



e-Network Forum

CALIFORNIA BLOOD BANK SOCIETY

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Bioethical aspects of the recent changes in the policy of refusal of blood by Jehovah's Witnesses

Members are referred to the above article published in the British Medical Journal Jan. 6, 2001 by Osamu Muramoto of Portland, Oregon.

In response to our recent citing of this publication on the CBBS home page, the following comment was received on Sept. 12, 2001:

A representative of the **Hospital Liaison Committee** provided the following information. "It should be emphasized that our religious stand to abstain from blood (red blood cells, white blood cells, platelets, and plasma) has not changed since the forties when this became a civilian form of treatment. However, since blood can be processed beyond the primary components, questions arise about fractions or derivatives derived from the primary blood components (i.e., interferon, interleukins, wound healing factor, and plasma proteins, to name a few), it is a personal decision for each Witness to make. To assist Jehovah's Witnesses in this matter two articles were published last year (June 15 and October 15, 2000) in our official journal, The Watchtower. Whether or not a Witness will accept all fractions, some, or none at all, they are still encouraged to have a frank discussion with their doctor about their medical care and the type(s) of treatment their doctor proposes. I want to make one comment on refusing blood transfusions. As I mentioned to you there have been times when individuals who are no longer Jehovah's Witnesses still refuse to accept donor blood. From my experience the motive behind this refusal stems not from fear but from respect and love of God". Please read the following article entitled "Blood: Whose Choice and Whose Decision" by JL Dixon, reprinted from a 1988 issue of the NY State J Med and published by the Watch Tower Society at: http://www.watchtower.org/library/hb/index.htm?article=article_07.htm

ADDENDA Sept. 21, 2001

1. Dr. Paul Schmidt of Tampa, Florida (former president of the AABB), offers the following short essay written by him and published in a recent issue of Transfusion Today, the newsletter of the ISBT.

NEW BLOOD AND JEHOVAH'S WITNESSES

There are historically significant changes in the position of the Watchtower Society on blood transfusion which now have been described by a physician who is a consultant to a group known as the Associated Jehovah's Witnesses for Reform on Blood. He states that the Society will no longer "disfellowship" by judicial process the members who do not comply with the church policy on refusal of blood. However, such members are said to willfully "disassociate" themselves. Both categories of members who are 'dissed' become outcasts, and therefore the end results are the same. The religious community ostracizes and shuns both the disfellowshipped and the disassociated wrongdoers.

Although the process of disassociation sounds like 'don't ask, don't tell', it only happens when the member's offense becomes known through self-disclosure or from substantiating evidence. The new rules therefore can involve the patient's physician and the protection of medical information. Patients now have full control over whether or not they disassociate themselves from the religion. They might decide to accept blood and not tell. However, such patients could be reported by a bedside visitor or a hospital worker to a Society judicial committee with resultant forced disassociation. It is obvious that the new policy hinges on the timing of the transfusion and more generally on the integrity of medical confidentiality.

Another change in policy has to do with the freedom to accept fractions of the "primary components". The primary components are defined as red and white cells, platelets and plasma, but albumin and globulin are allowed, as are "fractions of any of the primary components". That raises a gray area of secondary components which can be created from the primary by leukocyte reduction, irradiation or by solvent detergents. It is not clear how such processed components will be considered by the Society.

In the past, doctors have been encouraged to contact the church's representative and get a local ruling before entering on individual treatment. Now each case could be discussed selectively and confidentially to ascertain the patient's true desire.

It needs to be stressed that the above discussion of the Watchtower Society policy on blood is presented by a group that does not agree with the policy. Physicians needing to treat a Jehovah's Witness should read the whole article in the British Medical Journal for January 6, 2001 (BMJ 2001;322:37-9) (same as above). They might advise the patient to obtain other information from inside the church.

ADDENDA Sept. 22, 2001

2. Dr. Ronald E. Domen (Medical Director, Blood Bank and Transfusion Medicine and Director, Pathology Residency Program at The Milton S. Hershey Medical Center of The Pennsylvania State University College of Medicine) wrote that several years ago he was part of a two-day meeting with the local Jehovah's Witness hospital liaison as well as representatives from the Watchtower Society in New York City. The purpose of that meeting was to better understand the Jehovah's Witness position and to discuss their possible acceptance of the hemoglobin-based blood substitutes that were in clinical trials. Although albumin and immunoglobulin products seemed to be acceptable, hemoglobin solutions were deemed to be not acceptable as it was derived from human red cells and was red in color. We did not discuss the bovine hemoglobin-derived solution at that time. Their reasoning was, and still is, based on a few Biblical passages about the biblical law against the "eating" of blood. Since then, there has been a growing awareness that **not all practicing Jehovah's Witnesses follow the official policy concerning blood transfusion**. The responding blood banker refers interested readers to a recent paper published in the Journal of Medical Ethics (2000;26:375-380) entitled, "Why some Jehovah's Witnesses accept blood and conscientiously reject official Watchtower Society policy." The Associated Jehovah's Witnesses for Reform on Blood also have their own web site (<http://www.ajwrb.org>) The responding blood banker comments that from his personal experience, and as that paper and web site point out, there are Jehovah's Witnesses who will accept allogeneic and/or autologous blood transfusions. **An important element for their acceptance of blood is that their confidentiality be maintained** so that church elders do not find them out and ex-communicate them or their families. The responding blood banker thinks this is an area where the transfusion medicine specialist can play an important role in making sure that the needs of those Jehovah's Witnesses who accept blood transfusion are met, and that their confidentiality is protected as best as possible. The responding blood banker graciously provided additional references that interested e-network members might wish to read:

1. Singelenberg R. The blood transfusion taboo of Jehovah's Witnesses: origin, development and function of a controversial doctrine. Soc Sci Med 1990;31:515-523;
2. Smith ML. Ethical perspectives on Jehovah's Witnesses' refusal of blood. Clev Clin J Med 1997;64:475-481;
3. several papers in the October 1991 issue of Transfusion Medicine Reviews
4. a number of papers in the Journal of Medical Ethics since 1999

ADDENDA Sept. 23, 2001

3. In reference to the above comment that some Jehovah's Witness patients might accept blood transfusion, the web site of the [University Center for Bloodless Surgery & Medicine](#) (Newark, NJ) contains a [Release of Liability](#) form that may be of interest.

Please submit comments to the [e-Network Forum](#).



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Ira A. Shulman, MD
CBBS e-Network Forum Editor & Moderator

Posted: September 20, 2001

Addenda: Sept. 21, 22 & 23, 2001

Links Updated: June 12 & Aug. 9, 2003

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