

Jehovah's Witnesses: observations on their refusal to accept blood transfusions

A. de Oliveira Soares*

Abstract

The refusal of blood transfusion by the members of the recent and expanding religion known as Jehovah's Witnesses poses a dilemma to physicians: let the exsanguine patients die without the only effective treatment or violate the individual freedom of decision, forcing haemotherapy.

This papers recalls the origin of Jehovah's witnesses, presents a short overview of their doctrine and analysis the reasons invoked by these people for not accepting blood or its natural fractions. A clinical case of fatal refusal of blood transfusions is briefly reported and commented.

Introduction

The absolute refusal of followers of the Jehovah's Witnesses religion to accept therapy involving blood or natural blood fractions, has led to clinical and moral problems that often take the form of a dramatic dilemma: Whether to let a person die without giving the necessary treatment, or whether to give in to the temptation of violating individual freedom of choice, running the risk of committing an offence.

The religion in question has few practicing physicians in our country, which might explain the great lack of national studies and publications on such a serious subject. I believe it is opportune, therefore, to summarize my views on the pivotal issues surrounding this topic, which any physicians will have to confront sooner or later: hearing, from a Jehovah's Witness in dire need of a blood transfusion, a peremptory refusal to accept one.

The origin of the Jehovah's Witnesses

In the third quarter of the 19th Century C. Taze Russell, a middle-aged grain merchant, argued with the protestant pastor of his small town, and undertook a personal study of the bible, which led to very subjective conclusions that were not in agreement with the interpretations traditionally given to many of the passages in the holy book. Exchanging opinions with people in his extensive circle of clients, through heated correspondence, he ended up founding a

movement which he called the International Bible Students Association, served by the above mentioned exchange of letters, and the creation of a journal, The Watchtower. In 1874, the Biblical interpretations of Taze Russell had moved so far away from the doctrine of the traditional Christian religions, and the number of followers was so large, that we can be justified in considering this date as the start of the new religion. The Jehovah's Witness movement was born, from the minds and hands of the man, who then proclaimed himself "pastor" Rutherford, under a hugely successful promotional phrase: "Millions now living will never die".

The success with which the Taze Russell's' cult spread has predecessors and roots in other schisms, essentially determined by the inability of the traditional religions to adapt to the changes of spiritual needs of their followers. But it is also a pioneering and brilliant demonstration of the power of the postal services, the Press, and great promises anticipating the miraculous sales of the current publicity.

Today, the Jehovah's Witnesses are numerous and active, and have become one of the leading religious in many countries. Particularly in the Anglophone countries, but also in the European nations, like France, some of the former colonies (the Republic of Madagascar in particular) and Portugal, where their numbers are significant.

The origin of the Jehovah's Witnesses

In essence, the religion of the Jehovah's Witnesses (JW) is a revivalism of the Old Testament, interpreted almost always "to the letter" and sometimes even "beyond the letter", without any apparent concern for transposition to modern times. The biblical atta-

*Internal Medicine Senior Assistant

Medicine I Service of Santa Maria Hospital, Lisbon

chment evokes the most Orthodox Judaism. It also reminds the omniscience of the Koran for followers of Islam.

It would be difficult to label the JW's as a Christian sect. In fact, the protagonism of Jesus Christ is relegated almost to second place, as in Islam, fulfilling the role of a mere prophet, or not much more. The divinity, Jehovah God, or simply Jehovah, is at the pinnacle of universal action and has all indivisible power, with the characteristics of a warrior and interventionist god of the early millennia of Jewish history. Jehovah will wage a decisive war with the devil, which is always announced as imminent. Jehovah will win, the world as we know it will end, and an eternal bodily and spiritual life will recommence for the JW's. This Final Judgment has already been announced various times for specific years, but the fact that these prophecies were not fulfilled has done nothing to shake the faith of the JW's!

Alongside the messianic nature, of a happy and "imminent" end, the success of the JW doctrines should be based on their very simple Manichaeism, on conscious abstention from all military service, and on pleasant discipleship on Sunday mornings, carried out in pairs, which provides fellowship, and a personal sense of fulfillment and power. No less important is the fact that like the Muslims, they have no clergy, although in any community of JW's there will be a "brother" who is tacitly recognized as the leader. The same occurs in the Islamic communities.

The question of blood

The Old Testament, like the Koran, is not only the divine message revealed to man, it is also an inestimable historical record and a manual of rules for conduct in society, including moral precepts designed to reign in the aggressive instincts, and instructions for promoting health.

The imposition of respect for life is given by a long series of warnings against the useless spilling of blood (and semen). The repeated invitation to non-violence is formalized in a sequence of metaphors on the intangibility of the blood which, in the strict interpretation of the JW's, results in the absolute prohibition of haemotherapy.

Completely sweeping aside the vast therapeutic progress that was created based on the technique of blood transfusions, and the many millions of lives saved since the First World War, in traumatized pa-

tients, those in labor, and anemic patients of various internal causalities, the JW's prohibit everything related to such therapies, including autologous blood transfusion. They do allow surgery with rigorously closed extracorporeal circulation, and the administration of recombinant products, like factor VIII and erythropoietin.

The JW's assuage believers' fears that they might find themselves in a situation of dire necessity for the administration of blood, by telling them that the medical resources available today do away with the need for blood transfusions, namely, the administration of "synthetic crystalloid or colloid solutions", the deceptive, and for many years experimental "hemoglobin substitutes", surgery with minimal blood loss, and the use of induced hypothermia, electrocautery, tourniquets, or other techniques that may even be feasible in elective operations. The JW's say nothing about emergency surgery in patients with severe anemia, due to active hemorrhages, or even more acutely, surgery of the actual hemorrhages!

A scientific institute created by the JW's in North America to support the "War against haemotherapy"* , has spread exaggerated propaganda concerning isolated cases in which treatment of extreme anaemias and the carrying out of major surgical interventions without blood transfusions have been successful.

No statistics have been presented that indicate the relative weight of these exceptional cases, which are certainly very small, in relation to the total number of JW's who have died because they refused to receive blood, but the numbers have yet to be calculated.

The JW's repeatedly cite an article published in 1981 in the *Journal of the American Medical Association (JAMA)* which vaguely reports some successes, and invites doctors to take up the "scientific challenge" of treating patients without the sinful blood transfusion, making better use of the "powerful resources" at their disposal, but which they ignore or neglect.

The individual position of the JW believer in relation to haemotherapy

Believers of the JW religion are, at least in Portugal, mainly individuals with a low to medium level of intellectual culture. The more fervent communities flourish in the heart of the less privileged ethnic

* Medical and Research Departments, World Headquarters of Jehovah's Witnesses, Watchtower Bible and Tract Society, Brooklyn, New York.

minorities, in the urban areas of the large cities, and in the countryside towns. This prevalence of undifferentiated cultural strata makes it easier to fob them off with the message that blood is dispensable as a therapeutic weapon. Doctors who insist on such “sinful” treatments are portrayed as agents of Satan. After all, they know very well how easy it is to do away with transfusions...

As a result of the acceptance of the belief that blood is not medically indispensable, many Jews insist on not receiving it, placing the doctor in a difficult moral position. And often a Jew pays with his or her life, for observing the prohibition of the religion of Taze Russell and Rutherford.

It is not uncommon to see the extreme insistence on not consenting to transfusion become less firm as the symptoms worsen, and the Jew accepts, in the throes of anguished manifestations of extremely reduced blood corpuscles.

An attentive support committee for Jews admitted to hospitals* tries to encourage the patients to distribute to clinics documentation that gives the religious reasons for repudiating transfused blood, the “teaching” of alternative therapies, the legal prohibition on forcing undesired treatments, and finally, a full translation of the JAMA article referred to above.

Experience on the wards

The hospital service sector where I work, with 24 beds, usually has one or two Jews hospitalized at any one time. Recently, I had four and two of them who were indicated to receive blood transfusions.

I think it will be worth briefly presenting the most severe and acute of these cases, as an illustration of the problem I am describing here.

Case report

M.A.S., white female, aged 74 years, lucid, intelligent, with a good level of education. She had been admitted for ischemic necrosis of the left foot, with onset of acute and sudden pain, twenty days earlier. History of peptic disease since the age of 21 years, which often worsened in the forms of gastritis or duodenal ulcer, worsening over the last 30 months, with dyspeptic symptoms and repetitive ischemic emission of black stools.

Objective examination showed severe gangrene of the left foot, without signs of infection. Respiratory, cardiac and renal functions showed good clinical and laboratory indicators. Appearance of severe anemia, with haemodynamic repercussion (BP = 80/40 mmHg, apical heart murmur with functional characteristics). Hemogram revealed: hemoglobin (Hb) = 3.8 g/dL; hematocrit = 11.4%; MCV = 49 fl; MCH = 14 pg; MCHC = 28%; dispersion index = 22%; leucocytosis and thrombocytosis of the cells with normal appearance and distribution. Amputation of the left leg was urgently indicated, and given the lack of conditions for anesthesia and surgery, and the severity of the anemia, transfusion of erythrocyte concentrate was requested. On seeing the bags of blood, the patient stated that she was a Jew and refused to receive any transfusions. After some fruitless insistence, it was decided to admit her to the Medicine ward “for the possible haemodynamic compensation”.

Having been clearly informed of the clinical problem and the high risk of death if she did not receive transfusion or surgery, she remained firm, clearly reiterating her rejection of haemotherapy.

From the 1st day in which consented support measures begun, parenteral administration of iron was started. However, the situation worsened due to haemorrhoidal bleeding and bloody stools, with Hb decreasing to 3.2 and 2.8 g/dL, and she entered a state of symptomatically subjective hypertension, followed by a fluctuating state of confusion, increasing dyspnoea, tachycardia, and death by pulmonary edema followed by asystolia on the 8th day of hospitalization.

Still categorically refusing to accept a blood transfusion, she died five hours later.

Speculative comments

Could the Jews’ refusal to receive blood, even in cases of such extreme necessity, be seen as a ritual sacrifice? Could it represent a passive suicide?

The questions seem relevant, as giving up one’s life to adhere to a religious precept is not easy to understand, in a context of psychic normality and normal social behavior.

The archaic nature of the Jew religion, in the Judaic-Islamic tradition, is a fact, but in fairness, it should be said that the religion of the Jews, and its successor, Islam, were also new at one time. Much has changed, and the essence of the changes lay in the understanding of God as an intrinsic and supremely

*Comissão de Ligação Hospitalar das Testemunhas de Jeová

good entity, in contrast to the more ancient religions of the Middle/Near East and the West, whose Gods were essentially evil.

The gods of the ancient Phoenicians, Assyrians, Chaldeans, Persians and Egyptians were all personifications of evil. It is true that Pharaoh Amenhotep IV tried, from 1366 AC, to institute the cult of a single and kind god, Aten, but the new religion did not survive.

As for the Greek and Roman religions, they were characterized by the fact that they had lots of gods, both good and evil, who frequently waged war to decide on Man's fate.

The Hebrews were the first people of the West to have a good and universal God, in contrast to the old religions mentioned above, which were dominated by cruel gods. In these religions, in order to live in peace and social harmony, men sought to appease the evil thirst of the divinities, through regular human sacrifices, and in times of great crises, there were special sacrifices outside the scheduled calendar.

Something of the blood sacrifices passed to the religions of Good, notably in the sacrifice of animals. Was there something of an ancestral ritual sacrifice in the self-immolation behavior of the anemic JW I have described above?

I don't know. Archaic matters are a closed book to clinical practices; the hypothesis would need to be investigated by psychologists, anthropologists and moralists.

Does the JWs' acceptance of a bloodless death, taking to the extreme their fulfillment of the religious precept, have anything to do with suicide?

It is true that suicide is an intentional and active choice to suppress one's own life. But despite the passivity, and simply giving in to the worsening of the disease by rejecting the treatment, could it be that a JW who suffers the ultimate consequence of refusal to accept blood transfusions be attempting a subconscious suicide? And by extension, should the doctor who compromises and assists be considered negligent, or a passive accomplice?

These questions remain unanswered, and are directed mainly at psychiatrists, sociologists and the legal profession.

Practical suggestion

It is morally intolerable for the ordinary physician, be he of an agnostic, Judeo-Christian or Islamic per-

suasion, to see lucid people die because they refuse to be spared by a simple transfusion of erythrocytes. However, although one should respect the patient's religious beliefs, the passivity that the circumstances of the JWs imposes on us conflicts with our own rights as physicians and as citizens.

The failure of thinkers and scientists to investigate this fierce and growing dislike of clinical practice, in a country where JWs are significant in number, is incredible.

I am led to suggest, since I have no voice to recommend, that the medical authorities and the official bodies urgently set up a committee of experts that includes moralists, theologians, jurists, sociologists and doctors, to study the problem in depth. It is essential to define the scope, the average and extreme boundaries and possible palliative measures.

The solution, which I cannot believe will every happen, would be a scientific reform of the JWs concepts concerning blood. Frankly, from what I have seen in my day-to-day practice, I do not hold out much hope of seeing this "miracle" ever take place. ■

References

1. Alternativas de qualidade para a transfusão (artigo não assinado). In: como pode o sangue salvar a sua vida? Leaflet published by Soc. Torre de Vigia e Tratados, Cesário Lange, São Paulo, Brasil: 13-17; 1990 (it can be requested to: Torre de Vigia. Rua Conde Barão 511, Alcabideche, 2765 Estoril).
2. Dixon JL, Smalley MG. Jehovah's Witnesses, the surgical-ethical challenge. *Jama* 1981; 246(21): 2471-2472.
3. Thomas JM. *Canadian Medical Association Journal* 1983; 128:1153-1154.
4. Collection of documents delivered to physicians by the Committee for Lisbon Hospital Liaison of Jehovah's Witnesses (it can be requested to the official representative Antonio Ruas – Av. Marques de Tomar, 33 RC – Post Code 1000 Lisbon)