CASE REPORT

Jehovah's Witnesses and Ethics

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The Jehovah's Witnesses is a Christian sect that was founded in the late 1870 by Charles Russel in Pittsburgh, Pennsylvania. What began as a small Bible study group evolved into a religious sect that currently includes over 2.6 million members worldwide. The refusal of Jehovah's Witnesses to receive blood transfusion dates back to a 1945 church decision[1] and has often resulted in controversy and conflict with the health profession. Such cases present the physician with ethical, medicolegal, and clinical challenges. An example of such a case and a review of the literature are presented.

Jehovah's Witnesses, a Christian denomination, believe that the Bible is the word of God, which expresses the divine will on important matters of life and must be obeyed. They do not subscribe to 'Faith healing' and thus seek the assistance of modern, scientific medicine when they need it, except for blood transfusion. To Jehovah's witnesses, three passages from the Bible that prohibit the eating of blood also constitute a divine prohibition against all blood use human or animal, oral or intravenous, whole blood, packed red cells, white blood cells, plasma, platelets, including autologous transfusions. However, this teaching does not absolutely forbid minor blood fractions such as immune globulins, albumin, erythropoietin and clotting factors for hemophilia.

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Case Report

A previously healthy 13 year old boy, a Jehovah's Witness was admitted with 3 days history of fever, which was high grade, continuous without chills, rigor, cough or sneezing but associated with coffee ground vomiting 3 times and some red spots on lower limbs on the 3rd day of fever with right lower abdominal pain. On examining the patient, he was drowsy, temperature was high, and blood pressure was 80/60mmHg with tachycardia present. The liver was palpable 2cm below right costal margin with tenderness. Petechial spots on both lower limbs were detected. Hess test was positive. The investigation results were NslAg and, Dengue IgG positive, IgM negative. The hematocrit was 49.5, and the platelet count was $29x10^3$ul.

Transfusion of blood of any kind was refused. Fortunately, fever subsided and abdominal pain was reduced with no more coffee ground vomiting on the following days. The patient recovered with intravenous dextrose saline, oral rehydration salt, omeprazole and domperidone.

Medicolegal and Ethical issues

Major medicolegal and ethical issues surround the Witness refusal of blood transfusion, often to the great frustration of their caretakers. The 1914 trial of Scholendorff and Society of New York Hospital was a landmark case regarding the necessity for patient consent before performance of procedures. Although the patient lost the case, Judge Cardozo concluded that, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body" and this formed the basis of subsequent rulings regarding an individual's right to refuse specific therapies. The courts have since invariably upheld the right to refuse specific therapies and the right of competent adult Witnesses to refuse transfusion. This right is often denied, however, in cases of "compelling state interest" such as those involving pregnant women or a parent whose children would become wards of the state should he or she die. In the 1944 case of Prince v. Massachusetts, the approach with respect to children of Jehovah's Witnesses was defined as "Parents may be free to be martyrs themselves. But it does not follow that they are free in identical circumstances to make martyrs of their children. The rights of the parents can be overridden in some circumstances, especially when there is evidence of neglect or abuse or if a serious illness, injury, or other medical condition endangers a child's life or threatens substantial harm or suffering.

Physicians must weigh two conflicting ethical principles when treating Jehovah's Witness:

1. beneficence (the duty of the physician is to do what is good for the patient) and
2. respect for autonomy (the right of a patient to make choices that affect his or her body).

Two basic viewpoints based on these principles are outlined by Jonsen, who defines the paternalistic view as "the practice of disregarding a person's own choice for his or her own benefit" and the non- paternalistic view as "the physician's duty to respect the competent patient's wishes". Along with most ethicists today, Jonsen favors the latter view in the matter of the Jehovah's Witnesses because the patient has defined refusal of blood as a higher good than life itself.

A more complex ethical question arises when a witness refuses blood transfusion but demands alternative therapies of questionable benefit. Patients have the right to autonomy.

In general, a patient's refusal of life-saving treatment should be honored when the patient is an adult, clearly and currently has decisional capacity, is well informed about the nature, purpose, benefit, risks, and alternatives of the proposed treatment, clearly understands the consequences of the treatment refusal. Surrogates can refuse treatment for once-competent- patients (who are in coma, persistent vegetative state, severe dementia, or bilateral stroke). Evidence of the wishes, values, and beliefs of a now-incompetent patient can consist of previous conversations, letters, and documents such as living wills and the 'no-blood cards' that many Jehovah's Witnesses carry and that are signed, witnessed, and updated regularly.

Sometimes, a patient's free and informed decision may harm other 'innocent third parties'. For example, if a single parent refuses a lifesaving treatment and dies, the child would be orphaned. Both the child's welfare and any additional burdens to society in assuming care for the child are appropriate considerations in the ethical decision

process, and could place limits on and even negate the patient's exercise of autonomy.

In never competent patients such as infants and younger children (approximately age 7 and younger), patients with severe mental retardation regardless of chronological age have no role in patient's autonomy, In such situations, physicians and parents must make decisions on the basis of weighing the burdens and benefits of treatment.

Many adolescents (approximately age 14 and older) are mature enough to give their informed consent to treatment, or to refuse it. For such patients, the same conditions and criteria apply as for adults, and if those conditions and criteria are met, an adolescent's refusal of life-saving treatment should be honored.

Physicians have moral obligations

Physicians have moral obligations to always act in their patient's best interests, and on their behalf when necessary. Decision-making models include the following.

- Collect data, including medical and psychosocial information about the situation, and identify persons involved in the decision.
- Identify the options, and the consequences of each
- Evaluate the options by applying relevant ethical norms
- Resolve and decide, by selecting an ethically justified option
- Act to carry out the decision
- Reflect after the fact, to learn and prepare for future dilemmas

Conclusion

Ethics is not law. Laws and precedent-setting court cases do not regulate all human activity and behavior. Ethics depend on systematic analysis of situations, and tends to focus on the values and moral norms at stake. Resolution of ethical conflict is based less on external authority and more on the circumstances and values internal to the case.

In our case scenario, both the adolescent patient and the guardian (mother) refused blood transfusion in Dengue Haemorrhagic Fever. Therefore, the physician has no difficulty with regard to patient's autonomy. If the adolescent patient wanted to receive the transfusion and the surrogate decision maker, mother would not allow the treatment, than there will be the ethical dilemma. Then, the ethical committee of the hospital must be called upon to explain the duty of physicians to follow the decision of the competent patient to the mother and religious leader and the consensus decision of other committee members is needed. Ethical decision in autonomy of minors has to be considered and we have to be prepared for it.

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