

Jehovah's Witnesses **and the** **QUESTION OF** **BLOOD**

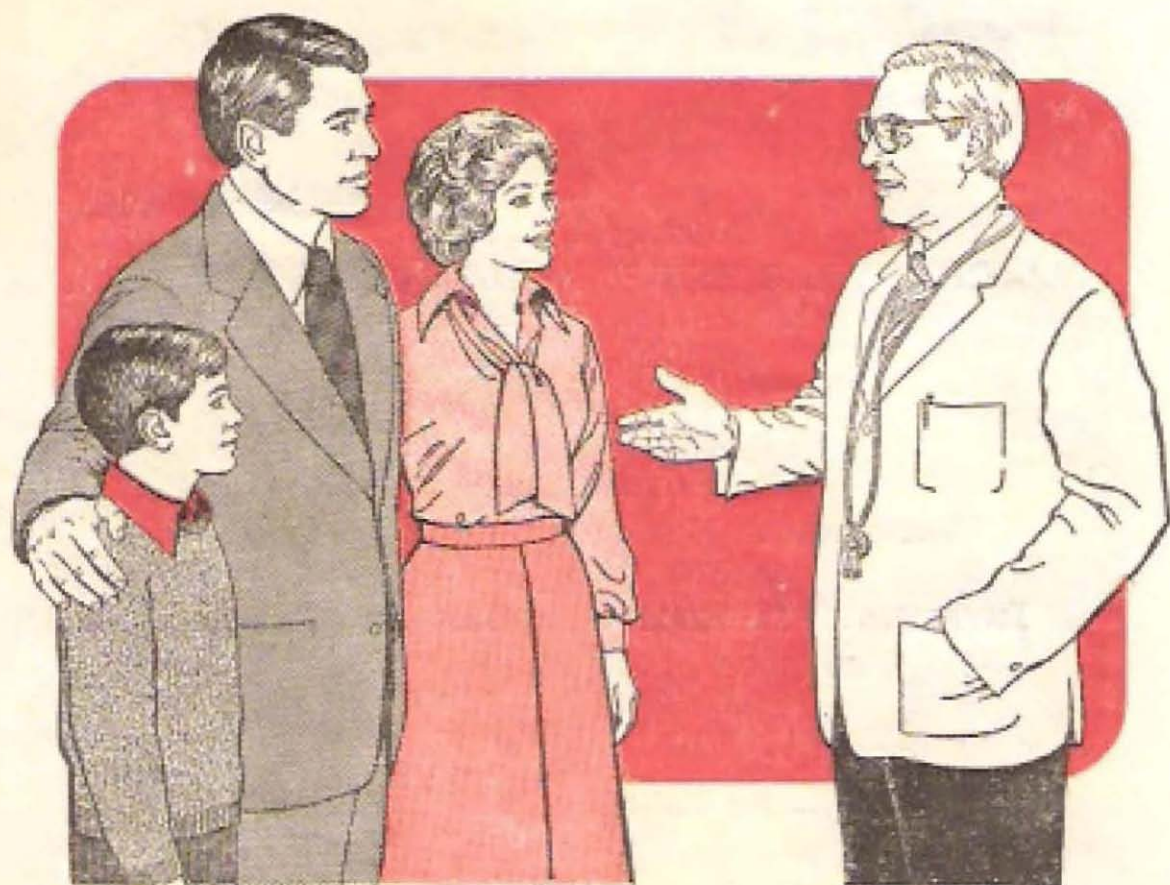


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Jehovah's Witnesses and the Question of Blood

BLOOD is vital to life. Though this has been recognized from ancient times, modern research is providing a greater understanding of its life-sustaining functions.

The practice of transfusing human blood holds a prominent position in modern medical care. Those in the medical field and many others regard the transfer of blood from one human to another as an accepted therapeutic method.^{1*} But there are people who do not accept blood transfusions. They are Jehovah's Witnesses.

Jehovah's Witnesses cherish and deeply respect life. This is one of the reasons why they do not smoke, use addictive drugs or seek abortions. They have learned from the Bible to view life as sacred, something to be protected and preserved both for themselves and for their children.

Why, then, do Jehovah's Witnesses object to blood transfusions? Is there some rational basis for this conviction that they hold to even in the face of death? And is their position on the matter totally incompatible with modern medical knowledge and principles?

This topic should be of interest to everyone in

* Source material for references, pages 61-64.

the medical profession, for at any time a doctor may be confronted with the blood transfusion issue. This is quite possible, as there are more than two million of Jehovah's Witnesses earth wide. Probably some of them are living in your community. The following is written to aid doctors to understand Jehovah's Witnesses as patients and to consider how their view can be reasonably accommodated. First we will examine the religious basis for their position. Then, beginning on page 17, we will consider the ethics involved and some recent findings and observations by qualified doctors that may be of practical value in resolving problems regarding the use of blood.

Even persons who are not in the medical field are invited to look into this important matter. The position that Jehovah's Witnesses take on blood actually involves rights and principles that can affect each one of us. And a knowledge of what they believe, and why, will aid a person to understand better this issue that has often been of concern to doctors, jurists, and students of the Bible. What, then, are the key factors in the issue?

THE RELIGIOUS BASIS

Most doctors view the use of blood essentially as a matter of medical judgment, much as their daily decisions about using certain medicines or surgical procedures. Other persons may view the position of Jehovah's Witnesses as more of a moral or legal question. They may think in terms

of the right to life, authority to make decisions about one's own body, or the civil obligations of the government to protect the lives of its citizens. These aspects all bear on the matter. Yet the stand taken by Jehovah's Witnesses is *above all a religious one*; it is a position *based on what the Bible says*.

Many persons may wonder about the validity of the above statement. They are aware that numerous churches support the use of blood, establishing blood-bank programs and encouraging the donation of blood. Accordingly, the question logically arises:

What does the Bible say about humans taking blood into their bodies?

Even individuals who do not personally view the Bible to be the inspired word of God must acknowledge that it has much to say about blood. From the first book of the Bible through to the last, "blood" is mentioned more than four hundred times. Certain Bible verses are especially pertinent to the question of sustaining life with blood. Let us briefly examine them:

The Bible record shows that early in mankind's history the Creator and Life-Giver expressed himself on the issue of blood. Right after the global flood, when God first granted humans the right to eat animal flesh, he commanded Noah and his family: "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. Only flesh with its

soul—its blood—you must not eat.”—Genesis 9:3, 4.

First of all, the Creator was providing a dietary regulation at a time when mankind was making a new start. (Compare Genesis 1:29.) God showed, however, that in killing animals for food more was involved than diet. That was because the blood of a creature represented its life or its soul. Thus, some Bible translations render Genesis 9:4 as: “Only you shall not eat flesh with *its life*, that is, *its blood*.”—*Revised Standard Version; Moffatt*.

So this divine regulation was not merely a restriction on diet, such as a doctor's advising a patient to avoid salt or fat. The Creator attached a highly important *moral principle* to blood. In pouring out all the blood that reasonably could be drained out, Noah and his descendants would manifest their regard for the fact that life was from and depended upon the Creator. But let us examine this matter further.

The above-quoted scripture applies to animal blood. Would the same principle apply to human blood? Yes, with even stronger force. For God went on to say to Noah: “Besides that, *your blood of your souls* shall I ask back. . . . Anyone shedding man's blood, by man will his own blood be shed, for in God's image he made man.” (Genesis 9:5, 6) Now, if animal blood (representing animal life) was of sacred significance to God, obviously human blood had a sacred significance of even greater value. Persons complying with these divine directions would not be shedding the blood of (killing) humans, nor would they be eating either animal or human blood.

However, was this command to Noah only a limited or temporary restriction? Does it have a bearing on later generations, including ours?

Many Bible scholars recognize that God here set out a regulation that applied, not merely to Noah and his immediate family, but to all mankind from that time on—actually all those living since the Flood are from Noah's family. (Genesis 10:32) Theologian and Reformationist John Calvin, for example, acknowledged about the prohibition on blood that "this law had been given to the whole world immediately after the flood."² And Gerhard von Rad, professor at Heidelberg University, refers to Genesis 9:3, 4, as "an ordinance for all mankind," because all mankind has descended from Noah.³

Since the law on blood was linked with God's pronouncement that emphasized a high regard for human life, we can appreciate the observations of Rabbi Benno Jacob:

"Thus the two prohibitions belong together. They are the most elementary demands of humanity in the literal sense of the word. . . . The permission to eat meat, but without its blood, and the prohibition against shedding human blood indicate the place of man within the world of the living . . . In summary: the reason for the prohibition of blood is of a *moral character*. . . . Later Judaism regarded this passage as establishing *fundamental ethics for every human being*." (Italics added.)⁴

In fact, later Jews drew from the early part of Genesis seven "basic laws" for mankind, and this command to Noah and his sons about blood was one of them.⁵ Yes, despite the fact that most na-

tions did not follow it, this was actually a law for all mankind.—Acts 14:16; 17:30, 31.

Later in his law given to the nation of Israel, Jehovah God prohibited murder, bearing out that the mandate he had given to Noah was still in effect. (Exodus 20:13) Correspondingly, God also forbade consuming blood, saying:

“As for any man of the house of Israel or some alien resident who is residing as an alien in their midst *who eats any sort of blood*, I shall certainly set my face against the soul that is eating the blood, and *I shall indeed cut him off from among his people.*”—Leviticus 17:10.

The Israelites were allowed to use animal blood only in one way. That was in offering it up as a sacrifice to God, acknowledging him as the Life-Giver to whom they were indebted. He told them: “The soul of the flesh is in the blood, and I myself have put it upon the altar for you to make atonement for your souls, because it is the blood that makes atonement by the soul [or life] in it.”—Leviticus 17:11.

How about the blood of animals killed for food, not for sacrifice? God told his worshipers that a hunter who caught a wild beast or fowl “must in that case pour its blood out and cover it with dust. 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.’”—Leviticus 17:13, 14; Deuteronomy 12:23-25.

This pouring out of the blood was not simply a

religious ritual; it actually was an extension of the divine law given to Noah. When killing an animal, a person should recognize that its life comes from and belongs to God. By not eating the blood, but 'pouring it out' on the altar or on the ground, the Israelite was, in effect, returning the creature's life to God.

For an Israelite to show disregard for life as represented by the blood was viewed as a most serious wrong. The person deliberately disregarding this law about blood was to be "cut off," executed. (Leviticus 7:26, 27; Numbers 15:30, 31) A measure of guilt resulted even from eating the blood-containing flesh of an animal that died of itself or that was killed by a wild beast.—Leviticus 17:15, 16; compare Leviticus 5:3; 11:39.

Could God's law on blood be set aside in times of emergency?

The Bible answers, No. There was no special dispensation for times of stress. We can see this from what occurred with some soldiers of Israel in the days of King Saul. Famished after a long battle, they slaughtered sheep and cattle and "fell to eating along with the blood." They were hungry and were not deliberately eating blood, but in their haste to eat the meat they did not see to it that the animals were properly bled. Did the fact that this seemed to be an "emergency" excuse their course? On the contrary, their God-appointed king recognized their action as 'sinning against Jehovah by eating along with the blood.'—1 Samuel 14:31-35.

Does this proper aversion to blood apply to human blood also?

Yes. And that is altogether understandable for God's law prohibited consuming "any sort of blood," "the blood of any sort of flesh." (Leviticus 17:10, 14) We can see how the Jewish nation regarded this law by considering an incident involving some of the Jews who had followed and listened to Jesus. On one occasion he spoke figuratively about 'drinking his blood,' for he knew that in time his blood must be poured out in a sacrificial death and that it would result in life to those who, by faith, accepted his sacrifice. (John 6:53-58) Evidently not realizing that Jesus was speaking symbolically, some of his Jewish disciples were shocked over his words and left off following him. (John 6:60-66) Yes, the thought of taking in human blood was absolutely abhorrent to those Jewish worshipers of God.

WHAT ABOUT CHRISTIANS?

The Mosaic law pointed to the coming and sacrificial death of the Messiah. Hence, after Jesus died, true worshipers were no longer obliged to keep the Mosaic law. (Romans 10:4; 6:14; Colossians 2:13, 14) Dietary restrictions of the Law, such as those against eating fat or the flesh of certain animals, were no longer binding.—Leviticus 7:25; 11:2-8.

So, does the divine prohibition against blood apply to Christians?

This matter came up for discussion in 49 C.E., during a conference of the apostles and older men

of Jerusalem who served as a central body of elders for all Christians. The conference was held in response to a question about circumcision. This apostolic council decided that non-Jews who accepted Christianity did not have to get circumcised. During the discussion Jesus' half brother James brought to the council's attention certain other essential things that he deemed important to include in their decision, namely, "to abstain from things polluted by idols and from fornication and from what is strangled and from blood." (Acts 15:19-21) He referred back to the writings of Moses, which reveal that even before the Law was given, God had disapproved of immoral sex relations, idolatry and the eating of blood, which would include eating the flesh of strangled animals containing blood.—Genesis 9:3, 4; 19:1-25; 34:31; 35:2-4.

The decision of the council was sent by letter to the Christian congregations. It is now included in the Bible as part of the inspired Scriptures that are beneficial "for teaching, . . . for setting things straight." (2 Timothy 3:16, 17) The decision was:

"The holy spirit and we ourselves have favored adding no further burden to you, except these necessary things, to keep abstaining from things sacrificed to idols and from blood and from things strangled and from fornication. If you carefully keep yourselves from these things, you will prosper."—Acts 15:28, 29.

Yes, even though Christians were not under the Mosaic law, it was "necessary" that they abstain from blood. Was that just the apostles' personal

opinion? Not at all. As they stated, that decision was made in accord with God's holy spirit.

Concerning that Christian decree, Professor Walther Zimmerli, of the University of Göttingen, Germany, commented:

"The first Judeo-Christian congregation in the decision reported on in Acts 15 made a distinction between the Law given to Israel through Moses and the command given [through] Noah to all the world."—*Zürcher Bibelkommentare*.⁶

The command to 'abstain from blood' was not a mere dietary restriction but was a serious moral requirement, as is seen by the fact that it was as serious to Christians as 'abstaining from idolatry or fornication.'

THE EARLY CHRISTIANS AND BLOOD

The Jerusalem council sent this clear-cut decision to the Christian congregations, with positive results. We read in Acts chapter 16 concerning Paul and his associates: "As they traveled on through the cities they would deliver to those there for observance the decrees that had been decided upon by the apostles and older men who were in Jerusalem. Therefore, indeed, the congregations continued to be made firm in the faith and to increase in number from day to day."—Acts 16:4, 5.

Was the decision recorded in Acts 15:28, 29 merely a temporary requirement, not an obligation that continued to rest on Christians?

Some persons have held that the apostolic decree was not a permanent obligation for Christians. But

the book of Acts clearly indicates otherwise. It shows that, about ten years after the Jerusalem council issued that decree, Christians continued to comply with the "decision that they should keep themselves from what is sacrificed to idols as well as from blood and what is strangled and from fornication." (Acts 21:25) This shows that they were aware that the requirement to abstain from blood was not limited to Gentile converts in one area nor applicable for just a brief period.

But what was the situation in later centuries when Christianity spread into distant places? Let us consider the evidence from the centuries following the publishing of the decree recorded in Acts 15:28, 29.

Eusebius, a third century writer who is considered the "father of Church history," relates what occurred in Lyons (now in France) in the year 177 C.E. Religious enemies falsely accused Christians of eating infants. During the torture and execution of some Christians, a girl named Biblias responded to the false accusation, saying: "How can we eat infants—we, to whom it is not lawful to eat the blood of beasts."

Similar false charges moved the early Latin theologian Tertullian (c. 160-230 C.E.) to point out that though Romans commonly drank blood, Christians certainly did not. He writes:

"Let your unnatural ways blush before the Christians. We do not even have the blood of animals at our meals, for these consist of ordinary food. . . . At the trials of Christians you offer them sausages filled with blood. You are convinced, of course, that

the very thing with which you try to make them deviate from the right way is unlawful for them. How is it that, when you are confident that they will shudder at the blood of an animal, you believe they will pant eagerly after human blood?"⁸

Also, referring to the decree of Acts 15:28, 29, he says: "The interdict upon 'blood' we shall understand to be [an interdict] much more upon human blood."⁹

Minucius Felix, a Roman lawyer who lived until about 250 C.E., makes the same point, writing: "So much do we shrink from human blood, that we do not use the blood even of eatable animals in our food."^{10*}

The historical evidence is so abundant and clear that Bishop John Kaye (1783-1853) could state categorically: "The Primitive Christians scrupulously complied with the decree pronounced by the Apostles at Jerusalem, in abstaining from things strangled and from blood."¹¹

But are the 'primitive Christians' and Jehovah's Witnesses in modern times the only ones to have taken such a view based on the Bible?

Not at all. Commenting on Acts 15:29, Catholic Biblical scholar Giuseppe Ricciotti (1890-1964) refers to the incident at Lyons (described previously) as evidence that early 'Christians could not eat blood.' Then he adds, "but even in succeed-

* Other references (from the second and third centuries) supporting this application of Acts 15:28, 29 are found in: Origen's *Against Celsus* VIII, 29, 30 and *Commentary on Matthew* XI, 12; Clement's *The Instructor* II, 7 and *The Stromata* IV, 15; *The Clementine Homilies* VII, 4, 8; *Recognitions of Clement* IV, 36; Justin Martyr's *Dialogue* XXXIV; Cyprian's *Treatises* XII, 119; *The Teaching of the Twelve Apostles* VI; *Constitutions of the Holy Apostles* VI, 12; Lucian's *On the Death of Peregrinus* 16.

ing centuries down to the Middle Ages, we encounter unexpected echoes of this early 'abomination' [of blood], due unquestionably to the decree."¹²

For instance, the Quinisext Council held in 692 C.E. at Constantinople stated: "The divine Scripture commands us to abstain from blood, from things strangled, and from fornication. . . . If anyone henceforth venture to eat in any way the blood of an animal, if he be a clergyman, let him be deposed; if a layman, let him be cut off."¹³ Similarly, Otto of Bamberg (c. 1060-1139 C.E.), a noted prelate and evangelist, explained to converts in Pomerania "that they should not eat any thing unclean, or which died of itself, or was strangled, or sacrificed to idols, or the blood of animals."¹⁴

Moving closer to our time, Martin Luther also recognized the implications of the decree of 49 C.E. In protesting Catholic practices and beliefs he was inclined to group the apostolic council with later church councils whose decrees were not part of the Bible. Still, Luther wrote regarding Acts 15:28, 29:

"Now if we want to have a church that conforms to this council (as is right, since it is the first and foremost council, and was held by the apostles themselves), we must teach and insist that henceforth no prince, lord, burgher, or peasant eat geese, doe, stag, or pork cooked in blood . . . And burghers and peasants must abstain especially from red sausage and blood sausage."¹⁵

In the nineteenth century Andrew Fuller, viewed as "perhaps the most eminent and influential of

Baptist theologians," wrote concerning the Genesis 9:3, 4 prohibition on blood:

"This, being forbidden to Noah, appears also to have been forbidden to all mankind; nor ought this prohibition to be treated as belonging to the ceremonies of the Jewish dispensation. It was not only enjoined before that dispensation existed, but was enforced upon the Gentile Christians by the decrees of the apostles, Acts XV. 20. . . . Blood is *the life*, and God seems to claim it as sacred to himself."¹⁶

Might a Christian claim that the exercise of what some call "Christian liberty" should allow him to ignore this prohibition on blood? In his book *The History of the Christian Church*, clergyman William Jones (1762-1846) replies:

"Nothing can be more express than the *prohibition*, Acts XV. 28, 29. Can those who plead their 'Christian liberty' in regard to this matter point us to any part of the Word of God in which this prohibition is subsequently annulled? If not, may we be allowed to ask, 'By what authority, except his own, can any of the laws of God be repealed?' "
—P. 106.

The conclusion is plain: Under the guidance of the holy spirit the apostolic council decreed that Christians who want God's approval must 'abstain from blood,' as God has required since the days of Noah. (Acts 15:28, 29; Genesis 9:3, 4) This Scriptural view was accepted and followed by the early Christians, even when doing so would cost them their lives. And down through the centuries this requirement has been recognized as "necessary" for Christians. *Thus the determination of Jehovah's Witnesses to abstain from blood is based*

on God's Word the Bible and is backed up by many precedents in the history of Christianity.

BLOOD AS MEDICINE

Up to this point we have established that the Bible requires the following: A human is not to sustain his life with the blood of another creature. (Genesis 9:3, 4) When an animal's life is taken, the blood representing that life is to be 'poured out,' given back to the Life-Giver. (Leviticus 17:13, 14) And as decreed by the apostolic council, Christians are to 'abstain from blood,' which applies to human blood as well as to animal blood. —Acts 15:28, 29.

Do these Biblical statements, however, apply to the acceptance of transfused blood as a life-saving medical procedure?

Some persons contend that the Bible forbids the eating of blood as a food and that this is fundamentally different from accepting a blood transfusion, a medical procedure that was not known in Bible times. Is that position valid?

There is no denying that in Bible times God's law had particular application to consuming blood as food. Intravenous administration of blood was not then practiced. But, even though the Bible did not directly discuss modern medical techniques involving blood, it did in fact anticipate and cover these in principle.

Note, for example, the command that Christians "keep abstaining . . . from blood." (Acts 15:29) Nothing is there stated that would justify making a distinction between taking blood into

the mouth and taking it into the blood vessels. And, really, is there in principle any basic difference?

Doctors know that a person can be fed through the mouth or intravenously. Likewise, certain medicines can be administered through various routes. Some antibiotics, for instance, can be taken orally in tablet form or injected into a person's muscles or circulatory system (intravenously). What if you had taken a certain antibiotic tablet and, because of having a dangerous allergic reaction, were warned to abstain from that drug in the future? Would it be reasonable to consider that medical warning to mean that you could not take the drug in tablet form but could safely inject it into your bloodstream? Hardly! The main point would not be the route of administration, but that you should abstain from that antibiotic altogether. Similarly, the decree that Christians must 'abstain from blood' clearly covers the taking of blood into the body, whether through the mouth or directly into the bloodstream.

How important is this issue to Jehovah's Witnesses?

Persons who recognize their dependence on the Creator and Life-Giver should be determined to obey his commands. This is the firm position that Jehovah's Witnesses take. They are fully convinced that it is right to comply with God's law commanding abstention from blood. In this they are not following a personal whim or some baseless fanatical view. It is out of obedience to

the highest authority in the universe, the Creator of life, that they refuse to take blood into their systems either by eating or by transfusion.

The issue of blood for Jehovah's Witnesses, therefore, involves the most fundamental principles on which they as Christians base their lives. Their relationship with their Creator and God is at stake. Furthermore, they wholeheartedly believe the psalmist's words: "The judicial decisions of Jehovah are true; they have proved altogether righteous. . . . In the keeping of them there is a large reward."—Psalm 19:9, 11.

Some persons who look just at the short-term effect of decisions might doubt that obeying God's law about blood can be considered 'rewarding.' But Jehovah's Witnesses are sure that obeying the directions from their Creator is for their lasting good.

The early Christians felt the same. History shows that their obedience to God was sometimes tested to the limit. In the Roman Empire they were put under pressure to perform acts of idolatry or to engage in immorality. Their refusal to give in could mean being thrown into the Roman arena to be torn apart by vicious animals. But those Christians stuck to their faith; they obeyed God.

Think what that involved. For the early Christians who were parents, refusal to break God's law might even bring death upon their children. Yet we know from history that those Christians did not fearfully and faithlessly turn their back on God and the principles by which they lived.

They believed Jesus' words: "I am the resurrection and the life. He that exercises faith in me, even though he dies, will come to life." (John 11:25) Hence, despite the immediate cost, those Christians obeyed the apostolic decree to abstain from things sacrificed to idols, from fornication and from blood. Faithfulness to God meant that much to them.

Today it means that much to Jehovah's Witnesses also. They rightly feel a moral obligation to make decisions about worship for themselves and for their children. For that reason, Jehovah's Witnesses are not looking for anyone else, whether a doctor, a hospital administrator or a judge, to make these moral decisions for them. They do not want someone else to try to shoulder their responsibility to God, for in reality no other person can do that. It is a personal responsibility of the Christian toward his God and Life-Giver.

IS REFUSAL A FORM OF SUICIDE?

In the face of massive blood loss from injury, disease or surgical complications, blood transfusions have often been administered in an attempt to preserve life. Hence, when persons hear that someone refuses a blood transfusion, they may feel that he is in effect taking his own life. Is that so?

Is it "suicide" or exercising one's "right to die" to refuse a blood transfusion?

Suicide is a seeking to take one's own life. It is an attempt at self-destruction. But anyone even

casually acquainted with the beliefs and practices of Jehovah's Witnesses can see that they are not attempting self-destruction. Though they refuse blood transfusions, they welcome alternative medical assistance. An article in *The American Surgeon* correctly commented:

"In general, refusing medical care is not tantamount to 'suicide.' *Jehovah's Witnesses seek medical attention but refuse only one facet of medical care.* Refusal of medical care or parts thereof is not a 'crime' committed on oneself by an overt act of the individual to destroy, as is suicide." (Italics added.)¹⁷

Professor Robert M. Byrn pointed out in the *Fordham Law Review* that 'rejecting lifesaving therapy and attempted suicide are as different in law as apples and oranges.'¹⁸ And, addressing a medical conference, Dr. David Pent of Arizona observed:

"Jehovah's Witnesses feel that, should they die because of their refusal to receive a blood transfusion, they are dying for their beliefs in much the same way that the early religious martyrs did centuries ago. If this is passive medical suicide, there are several physicians in the audience right now who are smoking cigarettes, and that probably constitutes just as passive a suicide."¹⁹

What about the idea that in refusing transfusions Jehovah's Witnesses are exercising a "right to die"? The fact is that Jehovah's Witnesses want to stay alive. That is why they seek medical help. But they cannot and will not violate their deep-seated and Bible-based religious convictions.

Courts of justice have often upheld the principle that each individual has a right to bodily integrity,

meaning that in the final analysis a person himself is responsible to decide what will be done to his body. Really, is that not how you would want it to be if you were ill or hospitalized? Since it is your life, your health and your body, should you not have the final voice about whether something will be done to you or not?

There are logical consequences of this intelligent and moral view. A booklet produced by the American Medical Association explains: "The patient must be the final arbiter as to whether he will take his chances with the treatment or operation recommended by the doctor or risk living without it. Such is the natural right of the individual, which the law recognizes." "A patient has the right to withhold his consent to lifesaving treatment. Accordingly, he can impose such terms, conditions, and limitations as he may desire upon his consent."²⁰

That is true regarding blood transfusion just as much as with any other "lifesaving treatment." Dr. jur. H. Narr of Tübingen, Germany, stated: "The right and the duty of the physician to heal is limited by man's basic freedom of self-determination respecting his own body. . . . The same is true for other medical intervention, hence also for refusal of blood transfusion."²¹

Understandably, some persons are shocked at the thought of anyone's refusing blood if doing so could be dangerous or even fatal. Many feel that life is the foremost thing, that life is to be preserved at all costs. True, preservation of human

life is one of society's most important interests. But should this mean that "preserving life" comes before any and all principles?

In answer, Norman L. Cantor, Associate Professor at Rutgers Law School, pointed out:

"Human dignity is enhanced by permitting the individual to determine for himself what beliefs are worth dying for. Through the ages, a multitude of noble causes, religious and secular, have been regarded as worthy of self-sacrifice. Certainly, most governments and societies, our own included, do not consider the sanctity of life to be the supreme value."²²

Mr. Cantor gave as an example the fact that during wars some men willingly faced injury and death in fighting for "freedom" or "democracy." Did their countrymen view such sacrifices for the sake of principle to be morally wrong? Did their nations condemn this course as ignoble, since some of those who died left behind widows or orphans needing care? Do you feel that lawyers or doctors should have sought court orders to prevent these men from making sacrifices in behalf of their ideals? Hence, is it not obvious that willingness to accept dangers for the sake of principle is not unique with Jehovah's Witnesses and the early Christians? The fact is that such allegiance to principle has been highly regarded by many persons.

Also, it is worthy of reemphasis that, although Jehovah's Witnesses do not accept blood transfusions, they welcome alternative treatments that may help to keep them alive. Why, then, should anyone else insist on and even force a certain

therapy that totally violates a person's principles and profoundest religious beliefs?

Yet that has occurred. Some doctors or hospital administrators have even turned to the courts for legal authorization to force blood on an individual. Concerning those who have followed this course, Dr. D. N. Goldstein wrote in *The Wisconsin Medical Journal*:

"Doctors taking this position have denied the sacrifices of all the martyrs that have glorified history with their supreme devotion to principle even at the expense of their own lives. For those patients who choose certain death rather than violate a religious scruple are of the same stuff as those who paid with their lives for faith in God or who went to the stake rather than accept [forced] baptism. . . . Ours is the duty to save life but we may well question whether we do not also have a duty to safeguard integrity and preserve the few gestures of personal authenticity that continue to occur in an increasingly regimented society. . . . No doctor should seek legal assistance to save a body by destroying a soul. The patient's life is his own."²³

THE DOCTOR'S ROLE

We have seen that, because of their strong religious beliefs, Jehovah's Witnesses avoid both food that contains blood and medically administered blood. But how are others affected by this stand, such as doctors who treat Witness patients?

Doctors are dedicated to saving or prolonging life. That is their profession. Consequently, when a doctor schooled to view blood transfusion as standard practice is treating a patient who is

seriously ill or who has lost much blood, he may find it distressing to learn that the patient refuses blood. Whereas the patient's Bible-trained conscience may not permit a blood transfusion, the physician, too, has a conscience and follows ethics that are extremely important to him.

Should a doctor follow his own medical training and convictions if he feels that a blood transfusion, though refused by the patient, is needed to save that one's life?

There is no question that in such cases a delicate situation exists. But each of us can ask: If I were in a situation where there was a conflict between *my* conscience as a patient and the sincere conviction of an attending physician, what course would I think ought to be followed? Consider the remarks made by Dr. William P. Williamson at the First National Congress on Medical Ethics and Professionalism:

"Certainly, the physician's first thought must be the welfare of the patient. Since *life is a gift of the Creator to the individual, the primary decision rightfully belongs to the patient*, because the patient is the custodian of that gift. . . . The physician should treat the patient within the dictates of the patient's religion, and not force his own religious convictions upon the patient." (Italics added.)²⁴

There is another reason, a legal one, why the patient's conscience must not be overridden. As Professor Byrn wrote in *Fordham Law Review*:
 ". . . I do not mean that the doctor is bound by the patient's choice to do something contrary to the doctor's conscience. . . . I do mean that the

patient is not bound by the doctor's conscience to do something contrary to the patient's choice, and consequently the doctor may have the right and choice to do nothing. *The law of informed consent would be rendered meaningless if patient choice were subservient to conscientious medical judgment.*" (Italics added.)²⁵

The possibility exists of a physician in this situation 'doing nothing,' that is, withdrawing from the case; but is that the only alternative? In his article "Emergency Surgical Procedures in Adult Jehovah's Witnesses," Dr. Robert D. O'Malley commented: "The patient's refusal to accept blood transfusion should not be used as an excuse for abandonment by the medical profession."²⁶

What, then, could a doctor do? Dr. J. K. Holcomb stated in a medical journal editorial:

"No doubt, we, as physicians, feel frustrated, even angered, when an obstinate patient refuses to accept what we would consider the preferred regimen of therapy. But, should we honestly feel this way when the patient cites a religious belief as the basis for his reluctance to accept specific treatment? If we are honest with ourselves, we will admit that we settle for something less than ideal treatment with many patients in our day-to-day practice. . . . If we can do this with respect to our medical convictions, shouldn't we likewise be willing to do the best we can when a patient's convictions, particularly religious ones, prevent our offering what we would consider the desired form of therapy. Usually, patients having religious reasons for not accepting blood transfusions, etc. are aware of the medical risks involved in their decision, but are willing to accept those risks and ask only that we do our best."²⁷

There is another consideration as to the moral aspect of the matter. John J. Paris, Assistant Professor of Social Ethics, pointed out: "There is great consensus in both the medical and moral communities that an individual has no moral obligation to undergo 'extraordinary' medical treatment. And if the patient has no moral obligation to undergo 'extraordinary' treatment—common though it might be in regular practice—neither has the physician any moral obligation to provide it; nor the judge to order it."²⁸ For Jehovah's Witnesses, who direct their lives by the Bible, blood transfusions certainly are "extraordinary" treatment. In fact, they are morally forbidden.

COOPERATION BETWEEN PATIENT AND DOCTOR

All persons concerned with this matter can rest assured that Jehovah's Witnesses are not fanatics who oppose medical care. Recall that Luke, who wrote the Bible account of the decree against blood, was himself a physician. (Colossians 4:14) Thus, when Jehovah's Witnesses are ill or have an accident, they do not look for some miraculous "faith healing" cure. Rather, they seek medical help. In this they do not try to dictate to doctors on how to practice medicine or even on the management of their own particular problem. The one thing that they consistently ask from doctors is that blood not be used.

The Witnesses have a high regard for the training and abilities of persons in the medical field. They sincerely appreciate doctors who use their

skill to treat a patient, but doing so in accord with the patient's conscientious beliefs. Witnesses recognize that it takes courage for a doctor to operate without being free to use blood. Also, it takes a measure of courage to go contrary to the views of one's medical contemporaries and agree to practice medicine under conditions that may be viewed as medically less than optimum.

Naturally, Jehovah's Witnesses are aware that some surgical procedures may involve so much blood loss that a doctor may honestly believe they cannot be undertaken on the terms the Witnesses present. Most surgery, however, can be performed without blood. True, doctors may feel that by not using blood the operation is made more dangerous. But the Witnesses are willing to face such increased risks with the courageous help of skilled doctors.

During a panel discussion at the University of Pennsylvania, Dr. William T. Fitz related an interesting case. It involved a thirty-four-year-old patient who had bled severely from a tumor of the colon. The man, one of Jehovah's Witnesses, told the doctors that he "would gladly undergo any surgical procedure as long as he would not be given blood." The doctors agreed to operate, promising that blood would not be administered. During and after the operation blood loss was so great that the patient's hemoglobin, which is normally 14 or 15 grams, fell to 2.4 grams. But he did not die. Rather, his condition stabilized and then his blood count climbed. Commenting on the doctors'

promise not to administer blood, Dr. Francis Wood, Chairman of the Department of Medicine, said: "I think you had a perfect right to promise. The man was going to die if you did not operate. He had some chance of getting well as a result of the operation without blood transfusion; therefore, I think you were perfectly justified in giving him the chance on his own terms."²⁹

RELIEVING DOCTORS OF LIABILITY

Doctors are in a difficult position in treating any serious case, for failure to use all available procedures may involve them in a malpractice suit. Jehovah's Witnesses, however, are willing to bear the responsibility for their refusal to accept blood transfusion. They will sign legal waivers that relieve the medical staff and hospital of any concern about suits, in the event that harm be attributed to their operating without blood.

The American Medical Association has recommended a form entitled "Refusal to Permit Blood Transfusion" for patients who will not accept blood because of religious beliefs. It reads: "I (We) request that no blood or blood derivatives be administered to _____ during this hospitalization, notwithstanding that such treatment may be deemed necessary in the opinion of the attending physician or his assistants to preserve life or promote recovery. I (We) release the attending physician, his assistants, the hospital and its personnel from any responsibility whatever for any untoward results due to my (our) refusal to permit the use of blood or its derivatives."³⁰ This document is to

be dated and signed by the patient and by witnesses present. A close relative such as a mate or parent (in the case of a child) could sign the form too.

The willingness of Jehovah's Witnesses to accept personal responsibility regarding their stand on blood is further shown by the fact that most of them carry a signed card requesting "No Blood Transfusion!" This document acknowledges that the signee realizes and accepts the implications of refusing blood. Thus, even if he should be unconscious when brought to a doctor or hospital, this signed statement makes clear his firm position.

Might a doctor or hospital be held liable if blood is not given?

An article in the *University of San Francisco Law Review* considered this point. It explained that Judge Warren Burger, who became Chief Justice of the United States Supreme Court, said that a malpractice proceeding "would appear unsupported" in an instance where a waiver had been signed. The article continued:

"The possibility of a criminal charge is even more remote. One commentator who surveyed the literature reported, 'I have not been able to find any authority for the statement that the physician would incur . . . criminal . . . liability by his failure to force a transfusion on an unwilling patient.' The risk seems more the product of a fertile legal mind than a realistic possibility."³¹

Regarding the situation in England, *Emergencies in Medical Practice* said: "If the position has

been made clear to the patient and he dies untransfused no action can be taken against the doctor for no patient is obliged to preserve his life by the use of special or extraordinary measures."³²

A doctor contemplating surgery on a patient will naturally want to explain clearly what are the possible risks of refusing blood. But once he has done this, the doctor need feel no moral obligation to press the matter further. Certainly it would be unethical to try to "wear down" or frighten into submission a patient who has resolutely decided against accepting blood.

Since Jehovah's Witnesses willingly accept responsibility for their decision, doctors are legally and in fact morally relieved of any obligation to insist on blood. And this is how many ethical and sincere physicians prefer it to be. "One cannot warn too urgently against a weakening of the human right of self-determination, including that of the patient," wrote surgeon G. Haenisch of Hamburg, Germany. "A grant of authority for the physician to undertake a treatment that he deems right though it be against the will of the patient is to be uncompromisingly rejected."—*Deutsche Medizinische Wochenschrift*.³³

In view of this human right, legal and medical publications in some lands have repeatedly warned that administering a transfusion against a patient's wishes could make a doctor (or the hospital staff) liable to assault and battery charges or a justified malpractice suit.

What about administering blood without telling the patient, perhaps when he is unconscious?

Many sincere physicians feel that in some situations, such as with terminal cancer, it is a kindness not to give a patient full information about his condition. While there may be varying opinions about the propriety of withholding details of a patient's condition, that is quite different from a doctor's deliberately administering a treatment that he knows the patient has forbidden. Writing in the *New York State Journal of Medicine*, Dr. Bernard Garner and his associates stressed this point. They acknowledged that sometimes a doctor has let a Witness patient become unconscious and then given him blood, perhaps thinking 'What he doesn't know won't hurt him.' But they concluded emphatically: "Although the motive might be altruistic, this would be most distasteful ethically."³⁴

Why this is so was made clear by Marcus L. Plante, Professor of Law, University of Michigan Law School. He wrote that "the physician has a fiduciary relationship [one founded on trust] to his patient and owes an absolute obligation never to mislead the patient by words or silence as to the nature and character of the medical procedure he proposes to undertake."³⁵

Furthermore, in some localities a doctor's promising not to give blood and then underhandedly doing so is legally wrong. For example, in West Germany's *Medical Tribune* it was pointed out that "nothing is changed when the patient be-

comes unconscious.” This is so because ‘refusal to accept a blood transfusion, once expressly stated by a competent patient, is also valid in the event he becomes unconscious.’³⁶ Underscoring the matter more emphatically, the Supreme Court of Kansas declared:

“ . . . Each man is considered to be master of his own body, and he may, if he be of sound mind, expressly prohibit the performance of life-saving surgery, or other medical treatment. A doctor might well believe that an operation or form of treatment is desirable or necessary but *the law does not permit him to substitute his own judgment for that of the patient by any form of artifice or deception.*” (Italics added.)³⁷

Consequently, deceptively administering a blood transfusion to one of Jehovah’s Witnesses is against the professional ethics of moral physicians. It could make a doctor liable legally.

RESPECTING PARENTAL RESPONSIBILITY

Likely the aspect of this matter that is most highly charged with emotion involves the treating of a child. All of us realize that children need care and protection. God-fearing parents particularly appreciate this. They deeply love their children and keenly feel their God-given responsibility to care for them and make decisions for their lasting welfare.—Ephesians 6:1-4.

Society, too, recognizes parental responsibility, acknowledging that parents are the ones primarily authorized to provide for and decide for their children. Logically, religious beliefs in the family

have a bearing on this. Children are certainly benefited if their parents' religion stresses the need to care for them. That is so with Jehovah's Witnesses, who in no way want to neglect their children. They recognize it as their God-given obligation to provide food, clothing, shelter and health care for them. Moreover, a genuine appreciation of the need to provide for one's children also requires inculcating in them morality and regard for what is right. As has been mentioned, the early Christians were exemplary in this; the parents both taught their children and personally lived up to the moral teachings they enunciated. History relates that whole families sometimes were exposed to death in Roman arenas because the parents would not violate their conscientious beliefs.

We are all aware that the lack of parental teaching and moral example has contributed to the fact that many youths today have no basic values; they think nothing of endangering their health and life, as well as the lives of others, in an unrestrained search for thrills. Is it not much better for youngsters to have parents who promote morality and respect for high principles? Parents who are Jehovah's Witnesses show great love for their children as well as their God by using the Bible to aid their children to become moral persons. Thus, when these children are old enough to know what the Bible says about blood, they themselves support their parents' decision to 'abstain from blood.'—Acts 15:29.

Need a doctor feel that he ought to administer blood to a child in spite of the resolute wishes of the parents and perhaps even of the child itself?

Frankly, in view of the well-recognized right of parental responsibility, the moral, principled and consistent position for a doctor is to recognize the responsibility of loving, concerned parents to make decisions for their minor children.

In this regard, Dr. A. D. Kelly, Secretary of the Canadian Medical Association, wrote that "parents of minors and the next of kin of unconscious patients possess the right to interpret the will of the patient and that we should accept and respect their wishes. . . . I do not admire the proceedings of a moot court assembled at 2:00 a.m. to remove a child from his parent's custody."³³

Some persons in the medical and legal professions have recognized that a competent *adult* has the right to refuse a blood transfusion. But they have held that if parents refuse permission for their *child*, a transfusion should be forced by court order. This position, however, lacks fundamental consistency and harmony, as pointed out in the journal *Forensic Science*:

"Are we then to assume that the courts are willing to assign a different religion to the children than that of their parents, when statistics show that the overwhelming majority of children are reared and indeed follow the same religious denomination as their parents? Would this also not be as much an infringement of religious rights of the children by the courts as those rights which the court is trying to protect for the adults under the First Amendment [of the Constitution] by denying the transfusion over the adult's objections? Are the courts

not assigning in essence a religion to the children if they deny transfusions on religious grounds for adults and permit them for the children of the same adults?"³⁹

There is often another gross moral inconsistency in forcing a blood transfusion on a child whose parents have asked that other medical therapies be used. At some hospitals doctors in one room may be forcing a transfusion on an infant. Yet in a nearby room other doctors may be performing legal abortions, ending lives only a few months younger than the child on whom blood is forced 'to save a life.' This has led thinking persons to wonder if 'preserving life' is always the real issue behind forced transfusions.

Consider the implications of state-authorized medical treatment that forcibly takes away the right of parental responsibility. In Scotland, A. D. Farr, a college lecturer on blood transfusion techniques, wrote with regard to forcing transfusions on adults and children:

"The over-ruling in respect of a minority religious belief is extended to over-ruling the whole principle of an adult being allowed to accept or reject a particular form of medical treatment. . . . The State is gradually taking over the function of making decisions for the individual. It is in this way that free countries cease to be free and become totalitarian. It was indeed by the taking-over of the German children into the Hitler Youth movement that freedom and privacy were finally suppressed in Nazi Germany. This is not mere fanciful speculation. Freedom is a precious and comparatively rare possession, to be jealously guarded in those countries where it exists. Any one encroachment on individual liberty is one too many."⁴⁰

Additionally, even if a doctor sincerely believes that a child needs a blood transfusion, does that mean that *no other therapy will do*? Or does it mean instead that he thinks that a transfusion offers *more likelihood* of success than alternative therapies? In this connection a council of judges in the United States of America wrote in "Guides to the Judge in Medical Orders Affecting Children":

"If there is a *choice* of procedures—if, for example, the doctor recommends a procedure which has an 80 per cent chance of success but which the parents disapprove, and the parents have no objection to a procedure which has only a 40 per cent chance of success—the doctor must take the medically riskier but parentally unobjectionable course."⁴¹

These judges also said that "medical knowledge is not sufficiently advanced to enable a physician to predict with reasonable certainty that his patient will live or die or will suffer a permanent physical impairment or deformity." Is there not much truth in that? Do not medical authorities emphasize that at best they can say only *what seems likely to happen*? Accordingly, many respected physicians and surgeons have cooperated with Jehovah's Witnesses, providing fine medical treatment for young and old while respecting their Bible-based convictions about blood.

TREATING THE "WHOLE MAN"

Persons in the medical field are appreciating more and more that it is important to deal with

a patient as a "whole man." What needs treatment is not just a thyroid or a liver, but a whole person, a human with feelings and beliefs that actually may influence his response to treatment. In a *Texas Medicine* editorial, Dr. Grant F. Begley wrote that "when I treat an illness that affects the body, mind, and spirit of the person in my care, it is what *he* believes that is important. His beliefs, not mine, are the ones that cause him to feel fear, doubt, and guilt. If my patient does not believe in blood transfusions, what I think about them does not matter."⁴²

Treating the "whole man" is both humane and practical in view of the tragic results that can come from doing otherwise. "The perceptive physician," urged Dr. Melvin A. Casberg in *The Journal of the American Medical Association*, "must be aware of these separate but interrelated facets of the body, the mind, and the spirit, and appreciate that healing the body in the face of a broken mind or spirit is but a partial victory, or even an ultimate defeat."⁴³

A doctor thus is following the course of wisdom and treating the "whole man" when he shows respect for his patient's religious convictions as to the use of blood.

IS THEIR STAND MEDICALLY UNREASONABLE?

Even though Jehovah's Witnesses' basic objection to blood transfusions is for religious reasons, many persons view this stand as medically unreasonable. But is it? Since the Witnesses' position on blood relates to a medical issue, there is benefit

in briefly examining the medical implications of refusing blood.

In just the United States, Japan and France, some 15 million units (500 cc. each) of blood are transfused annually. It is appropriate to ask: Is all this blood given because it is needed to save life?

The conclusion reached by 800 European doctors convened in Paris was that "blood is too often considered as a 'miracle tonic' given the patient whether he needs it or not." These doctors particularly disapproved of single-unit transfusions, which they said are "useless 99 times out of 100."⁴⁴ A study in the United States suggested that 72 percent of the transfusions administered in some places are 'unnecessary or questionable.'⁴⁵

Dr. Rune Eliasson of Stockholm, Sweden, ventured the opinion "that many physicians, perhaps misled by the power of the word over the mind, have allowed themselves to be too easily blinded by the halo they themselves have placed around the transfusion of blood so that the advantages and disadvantages of this form of treatment cannot be seen in their proper perspective."⁴⁶

Whether or not you agree with the religious reasons why Jehovah's Witnesses do not accept blood transfusions, the "advantages and disadvantages of this form of treatment" merit consideration. This is especially so since some judges discussing transfusions have recommended that a patient's wishes as to alternative treatment should be followed if there is a distinct risk associated with the standard treatment.

BLOOD—COMPLEX AND UNIQUE

Whereas some persons may be quick to call the rejection of blood "suicidal," a fair approach to the matter requires acknowledging the fact that there are uncertainties and even dangers associated with blood transfusion.

Doctors know that blood is extremely complex. This is manifested even in just the matter of blood types. Reference works state that there are some fifteen to nineteen known blood group systems. Regarding only one of these, the Rh blood group system, a recent book about blood said that "at the present time nearly three hundred different Rh types may theoretically be recognised."⁴⁷

Another facet of the complexity and uniqueness of each one's blood is the variety of antibodies in it. At a meeting of scientists in Zurich, Switzerland, a group of English criminologists pointed out that the antibodies are so diverse that the blood of each person might be said to be specific and unique. Scientists hope to be able to "reconstruct from a bloodstain the personality image of every person who leaves behind a trace of blood."⁴⁸

The fact that blood is an extremely complex tissue that differs from person to person has a significant bearing on blood transfusion. This is a point Dr. Herbert Silver, from the Blood Bank and Immunohematology Division of the Hartford (Connecticut) Hospital, recently made. He wrote that, considering only those blood factors for which tests can be performed, "there is a less than 1 in 100,000 chance of giving a person blood exactly like his own."⁴⁹

Consequently, whether having religious objections to blood transfusions or not, many a person might decline blood simply because it is essentially an organ transplant that at best is only partially compatible with his own blood.

BLOOD TRANSFUSIONS —HOW MUCH ACTUAL DANGER?

Doctors know that with any medical preparation there is a measure of risk, even with medicines as common as aspirin and penicillin. Accordingly, it might well be expected that treatment with a substance as complex as human blood involves some danger. But just how much danger? And what bearing might this have on a physician's view of the stand taken by Jehovah's Witnesses?

A frank appraisal of the facts proves that blood transfusion must honestly be regarded as a procedure involving considerable danger and even as potentially lethal.⁵⁰

Dr. C. Ropartz, Director of the Central Department of Transfusions in Rouen, France, commented that "a bottle of blood is a bomb." Since the dangerous results may not appear until some time has passed, he added, "furthermore, it may also be a time bomb for the patient."⁵¹ A United States Government publication carried an article on the dangers of blood and said that

" . . . donating blood can be compared to sending a loaded gun to an unsuspecting or unprepared person. . . . Like the loaded gun, there is a safety lever or button governing blood transfusions. But, how many persons have died from gun shot wounds as the result of believing the lever was on 'safe'?"⁵²

Can knowledgeable doctors dismiss the stated dangers as being exaggerations?

Hardly, for the reality of the dangers is often brought home to physicians. "No biologic product," wrote Winfield S. Miller in *Medical Economics*, "has a greater potential for fatal mistakes in medical practice than blood. More than one doctor has learned to his sorrow that every bottle of blood in the blood banks is a potential bottle of nitroglycerin."⁵³

The patient or his family may not realize the dangers until it is too late. Stanford University's Dr. J. Garrott Allen, a leading expert on the blood problem, estimated that blood transfusions kill at least 3,500 Americans each year and injure another 50,000.⁵⁴ But there is strong reason to believe that this actually is an *underestimation*. For instance, the *Southern Medical Journal* recently suggested that the estimate that "between 3,000 and 30,000 deaths attributable to transfusions" is probably a *conservative* estimate.⁵⁵ And bear in mind that these are figures for just one country, to say nothing of the rest of the world.

At a meeting of the American College of Surgeons, Dr. Robert J. Baker reported that the 'danger of adverse effects from blood is far greater than previously believed with one out of 20 patients developing a reaction.' How many persons realize this? Showing why that report should concern us all, Dr. Charles E. Huggins, associate director of a large blood bank, added: "The report is frightening but realistic because the same problems are facing every institution [throughout] the world."⁵⁶

Is relief in sight? Many persons, perhaps even some in the medical profession, may feel that science has been making real headway in overcoming the dangers of blood transfusion. But, as was stated in a recent issue of the journal *Surgery*, "major new problems related to massive transfusion have been proposed, problems hardly or not at all considered as recently as five years ago, yet potentially overshadowing almost all the problems that haunted the consciousness of the blood bankers, clinicians, and investigators for the first 40 years of clinical blood banking."⁵⁷

WHAT ARE THE DANGERS?

Without belaboring the fact that dangers do exist, we can briefly examine what some of these are. Though many doctors are acquainted with the following information, it may help other persons to appreciate that, even though the stand taken by Jehovah's Witnesses is for religious reasons, it has merit medically.

The textbook *Hematology* contains this table:⁵⁸

Types of Transfusion Reactions

Febrile	Cardiac overload
Leukocyte antibodies	Citrate intoxication
Platelet antibodies	Potassium intoxication
Pyrogens	Abnormal bleeding
Allergic	Incompatible transfusion
Hemolytic	Massive transfusion
(incompatible transfusion)	Isosensitization
Transmission of disease	Transfusion hemosiderosis
Serum hepatitis	Miscellaneous
Malaria	Thrombophlebitis
Syphilis	Air embolism
Cytomegalovirus infection	Injection of foreign material
Gross bacterial contamination	

These numerous types of transfusion reactions are indeed serious, for they can cause death. Let us consider some of them.

The table presents first some of the "immediate" reactions. A febrile or fever-producing reaction can usually be treated successfully. However, as Professor of Medicine James W. Linman reports, "severe febrile reactions occur and may be sufficiently stressful to be life-threatening in certain acutely ill patients."⁵⁸ Mismatched blood brings on a hemolytic reaction, involving rapid destruction of red blood cells, which can result in kidney failure, shock and death. Hemolytic reactions are especially dangerous to patients under anesthesia, for the symptoms may not be noticed until it is too late.⁵⁹

"Transmission of disease" is also listed among possible reactions. Is there any substantial danger from this quarter?

Hepatitis B (serum hepatitis) is a particularly hazardous complication of blood transfusions. The blood of a donor, without its being suspected, may contain the hepatitis virus that can damage the health of a person receiving the blood, or even kill him. The more transfusions someone gets, the greater his likelihood is of contracting serum hepatitis. Yet it does not take a great deal of blood. Less than a drop will do; you can contract the disease from as little as one millionth of a milliliter of infected blood.⁶⁰

How likely is it that you might contract hepatitis from a blood transfusion? To some extent that depends on where you live, for post-

transfusion hepatitis is more common in lands where some of the blood comes from paid "donors," people who sell their blood.

An estimate that often appears in medical journals is that one percent, or one person out of one hundred, contracts hepatitis following a transfusion.⁶¹ However, the evidence indicates that the true incidence may be *much* higher. This is so because hepatitis B has an incubation period of up to six months, so that the disease may not appear until long after the transfusion. Drs. John B. Alsever and Peter Van Schoonhoven wrote in *Arizona Medicine*:

"Its incidence over the past ten to fifteen years in large community blood centers has been about 1% in reported retrospective studies of clinically evident disease. However, when one studies transfused patients prospectively in the laboratory at 2- to 4-week intervals, one finds up to a ten times greater incidence of infection."⁶²

Look at this from another standpoint. It has often been said that in the United States there are 30,000 cases of posttransfusion hepatitis annually, with 1,500 to 3,000 deaths.⁶³ If that were the situation it would be serious enough. However, information provided by the government's Center for Disease Control points to a *conservative* figure for hepatitis B cases as being 200,000 or more annually.⁶⁴ And who can even estimate the total number of transfusion-related hepatitis cases for all North and South America, Europe, Africa and Asia?

Of course, some persons view the possibility of getting hepatitis from a blood transfusion as a

justifiable risk. A doctor might reason, "I would rather have my patient alive with hepatitis, which I can treat, than dead from not having a transfusion." But such reasoning is not a valid basis for viewing a patient's conscientious objections to transfusion as 'suicidal' and unworthy of consideration.

Can a patient reasonably be assured that he will survive posttransfusion hepatitis?

A sobering fact is that authorities admit that about 10 to 12 percent of those contracting serum hepatitis from transfusions die as a result.⁶⁵ With persons over forty years of age, the mortality rate is 20 percent—one out of five.⁶⁶ In patients over the age of sixty, about half die from the hepatitis.⁶⁷

Furthermore, there is no sure way to eliminate the high risk of contracting hepatitis from transfusions. *The Journal of Legal Medicine* acknowledged that "none of the now known methods of preserving blood possess any antiviral properties. Any modality that will destroy or even attenuate the virus of hepatitis will also destroy the blood or blood fraction."⁶⁸

What about advances in testing techniques to identify and thus eliminate tainted blood? Dr. M. Shapiro, of the South African Blood Transfusion Service, recently pointed out that "even with the most sensitive tests perhaps only 1 in 8 or even fewer cases of post-transfusional hepatitis are avoidable by laboratory screening alone of donor bloods."⁶⁹

Consequently, even if serum hepatitis were the

only posttransfusion disease danger, there would be ample medical reason for a person to have reservations about accepting blood. The fact is, though, that hepatitis is only one of the risks. Note these others:

“Blood should be considered a dangerous medicine, and should be used with the same caution as, for example, morphine.”⁷⁰ Thus, Professor H. Busch, a director of transfusion medicine, ended a report to a convention of North German surgeons. In it he mentioned a dilemma regarding blood transfusions. He said that for its optimum biological value donated blood should be transfused within twenty-four hours; after that the metabolic risks increase because of changes in the stored blood. On the other hand, blood must be stored for at least seventy-two hours or else it may pass on syphilis. And even tests to identify syphilitic blood are not a safeguard, for they do not detect syphilis in its early stages. There is no need to describe here the damage that can come to a person receiving syphilis-infected blood, as well as the harm to his or her family.

The German report also stressed the danger of blood transfusions that spread cytomegalovirus infections and malaria. Cytomegalovirus is known to be especially dangerous for children. With good reason, then, the German doctors were warned of the “very serious, even fatal, results” that are possible from blood transfusions. And the American Medical Association advised that “with the increase in global travel and the return of servicemen from endemic areas, there has been an in-

crease in the incidence of malaria in recipients of blood transfusion."⁷¹

In tropical areas there are a number of other diseases that can be transmitted by blood transfusions, such as Chagas' disease (having a fatality rate of one out of ten), African trypanosomiasis (African sleeping sickness), yaws and filariasis.⁷²

Another danger that cannot be overlooked is gross bacterial contamination of blood. Certain types of bacteria can multiply even in chilled blood, posing a grave threat to anyone later receiving that blood. Though fewer patients experience this complication than, say, serum hepatitis, the results are tragic for those who do. The mortality rate is between 50 and 75 percent.⁷³

What does the future hold as to dangers associated with blood transfusions? "The list of transmitted diseases," reports Dr. John A. Collins of the Washington University School of Medicine, "will vary and will certainly grow, and considerable uneasiness may occur as more tumor-related viruses are identified in human blood."⁷⁴ *Accordingly, many hospitals now require a patient to sign a waiver or agreement that he will not hold the doctor or hospital liable for injury resulting from a blood transfusion.*⁷⁵

Does this brief consideration of only some of the medical risks of blood mean that Jehovah's Witnesses object to transfusions primarily for medical reasons? No, that is not the case. *The fundamental reason why they do not accept blood transfusions is because of what the Bible says. Theirs is basically a religious objection, not a*

medical one. Nevertheless, the fact that there are serious risks in taking blood simply underscores the reasonableness, even from a medical standpoint, of the position that Jehovah's Witnesses take.

ALTERNATIVE THERAPIES

If the course followed by Jehovah's Witnesses were a fanatical one that had no basis and unavoidably meant harm to themselves and perhaps others, there would be reason for concern. In this connection it might well be asked:

Is this religious view taken by Jehovah's Witnesses so incompatible with the standards of human society and with medical knowledge that it cannot be reasonably accommodated?

The factual answer is that their Bible-based objection to blood certainly *can* be accommodated in most cases by the use of alternative therapies.

As is well known, in cases of elective surgery, doctors may 'build up the patient's blood' before and afterward, such as with amino acids and oral or injectable iron compounds^{76*}; this can lessen any need for transfusion. Deep hypothermia (lowering the patient's body temperature) has proved advantageous in minimizing blood loss during surgery, even on infants.⁷⁸ Similarly, inducing hypotension (lowering blood pressure) can reduce the bleeding from small vessels during surgery. And probably what has proved most successful is meticulous attention to sealing off even the smallest

* Studies indicate that by means of iron therapy red-cell production can be increased to two to four times the normal rate.⁷⁷

of cut vessels. In the *American Journal of Obstetrics and Gynecology*, one doctor who has operated on many of Jehovah's Witnesses said:

"There is no doubt that the situation where you are operating without the possibility of transfusion tends to improve your surgery. You are a little bit more aggressive in clamping every bleeding vessel."⁷⁹

If a patient has lost a great deal of blood during surgery or through an accident, is the view that there is no alternative to blood a reasonable one?

Some facts presented by Professor James W. Linman in *Hematology* serve as a fine basis for evaluating the answer:

"Blood is not a tonic or stimulant; it will not promote wound healing or suppress an infection; and its oxygen-carrying capacity is rarely, if ever, a limiting factor in surgery. A transfusion serves only to augment total blood volume, to enhance the oxygen-carrying capacity of the blood, and as a source of normal plasma constituents." (Italics added.)⁸⁰

Consider first the matter of 'augmenting total blood volume.' Quite often when a person loses a great deal of blood, what fundamentally is needed to prevent shock and death is to replace the volume of fluid lost. At a congress of the Medical Association of South Africa, a blood transfusion specialist explained that a person might lose up to 1.5 liters (over three pints) of blood and still have over 60 percent of his red cells,⁸¹ an amount adequate for tissue nourishment. But the person

needs more fluid in his vessels to keep the red blood cells circulating.

The British journal *Anaesthesia* reported that nonblood solutions do this more effectively than do transfusions of blood, for they do not reduce cardiac efficiency, a not uncommon complication accompanying blood transfusion. The article said that on occasions when apparently adequate amounts of whole blood failed to produce the desired result in a case of trauma, using nonblood solutions often produced dramatic improvement. Hence, the article observed:

"Even if an adequate supply of whole blood is available, however, it is doubtful if it is the fluid of choice for the initial treatment for the rapid transfusion of grossly hypovolaemic patients [those who have lost much blood]."⁸²

Is it not logical that a person normally could lose the equivalent of a unit (500 cc.) or more of blood without fatal results? Many persons have donated a unit of blood and then gone right on with their day's activities. Controlled clinical study has indicated that a person with 'a large blood volume may tolerate the loss of as much as two liters [2,000 cc.] of whole blood' without requiring anything besides replacing the fluid lost with nonblood solutions.⁸³

What, though, about '*enhancing the oxygen-carrying capacity of blood*'? Doctors know that alternative solutions are not really "blood substitutes." Why not? Because the hemoglobin of the red cells delivers oxygen throughout the body. Nonblood solutions do not contain this.

With a patient who has lost a great deal of blood, must whole blood or packed red cells be administered so as to supply oxygen to all his body?

This is a view frequently advanced, but is it in keeping with the facts?

A person normally has about 14 or 15 grams of hemoglobin in each 100 cc. of blood. Doctors generally take the position that 'under sophisticated conditions a hemoglobin of 10.3 to 10.5 grams is regarded as the safe lower value for routine surgery.'⁸⁴ But, in actuality, much of a person's hemoglobin is in reserve for use during strenuous exertion; hence, a bedfast patient often is comfortable with as little as 5 or 6 grams.⁸⁵ M. Keith Sykes, Professor of Clinical Anesthesia at the University of London, recently pointed out: "Although most centres choose a value of 9 or 10 g per cent as the dividing line between acceptance and refusal for elective operations, it must be emphasized that there is no conclusive evidence that values above this level are 'safe' or that values below this level impart an extra risk to surgery. It therefore seems unreasonable to choose an arbitrary figure as an acceptable haemoglobin level."⁸⁶ Likewise, Dr. Jeffrey K. Raines, of Massachusetts General Hospital, stated that "we can let the hematocrit get much lower than we had thought. We used to think a patient had to have a hemoglobin of 10, but we now know that is not really so."⁸⁷ Dr. Ricardo Vela of a department of anesthesia in Madrid, Spain, had experience in this connection with patients who are Jehovah's Witnesses. He wrote that very

low hemoglobin levels that formerly would have been considered as forbidden “were surprisingly well tolerated by the patients.”⁸⁸

There is another aspect of this matter that has not been widely appreciated, even in the medical field.

Will a transfusion immediately enhance the blood's oxygen-carrying capacity?

Many persons believe that it will, but a recent editorial in *Anaesthesia* made this significant point: “It is worth remembering also that the haemoglobin of stored, citrated red cells is not fully available for the transfer of oxygen to the tissues for some 2½ hours after transfusion . . . ; rapid blood transfusion must therefore be regarded primarily as a mere volume expander in the initial stages.”⁸⁹ Researchers at Ohio State University found that the reason for this is that chemical changes occur in stored blood. Their investigation showed that blood stored more than ten days “does not improve or may even worsen oxygen delivery immediately after transfusion.” And they found that the oxygen delivery was still below normal twenty-four hours later.⁹⁰

What are some of the nonblood fluids used as alternatives to blood transfusions? Are they being used effectively? What are their advantages?

Probably the most widely available and most frequently used emergency plasma replacement is simple saline solution (0.9%). It is easy to prepare,

inexpensive, stable and chemically compatible with human blood.⁹¹ *Ringer's lactate* (Hartmann's) is an additional electrolyte or crystalloid solution that has been successfully used in cases of massive burns and in surgery where patients have lost up to 66 percent of the fluid volume of their blood.⁹²

Another approach is to replace lost blood with colloids such as *dextran*. That is a clinical sugar solution that has proved valuable both in surgery and in treating burn cases and shock.⁹³ Sometimes it is combined with a buffered salt solution so as to draw on the best properties of each. *Haemaccel* and *hydroxyethyl starch* solution have also been employed with good results in various operative situations as plasma volume expanders.^{94*}

Each of these fluids has its own properties and merits. But regarding disaster situations *Anaesthesia* commented:

"Initially in the acute stage the exact fluid chosen, provided that it is not positively harmful, is relatively unimportant. Later, once the circulatory volume has been expanded, the specific requirements for a particular case must be taken into consideration."⁹⁵

Does this mean that these fluids are only for emergencies? Not at all. Regarding "all major types of operation," surgeons at the University of Kentucky College of Medicine wrote:

"A hundred patients each lost over 1,000 ml of blood while undergoing surgery and received two to three times that volume of Hartmann's solution. Postoperative mortality and morbidity were not

* PVP (polyvinylpyrrolidone) is also still used in some lands.

affected by the lack of blood in the replacement regimen. . . . Despite the persistent tradition that blood is the only effective replacement for blood loss, the practice of using saline solutions for part or all of blood substitution has gained ground in many centers."⁹⁶

Though for religious reasons Jehovah's Witnesses will not accept blood, they have no such objections to the use of nonblood plasma expanders. From the standpoint of a doctor, then, these products have the advantage of being usable with Witness patients. But there are numerous other advantages.

"Non-biological substitutes for blood," wrote Professor E. A. Moffitt of Canada, "can be manufactured in large quantities and stored for long periods of time. . . . The risks of blood transfusion are the advantages of plasma substitutes: avoidance of bacterial or viral infection, transfusion reactions and Rh sensitization."⁹⁷

There is another noteworthy benefit from using plasma expanders. When human blood is stored, chemicals must be added to prevent coagulation. Later when this blood is given to a patient, the additives can interfere with his own blood's natural ability to coagulate; continued loss of blood can result. Heart surgeon Dr. Melvin Platt has called attention to the fact that this problem is avoided when "a neutral substance" such as Ringer's lactate solution rather than stored blood is used.⁹⁸

MAJOR SURGERY WITHOUT BLOOD

Courageous doctors who have agreed to operate on Jehovah's Witnesses without using blood

have often found the experience revealing. This is illustrated by rather recent developments in open-heart surgery. In the past, massive amounts of blood were normally used. But the surgical team headed by Dr. Denton Cooley at the Texas Heart Institute decided to try operating on Jehovah's Witnesses. Because the doctors could not prime the needed heart-lung pump with blood or administer blood during or after surgery, they employed nonblood plasma expanders. Dr. Cooley reports: "We became so impressed with the results on the Jehovah's Witnesses that we started using the procedure on all our heart patients. We've had surprisingly good success and used it in our [heart] transplants as well." He added: "We have a contract with the Jehovah's Witnesses not to give a transfusion under any circumstances. The patients bear the risk then, because we don't even keep blood on hand for them."⁹⁹

What have been the long-term results of 'bloodless heart surgery' on adults and children? Dr. Jerome H. Kay of California wrote: "We have now done approximately 6,000 open-heart operations at the Saint Vincent's Hospital in Los Angeles. Since we have not been using blood for the majority of patients, it is our impression that the patients do better."¹⁰⁰ A Canadian study provided specific details, revealing that when nonblood fluids, such as dextran and Ringer's solution, were used instead of blood "the number of deaths dropped from 11 per cent to 3.8."¹⁰¹ This type of surgery has also successfully been done on Jeho-

vah's Witnesses and children in Norway, Australia, South Africa, France, England and Japan.

Experienced surgeons are aware, however, that general surgical patients account for a greater proportion of the blood used than those undergoing more dramatic operations such as open-heart surgery. What has occurred with Jehovah's Witnesses requiring more common operations where substantial quantities of blood are normally used?

Under the title "Major Surgery in Jehovah's Witnesses" a group of New York doctors related a number of cases involving extensive surgery, such as the total removal of cancerous organs, and explained that by employing precise surgical techniques these procedures can be done without blood.¹⁰² Other procedures successfully performed without administering blood include radical head and neck operations, extensive abdominal surgery and hemipelvectomies (amputation of leg and hip).¹⁰³ After removing a large brain aneurysm on a Witness, Dr. J. Posnikoff took exception to the "current opinion of most neurosurgeons that transfusion of blood is absolutely essential" for such brain surgery. He urged other surgeons "not to routinely deny major operation to those who may be in desperate need but cannot morally accept blood transfusion."¹⁰⁴

The conclusion reached by Dr. Philip R. Roen in "Extensive Urologic Surgery Without Blood Transfusion" was:

"Our experiences with Jehovah's Witnesses requiring operative procedures has demonstrated to us that blood transfusions are not necessarily es-

sential even when hemoglobin levels are low—as low as 5 Gm. per 100 ml. . . . The stand of Jehovah's Witnesses in refusing blood transfusion during necessary major and extensive operative procedures provides a considerable problem and challenge for the urologist. Such patients cannot and must not be abandoned because of their religious beliefs. We have not hesitated to perform any and all indicated surgical procedures in the face of proscribed blood replacement."¹⁰⁵

WHAT WILL YOU DO?

In considering the position Jehovah's Witnesses take on blood, we have given attention to certain important aspects. We have examined the basis for their refusing blood and have seen that they do so for religious reasons based on the Bible. We have also reviewed the ethics involved, showing that it is the right of each person to determine what will be done to his body and to decide about medical treatment for himself and his children. In analyzing the doctor's role, we have seen that treating an individual in accord with the patient's beliefs is consistent with the fundamental principles of the medical profession. And, in discussing the medical aspects of blood transfusion, we have demonstrated that the position Jehovah's Witnesses take can be accommodated medically. Case histories prove that in most instances skilled, courageous doctors can successfully treat Witness patients without employing blood.

While all of this may be so, we should not look upon the matter as merely an abstract discussion of an interesting question. Each of us may be called upon to use this information in deciding what to do personally.

What about a doctor?

In the light of all that we have considered, a doctor should appreciate that Jehovah's Witnesses are not "suicidal" religious fanatics who oppose all medical care. Rather, they are a reasonable, moral people who are anxious to stay alive; they love life and good health, which is why they seek qualified medical care. But a doctor should also understand that Jehovah's Witnesses have seriously thought about their religious beliefs and are thoroughly convinced that they and their families must not accept blood. So, when confronted with this refusal to accept blood, medical personnel ought not view it as some emotional whim that can be ignored. It is an important religious conviction that should be respected, honored.

What does this mean in practice?

It means that, in order to show respect for time-honored principles, *blood must not be forced upon one of Jehovah's Witnesses*. True, for a doctor to accommodate their religious conviction might require adjusting his usual therapy. But, viewing matters on a long-range basis, is it not better for medical treatment to be somewhat circumscribed by religious convictions than for fundamental religious beliefs to be dictated to or overridden by current medical practice? Balanced consideration proves that to be true. By cooperating with one of Jehovah's Witnesses a doctor can show his genuine commitment to the upholding of human rights and his respect for free exercise of religious conscience. At the same time he will

be treating the "whole man," using those therapies that serve to heal the patient physically while not harming him emotionally or spiritually. This will be in the patient's lasting interests and will dignify the basic ethics that the doctor is dedicated to uphold.

What about Jehovah's Witnesses or others who are concerned with applying God's Word in their lives?

Our review of the question of blood should further enhance one's respect for the Bible's injunctions against the sustaining of one's life with blood.

Each Christian rightly makes the determination to continue steadfast in his faith. In dealing with medical personnel, the Christian should display reasonableness and a cooperative spirit, at the same time making it clear that any medical treatment offered must be consistent with his religious beliefs, such as his refusal to accept blood. If surgery is needed, it will be important to discuss with the doctors ahead of time the Christian stand on blood, so as to obtain their assurance that under no circumstances will blood be administered before, during or after the operation. And if a particular doctor does not feel that he can perform the surgery without resorting to blood, by the Christian's knowing that beforehand he can seek the services of another physician.

In striving to uphold God's law on blood, Jehovah's Witnesses manifest their appreciation of the fact that their life is from and dependent upon the

Creator and Life-Giver. He has said in the Bible that a Christian's happiness and continued life in the future are based upon faith and obedience. (1 John 2:3-6) For that reason the early Christians were willing to risk their present life rather than go contrary to their religious beliefs. Jehovah's Witnesses today are just as determined to maintain their good relationship with God. So they will continue to obey the Bible's command to 'abstain from blood.'—Acts 15:29.

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