

# Blood Transfusion and the Pregnant Jehovah's Witness Patient:

## Avoiding a Dilemma

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### Abstract

The pregnant Jehovah's Witness patient's refusal of lifesaving transfusion creates a conflict for the physician. While legal steps may be initiated to address the problem, a medical approach stressing prophylaxis which anticipates and avoids the ethical dilemma of managing a hemorrhaging pregnant Jehovah's Witness is preferable. **Key Words:** Jehovah's Witnesses, blood transfusions, pregnancy, management protocol.

FOR THE MOST PART, the birth of an infant is an occasion for joy. Complications, however, can be life threatening. Of these, hemorrhage is one of the leading causes of maternal mortality. The average pregnant woman usually has a blood volume of about 6 liters, so that any blood loss estimated to be 1500 mL or greater may be life threatening. When a pregnant patient continues to bleed, death may be inevitable. The therapeutic goal in the event of hemorrhage is to maintain normal tissue perfusion and stop active bleeding. In due time, under normal circumstances, compensatory mechanisms of increased red cell production will correct severe anemia (1).

All health care personnel who provide labor, delivery and gynecology services should be prepared to manage hemorrhage, because adequate preparation can save lives. Every effort should be made to identify patients with known risk factors for uterine atony (overdistended uterus from multiple pregnancy, prolonged labor, fetal macrosomia) or potential bleeding (high parity, uterine inversions, placental abnormalities, ectopic pregnancy, fibroid uterus, endometriosis). It is especially important to identify and prepare for patients who are Jehovah's Witnesses, because in the event of a complication, they will refuse to accept blood transfusions and most, if not all, blood products.

The Jehovah's Witness Society is a Christian sect based in Brooklyn, NY. Today, in the metropolitan New York area, the vast majority of Witnesses are African American or Hispanic. The mistrust of medicine common in these groups is compounded, in the case of Witnesses, by fears that doctors will not respect their religious beliefs, in particular their opposition to transfusion or the use of blood products.

The Witnesses' opposition to transfusion is based on their interpretation of the following scriptural passages from the New World Bible (1984):

*Genesis 9:3-5 . . .*

*Leviticus 17:13-14 . . .*

*Acts of the Apostles 15:19-20 . . .*

Physicians tend to discount or underestimate the importance of the Witnesses' faith-based need to

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'abstain . . . from blood,' where it is taken to include the refusal of transfusion. From the Witnesses' point of view, however, blood transfusion has serious consequences: "excommunication . . . forfeiture of a chance for eternal life, and severance of the individual's relationship with God" (2). These are not the sorts of adverse outcome physicians usually have in mind when they assess a procedure's risks. If physicians dismiss such patients' most profound concerns, however, they put their relationships with their patients, and with the entire community of Jehovah's Witnesses, at risk.

The physician-patient relationship ought to be governed by the moral principles of autonomy and beneficence. Respect for patient autonomy requires that the physician allow the patient to live by her own values. This entails that it is her decision whether to accept or reject recommended treatment options. Beneficence obliges physicians to promote their patient's well being. These two principles clearly come into conflict in the case of the pregnant, hemorrhaging Jehovah's Witness patient who refuses lifesaving transfusion for reasons of faith (3).

Treatment approaches to such cases have, in large part, been determined by the law (4). Based on the doctrine of *parens patriae*, or the power of the state to preserve the lives of minors, the courts have ruled for the transfusion of minors (pregnant or not) in life-threatening situations (4, 5). Competent non-pregnant adults are allowed to refuse life-preserving transfusions, and physicians are not permitted to override their decisions. Cases where the fetus will perish because of the adult mother's refusal of blood transfusion remain the most ambiguous and troubling. Recent legal opinions on this issue differ. Some decisions hold that the mother's rights are supreme on the Constitutional grounds of freedom of religion, the right to privacy, and the right to act on one's own conception of the good by refusing medical care. These decisions conclude that the woman's choice should not be overridden (3). Other decisions focus on the irrevocable harm to the fetus which transfusion refusal may cause, the minimal risk to the mother which the procedure carries, and its likely efficacy. These decisions emphasize the importance of protecting fetal life and preventing the abandonment of minor children. They conclude in favor of overriding the woman's choice. Women in the second and third trimesters of pregnancy have actually had guardians appointed to permit transfusions for the fetus (4-8). Legal decisions

reflect the variety of contemporary moral points of view, but regardless of the legal verdict in a particular case, resorting to the courts destroys the physician-patient relationship.

One practical and moral solution to the problem is to anticipate the potential need for transfusion and to have techniques in place for management of blood loss without transfusions, so as to obviate the need to violate autonomy, sacrifice beneficence or damage the physician-patient relationship (9). To that end, and to secure the trust of the Jehovah's Witness community, the Department of Obstetrics, Gynecology and Reproductive Medicine of the Mount Sinai Medical Center enlisted assistance to create a protocol based on the philosophy of prevention. Creation of the protocol (10) was the work of a committee with members from Mount Sinai's departments of Obstetrics, Gynecology and Reproductive Medicine, Anesthesia, Hematology and High-Risk Fetal Medicine, working with the Ethics Committee of the Medical Board, the Legal Department, the Federation of Jewish Philanthropies (FOJP) Malpractice Hospital Unit, and the Jehovah's Witness Society's Liaison Committee.

The protocol can be summarized as follows:

1. Require that all obstetricians who register or admit Jehovah's Witness patients attest that they understand relevant departmental protocols.
2. Obtain the patient's informed consent for anticipated or potential procedures by approximately the 28th week of the pregnancy, using the generic hospital consent form, the Watchtower Society Acknowledgment form (Health Care Proxy—NYSPHL #2980-2994) and the blood product check list form, which indicates which blood products the patient is willing to accept, if any.
3. Prepare medically by arranging for
  - a. Anemia correction: if a patient's hematocrit is more than 40%, using iron and folic acid; if the patient has a hematocrit less than 40, then erythropoietin, which contains a blood-derived product but is acceptable to most Witnesses, may be indicated.
  - b. Preoperative evaluation, including the potential use of interventional radiology, embolization catheter or vascular balloons.
  - c. Anesthesia review, with prescheduling of cell-saver apparatus, use of plasma expanders, hypothermia and hyperdilution techniques.

- d. Intraoperative use of cell saver with strict surgical techniques for hemostasis.
4. Consult with an attending in the division of Maternal Fetal Medicine, before 28 weeks and in all obstetrical emergencies.

By taking the Witnesses' needs seriously and conveying to Witness patients that their needs will be taken seriously, we can avoid becoming their adversaries. Instead, we are their partners.

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#### Appendix

##### New World Translation of the Holy Scriptures (1984)

*(Genesis 9:3–5) Every moving animal that is alive may serve as food for you. As in the case of green vegetation, I do give it all to you. 4. Only flesh with its soul—its blood—you must not eat. 5. And, besides that, your blood of your souls shall I ask back. From the hand of every living creature shall I ask it back; and from the hand of man, from the hand of each one who is his brother, shall I ask back the soul of man.*

*(Leviticus 17:13–14) As for any man of the sons of Israel or some alien resident who is residing as an alien in your midst who in hunting catches a wild beast or a fowl that may be eaten, he must in that case pour its blood out and cover it with dust. 14. For the soul of every sort of flesh is its blood by the soul in it. Consequently I said to the sons of Israel: "You must not eat the blood of any sort of flesh, because the soul of every sort of flesh is its blood. Anyone eating it will be cut off."*

*(Acts 15:19–20) Hence my decision is not to trouble those from the nations who are turning to God, 20. ...but to write them to abstain from things polluted by idols and from fornication and from what is strangled and from blood.*