

Ethical Issues in Family Practice

This is the next in a series of columns which will appear in future editions. The authors will use the format of a "case study" which will be presented and then be discussed by two doctors (A and B) over a well earned coffee break in their tea-lounge. The authors hope that their exploration of the ethical issues involved in each situation may provoke you, the reader, into thinking more about the ethical issues inherent in everyday Family Practice. If you would like to pursue any of the issues in more depth, please drop a line to the editor.

Jehovah's Witnesses and Blood Transfusion: Is there a way out?

CASE STUDY: Patient AB, a 25-year-old Jehovah's Witness is involved in a motor vehicle accident, in which he has lost a lot of blood from a compound fracture of the left femur bone. He is rushed to the nearby accident and emergency unit where the attending family practitioner orders blood for transfusion. The patient refuses to be transfused on religious grounds and the family practitioner is in an ethical dilemma to transfuse or not to transfuse the patient.

Dr. A: *Conflicting worldviews, what problems they impose!*

Dr. B: It is true, but what would the world be like if everyone held the same views about philosophies of life such as religious, political, psychological, and ethical beliefs? Worldviews are what adds to life vitality, conversation, and richness- and on the other side, drapes the world in tragedy and despair. Anyway, most of us do not arrive at adulthood having a 'pure' worldview. In pluralistic societies, most of us have many different pieces of worldviews. But what about people raised in 'closed communities' such as Jehovah's Witnesses – like our patient in the case study? When faced with medical choices, many times their particular worldviews impose restrictions on health care providers as to what medical interventions are possible, and what medical interventions are not. As family practitioners, looking at the person as a whole, we are committed to applying our knowledge, skills, and expertise in the fight against death and disease. However, what happens when an adult patient refuses a medical intervention that we have every reason to believe will be beneficial, like Jehovah's Witnesses and Blood Transfusion - is there a way out?

Dr. A: *I am not too sure of how to answer you. But, often we tend to adopt a simplistic view of other person's worldviews. The first thing that comes to mind when attending to patients who are Jehovah's Witnesses, is that we can't transfuse them - end of story. But I suspect there's more than just that! On what is their belief system grounded?*

Dr. B: Jehovah's Witnesses view life as a gift from God, represented through blood. They base their beliefs on certain biblical passages such as: "Only flesh with its soul - its blood - you must not eat (Genesis 9: 3-4). "[You must] pour its blood out and cover it with dust"(Leviticus 17: 13-14); and "Abstain from...fornication and from what is strangled from the blood"(Acts 15: 19-21).

Dr. A: *So this means that in practice, members of this faith hold deep religious convictions about the acceptance of homologous whole blood, packed red blood cells and plasma, white blood cells, and / or platelets. Also Jehovah's Witnesses believe that any blood removed from the body should be destroyed. Therefore, stored or pre-deposited blood, such as used in transfusions is rejected as well as the intra-operative collection and hemodilution of blood.*

Dr. B: But the problem as I see it is: Should I be faced with our adult patient in need of, packed red blood cells or whole blood and he refuses as a matter of conscience, I would really feel thwarted, unable to do my job as a family practitioner. While I may respect his religious convictions on one level, he is, in fact asking me to do the impossible.

Dr. A: *Yes and no. On one level you may feel thwarted, yet the challenge is to devise the optimum alternative care possible under the circumstances. That is to manage medical or surgical procedures in keeping with the adult patient's choice, conscience and moral decision to "abstain from blood".*

Dr. B: What you are saying is similar to that of Macklin, who suggests that, "We may believe very strongly this man is making a mistake. But Jehovah's Witnesses believe that to be transfused...[may] result in eternal damnation. We are trained to do risk-benefit analyses in medicine but if you weigh eternal damnation against remaining life on earth, the analysis assumes a different angle." ¹

Dr. A: *Indeed, and when we look further, there are alternative therapies which are not prohibited by their religious beliefs. According to an article published in the Journal of American Medical Association - "there is no absolute prohibition against components such as albumin, immune globulins and haemophilic preparations...colloid or crystalloid replacement fluids, electrocautery, hypotensive anaesthesia, or hypothermia, iron-*

dextran injections, Fluosol - DA...dialysis and heart-lung equipment (non-blood-prime) as well as intraoperative salvage when the extracorporeal circulation is interrupted." These procedures are left up to the particular patient's conscience.²

Dr. B: That may be well and good in countries where alternative therapies are available and not cost - prohibitive. But in developing countries like in South Africa, most government hospitals do not have many of these products. Do we just let these patients die?

Dr. A: No, but the harsh reality is this: Patients are human beings whose individual values and goals cannot be ignored. Adult patients make certain choices; they set their own priorities, and hold their own worldviews- views that give life meaning for them. Jehovah's Witnesses do realise that their convictions appear to add a risk factor that may well complicate their care. It is a risk that they are willing to take rather than to violate their conscience. Do you just let these patients die? Hardly. You do what you can do to preserve life within the framework of the possibilities available to you while respecting their particular belief system.

Dr. B: So we should look at it in a holistic manner: to deny an adult patient's deeply held religious convictions or to violate their conscience equals a blow to their human dignity that could be conceived as worse than inflicting physical death.

Dr. A: That's the crux of the matter. In fact, many hospitals have written policies concerning the management of Jehovah's Witness patients. Basically, the stand is this: Any adult patient who is not incapacitated has the right to refuse treatment no matter how detrimental such a refusal may be to his/ her health.¹

Dr. B: What about the children of Jehovah's Witnesses? Do the same principles apply?

Dr. A: No. In cases of children of Jehovah's Witnesses, the decision of parents to forego treatment of their children has been brought to the courts on many occasions. In cases of 'minority religions' like Jehovah's Witness, or those religions whose tenets conflict with medical practice, the courts generally hold that (conventional) treatment of children is mandatory. This is based on the reasoning

that first, religious freedom does not extend to imposing parents' beliefs on their children at risk of life and secondly, the fact that these children may, when they become adults, hold to a different belief system.

Dr. B: It seems then, that we, as family practitioners encounter unique challenges when faced with patients whose worldviews conflict with standard medical practice. In cases of adults who refuse particular treatment(s) based on their religious belief system, we must seek available medical alternatives; alter our therapies to accommodate their circumstances. If no alternatives are available, we must in the end, allow such patients the freedom and the consequences of their deeply held convictions. As the philosopher John Stuart Mill wrote: "Each is the proper guardian of his own health, whether bodily or mental and spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest."

Dr. A: Hard choices...

Dr. B: And food for thought.

Dr. A: That's the idea.

References:

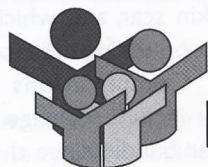
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