Ethics and medicine: Jehovah's Witnesses and the new blood transfusion rules

Knapp van Bogaert D. PhD. DPhil

Fellow, Centre for Applied Ethics, University of Stellenbosch; Independent Consultant in Ethics Ogunbanjo GA, MBBS, FCFP(SA), MFamMed, FACRRM, FACTM, FAFP(SA), FWACP(Fam Med) Department of Family Medicine and Primary Health Care, University of Limpopo (Medunsa Campus), Pretoria Correspondence to: Gboyega Ogunbanjo, e-mail: gao@intekom.co.za Keywords: Jehovah's Witnesses, blood, blood products, autonomous, transfusion, confidentiality

Abstract

It is against the doctrine of The Watchtower and Bible Tract Society for their followers, the Jehovah's Witnesses, to accept blood transfusions. For this reason, this topic remains a critical issue in medical practice and ethics. Few patients can survive a haemoglobin level of less than 5 g per decilitre without transfusion. In the medical field, Jehovah's Witnesses are widely known for their prohibition against the receipt of blood transfusions. The Watchtower Bible and Tract Society, as the church's legislating body introduced the policy on refusal of blood in 1945, stating that blood transfusion defies divine precepts. This article reviews the ethics of blood transfusion in the Jehovah's witnesses and the new blood transfusion rules in South Africa.

© Medpharm

S Afr Fam Pract 2013;55(1)(Supplement 1):S6-S9

Introduction

It is against the doctrine of The Watchtower and Bible Tract Society for their followers, the Jehovah's Witnesses, to accept blood transfusions. For this reason, this topic remains a critical issue in medical practice and ethics. Medically, it remains important because refusal of blood serves as a potential obstacle to optimal therapeutic intervention. This is because few patients can survive a haemoglobin level of less than 5 g per decilitre without transfusion.1 Ethically, issues arise that concern questions about a patient's knowledge of current Jehovah's Witnesses doctrine on blood products;2 that the choice to receive blood substitutes while still "autonomous" carries church sanctions which some consider to be threatening, if not coercive;3 and finally, that medical confidentiality should be heightened in cases of hospitalised Jehovah's Witnesses.4

Discussion

Brief origin of the Jehovah's Witnesses

Charles Taze Russell was an American who found the Christian doctrine of eternal hellfire for sinners to be problematic. As he studied. Russell's persuasions tended towards being a Christian Millerite.⁵ Millerities were one of a large number of sects that claimed the arrival of Christ near the time of the millennium in the late 1800s.6

Russell decided that there was no eternal punishment, denied the existence of the Holy Trinity, and did not believe in the divinity of Jesus Christ, nor the presence of the Holy Spirit.7

In 1872, he formalised what is now called The Watchtower Bible and Tract Society, with its headquarters in Brooklyn, New York. This remains the case today. In 1931, under the headship of Joseph Franklin Rutherford, the organisation's name was changed to "Jehovah's Witnesses". In addition to changing the name, Rutherford created a strict internal structure and rules for followers. For example, Jehovah's Witnesses adhere to a particular version of the Bible as their sacred book, called the New World Translation. The leaders of this religious organisation purport to be the single channel of God's truth on earth, believing that the organisation "alone can properly interpret God's word since it is the angel-directed prophet of God on earth".8

The Watchtower and Awake magazines are published by the church's leaders and serve as the final word on social, economic and political issues, and as a source of study group discussions. The followers of this religion believe that their interpretation of the Bible represents the true word of God.9The Jehovah's Witnesses religion largely stands against the "outside world". Perceptions of what are deemed to be "pollution" and "purity" are inherent in The Watchtower Bible and Tract Society's concepts of antiworldliness. Some of their practices include not voting, not saluting the flags or singing the national anthems of their country of residence, not celebrating their individual birthdays, or serving in national armed forces. Jehovah's Witnesses believe that it is only through following the tenets of The Watchtower Bible and Tract Society that they will have eternal salvation with Jehovah in heaven.



In the medical field, Jehovah's Witnesses are widely known for their prohibition against the receipt of blood transfusions. The Watchtower Bible and Tract Society, as the church's legislating body, introduced the policy on refusal of blood in 1945, stating that blood transfusion defies divine precepts. 10 One reason for this policy is based on the belief that blood. irrespective of the manner of "consumption", serves as a nutrient.11A patient in hospital may be fed through the mouth, through the nose or through the veins. "When sugar solutions are given intravenously, it is called 'intravenous feeding'. The hospital's own terminology recognises as feeding the process of putting nutrition into one's system via the veins. Hence the attendant who administers the transfusion is feeding the patient's blood through the veins, and the patient receiving it is eating through his veins". 12

Three Biblical references are cited by The Watchtower Bible and Tract Society to support the admonitions that ostensibly forbid blood transfusion. They are found in the Bible's chapters, Genesis 9 verse 4, Leviticus 17 verses 11-14, and the Pauline New Testament repetition in Acts 15, verses 20 and 29.13-15 From the 1940s-1960s, particularly in the Netherlands, The Watchtower Bible and Tract Society rebelled against vaccination policies.¹⁴ This response was tempered over time and no longer remains a major issue. The practice of smoking did not become a "disfellowshipping" offence until 1973. Receiving an organ transplant was an offence worthy of being "disfellowshipped" for over a decade, but is no longer considered to be church offence.¹⁶ In the current human immune deficiency virus (HIV)/acquired immune deficiency (AIDS) syndrome pandemic, Jehovah's Witnesses feel that they are vindicated in their stance against blood transfusions as some of their believers acquired HIV in this manner. A quotation from Avert, an international HIV and AIDS charity based in the UK, is still relevant today. The organisation wrote: "HIV infection continues to be a risk that is associated with blood transfusions".17

The Jehovah's Witnesses' intriguing and controversial religious prescription denies the transfusion of red and white blood cells, platelets and plasma. 18 While Jehovah's Witnesses are not permitted to accept any blood substitute that is derived from human or animal haemoglobin, many current treatment modalities are available that can assist in caring for Jehovah's Witnesses patients, such as recombinant human erythropoietin, albumin, and recombinant activated factor VIIa, autologous autotransfusion and isovolaemic haemodilution. Jehovah's Witnesses can now accept what are termed "minor fractions", such as albumin and globulin, as a matter of personal choice.2 The challenge that is involved in the care of such patients requires "an aggressive and multidisciplinary approach to therapy". 19 So-called blood substitutes are an attractive alternative to standard blood transfusion for many Jehovah's Witnesses. 20-22

In 2000, policy changes concerning blood transfusions were promulgated in the official Jehovah's Witnesses magazine, The Watchtower.23-25 According to this publication: "... beyond that, when it comes to fractions of any of the primary components (such as albumin, all clotting factors, all immunoglobulins, interferons and interleukins),2 each Christian, after careful and prayerful meditation, must conscientiously decide for himself".25 In some ways, this quotation represents a pivotal change in the stance taken by The Watchtower Bible and Tract Society leaders. While stating the blood product alternatives, it also represents a shift in the procedure concerning sanctions that are associated with the acceptance of certain blood alternatives. The term "disfellowshiped", similar to that of excommunication, has been changed by the elders to "disassociation" from the fellowship following individual autonomous choice or other evidence offered.

The practice of "disfellowshipping" began in the early 1960s. Practically, "disfellowshipping" involves rigid ostracism by fellow Jehovah's Witnesses.26

Quotes from the Jehovah's Witnesses church magazine attest to this:

"If anyone comes to you and does not bring this teaching, never receive him into your homes or say a greeting to him.26 A simple "hello' to someone can be the first step that develops into a conversation, and maybe even a friendship. Would we want to take that first step with a disfellowshipped person? ... The fact is that when a Christian gives himself over to sin and has to be disfellowshipped, he forfeits much: his approved standing with God . . . sweet fellowship with the brothers, including much of the association he had with Christian relatives.²⁷ It is the disfellowshipped person who has made problems for himself and for his relatives.²⁸ Yet, there might be some absolutely necessary family matters requiring communication, such as legalities over a will or property.

But the disfellowshiped relative should be made to appreciate that his status has changed, that he is no longer welcome in the home, nor is he a preferred companion.29 If a baptised member of the faith wilfully and without regret accepts blood transfusions, he indicates by his own actions that he no longer wishes to be one of Jehovah's Witnesses. The individual then revokes his own membership by his or her own actions, rather than the congregation initiating this step."25

As Muramoto writes: "Under disfellowshipping, the member is expelled when the committee rules him or her guilty and unrepentant. In contrast, disassociation automatically excludes a member from the congregation only when the member's offensive action becomes known through selfdisclosure or substantiating evidence of the offence".30



Obviously, if one breaks one of the core tenets of one's faith, one cannot be considered to be a true believer. 18

Dissident Jehovah's Witnesses feel that the church is misguided, that such expulsion practices are coercive31 and serve to compromise the Jehovah's Witnesses patient's ability to make an autonomous choice.³² Members of Jehovah's Witnesses are required to carry church membership cards that identify their church's stance on blood transfusion. In addition, many Jehovah's Witnesses hospital liaison officers are immediately contacted when one of their parishioners is admitted to hospital. The liaison officer then arrives to "educate the staff" and support his or her fellow member. Usually, it was believed that Jehovah's Witnesses acted as a unified group with regard to refusal of blood, but this thought is under serious reconsideration.³³ Questions on whether or not Jehovah's Witnesses patients are even aware of the new blood product regulations have also been raised in the literature.34 This is important if it is viewed from the perspective of an individual having all the information needed in order to make an informed autonomous choice.

Maugans defines spirituality as: "... a belief system focusing on intangible elements that impart vitality and meaning to life's events".35 It is agreed that spirituality and medicine are inexorably bound and vital to a patient's well-being. 36 Thus, it would be ethically objectionable if any patient was denied visitation by his or her spiritual guide. It would also be ethically inacceptable should a doctor fail to honour the autonomous choice of Jehovah's Witnesses not to have blood or blood products, even if administered for life-saving purposes.37

At the same time, it could be argued that exceptions should be made in the cases of Jehovah's Witnesses and blood issues. This is because no other belief system shares the same type of prohibitions concerning blood and blood products, as well as the practice of fellow members of being obligated to report other members' divergences from the ideology. In addition, the Jehovah's Witnesses patient faces the hard prospect of the possibility of "disfellowshipping" from his or her church because of blood or blood product administration. On the other hand, if a competent adult Jehovah's Witness is cognisant of the available blood product possibilities and makes a rational decision based upon a spiritual belief that abstention will result in a "place with Jehovah in heaven", then the decision is a question of faith which must be honoured.

In cases of Jehovah's Witnesses and blood issues, the best course of action for a doctor to take is to try to ensure medical confidentiality, namely that the patient's information and medical history are not made available to others. In his article, Muramoto puts forward a suggestion of a don't-askdon't-tell policy concerning a peron's particular beliefs under

such circumstances.4 The ethicist, Gillon, further suggests there is nothing wrong with doctors speaking confidentially with their Jehovah's Witnesses patients for the purpose of ensuring that they are cognisant with which blood products are now acceptable by The Watchtower Bible and Tract Society. At the same time, it may be comforting for a patient to know there are a growing number of Jehovah's Witnesses dissidents who are questioning the rigidity of some of the Jehovah's Witnesses practices.

Conclusion

The Watchtower Bible and Tract Society's legal counsel, Donald Ridley, said that it is prohibited to "encourage Jehovah's Witnesses to act privately in a manner that they publicly declare to be wrong" because this is necessary to protect the "common welfare" of "ordered society".44 It makes sense in a way, after all most belief systems require that there are rules to follow.14 Yet it may be suggested that the interpretation of religious instructions are made by humans, who in their fallibility, like the The Watchtower Bible and Tract Society organisation, change their rules over time.38

References

- Corhern C, Moore EE, Offner PJ, et al. Blood substitute and erythropoietin therapy in a severely Injured Jehovah's Witness. New Eng J Med. 2002;346(14)1097-1098.
- Muramoto O. Recent developments in medical care of Jehovah's Witnesses. West J Med. 1999;170(5):297-301
- 3. Gillon R. Refusal of potentially life-saving blood transfusions by Jehovah's Witnesses: should doctors explain that not all JWs think it's religiously required? J Med Ethics. 2000;26(5):299-301 [homepage on the Internet]. Available from: http://jme.bmj.com/content/26/5/299.full?ijkey=a5ef995cf2595514e846cb303e3 edf02035c01cb&keytype2=tf_ipsecsha
- 4. Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: Part 3. A proposal for a don't-ask-don't-tell policy. J Med Ethics. 1999;25(6):463-468.
- Dick EN, Land G. William Miller and the advent crisis, 1831-1844 . Berrien Springs: Andrews University Press, 1994; p. 8-9.
- 6. Anon. Millerism. History of Akron [homepage on the Internet]. 2007. Available from: http://akronhistory.org/millerism.htm
- 7. Slick MJ. History of the Jehovah's Witnesses. 1992-2012. Christian Apologetics and Research Ministry [homepage on the Internet]. c2012. Available from: http:// carm.org/iehovahs-witnesses-history
- Anon. Library of Jehovah's Witnesses. Patheos Library [homepage on the Internet]. 2010. Available from: http://www.patheos.com/Library/Jehovahs-
- 9. Harrison BG. Visions of glory: a history and memory of Jehovah's Witnesses. New York: Simon and Schuster: 1978.
- 10. Anon. The Watchtower: 1945.
- 11. Anon. The Watchtower: 1951.
- 12. Woolley S. Children of Jehovah's Witnesses and adolescent Jehovah's Witnesses: what are their rights? Arch Dis Child. 2005;90(7):715-719.
- 13. Muramoto, O. Bioethical aspects of the recent changes in the policy of refusal of blood by Jehovah's Witnesses. BMJ. 2001;322(7277): 37-39.
- 14. Singelenberg R. The blood transfusion taboo of Jehovah's Witnesses: origin, development and function of a controversial doctrine. Soc Sci Med. 1990;31(4):515-524
- 15. The Watchtower and Bible Tract Society. Reasoning from the Scriptures Watchtower Bible and Tract Society. New York: WBTS, 1985; p. 81.

- 16. Grundy P. Disfellowshipping and shunning. 2005-2012. Facts about Jehovah's Witnesses [homepage on the Internet]. c2012. Available from: http://www. jwfacts.com/watchtower/disfellowship-shunning.php
- 17. Blood safety and HIV. Avert [homepage on the Internet]. c2012. Available from: http://www.avert.org/blood-safety-hiv.htm
- 18. Gledhill R. U-turn on blood transfusions by Witnesses. Times [homepage on the Internet]. 2000. Available from: www.times-archive.co.uk/news/pages/ tim/2000/06/14/timfgnusa01004.html
- 19. Hughes DB, Ullery BW, Barie PS. The contemporary approach to the care of Jehovah's witnesses. J Trauma. 2008;65(1):237-247.
- 20. Gould SA, Moore EE, Hoyt DB, et al. The first randomized trial of human polymerized hemoglobin as a blood substitute in acute trauma and emergent surgery. J Am Coll Surg. 1998;187(2):113-122.
- 21. Gould S, Sehgal L, Sehgal H, et al. Clinical experience with human polymerized hemoglobin. Transfusion. 1993;33 Suppl:60S.
- 22. Johnson JL, Moore EE, Offner PJ, et al. Resuscitation of the injured patient with polymerized stroma-free hemoglobin does not produce systemic or pulmonary hypertension. Am J Surg. 1998;176(6):612-617.
- Anon. Questions from readers. Brooklyn: The Watch Tower Bible and Tract Society; 2000.
- 24. Sharp D. Jehovah's Witnesses' blood policy. Lancet. 2000;356(9223):8.
- 25. Statement to the media. Brooklyn: Watch Tower Bible and Tract Society; 2000. Available from: www.ajwrb.org/basics/jwpressrelease6-14-00.jpg

- 26. Anon. The Watchtower. 1981: 25.
- 27. Anon. The Watchtower. 1981: 31.
- 28. Anon. The Watchtower. 1981: 27.
- 29. Anon. The Watchtower, 1970: 351-352
- Muramoto O. Medical confidentiality and the protection of Jehovah's Witnesses' autonomous refusal of blood. J Med Ethics. 2000;26(5):381-386.
- 31. Elder L. Why some Jehovah's Witnesses accept blood and conscientiously reject official Watchtower Society blood policy. J Med Ethics. 2000;26(5):375-380.
- 32. Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: Part 1. Should bioethical deliberation consider dissidents' views? J Med Ethics. 1998;24(4):223-230.
- 33. Robb N. Jehovah's Witnesses leading education drive as hospitals adjust to no blood requests. CMAJ. 1996;154(4):557-560.
- 34. Muramoto O. Jehovah's Witnesses and blood transfusions. Lancet. 1998;352(9120):824.
- 35. Maugans TA. The SPIRITtual history. Arch Fam Med. 1996;5(1):11-16.
- 36. Davidson RJ. Spirituality and medicine: science and practice. Ann Fam Med. 2008;6(5):388-389
- 37. Ridley DT. Jehovah's Witnesses' refusal of blood: obedience to scripture and religious conscience. J Med Ethics. 1999;25(6):469-472.
- 38. Beckford JA. The trumpet of prophecy. A sociological analysis of Jehovah's Witnesses. Br J Sociol. 1978;249-262.