

Case Analysis: The Jehovah's Witness and Blood Transfusion

According to a report by Janicemarie K. Vinicky, et al, in the Spring 1991 edition of *The Journal of Clinical Ethics*,¹ “a 42-year-old white woman presented to the emergency room with a severe occipital headache, mild dizziness, nausea, and vomiting. The headache began while the patient was at a restaurant, and it had become so severe within three hours that she required hospitalization” (65-66). At the time of admission, she was alert and fully functional. A brain scan revealed a diffuse brain hemorrhage. An angiogram showed that she had an aneurysm in the left carotid artery. The patient underwent a craniotomy to stop blood flow to the area affected by the aneurysm. A mild paralysis developed the first day after surgery. She soon developed a complete paralysis in her right side and lost all ability to speak. The medical chart indicated that the patient was a Jehovah's Witness who refused blood transfusions (“even if it means death”) and it did not note discussion with the patient regarding specific anticipated risks of the proposed surgery. The patient’s husband and sister, neither a Jehovah’s Witness, then requested that she be given blood. The attending physicians had determined that transfusion should not be performed because of the patient’s religious beliefs. The primary intensive care providers turned to the institution’s ethics committee for guidance.

The patient’s primary caregivers and her husband and family were invited to a multidisciplinary conference. During the discussion it became apparent that the patient’s husband was uncertain of the depth of his wife’s religious convictions. She was a new Witness, having been baptized four months earlier. The patient’s husband “sensed” that his wife found the community support and the social interaction with the church more important than its teachings about blood. Unfortunately, they had never specifically discussed her wishes concerning transfusion. Furthermore, he stated an uncertainty about what treatment course his wife would choose if she knew that failure to transfuse would result in permanent disability. He reported that she had mentioned to both him and her sister (while caring for a cousin in the end stages of cancer) that she wished “never” to become permanently bedridden or unable to communicate. She also frequently expressed a strong and primary commitment to her [20-year-old retarded] son, declining invitations to vacation away from him (66). She was the mother of three adult children and worked full time as a school secretary. Her paycheck provided a significant proportion of the family’s income. Her husband had an eighth-grade education and worked the second shift in a local laundry, earning minimum wage without benefits. Two daughters were married and living away from home. Her severely retarded son had attained a preschool level of self-care. The patient and her husband worked different shifts for monetary reasons and to be available should their son become ill and need parental assistance at home. The son related primarily and preferentially to his mother (66).

The primary physician informed the patient’s husband that, without transfusion, his wife would likely be permanently disabled, but that she probably was not at risk of dying. Consequently, the patient’s husband found himself

¹ Janicemarie K. Vinicky, Martin L. Smith, Russell B. Connors, Jr., and Walter E Kozachuk, MD. “The Jehovah’s Witness and Blood: New Perspectives on an Old Dilemma,” *The Journal of Clinical Ethics* 1 (Spring 1991): 298-307. The factual elements regarding this analysis of the case are drawn exclusively from the Vinicky, et al article, which will be cited extensively. Therefore, for the sake of brevity, citations are given in the text by page number only.

attempting to balance his wife's religious beliefs with a previously expressed wish "never" to become a burden to her family and a strong and freely chosen dedication to their retarded son. The inability of the patient's husband to prioritize his wife's values left the health care team uncertain about her transfusion refusal (66). In its report entitled *Deciding to Forgo Life-Sustaining Treatment*, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research concludes that competent, informed patients have the authority to make their own health care decisions, including those to forgo treatment and allow death to occur. The Hastings Center's *Guidelines on the Termination of Life-Sustaining Treatment and the Care of the Dying* echoes this general principle by affirming patients' rights to control what happens to their bodies, including the use of life-sustaining treatment. More specific to the case at hand, the Hastings Center's *Guidelines* also assert that among the treatments a patient may choose to forgo is the administration of blood and blood products (68).

These authoritative statements on patient autonomy and treatment refusal are helpful, broad brush stroke guidelines for approaching dilemmas involving conflicts between patient wishes and the health care team's perception of beneficial treatment. But if ethics and medicine are to avoid the "tyranny of principles," the uniqueness and particularity of each clinical case must also be considered (68).

A Word On Jehovah's Witness Doctrine

Jehovah's Witnesses are a "Christian" sect founded in the 1870's. Their beliefs, based on a literal interpretation of their Bible, include a refusal to acknowledge the authority of earthly powers and a refusal "...to take blood into their system either by eating or by transfusion."² In biblical perspective, blood represents a most sacred life source. "The issue of blood for Jehovah's Witnesses ... involves the most fundamental principles on which they as Christians base their lives. Their relationship with their Creator and God is at stake."³

Because these convictions are at the center of the faith life of Jehovah's Witnesses, they should be respected by health care personnel. However, as experience bears out, not all Jehovah's Witnesses interpret this prohibition in the same way. Jonsen⁴ has noted how Witnesses give diverse answers to the question, "What are the consequences of violating the prohibition?" Violating the prohibition means for some Witnesses the loss of salvation; for others, it is a forgivable sin. Nonetheless, awareness of this diversity of opinion is not an invitation either to weaken consideration of an individual's beliefs or to manipulate the patient. Rather, an exploration and an awareness of the beliefs of a particular Jehovah's Witness should enable attending medical personnel to treat the patient contextually, with understanding and sensitivity to specific needs (67).

² *Jehovah's Witnesses and the Question of Blood*, (New York: Watchtower Bible and Tract Society, 1977), p. 19.

³ *Id.*

⁴ Albert Jonsen, "Blood Transfusions and Jehovah's Witnesses," *Critical Care Clinics* 2 (1986): 91-100.