your own ability to treat them given the constraint that refusal of blood may put on you.

## Jehovah's Witnesses

Jehovah's Witnesses began in 1870, as a bible study group formed by C. T. Russell in Allegheny, Pennsylvania. Among other things, they believe in the literal interpretation of the bible except in cases in which it is obviously allegorical. Currently, a governing body located in Brooklyn, New York (the global headquarters of Jehovah's Witnesses), has ultimate authority over all issues of doctrine.

Although started in 1870, it was not until 1945 that a ban on blood transfusions was placed. This was based on the following three quotes and some others from the Bible: (New World Translation – 2013) [1].

Genesis 9:3 - ... Only flesh with its life – with its blood – you must not eat

Leviticus 17:10–16 - If any man of the house of Israel or any foreigner who is residing in your midst eats any sort of blood, I will certainly set my face against the one who is eating the blood, and I will cut him off from among his people.11 For the life of the flesh is in the blood, and I myself have given it on the altar for you to make

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## KEY POINTS

- Not all Jehovah's Witnesses have the exact same application of beliefs, and each patient should be allowed to express his or her wishes concerning blood, blood products, fractions and conservation techniques.
- Care should be taken to be sure that each patient is free from coercion both from healthcare providers and from family and other church members and that confidentiality is preserved.
- It is important to ensure the patient is in optimum condition before undergoing surgery that is likely to result in loss of blood.
- The care team should evaluate its ability to care for a patient that will not take blood and refer him or her when appropriate.
- Anesthesiologists are allowed to be conscientious objectors and find a replacement when there is time to do so.

atonement for yourselves, because it is the blood that makes atonement by means of the life in it.<sup>12</sup> That is why I have said to the Israelites: 'None of you should eat blood, and no foreigner who is residing in your midst should eat blood.' Acts 15:28–29 - ...to keep abstaining from things sacrificed to idols and from blood...

A 1951 Watchtower article explained the reasoning that led to this ban on blood transfusion: '...when sugar solutions are given intravenously, it is called intravenous feeding. ...The transfusion is feeding the patient blood and ...(the patient) is eating it (blood) through his veins.'

It is a common misconception that if you give a Jehovah's Witness blood against his or her will, then he or she is still subject to eternal damnation. Another is that if a Jehovah's Witness accepts blood then he or she, too, would be subject to eternal damnation with no chance of repentance. Neither of these is true. According to an e-mail communication with their lead office:

'A forced blood transfusion would not be viewed as a sin. Also, if under extreme pressure & while experiencing undue stress a Jehovah's Witness was to compromise their belief and accept blood transfusions, in other words, if they caved in at a moment of spiritual weakness yet still held to their beliefs, that individual would not be ostracized by the Jehovah's Witness community, rather, kindness would be shown and pastoral help offered. Nevertheless, a forced transfusion

or a compromise with one's conscience may leave the patient with deep emotional scars.'

In fact, since 2000 you are not 'disfellowshipped' for accepting blood. You are considered to have voluntarily 'disassociated' yourself from the Church. This means that if you do repent you can remain in the fold.

Over the years, adaptation has been required to keep up with advances in medicine. New guidelines have been developed to help the members deal with procedures such as renal dialysis, cardiopulmonary bypass, blood harvesting including cell saver, acute normovolemic hemodilution and autologous blood donation as well as organ transplant. See Table 1 for a timeline of significant events in the Jehovah's Witness faith and transfusion medicine.

## Ethical principles

Ethical dilemmas can be examined in the context of the four basic principles of medical ethics defined by Beauchamp and Childress [2]: respect for autonomy – respecting a patient's decision-making capacity, beneficence – balancing benefits against risks, nonmaleficence – avoiding harm and justice – a group of norms for distributing benefits, risk and costs fairly. In the USA, patient autonomy is usually the most heavily weighted, whereas in many European countries, the principle of beneficence may get more weight.

Physicians demonstrate respect for the autonomy of competent patients by accepting their informed decisions, even when they refuse recommended treatment. It seems self-evident that without respect for informed refusal, the concept of informed

**Table 1.** Timeline for events involving Jehovah's Witnesses and blood transfusions

1870	Study group formed
1879	First issue of Watchtower published
1901	Discovery of ABO blood groups
1916	First stored blood transfusion/'Blood Depot'
1931	Changed name to Jehovah's Witnesses
1937	First hospital blood bank in the USA
1940	Plasma broken into components including albumin
1945	Ban placed on transfusions
1960	First plasmapheresis reported
1961	Role of platelet concentrates defined
1961	Became disfellowshipping offense
1965	Method for cryoprecipitate defined
2000	Changed to a disassociating offense
2013	7.9 million members worldwide and 1.2 million in the USA

consent is invalidated; 'consent' would then merely be acquiescence of the patient to the physician's recommendations.

In order to give informed consent, a patient must have appropriate decision-making capacity, be able to understand the nature of the procedure, the risks, benefits and alternatives including that of doing nothing and the probable outcomes of both acceptance and refusal of the proposed procedure. In addition, the decision must be made free of coercion. Coercion is present if the patient feels threatened, bullied or subjected to irresistible pressure to make a decision he or she would otherwise not make.

### Legal precedents concerning Jehovah's Witness patients

Although legal decisions are not always synonymous with 'ethical' ones, a review of some legal precedents regarding Jehovah's Witnesses and how they have changed provides some insight into how medical ethics has shifted in the USA from a paternalistic and/or beneficence-based emphasis, to one of respect for autonomy.

In the early 1960s, the courts would often allow forced transfusion of Jehovah's Witness patients based on the idea that their faith did not forbid a forced transfusion only a consensual one [3]. Courts would also order a transfusion if an unborn child was at risk [4].

Over the last 40 years, however, US courts have rejected these older cases and consistently upheld the rights of adult Jehovah's Witnesses to refuse blood even when a transfusion would be life saving, and even when others, such as dependent children, may be affected [5]. On the contrary, when the patient is a minor child and hospitals have sought court orders to give blood believed to be absolutely necessary to preserve life, such orders have usually been granted. Exceptions have occasionally been made in the case of an older, 'mature' teenager.

### Specific issues to consider in Jehovah's Witnesses

Key questions arise in most cases involving Jehovah's Witnesses and others who refuse certain types of treatment on religious or other grounds. These include:

- (1) Does the patient have an appropriate decision-making capacity? This is true of any patient, and this will not be elaborated on further.
- (2) Have all appropriate risks, benefits and alternatives been explained?

- (3) Is the patient truly a practicing Jehovah's Witness and free of coercion?
- (4) What blood products, if any, will the patient accept?
- (5) What is the proper role of surrogates?
- (6) What are the relevant medical issues?
- (7) Does the perioperative team, including anesthesia have the experience and capabilities necessary to work in this restrictive environment?
- (8) Is this an appropriate use of a limited resource such as a donated organ?
- (9) Is the anesthesiologist obligated to take care of the patient?

### HAVE ALL APPROPRIATE RISKS, BENEFITS AND ALTERNATIVES BEEN EXPLAINED?

Aside from the usual explanation of anesthesia and surgical risks, there are often other important issues that must be addressed. These include but are not limited to explaining the specifics of blood conservation techniques and fractionated products, clarifying the risks of not accepting blood in the face of massive hemorrhage, and in the case of organ transplant assuring that the patient understands that there are some blood cells in solid organs. If the patient so desires, a call to the Jehovah's Witness local hospital liaison [6<sup>1</sup>] committee can be helpful.

### IS THE PATIENT TRULY A PRACTICING JEHOVAH'S WITNESS AND FREE OF COERCION?

Occasionally, patients may not be Jehovah's Witnesses but are reported to be so by themselves or family members who are believers. Some patients may consider themselves Jehovah's Witnesses but have not yet been baptized into the faith and may not have the same strong beliefs that a baptized Jehovah's Witness may have. It is important to verify with the patients themselves what their beliefs truly are.

Patients should be free of coercion from healthcare providers and feel safe that regardless of their personal choices, doctors will not abandon them. Additionally, providers must also strive to ensure that the choices patients make are truly their own. It is not unusual for members of the Jehovah's Witness church community, as well as family members, to flock to the bedside of a Jehovah's Witness patient, both to support their loved one and also to protect them from receiving blood. This is understandable given that they believe their loved one's soul could be at risk.

Because of this, it is possible that the decisions Jehovah's Witness patients express in the presence of family and church members are different from their personal choices of treatment. It is, therefore, important that at some point prior to surgery and anesthesia, the patients have an opportunity to express their transfusion preferences to the anesthesiologist in private. This might even need to be done in a preoperative holding area after the family and/or church members have been sent to the waiting room. The intent should not be to talk the patient into receiving blood, which would itself be coercive, but to insure that his or her true wishes are known and followed. Although rare in the author's experience, if the patient does recant, it is then important to determine what, if anything can or should be told to family members about whether blood products were given. This is extremely important. As alluded to in the e-mail communication above, members who conscientiously accept blood transfusions are subject to being ostracized. Principles of patient confidentiality demand that specifics of treatment such as this only be discussed with the patient unless there is an agreement with them to do otherwise. In addition, although not corroborated, Muramoto [7<sup>11</sup>] has reported that Jehovah's Witness hospital workers have been encouraged to report other Jehovah's Witnesses that accept blood. Church elders have publically denied this [8<sup>12</sup>] as well.

### WHAT BLOOD PRODUCTS, IF ANY, WILL THE PATIENT ACCEPT?

Just like any organized religion, there can be a difference between official doctrine and personal belief. Therefore, it is not given that a patient professing to be one of Jehovah's Witnesses will not accept any blood products. In one study, for example, up to 10% of pregnant Jehovah's Witness patients indicated they would accept blood in an emergency [9], although it was not confirmed whether they had been baptized. There has also been a sect known as 'Associated Jehovah's Witnesses for Reform on Blood' [10] that will accept blood and blood products in many situations. They have also worked to reform the Church from the inside, however, at the time of this publication their website no longer exists. Nevertheless, in general, few practicing Jehovah's Witnesses will accept whole blood, packed red blood cells, plasma, platelet concentrates or white blood cell transfusions. Stored autologous blood is also not acceptable because it is out of contact with the body for a significant period of time. Fractionated products such as albumin, cryoprecipitate, cryo-poor plasma

and individual factors are left to the 'discretion of the practicing Christian', as is organ and bone marrow transplantation.

When faced with major surgery, it is imperative that you determine in as much detail as possible what if any of the 'optional' products the patient will accept. In addition, it will often become necessary to educate the patient not only on what each of these products and techniques entails, but also on the fact that they are indeed optional.

Other 'gray areas' include but are not limited to cell saver, acute normovolemic hemodilution (ANH), cardiopulmonary bypass and renal dialysis. In these situations, The Watchtower has stated that if the blood is kept in continuous circuit with the body and not stored for any length of time, then accepting it is a personal decision.

Cardiopulmonary bypass and dialysis would always involve a continuous circuit. Cell saver and ANH do not necessarily involve a continuous circuit, but one can easily be created (see Table 2 for a more complete list).

### WHAT IS THE PROPER ROLE OF SURROGATE DECISION-MAKERS?

All Jehovah's Witnesses are encouraged to carry a durable power of attorney that explains in detail what their beliefs are concerning blood and blood products. Unfortunately, this often has little information about the specifics of what blood fractions and conservation techniques are acceptable. This becomes important if the patient loses decision-making capacity before his or her wishes can be expressed. If this is not available and it cannot be verified that the patient is a practicing Jehovah's Witness, then physicians generally err on the side of transfusion. Consultation with hospital legal affairs or an organization's ethics committee may be helpful if the appropriate action remains unclear. Also, a number of informational brochures and sample forms are available from either the local Jehovah's Witness hospital liaison committee or from their headquarters, which can be reached at 718-560-4700 or at [www.jw.org](http://www.jw.org).

In some cases, the patient has expressed his or her intentions, but while under anesthesia the need for blood becomes more critical. In this case, it is important to recognize the principle of substituted judgment, which says that surrogates are to make the same decision that a patient would make if they were able to do so. Once the patient's wishes are known, whether physicians agree or not, those decisions should stand unless new information becomes available that brings the previous decision into question. Continued badgering of the surrogate

**Table 2.** Blood product guidelines for Jehovah's Witness patients<sup>a</sup>

Type of blood product or procedure	Accepts/refuse/personal decision (PD) <sup>b</sup>	Specific concerns
Whole blood	Refuse	
PRBC's	Refuse	
Plasma	Refuse	
Platelets	Refuse	
White cells	Refuse	
Cryoprecipitate	PD	
Cryo-poor plasma (cryosupernatant)	PD	
Platelet gel	PD	
Fractionated factors	PD	Most will accept
Albumin	PD	Most will accept
Erythropoietin	PD	Most erythropoietin is albumin coated and is PD; darbepoetin contains no albumin
Recombinant factor VII and IX	PD	Not made from blood, although some may still object
Cell saver	PD	Continuous circuit
Acute normovolemic hemodilution	PD	Continuous circuit
Cardiopulmonary or veno-venous bypass	PD	Continuous circuit
Renal hemodialysis	PD	Continuous circuit
Stored autologous blood	Refuse	Completely separated from body
Organ and bone marrow transplant	PD	
Donation of blood	Refuse	
Organ donation	Refuse	

<sup>a</sup>The worksheet that many Jehovah's Witnesses have does not include all of these products and/or techniques but those not on the worksheet have been verified by their lead office.

<sup>b</sup>The term 'personal decision' is used here to denote actions that the Jehovah's Witness governing body has said are optional. In reality, these are all personal decisions for each patient.

to change that decision is inappropriate and borders on coercion.

### WHAT ARE THE PERTINENT MEDICAL ISSUES?

A discussion of the ethical treatment of patients cannot help but overlap with a discussion of proper medical treatment. Although this article is not a treatise on the medical treatment of Jehovah's Witness patients, it is important to remember that the principles of beneficence and nonmaleficence dictate that we make use of every available tool to prevent the need for a transfusion [11<sup>\*</sup>] (this is probably true whether the patient is a Jehovah's Witness or not). In some cases, this may even necessitate the delaying of the procedure until the patient is optimized.

### DOES THE PERIOPERATIVE TEAM, INCLUDING ANESTHESIA HAVE THE EXPERIENCE AND CAPABILITIES NECESSARY TO WORK IN THIS RESTRICTIVE ENVIRONMENT?

When large surgical procedures are involved that may involve significant hemorrhage, the principle

of nonmaleficence dictates that you assess whether the surgical and anesthesia team have the skills, experience and resources necessary to perform this procedure on a patient who has limited their ability to care for him or her by refusing blood. It could become necessary to refuse to do the surgery, modify the surgical plan or refer the patient to another center with more experience in 'bloodless' surgery techniques. There are centers in the USA, for example, that have created a niche in caring for high-risk Jehovah's Witness patients. They can be found by contacting the official Jehovah's Witness website ([www.jw.org](http://www.jw.org)), e-mail [HIS@jw.org](mailto:HIS@jw.org) or by calling 718-560-4700. Consultation with or referral to such centers may be useful.

### IS THIS AN APPROPRIATE USE OF A LIMITED RESOURCE SUCH AS A DONATED ORGAN?

In most routine surgical and anesthesia cases, distributive justice (fair allocation of scarce resources) is not a large consideration in the decision-making process. However, solid organ transplantation involves the use of a very limited

resource. Even centers that specialize in organ transplants in Jehovah's Witnesses have strict criteria for selecting the proper candidates for organ transplantation. If there is relative certainty that the pre-operative status of the patient will mandate the use of blood products during the transplantation, then a Jehovah's Witness patient should probably not be a candidate if he or she would refuse such transfusions. However, if the team feels that the transplant could reasonably be performed without the need for blood products, then the surgery should proceed. There are many case reports of this being done successfully [12]. It should be noted here, that there are other bioethicists that disagree with this because of the fact that a solid organ is such a limited resource, and the chance that it may go to waste because of a refusal to accept blood products is not acceptable to them [13].

### Is the anesthesiologist obligated to take care of this patient?

Some anesthesia providers feel that refusal of standard care in the operating room, such as blood transfusions, places them in the untenable position of not being able to fulfill their professional duties. The American Society of Anesthesiologists has developed Guidelines for the Anesthesia Care of Patients with Do-Not-Resuscitate Orders or Other Directives that Limit Treatment [14].

These guidelines state that in nonemergent situations, anesthesiologists have the right to excuse themselves from a patient's care nonjudgmentally as long as they are willing to refer the patient to another provider in a timely fashion. This referral could even be to another medical center that has developed expertise in caring for Jehovah's Witness patients.

If the situation is a life-or-death emergency with no time to make a referral, then the anesthesiologist is obligated to care for the patient, trying as much as possible to adhere to the patient's wishes. However, if the anesthesiologist is concerned that he or she will not be able to comply, then the patient or surrogate should be so informed.

### CONCLUSION

Patient's, such as Jehovah's Witnesses, will often refuse blood and blood products that the physician may feel is life sustaining. The principle of respect for autonomy requires that we honor their right to refuse treatment. However, principles of beneficence and autonomy require that we ascertain that the patient has proper decision-making capacity and is free of coercion from healthcare providers

and from family and friends. Beneficence and autonomy also dictate that we ascertain what the patient will and will not accept, respecting his or her privacy and confidentiality in the process. The principle of nonmaleficence requires that we limit or refer these patients if our facility or team does not have the capability to properly care for them. It also means that the patient and his/her caregivers should be properly prepared for the surgery. This could mean delaying the surgery until the hematocrit is higher, or until a consultation with a referral center can be made. The patient may also need time to decide on which 'optional' products are acceptable. Lastly, in nonemergent situations you are entitled to be a conscientious objector if you can find a replacement. If there are doubts about your obligations to the patient or to a child of a Jehovah's Witness, your hospital's ethics committee or legal department should be consulted.

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### Conflicts of interest

*There are no conflicts of interest.*

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- of special interest
- of outstanding interest

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