

# Jehovah's Witnesses and surgery

Jehovah's Witnesses refuse blood product therapy based on Leviticus 17:10: "As for any man...who eats any sort of blood...I shall indeed cut him off from among his people" (New World Translation of the Holy Scriptures). Blood transfusion is believed to be an act of blood-eating that excludes the offender from eternal life in heaven. Jehovah's Witnesses have categorically refused blood product therapy, and transfusion without prior consent can amount to battery in tort. Doctors committing such acts are liable to be sued. Indeed, Jehovah's Witnesses have successfully sued physicians who disregarded their beliefs and administered blood transfusions, even in life-saving situations (Malette v Shulman 1990, Ontario Court of Appeal).

There were 6 513 132 Jehovah's Witnesses worldwide in 2004, 4578 of whom reside in Hong Kong,<sup>1</sup> and the number of believers is growing. There is a good probability that members of this sect will increasingly require surgical intervention, making the sensitive issue of blood product therapy both an ethical dilemma and a medico-legal minefield. We recently encountered a 20-year-old Jehovah's Witness with an olfactory neuroblastoma. The decision to operate was made after much debate. Although it is our instinct to preserve life, it is surely not the doctors' duty to question Jehovah's Witnesses' beliefs. However, the consequences of non-transfusion, including death, should be discussed with the patient. Doctors are put in a very vulnerable situation when blood product therapy is indicated for Jehovah's Witnesses. Sensible guidelines for doctors are desirable when such difficult situations arise.

## Jehovah's Witnesses' advance medical directives

Jehovah's Witnesses' intent on non-transfusion should be ascertained and respected. Adult patients would have made their advance directives of non-transfusion when they were demonstrably competent and acting voluntarily, and the directive covers the circumstances that prevail when treatment is contemplated. Most carry a signed and witnessed advance directive document stating absolute refusal of blood transfusion. The presence of the document releases medical staff from any liability when the issue of refusal arises and the patient involved is rendered incompetent by his or her condition to make sensible decisions. The document usually clarifies the acceptance of non-blood

volume expanders such as saline, dextran, Haemaccel, hetastarch, and Ringer's solution. Jehovah's Witnesses may have lodged a copy of the directive with their friends and relatives.

## Elective versus emergency surgery

There is usually time to ascertain patients' non-transfusion status before elective surgery. The consequences of non-transfusion should be discussed with the patient. Both surgeon and anaesthetist should consent to the procedure before proceeding to surgery. In the United Kingdom, hospital liaison committees maintain a list of doctors who are willing to accept Jehovah's Witnesses as patients. Such a list is desirable in Hong Kong. In fact, doctors who are uncomfortable operating on Jehovah's Witnesses should refer these patients to colleagues who are willing to accept them with full awareness of the religious, ethical, and medico-legal considerations. According to the Hong Kong Medical Authority's Blood Transfusion Guideline,<sup>2</sup>

"In an emergency situation, where the patient is admitted to hospital unconscious, and where the person who accompanies the patient advises the doctor that the patient would object to blood transfusion, then if time permits, an effort should be made to ascertain whether the patient has clearly expressed a refusal to blood transfusion. Even if the patient would die without a blood transfusion, blood transfusion should nevertheless not be given in the face of the patient's refusal. In both elective and emergency situations, transfusing adult Jehovah's Witnesses with clear advance directives potentially invites legal challenge disregarding the clinical necessity of the treatment.

If time does not permit, or if the doctor is not sure that a refusal has clearly been expressed by the patient previously, the doctor should transfuse as is necessary. In considering whether it is necessary, the doctor in charge may have to decide whether the patient will die or suffer very serious consequences if nothing at all is done. If the answer to this question is in the affirmative, the doctor may volunteer his efforts."

## Legal considerations regarding minors

Treating children of Jehovah's Witnesses poses a great challenge for doctors. In the United Kingdom, Section 8 of the Family Law Reform Act 1969 empowers children aged 16 to 18 years to give valid consent to treatment without the involvement of parents or guardians. However, parents or guardians can give valid consent to treatment for children up to the age of 18 years. If parents refuse consent to blood transfusion and the doctor considers this to be against the best interests of the child, application for a Specific Issue Order can be made to overrule the parents' refusal. In an emergency, when there is no time to obtain a Specific Issue Order, the use of blood transfusion in a life-saving situation should be based on the doctors' clinical judgement. The court is likely to uphold the doctor's decision to transfuse when time constraints preclude legal consultation.<sup>3</sup>

Children below the age of 16 years can give valid consent to medical treatment in the absence of parental involvement, provided they are "Gillick competent" (*Gillick v W Norfolk and Wisbech AHA* [1986] AC 112. House of Lords ruling on whether, and in what circumstances, children below 16 years can give valid

consent to medical treatment, in this case contraception for a 15-year old; mother intractably hostile to lack of parental input). Children's wishes for non-transfusion must be respected, and every effort should be made to avoid the use of blood and blood products in such cases. Nevertheless, in a life-threatening situation the child's refusal of transfusion should be overruled. The court would ultimately regard the child's well-being as paramount.

T Hung, MA, FRCS (ORL-HNS)

(e-mail: [terryhung@surgery.cuhk.edu.hk](mailto:terryhung@surgery.cuhk.edu.hk))

M Tong, MD, FRCS (Edin)

CA van Hasselt, FRCS (Edin), FHKAM (Surgery)

Department of Surgery

The Chinese University of Hong Kong

Prince of Wales Hospital, Shatin, Hong Kong

## References

1. Statistics: 2004 report of Jehovah's Witnesses worldwide. Watchtower website: [http://www.watchtower.org/statistics/worldwide\\_report.htm](http://www.watchtower.org/statistics/worldwide_report.htm). Accessed 4 Jul 2005.
2. Blood transfusion guideline. Hong Kong: Hospital Authority; 1995.
3. Management of anaesthesia for Jehovah's Witnesses. Association of Anaesthetists of Great Britain and Ireland; 1999.