

Jehovah's Witnesses as Patients

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Jehovah's Witnesses are a religious group that accepts the divinity of Christ but differs from mainstream Christianity on some doctrines.¹ The importance of Jehovah's Witnesses to the health care profession is that Jehovah's Witnesses believe that blood transfusions are prohibited. A proper understanding of this belief is necessary for health care providers to appropriately care for Jehovah's Witnesses as patients. The following discussion assumes that the patient is a competent adult. Issues of children, incapacitated patients, or incompetent patients and their guardians are beyond the scope of this discussion.

Jehovah's Witnesses claim 8.2 million followers. The group doctrine is the New World Translation of the Holy Bible as interpreted by the Governing Body of Jehovah's Witnesses. Interpretation of scripture by the elders is disseminated to the public through *The Watchtower* and *Awake!* publications.

Jehovah's Witnesses, through the voice of *The Watchtower*, officially banned blood transfusions for the first time in 1945. For the next 60 years, group doctrine had to change to adapt to new technology. The use of whole blood was changed to blood products. Autologous transfusions became available. Synthetic blood substitutes became available. The question of blood passing through a dialyzer had to be interpreted.

The canonical origins of the Witnesses' prohibition against blood transfusion begin in Genesis: "Only flesh with its life - its blood - you must not eat."²

This law granted adherents the right to eat the flesh of animals (after properly draining the blood) while forbidding the consumption of blood. Similar instructions that prohibit the eating of blood can be found in Leviticus, which adds: "I will certainly set my face against the one who is eating the blood, and I will cut him off from among his people."³ Violation of the prohibition against transfusion constituted a separation from the group which was labeled *disfellowship*. A passage in the Book of Acts which is part of an exchange between Saint Paul and the apostles has been interpreted to require that believers "abstain from...blood."⁴ This "prohibition was based not on health concerns, but on the sacredness of blood."⁵

WHAT IS BLOOD?

Jehovah's Witnesses break blood down into four main components: red cells, white cells, platelets, and plasma. Witnesses are expressly forbidden to receive blood transfusions of whole blood, any of the four individual primary components, anything that makes up a significant portion of the primary components (e.g., hemoglobin), or anything that carries out the key function of a primary component (e.g., hemoglobin-based oxygen carriers).⁵ Transfusions of pre-operative self-donated blood is also prohibited. Jehovah's Witness physicians are allowed to administer blood upon request to non-believers, a choice that is "left to the Christian doctor's own conscience."⁶

There are many exceptions that have evolved over the years that allow Witnesses to receive a variety of blood related treatments. Jehovah's Witnesses admit that the Bible does not give details to many modern medical questions that often confront believers. When deciding whether or not to pursue controversial treatments, Witnesses are told that they must "make [their] own conscientious decision before God" while

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considering “the potential effect on [their] relationship with the Almighty God.”⁷ When presented with a questionable treatment, the believer is “responsible to obtain details from medical personnel and then make a personal decision” that “would not violate his trained conscience.”⁸ Acting in accordance with one’s conscience is absolutely crucial to practicing Jehovah’s Witnesses. Violating one’s conscience could indicate to the elders that the believer no longer wants to be one of Jehovah’s Witnesses, which would likely result in the believer’s automatically revoking his own membership by his own actions.

If one of Jehovah’s Witnesses is “transfused against his or her will, Jehovah’s Witnesses do not believe that this constitutes a sin on the part of the individual.”⁹ There are a variety of minor blood components that are typically allowed for transfusion: interferons, interleukins, albumin, plasma proteins (e.g., to counteract snake venom), immune globulins, hemophiliac preparations (e.g., Factor VIII), and erythropoietin.^{7, 10, 11, 12} The items listed are not the primary constituent of any of the four primary components of blood, nor do they carry out the main function of any of the primary components. Blood that leaves the body and is cycled through a hemodialysis device or heart-lung machine is commonly deemed acceptable. The key here is that the blood outside of the body remains continuously flowing so that it can still be considered part of the believer’s body. This lack of continuity with one’s own body is the main reason why pre-operative self-donated blood is unacceptable. Furthermore, when Witnesses are deciding whether or not they should permit their blood to be diverted through some external device, they “ought to focus, not primarily on whether a brief interruption in flow might occur, but on whether they conscientiously feel that the diverted blood would still be part of their circulatory system.”⁸ Similar concerns can be seen with recovering and reusing autologous blood during surgery, where the primary Biblical concern is “whether the blood escaping into a surgical wound is still part of the person.”⁸ Last, some argue that even the fractions of the primary components of blood aren’t entirely off limits. In pregnancy, material from fetal red cells is processed into bilirubin which crosses the placental barrier and enters the circulation of the mother. This process has

led some believers to conclude that “since blood fractions can pass to another person in this natural setting, they could accept a blood fraction derived from blood plasma or cells.”⁷

These treatments are not meant to be a comprehensive list of acceptable exceptions - they merely reflect the most commonly discussed treatments in the literature. Furthermore, it is critical to understand that there are very few rules written in stone that can be used to guide the Witnesses’ medical decision-making, and it is likely that two Witnesses will hold different, but equally valid, perspectives on these issues.

When discussing these types of treatments with Jehovah’s Witnesses, care should be taken to recognize points of contention. If mediation is initiated, the physician should be cognizant of: how the believers’ consciences will be affected, how their relationship with God will be affected, how they interpret the Biblical text, and the opinions of the local elders. If a Witness is excommunicated, it is up to the discretion of the elders to decide whether or not the believer has repented sufficiently to be allowed back as a member. Unfortunately, there are no specific guidelines for what constitutes “repentance” and this decision is largely subjective, which can be a significant worry when dealing with orthodox elders in these situations. The Witness must weigh the issues of life versus the acceptance into the group by the elders and the Witness may place a higher priority on the latter.

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