

Bioethics and the Demands of Jehovah's Witnesses for Bloodless Treatment

Šegota, Ivan; Sorta-Bilajac, Iva

Source / Izvornik: **Journal of Japan Society for Clinical Anesthesia, 2006, 26, 315 - 320**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

Permanent link / Trajna poveznica: <https://um.nsk.hr/um:nbn:hr:184:381584>

Rights / Prava: [Attribution 4.0 International](#)/[Imenovanje 4.0 međunarodna](#)

Download date / Datum preuzimanja: **2024-07-24**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Medicine - FMRI Repository](#)



Bioethics and the Demands of Jehovah's Witnesses for Bloodless Treatment

Ivan Šegota * Iva Sorta-Bilajac *

[Abstract] The paper discusses the relationship between Jehovah's Witnesses as a special Christian denomination which is known for refusal of blood transfusion, and bioethics as a relatively new, interdisciplinary and multi-disciplinary scientific field which is focused on ethical issues in medicine and the health care system. This relationship is situated in the context of bioethics first principle of autonomy, as one of four basic bioethics principles, and the doctrine of informed consent which arose from this principle.

The author claims that, due to bioethics, a discriminating position of Jehovah's Witnesses has increasingly changed in many countries. Jehovah's Witnesses were denied and in some countries they are still denied — the right to refuse blood transfusion even at the cost of life.

The author supports his thesis with experiences from Croatia where bioethicists initiated a debate on religious refusal of blood transfusion a few years ago. After that, in Croatian hospitals, the attitude towards Jehovah's Witnesses began to change in the sense of understanding and respect for their behaviour.

Key Words : Jehovah's Witness, Bloodless treatment, Bioethics

(JJSCAVol.26 No.3, 315 ~ 320, 2006)

Introduction

Bioethics is a relatively young science, which is in a multidisciplinary and interdisciplinary manner interested in all contemporary and ethically relevant issues, particularly in medicine and healthcare.

On the other hand, Jehovah's Witnesses are a Christian group that is known worldwide by its religiously inspired refusal of blood transfusion, due to which they are often exposed to the intolerance of not only physicians, nurses and other health workers, but also their community, in Croatia and

*Department of Social Sciences, Medical Faculty,
University of Rijeka, Croatia

Contact Authors Ivan Šegota
Department of Social Sciences, Medical Faculty,
University of Rijeka
Braće Branchetta 20, 51000 Rijeka, Croatia

elsewhere. In developed countries, from which bioethics has in fact originated or already became domesticated, its dialogical character inspired a discussion on the pressing issue of Jehovah's Witnesses in the context of bioethical theories, principles and doctrine of informed consent that resulted in specific practical solutions acceptable to both, physicians and Jehovah's Witnesses. This example shows precisely and convincingly how dialogue is an essential civilizational condition for the functioning of modern pluralistic societies and how bioethics can efficiently serve in the fulfilment of this condition.

On track of these cognitions, the Croatian Bioethical Society and Department of Social Sciences at Rijeka University School of Medicine, organised in 2000 a public debate in form of a round table titled "Bioetika i vjersko odbijanje transfuzije krvi" ("Bioethics and Religious Refusal of Blood Transfusion"). The objectives of the round table were to observe in an open interdisciplinary dialogue between all interested parties the ethical, medical, legal, theological and other issues of the demands of Jehovah's Witnesses for bloodless methods of treatment in health institutions in Croatia. Today, 5 years later, we can conclude that this discussion did not only advance the bioethical thought in Croatia, but brought the medical-healthcare practice to a higher degree of understanding of the Jehovah's Witnesses wishes by taking their demands for bloodless treatment into consideration.

I What is, in fact, bioethics?

Bioethics started in the United States about 30 years ago as a social movement, evolving soon into a new branch of science. Since then, its records

experienced an until now almost unseen rise in numerous bioethical literature — books, journals etc. — and even two encyclopaedias, which even much older sciences than bioethics cannot boast with. There are also numerous institutes, centres and departments for bioethics, a large number of professional national and international associations for bioethics, and finally numerous world, continental, national and regional bioethical congresses, conferences, symposiums, round tables etc¹⁾. Additionally, already in about 40 countries worldwide, different bioethical institutions such as ethical committees, ethical commissions and ethical boards have been established, among them "national", "hospital", "research", "local" etc., and even "private" ethics committees²⁾. Bioethical topics enter novels, theatrical plays, motion pictures, television series and other fields³⁾. All in all, one could say that the bioethical era has begun and will likely last a whole century, even a whole third millennium, as some Japanese scientists have forecasted⁴⁾.

Nowadays, Bioethics is a wide interdisciplinary and multidisciplinary field in which ethical issues and problems of medicine and healthcare and ecology, population policy, animal protection, science in general and the use of new technological achievements are being discussed and intervened. The principal constitutive parts of bioethics from the beginning were philosophical ethics, theological ethics and medical ethics, and in recent times the "ecoethics" or ecological ethics.

Nevertheless, besides the ethical disciplines, sociology begins to interest itself in Bioethics, so recently a *sociology of bioethics* was established⁵⁾. At this very moment, the forming of the so-called *political bioethics* is in progress, for which the "father of bioethics" Van Rensselaer Potter II inter-

ceded during his lifetime (died in 2001)⁶).

Agronomy, veterinary medicine, biotechnology and other scientific fields take their interest in bioethics now. On the other hand, in the field of biomedicine — under which I implicitly include in this term what the American creators did ; the synthesis of biology, medicine and healthcare — appeared also *medical bioethics* that is often the synonym for the so-called *new medical ethics*. Here included is *clinical bioethics* that started to develop about 10 years ago⁷. Its main characteristic is to observe, study and solve ethical problems, which arise in clinical environments at the bedside. This “bedside ethics” created and used by physicians that are specialists in medicine, also creates and uses bioethicists of certain specialities such as philosophers, theologians, lawyers, social workers and others, who are non-professionals in medicine, but specialists in ethics. Through dialogue together with medical professionals, they solve individual bioethical issues in clinics, which by their characteristics and complexity transcend the perspectives of traditional Hippocratic medical ethics established by the Hippocratic Oath. Therefore, we may say that bioethics is in fact a dialogical discipline which one comes to a synthetic opinion through dialogue, that can then be called a bioethical opinion, including legal, theological, medical, philosophical, ethical, sociological and other viewpoints. Clinical Bioethics approaches the problem it discusses integrally, especially when the subject in question is the human being in the role of a patient, attempting to observe his position holistically, having in mind the fact that the human being is being treated, and not the illness.

Precisely from this bioethical view, it is wrong to treat the human body or its parts only physically,

and not the human being entirely along with the mind and the soul. The greatest mistake is, when the human being is, in the name of physical curing, mentally or spiritually injured or even murdered, as one Japanese patient stated, who as a Jehovah's Witness, refused a blood transfusion, but without her consent or knowledge still was admitted to one by her physician. On the witness stand during that trial, she described in a trembling voice the emotional trauma she experienced as a result of the betrayal, “I felt violated, like a woman who had been raped”⁸).

II Who are Jehovah's Witnesses?

Who are, actually, Jehovah's Witnesses and how does bioethics respond to their problem? Jehovah's Witnesses are a relatively small Christian religious group that counts about 10,000 followers in Croatia, and already around 2,300,000 in the United States, 220,000 in Great Britain, and altogether 16,400,000 worldwide⁹. Nevertheless, although relatively small numbered, they are very well organised, persistent and consistent in realizing their religious beliefs they prove and defend through their interpretation of the Bible. To them the Bible is the “Act of God”, and the Gospels, among other things, command them what they may do and may not do as worshippers of God Jahveh or Jehovah. Among their prohibitions are not only blood products, but also cigarettes, narcotics, weapons, debauchery, suicide and idolatry.

Due to some of these prohibitions Jehovah's Witnesses went through great discrimination and temptations in their 130-year old history. The most drastic period was the situation in Germany during World War II. Because they refused the use of weapons and to idolize Hitler, the Nazis put

them away into concentration camps together with Jews, communists, Slavs, Gypsies and homosexuals. However, in distinction from others, to them the doors of Auschwitz, Dachau and other Nazi camps were open for exit, under the condition they renounce their religion and sign one of Himmler's forms and to the best of knowledge, few of them succumbed to this temptation, choosing rather gas chambers and crematoriums than renouncing their faith. Is it not, that their present refusal of blood transfusion, even at the price of losing their life, can be understood on the same level of religious moral as was their refusal to the Nazis, instead of saying "good day", as they usually greet someone, to greet Nazis in Germany with "Heil Hitler", which could have opened them the doors of Auschwitz!?"¹⁰⁾

Even if only for this self-sacrifice in the name of faith, the issue of Jehovah's Witnesses deserves reflection and humane consideration, which should be considered natural in our modern culture and civilisation.

However, for a much more tolerant relation to Jehovah's Witnesses than the one now prevalent in Croatia, especially in certain areas as in Rijeka, or for example the relationship that is already customary in the United States and some European countries, exists a deeper bioethical one, which is not only based on morally-religious reasons. These bioethical reasons result from the very core of bioethics. Namely, the Jehovah's Witnesses with their religious beliefs and persistency in practising it their way, are only supported by one of the four fundamental principles of bioethics¹¹⁾. The point in question is the bioethical principle of *autonomy* on which grew the doctrine of *informed consent*. Of these four basic bioethical principles, two were taken over from traditional Hippocratic medical

ethics, and these are the *principle of justice* and *principle of autonomy*. On the last principle, as I have already mentioned, grew the bioethical doctrine of *informed consent*, that came to Jehovah's Witnesses as a powerful soothing wind blowing into their historical religious sails. They believe that God endorses informed consent¹²⁾.

What is in fact informed consent? First, the point in question is one of the principal achievements of bioethics outside its phase of social movement that was later theoretically organised and shaped into a doctrine. This is a doctrine on the right of a non-professional to participate in the decision-making on what has always been a competency of a professional or physician. Second, from this achievement the moral right of a patient to accept or refuse, or choose an offered treatment in accordance to his religious belief or even for other reasons, no matter of the possible harmful consequences for his health. In modern times the physician's dedication to preserving life and health, and the traditional viewpoint that the physician knows what is best for the patient, is no longer a sufficient reason to subject the patient to the physician and his will. And this is precisely what the Jehovah's Witnesses out of religious reasons support. That to no one, except to God, belongs the right to divine the relationship of humans to their body and their soul: not to power-holders, church superiors, statesmen, party leaders, national leaders, and also not to physicians.

Here is how it came to the mentioned bioethical achievement that with its inner logic brought to the mutual decision-making of physician and patient. It began in the United States when in the early sixties a Centre for the Artificial Kidney was opened at the University Hospital in Seattle that in the beginning had only two machines and around

15,000 renal patients who needed such treatment¹³⁾. Already from the very beginning moral problems and dilemmas appeared, that were for example under what criteria to choose for a patient the dialysis and grant life to, and for whom to choose death. Physicians felt unqualified and uneducated for such moral dilemmas and issues and sought the help of ethicists, philosophers, theologians, social workers and others, and together they formed an advisory body that was later in public named the "God's Committee" due to the interventions it took over, that is, to decide on the life and death of people. At the date of its founding this ethical body counted nine members, in which only two were physicians, and the others were so-called laics. It entered into the history of bioethics as one of its possible birthdays¹⁴⁾, since it marked an epochal turning point from the old so-called traditional Hippocratic medical ethics to the new medical ethics in which for the first time, since medicine exists, the laics overtook a role that was until then reserved only for physicians. Following, this fact also formed the ethical opinion on the right of terminally ill patients to refuse treatment, and in this context the right of patients to refuse blood transfusion. Nevertheless, I must add, that the first legal proceedings in the early sixties in the United States, among which the most famous one is the case of Mrs. Jons, a Jehovah's Witness and mother of a seven-year-old child, did not favour the Jehovah's Witnesses¹⁵⁾. However, only a short period later in 1972, when a similar case appeared, the American judiciary practise began to take sides with Jehovah's Witnesses and to rule to their benefits. This practise also began to spread in Europe and other parts of the world, so it can be said that bioethics with its dialogical and interdisciplinary

character, and especially with its doctrine of informed consent, has done much for the more adequate observation and solution of Jehovah's Witnesses problems, and that instead of blood transfusion, new methods of bloodless treatment are being discovered and developed.

III The situation in Croatia

Probably also in Croatia there were cases in which Jehovah's witnesses legally tried to protect their right to refuse blood transfusion, but these cases remained unknown to the public, so we cannot give any comment. But, we know that Jehovah's witnesses had a special service for the contacts with hospitals and doctors which represented Jehovah's witnesses — the patients and their children, especially in the cases of bloodless methods of treatment. However, the doctors, whose primary duty was to protect and save the patient's life, did not accept their requirements concerning the treatment.

Therefore, the Jehovah's witnesses' requirements were considered irrational and were mostly refused. After the year 2000 the situation changed in favour of Jehovah's witnesses. This change of attitude is closely connected with the conference on bioethical aspects of blood transfusion, which was held in Rijeka, May 2000 at the Faculty of Medicine, Rijeka. It was the first bioethical round table in Croatia, which was followed by numerous bioethical conferences, congresses and other round tables. Doctors, Jehovah's witnesses, ethicists, philosophers, lawyers and theologians participated in the discussions, which clarified this topic. The result was dual. On one side bioethics and informed consent were popularized among doctors and on the other side better understanding of Jehovah's

witnesses and the tolerance of their blood transfusion refusal in favour of bloodless treatment methods.

Conclusion

The example of Croatia shows that the interdisciplinary character of bioethics can be very useful for the countries, which try to solve some controversial topics in medicine and healthcare, such as blood transfusion refusal in accordance with the ideas of modern societies and respect for minority rights.

References and Notes

- 1) Details in : Ivan Šegota : New Definition of Bioethics. Filozofska istra ivanja (Philosophical Researches) 71, Yr. 18, Vol. 4, Zagreb, 1998, Ivan Šegota : How to Define Bioethics. Bioethical Volumes, No. 4, MS Rijeka, 1999
- 2) See : Ivan Šegota : Ethical Committees and Bioethics. Bioethical Volumes, No. 7, MS Rijeka, 1999
- 3) See : Ivan Šegota : Bioethics Competes with Shakespeare. 《Novi list》, 7.06.1998 : 29, Rijeka, 1998
- 4) Rihito Kimura : Bioethics as an Interdisciplinary Science. Društvena istra ivanja (Social Researches), No. 3-4 (23-24) : 589-596, Zagreb, 1996
- 5) 《Sociology of Bioethics》 appeared in 1998 in the United States and its founders Raymond De Vries, professor of sociology on the St. Olaf College in Northfield (Minnesota), Renée C. Fox, professor of social sciences on the University of Pennsylvania and Peter Conrad, professor of social sciences and head of the Department for Sociology at the Brandeis University. The first two wrote, and in 1998 published the book “The Sociology of Bioethics”, and Conrad together with De Vries in the same year published the book “Why Bioethics Needs Sociology” (see : <http://www.stalef.edu/people/devries/socdocs/ethbook.html>).
- 6) Ivan Šegota : The Age of Political Bioethics. 《Novi list》, Kultura ivljenja (The Culture of Living) No. 53, 12.03. 2000, Rijeka
- 7) See : Encyclopedia of Bioethics (2nd ed.) Vol. 1. Edited by Reich WT. Macmillan, New York, 1995, 399-411
- 8) 《On the witness stand during that trial, she described in a trembling voice the emotional trauma she experienced as a result of the betrayal, I felt violated, like a woman who had been raped.》 The Watchtower, 12.15. 1998 : 27
- 9) See : The Watchtower, 2.01. 2006
- 10) See : Awake, No. 8, 1993
- 11) Details in : Beauchamp TL, Childress JF : Principles of Biomedical Ethics (5th ed.). Oxford University Press, New York, 2001
- 12) 《None other than the most illustrious Personage in all the universe endorses informed choice. He is our Creator.》 Kula strazara/ The Watchtower, 12.15. 1998 : 26
- 13) Ivan Šegota : Ethical Committees and Bioethics. Bioethical Volumes, No. 7, MS Rijeka, 1999
- 14) Ibid.
- 15) Encyclopedia of Bioethics (2nd ed.) Vol.1. Edited by Reich WT. Macmillan, New York, 1995