

# Determining

## your MOST VITAL NEEDS

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# **Awake!**

**YOUR FREEDOM TO CHOOSE  
MEDICAL TREATMENT**

*Endangered!*



MAY 22, 1967

## THE REASON FOR THIS MAGAZINE

News sources that are able to keep you awake to the vital issues of our times must be unfettered by censorship and selfish interests. "Awake!" has no fetters. It recognizes facts, faces facts, is free to publish facts. It is not bound by political ties; it is unhampered by traditional creeds. This magazine keeps itself free, that it may speak freely to you. But it does not abuse its freedom. It maintains integrity to truth.

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Get acquainted with "Awake!" Keep awake by reading "Awake!"

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# Awake!

"It is already the hour for you to awake."

—Romans 13:11

Volume XLVIII

Brooklyn, N.Y., May 22, 1967

Number 10

IF YOU hired a contractor to build a house, how would you feel if he insisted that you accept his choice of design and materials instead of your own? And when you kindly refused, what if he became angry, telephoned a judge and obtained a court order forcing you to accept his choice, without your even having a chance to defend yourself in court?

Would you not consider such high-handed treatment a gross violation of your freedom of choice? The one hired to perform a service is an employee, not an employer. He can make suggestions, but may not go beyond what you authorize.

Likewise, when you employ the services of a doctor, you may wish to take his advice, but you also reserve the right to reject it. Yet, this right to reject unwanted medical treatment is being seriously threatened in the United States today.

In Florida, a mature woman was told she should have her leg amputated because of gangrene. She rejected this advice. But then the doctors obtained a court order and her leg was amputated, despite her strenuous objections.

In another case doctors appealed to the court for authority to amputate the enlarged arm of a twelve-year-old girl over her mother's objection, although admit-

Your  
Personal  
Choice

Threatened

ting there was a serious risk of death if the amputation was performed.

Then, again, both the public and the professional press have reported an increased tendency on the part of doctors to experiment on human patients without their consent.

Similarly, children and even adults have had blood transfusions

forced upon them over their most strenuous objections. But why would anyone object to this form of treatment? One reason is that, on the average, one person dies every twenty-five minutes in the United States alone from blood transfusion complications! A surgeon, Dr. M. M. Simon, stated: "The computed annual death rate from blood transfusions now exceeds that reported for many common surgical illnesses." And a Canadian doctor, B. Chown, said: "At least half of all transfusions are unnecessary; personally I think the proportion is much higher than that." An additional reason may be religious, based upon one's understanding of the Bible, the Word of God.

For such reasons, to force any medical treatment on objecting persons is a threat, not only to *their* freedom of choice, but to *your* freedom of choice also. For while it may be someone else involved today, tomorrow it may be you.



# Will PARENTAL RIGHTS be Lost?

IN Pontiac, Michigan, last year, a nine-year-old boy was injured in an auto accident. The parents refused to accept the doctor's view that the boy must have blood. Next morning when the parents returned to the hospital the nurse informed them that a court order had been obtained authorizing the transfusion, and two pints of blood had been given. There was no hearing or any opportunity for the parents to present their views. When they asked to see the court order they were informed that no records would be revealed unless the doctor ordered it.

In another case in Pontiac, Michigan—that of a baby girl born in 1965 with a liver ailment—the doctor said she had to have blood. Both parents objected. The hospital administrator informed them that a court order had been obtained and that blood would be given. Blood was given, and the child died. As far as the parents knew, no hearing had been conducted, and when they asked at the hospital to see the court order they were told that the doctor's approval must first be obtained.

There is also the case of an Rh baby admitted by its parents to the Children's Hospital, Detroit, Michigan. The parents signed papers forbidding the giving of blood to the child and exonerating the hospital and doctors of any responsibility stemming from such decision. Nevertheless, pressure was brought to bear upon the parents to permit the transfusion; but they were firm. They were told that the

hospital would obtain a court order requiring the transfusion and that they would be notified of the time of the hearing in Juvenile Court before Judge Lincoln. The father called later the same evening, only to be informed that the judge could not be contacted and the hearing would be held some other time. Next morning on arrival at the hospital the parents were confronted with a *fait accompli*. A court order, evidently obtained over the phone, had been granted and the baby transfused at 3:30 a.m.

There can be no doubt that in these and other similar cases the right of the parents to select the type of treatment to be given their children has been arrogantly shoved aside. Though in fact occupying only the relationship of employees of the parents, such doctors audaciously turn the tables on the parents and act as though they were the employers. Were the final decision in such cases left to this kind of doctor, the right of parents to choose medical treatment for their children would be lost.

## ***Not All Doctors Arbitrary***

Fortunately, not all doctors adopt this unreasonable stance with respect to parental rights. Indeed, many private physicians will go out of their way to accommodate the conscientious scruples of their patients, be the patient Catholic or Prot-

estant, Jewish or one of Jehovah's witnesses. Such men are not imbued with the idea that their superior knowledge must overbear and cancel out the wishes and opinions of their clients. They are well aware of their own limitations, of the fact that in diagnosis and prescription they are far from infallible.

Said Dr. Arthur Kelly, Secretary of the Canadian Medical Association: "I believe 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. Holding these views, it should come as no surprise that 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. The rights of the individual in our society are being impaired and eroded by many laws, customs, rules and regulations, and I think it is high time that doctor's orders should be recognized for what they are—our best advice according to our current knowledge. Advice and counsel are ours to give and for the patient to accept or disregard. Enforcement, except by explanation and persuasion, is not our function." —Windsor Star, March 11, 1967.

Dr. Kelly himself had been deeply impressed by the following statement made by a professor during a course in medical jurisprudence and ethics: "We can't order people to do what they don't want to do and we can't predict the outcome of a given case even if our superior knowledge is disregarded." Admitted Dr. Kelly: "Medical omniscience is a very rare com-

modity and the dicta of yesterday are being modified and superseded by the knowledge of today. Let us not, in our pride, become arrogant and demand this subjection of our patient's will. I consider it preferable that certain individuals should die before their time than that we [doctors] should undermine their ultimate right and duty of being custodian of their own health."

Medical men who hold this mature view of the relationship between doctor and

patient or patient's guardian neither need nor ask for court orders enabling them to ride roughshod over the rights of parents and guardians. They do not take too seriously their own position and their own ability to determine what is best for patients.



### ***Position of the Courts***

But what of those judges who put the stamp of legality upon medical usurpations of the rights of the parents? Merely because a doctor calls them on the phone in the middle of the night and declares that an emergency has arisen, should they dispense with proper legal procedures and allow themselves to be pressured into granting a court order? Should they accept one-sided testimony, and make a mockery of the law as it now stands, a law that does give some measure of protection to parental rights?

The function of the law and the courts is to protect the rights of all citizens, with favor to none. When a judge is approached by a doctor seeking a court order authorizing transfusion, the judge is well aware

that there is a second party to the question at issue, and he bears a responsibility toward that party, as indicated in Section 17 of Article I of the Constitution of the State of Michigan (1963): "No person shall be . . . deprived of life, liberty or property, without due process of law." Life, liberty and property embrace the inalienable rights of the citizen, and it is therefore incumbent upon each judge to hear all parties and reach his decision, not upon the basis of one-sided testimony, but on the terms of the law as applying to *all* the facts.

In the state of Michigan probate judges have jurisdiction "in proceedings concerning any child under 17 years of age found within the county whose parent or other person legally responsible for the care and maintenance of such child, when able to do so, neglects or refuses to provide proper or necessary support . . . medical, surgical or other care necessary for his health."—Michigan Statutes Annotated 27.3178 (598.) (b) (1).

Neglect or refusal on the part of parent or guardian to provide "proper or necessary" care must be proved. In order to comply with "due process" requirements, a proper hearing must be held, at which both parties have equal opportunity to be represented. It is quite possible that another equally learned doctor, called in as witness by the patient, might entirely disagree upon the need for a transfusion.

Some judges, however, ignore the law and permit a flood of emotion to upset good judgment. Thus we have the admission by such probate judges as James H. Lincoln of Wayne County Probate Court and Norman R. Barnard of Oakland County Probate Court in Michigan that "they frequently make technical violations of the present law by giving 'telephone consents' to treatment before a court of hearing is scheduled." (Detroit News, De-

cember 18, 1966) Already persuaded that the doctor knows best, they decide the question prejudicially to the interest of the other party.

These judges may mean well, but good intentions do not justify ignoring the requirements of the law, nor are they a sound basis for depriving citizens of their rights.

### *Proposed Michigan Law*

As the law stands today there is some degree of protection for parental rights. But a broad attack is now being mounted against parental rights in matters pertaining to the health and welfare of their children. The following report appeared in the Detroit News of December 18, 1966: "State legislation which would allow doctors and hospitals to give emergency care to minor children despite religious objections of parents is sought by two Detroit-area probate judges. The proposed law would apply to 'life-or-death' cases and would allow doctors to proceed without first obtaining a court order. The proponents of the law—Juvenile Court Judge James H. Lincoln, of Wayne County Probate Court, and Oakland County Probate Judge Norman R. Barnard."

Passage of such legislation would grant to doctors almost unlimited discretion, for who but the doctors would determine when an "emergency" had arisen and just exactly what was a "life-or-death" case? It would play into the hands of a type of medical man who little deserves such confidence, men who are proud of their professional standing, who have no tolerance for the opinions of ordinary citizens, who consider it an affront for a patient to disagree with them. Gone would be the right of patient or guardian to disagree with the doctor on any point, as well as his liberty to dismiss one doctor and engage another who would have more respect for his

views. The proposed law would open the door wide to abuse of power by medical men.

The danger of putting through legislation that requires people to submit to certain medical treatment has already been pointed up by recent developments. The legislators in thirty-seven states were told that a certain treatment for babies with an inherited defect that may lead to mental retardation is so unquestionably valuable that laws should be passed to make the treatment compulsory. Now they have to admit that it is not that good, for *Medical World News* of December 8, 1966, reports: "Compulsory PKU Tests Come Under Fire." "Expert calls legislation premature." A university of Maryland pediatrician and biochemist challenged the laws: "We don't even know enough about PKU to diagnose the disorder let alone treat it," said Dr. Samuel P. Bessman. In fact, he believes the treatment is harmful and that several deaths have resulted from it. "Why should we tell the public that the answer has been found when the fact is that we may be doing as much harm as good?" he asked.

Dr. Bessman concluded that the PKU case "marks the first time that what is actually an experimental treatment for a disease has been crystallized into law. We should re-examine the basis on which we've made PKU testing compulsory."<sup>\*</sup>

Obviously, in a field characterized by change and development, it is unwise for legislators to 'crystallize into law' any form of medical treatment or give unlimited authority to its practitioners. Where are they going to draw the line? What guarantee have they that this or that type of treatment will not soon become outdated? Blood transfusion therapy, the fad today, may soon fade out as did that great panacea of yesteryear—bloodletting.

<sup>\*</sup>See also *Newsweek* of January 2, 1967, page 40, under heading "The Cure That Fails?"

### *Judges Who Uphold the Law*

It is indeed refreshing to note that not all judges are prepared to disallow the right of parents or guardians to select the treatment to be given their ailing children. In Milwaukee, Wisconsin, a mother decided not to accept the advice of doctors who urged removal of her six-year-old's spleen together with accompanying blood transfusions. The mother was charged with neglect of her child and the court was urged by the doctors to make their medical treatment obligatory.

Judge Howard G. Brown of the County Court, Children's Division, Milwaukee County, ruled:

"On numerous occasions in the past, the attending physicians recommended that transfusions be given to Henry [the six-year-old] when he was in crisis, stating to the mother that without such transfusion he would not survive. She has consistently refused consent to the transfusions, she has released in writing the hospital and doctors from liability by reason of such refusal, and the child has survived without them . . .

"Unquestionably, there is a serious risk of possible adverse effects of any transfusion. Medical advice as to the dire need for such blood transfusions has been proved wrong in this very case in the past, where the doctors have told the mother that transfusions were needed to save his life and it turned out not to be so. The court finds the mother in this case has not abused the parental discretion as to the care of her child."—*Crime and Delinquency*, issue of October 1966.

Judge Brown is to be commended for using his judicial authority to protect the rights of this mother.

Instead of accepting the say-so of the plaintiff doctors, Judge Brown preferred the testimony of disinterested medical authorities. In evidence before him were excerpts from the well-known surgical work, *Complications in Surgery and Their Management*, edited by Doctors Curtis P. Artz and James D. Hardy (1960), which points out that "the annual mortality from only

three complications of blood transfusion, hemolytic reactions, overload and serum hepatitis, is computed to be 16,500 people." The same authority goes on to reveal that between three and five thousand deaths each year have been estimated as resulting from human errors in administering blood. Thus we have the appalling total of over 20,000 deaths annually.

The same authoritative work makes the astonishing admission: "In terms of disability and loss of life the sequelae of blood transfusions rival some of our major public health problems." And that is tantamount to saying that the promoters of the blood transfusion therapy have created an additional serious public health hazard. How, in the face of this, can any doctor maintain that the risk from blood transfusion is minimal, and that danger is just some foolish idea of the parents? How can he represent this treatment as anything other than a risky procedure?

### ***Threat to Parental Rights***

If doctors are granted freedom to give blood to minors whenever they choose, is it not equally reasonable that they can perform any other surgical procedures they choose? Precedent would be provided for compulsory amputations, experiments, removal of the eyes and other drastic procedures. The substitution of medical opinion for parental discretion in the treatment of children is also a dangerous break into the sanctity of the family. Once enacted into law, what other inroads will be made? True, parents will at times make mistakes in judgment, but can any doctor, legislator, judge or lawyer honestly claim he never makes mistakes?

The threat of the proposed legislation is not alone against Jehovah's witnesses. It is a threat, too, to people of many religious groups whose opinions differ in some respect from current medical thought. Are

the courts prepared to take all their children away from them in order to administer treatment dictated by medical men? Commenting editorially, an official Catholic newspaper, the *Canadian Register* of January 14, 1961, had this to say: "It is only one step from imposing blood transfusion on patients by law to subjecting patients to sterilization and abortion on therapeutic grounds . . . because this obligation rests on the conscience of the patient, no medical or civil authority has the right to force him to accept such treatment against his conscience. . . . And since the responsibility for the life of a child rests on the parents . . . the state cannot force them to subject the child to treatment which they consider morally wrong."

The proposed Michigan legislation would, in effect, hand over minor patients to the doctors without so much as a court hearing, and would open the door to unending abuses. The parents would have jurisdiction over their children only as long as they continued in good health. Doctors would no longer be employees like all other professional people, available to be hired and dismissed. They would exercise police and judicial powers, arbitrarily determining when a child should be taken from its family and what type of surgical or other treatment should be given it.

A grave responsibility, therefore, lies upon each judge of the courts today in his disposition of cases involving the right of parents to determine what treatment their children shall have. Will they afford protection to parental rights, or extend unwarranted privilege to the medical profession? And as to the proposed legislation, will the legislators of Michigan protect the rights of parents against further encroachment? Yes, parents are keenly concerned about the matter. Will parental rights be lost?

# CONFLICT

WITH

# *Constitutional Guarantees*

LEGAL pressure to deny one the right to accept or reject medical treatment comes into conflict with provisions of the United States Constitution. The proposed Michigan law that would give doctors control over minor children is a radical departure from the basic principles of democratic law, which assures parents the right to guide the care, education and potential future of their families. If enacted, it would be a major step toward undermining the Constitutional guarantees of due process of law and free exercise of religion within the family circle.

But why is it that Constitutional guarantees enter the matter? Because in the case of Jehovah's witnesses the basic reason for their refusing blood transfusions is their worship. They have no objection to other forms of treatment, such as use of so-called blood substitutes or plasma volume expanders; but they believe that the Bible prohibits the use of the blood of any other creature to sustain their own life.—Acts 15:28, 29.

Hence freedom of religion is involved. And in this regard it is vital to refer to the First Amendment to the United States Constitution, which guarantees that "Congress shall make no law respecting the establishment of religion, or prohibiting the free exercise thereof."

Not only is the Congress of the United States forbidden to make such unjust laws; so are the individual States. The Consti-

tution's Fourteenth Amendment declares: "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law."

The Constitution of the State of Michigan, in full accord with these lofty sentiments, allows: "Every person shall be at liberty to worship God according to the dictates of his own conscience."

## ***An Infringement of Religious Liberty?***

On March 18, 1965, this very matter was taken into consideration by the Supreme Court of Illinois in the case styled *Brooks v. Aste*. There the question was discussed: Is it an infringement of the Constitutional guarantee of freedom of worship to deny one the right to reject unwanted medical treatment? When one's action, or refusal to act, does no harm to the society of which he is a part, can treatment that violates his religious beliefs properly be forced on him?

Mrs. Bernice Brooks had been forced by court order to submit to a blood transfusion against her will. Although the contention was made that, since the blood transfusion had already been given, the matter was no longer of practical signifi-

cance, the Illinois Supreme Court did not agree. It considered the matter of "substantial public interest," and so heard the case. How did this high state court rule?

In summing up, the Supreme Court stated:

"Even though we may consider appellant's beliefs unwise, foolish or ridiculous, in the absence of an overriding danger to society we may not permit interference therewith . . . In the final analysis, what has happened here involves a judicial attempt to decide what course of action is best for a particular individual, notwithstanding that individual's contrary views based upon religious convictions. Such action cannot be constitutionally countenanced."

Interference in one's personal choice of medical treatment 'may not be permitted'! "*Such action cannot be constitutionally countenanced*"! Thus ruled the Illinois Supreme Court, and properly so. For support of its conclusion the Court referred in its opinion to a decision of a statutory three-judge district court (affirmed by the United States Supreme Court), which said:

"For the courts to attempt to distinguish between religious beliefs or practices on the ground that they are reasonable or unreasonable would be for them to embark upon a hopeless undertaking and one which would inevitably result in the end of religious liberty. . . . The religious freedom guaranteed by the First and Fourteenth Amendments means that he shall have the right to [freely worship God], whether his belief is reasonable or not, without interference from anyone, so long as his action or refusal to act is not directly harmful to the society of which he forms a part."<sup>\*</sup>

Clearly, it is an infringement of religious liberty and a violation of the Constitution of the United States to force a particular medical treatment upon anyone against his religious convictions! To pass a law that would permit a child to be taken from its parents' jurisdiction and given

treatment that is religiously objectionable to them is a deplorable invasion of the fundamental rights of free people! Especially when the treatment is, as admitted in the book *Complications in Surgery and Their Management*, responsible for a "tremendous loss of life," tens of thousands of deaths a year in the United States alone!

In all honesty it should be acknowledged that there are risks in either taking or not taking blood transfusions. And when there are two risks, a decision must be made as to which one will be accepted. This decision is not properly the right of the State or the doctor to make, but of the parents to whom the child belongs. No decision is neglect; but if the parents elect one risk instead of the other there is no neglect, no basis for official interference.

#### ***Good Intentions Not Enough***

But it is argued that laws to enforce blood transfusions have good intentions behind them. Still, what did the Supreme Court of Illinois say about a lower court ruling that upheld the right to enforce transfusion? "While the action of the circuit court herein was unquestionably well-meaning, we have no recourse but to hold that it has interfered with basic constitutional rights."

The Fourteenth Amendment to the United States Constitution declares that no State shall "deprive any person of life, liberty or property, without due process of law." Clearly, a court order that takes a child from the jurisdiction of its parents on the testimony of a doctor, without even a hearing for the parents or opportunity for them to produce witnesses in their behalf, is not adhering to "due process of law." It is high-handed, unconstitutional procedure! Similarly, the proposed Michigan law that would give doctors the arbitrary right to administer treatment that

<sup>\*</sup> *Barnette v. West Virginia State Board of Education*, 47 F. Supp. 251, 253 (aff'd, 319 U.S. 624).

the doctors deem advisable would also deprive citizens of their "liberty . . . without due process of law." Medical treatment then could be forced upon persons without any recourse on the part of doctors to legal procedure.

Often judges of the United States Supreme Court have pointed out the danger of undermining such procedural safeguards. Explained Mr. Justice Douglas: "It is procedure that spells much of the difference between rule by law and rule by whim or caprice. Steadfast adherence to strict procedural safeguards is our main assurance that there will be equal justice under law." And, too, it is advisable to recall the wise words of the late Mr. Justice Brandeis, who stated: "The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning, but without understanding."

Moreover, though there may be good intentions, there is no guarantee that good will result from a blood transfusion. In view of the many risks in use of blood transfusions, as shown later in this magazine, one may well ask whether the time will soon come when blood transfusion is sent along with bloodletting into the cemetery of treatment proved harmful. Then how much damage will have been done not only to little children but also to public confidence in the administration of justice? Courts, judges and lawmakers who have abdicated their functions and rubber-stamped uncertain medical opinion will have lost much in the way of public respect. No one can make adequate restitution for the damage to the individuals and to the families who have had the sanctity of their homes invaded.

Doubly damaging is the abandonment of the judicial function, turning over to doctors the authority to suspend the rights of their patients.

### ***All Families Threatened***

The matter of the proposed legislation in Michigan that would turn children over to doctors without due process of a trial is not something limited to Jehovah's witnesses. The issue affects the whole nation. Before anyone countenances such invasion of religious liberty, it is well to consider the words of Mr. Justice Sutherland:

"Do the people of this land—in the providence of God, favored, as they sometimes boast, above all others in the plentitude of their liberties—desire to preserve those so carefully protected by the First Amendment: liberty of religious worship . . . ? If so, let them withstand all beginnings of encroachment. For the saddest epitaph which can be carved into memory of a vanished liberty is that it was lost because its possessors failed to stretch forth a saving hand while yet there was time."\*

Those who are seeking to turn children of Jehovah's witnesses over to doctors and to deny them due process of law may be well-intentioned, but the proposed actions in Michigan are contrary to the constitutional limitations. Such legislation would violate the basic principles of the common law, which protects family life and the authority of parents to do what is right for their children. This is a God-given as well as a constitutionally protected right. Any infringement of it is a danger to the State and to all who live within it.

All the evidence brings us to the sensible conclusion of Dr. Arthur Kelly, Secretary of the Canadian Medical Association: "No doctor can be positive that a person will die if he doesn't get a transfusion or live if he does." "It is perhaps better that the odd person die rather than the fundamental right of refusing medical treatment become impaired."—*Religion, Medicine and Law*, Reprinted from *The Canadian Bar Journal*, October 1960, pages 27 and 36.

\* *Associated Press v. N.L.R.B.*, 301 U.S. 103, 141.

# INTEGRITY TO Superior Law

THE ancient Roman Empire prided itself in the fact that it excelled in law. Yet, the empire also excelled in lawlessness, for slavery and social injustice abounded.

Part of Roman law was the requirement of emperor worship. But the early Christians, while submissive to Roman law, were also bound by a superior law, the law of God, which forbade idolatry. Thus they refused to worship the emperors, as that requirement of Roman law conflicted with God's superior law. As a result, many were thrown into the arenas to wild beasts, where young and old were killed.

It must have seemed strange to the populace for the Christians and their children to suffer when it would have been a simple matter to escape such. How? By merely complying with the Roman law that required emperor worship. One historian states: "It was difficult at any time for a Roman to understand and excuse their refusal to scatter the handful of incense on the altars, that would satisfy the law and set them free."<sup>\*</sup>

God's just laws were made for man's benefit, and the early Christians refused to violate them. Did this make them fanatics? On the contrary, those who insisted on idolatrous practices and who threw innocent people to wild beasts were the fanatics. But did the Christians not want to live? Of course, but not by breaking

God's laws. While breaking them might have saved them from being killed in the arenas, it would have resulted in their losing God's favor. The Christians would rather displease man than displease God.

True, by maintaining integrity they may have forfeited a few years of life. Yet, they would die in a few years or a few decades at the most anyhow. When they would die was not as important as their maintaining integrity until death to the supreme Lawgiver, Jehovah God. In this way they could look forward to receiving the rewards for faithfulness.

## *Integrity Rewarded*

That God rewards integrity to his laws the Bible makes plain. The Christian apostle Paul said that God "becomes the rewarder of those earnestly seeking him." (Heb. 11:6) He confidently urged: "Consequently, my beloved brothers, become steadfast, . . . knowing that your labor is not in vain in connection with the Lord." Paul had this confidence because he knew that "it is impossible for God to lie." —1 Cor. 15:58; Heb. 6:18.

Even if the Christian is killed for his integrity, Jesus Christ assured: "He that loses his soul for my sake will find it." (Matt. 10:39) How? By a resurrection from the dead to life in God's new system of things, even as Jesus Christ himself said: "This is the will of my Father, that everyone that beholds the Son and exer-

<sup>\*</sup> *Rome, Republic and Empire* (Vol. 2, *The Empire*), H. W. Household, pp. 148, 149.

cises faith in him should have everlasting life, and I will resurrect him at the last day."—John 6:40; 11:23-25.

The early Christians who maintained integrity to superior law, although perhaps forfeiting a few years of life, were thus assured of being in God's book of remembrance and receiving his reward. But where would they be if, after having exercised faith in God and in his Son, they now turned their back on Them and made the decision to be willfully disobedient to divine law? As God's own Word so clearly puts it: "If we practice sin willfully after having received the accurate knowledge of the truth, there is no longer any sacrifice for sins left, but there is a certain fearful expectation of judgment . . . It is a fearful thing to fall into the hands of the living God."—Heb. 10:26, 27, 31.

### ***Why Required***

Why does God require integrity to his laws? Because his laws are always right. They are better than those that man devises, and they always work to the benefit of man. Without obedience to God's laws, there is chaos. It is this disregard for superior law that has resulted in so much crime, delinquency, bloodshed and immorality in our time. All this disobedience has plunged the human family into great anguish. And now, in our day, disrespect for God and his laws has reached a peak. This is why mankind is in its most severe time of trouble.

However, God has allotted a specific time for this corrupt system of things to go its rebellious way. That allotted time has nearly run out. Soon, God will bring this system to its end. Then what? Then, by means of His heavenly kingdom for which Jesus taught Christians to pray, He will rule the earth in righteousness. Marvelous benefits will go to those who respect divine law, for the Great Lawgiver

guarantees obedient ones that life then will not be temporary, but endless; that happiness will not be short-lived, but permanent; and that poverty, sickness and even death will be gone forever.—Matt. 6:9, 10; Rev. 21:4.

Knowing that integrity to divine law is required, Jehovah's witnesses believe that when they are asked to take a blood transfusion, they are in effect being asked to make a decision to renounce their faith. It is that serious, for a deliberate turning of one's back upon God and his Son means that "there is no longer any sacrifice for sins left," but only adverse judgment. Hence, when Christians in the Roman Empire maintained integrity to God's laws, even though it meant their death, it also meant they would be judged favorably by God and rewarded with a resurrection to everlasting life in a new system.—Heb. 5:9.

Likewise, when Christians today maintain their integrity by obeying God's laws, even though they die prematurely, they too can look forward to a grand future in God's new system of things. No, Jehovah's witnesses are not religious fanatics. They do not hate life. They love it, but are willing to give up a few years in this corrupt system in order to gain God's approval and everlasting life in a far, far better arrangement.

So when Jehovah's witnesses refuse blood transfusions, it is not because of fanaticism, nor because they decline all medical treatment, because such is not the case. Indeed, they accept other forms of medical treatment, including "blood substitutes." But when they refuse to accept a blood transfusion it is because they respect the law of God in this regard.

### ***God's Law on Blood***

Some object to the belief that the Bible prohibits the taking of blood. They say

the Bible does not so teach. Others contend that, even if it does, the prohibition was only for the Jews.

However, long before the Jewish nation was ever formed, in fact, 856 years before, about the year 2369 B.C.E., this prohibition was placed on the human family. Following the global flood of Noah's day, God said: "Flesh with its soul—its blood—you must not eat."—Gen. 9:4.

Centuries later, in the year 1513 B.C.E., God made a covenant with the nation of Israel. The Law that he thereafter gave them included a restating of the prohibition on the use of blood. Leviticus 17:12, 14 says: "No soul of you should eat blood and no alien resident who is residing as an alien in your midst should eat blood. 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.'"

When animals were killed to be eaten, what was to be done with the blood? "The blood you must not eat. On the earth you should pour it out as water." (Deut. 12:16) Hence, blood was not to be used nor was it to be stored. It did not matter what kind of blood it was, for Leviticus 17:10 shows the prohibition was on "any sort of blood."

In the days of King Saul of Israel the people on one occasion began "taking sheep and cattle and calves and slaughtering them on the earth, and the people fell to eating along with the blood. So they told Saul, saying: 'Look! The people are sinning against Jehovah by eating along with the blood.'" (1 Sam. 14:31-34) Eating blood, even under emergency conditions, was "sinning against Jehovah."

Was the law regarding blood, given after the Flood and restated to Israel, carried over into Christianity? Yes, for the

Christian Greek Scriptures state: "Keep yourselves free from things sacrificed to idols and from blood and from things strangled and from fornication." (Acts 15:29) Could Christians take this lightly, carelessly? The same scripture adds: "If you carefully keep yourselves from these things, you will prosper."

If a Christian was carefully to keep from anything associated with idolatry, if he was carefully to keep from committing fornication, then surely he could not ignore the part of the command that tells him carefully to keep from the use of blood.—See also Acts 15:19, 20; 21:25.

Hence, the reason why Jehovah's witnesses do not take blood transfusions is that they recognize it as a breaking of God's law stated more than 4,300 years ago, restated to ancient Israel almost 3,500 years ago, and again restated to Christians over 1,900 years ago.

Some maintain that these prohibitions were on *eating* (or drinking) blood, and that a transfusion is different. Actually, transfusion is only a faster method, going directly into the bloodstream instead of through the mouth and digestive system first. Either way it does not do what Acts says, to "keep yourselves . . . from blood."

If a doctor told you to keep away from alcohol for health reasons, would you inject it directly into your bloodstream instead of drinking it? If he told you to keep away from smoking, would you inject the tars and nicotine into your veins? Similarly, when the command is given to "keep yourselves . . . from blood" it means just that.

However, does this refusal of Jehovah's witnesses to use blood mean they clamor for legislation to outlaw blood transfusions? Do they try to prohibit others from taking blood? No, that is not their responsibility. The Christian makes his own choice as dictated by his conscience, but

he does not try to force others to do as he does. Each bears his own responsibility before God.

### ***The Right to Obey***

There are lawmakers and medical men who recognize that the Christian should have the right to obey God's law even when it conflicts with man's law. Indeed, one doctor, writing in *Clinical Pediatrics* of December 1966 stated the following:

"Most people in the Western World profess to be Christians. They respect other Christians and almost deify the early martyrs who were fed to the lions in ancient Rome rather than renounce their faith. Almost deify them! Yet those early martyrs joyously allowed their own children to die in lions' jaws. . . . Why for religious reasons can the involuntary, artificial (and much more grotesque) death of children then be almost divine, and the involuntary but entirely natural death of the same kind of children for the same reasons now be almost criminal? After all, in both instances minority beliefs were and are involved. What's the difference?

"Lack of reason and common sense, and emotionalism, and hypocrisy—these make the difference."

This doctor notes the conflict at times between man's law and God's law. Of this he says:

"Which is the highest ideal and the greatest Good, religion or secular law? If one answers law, then for him the problem doesn't even exist. . . . This is . . . basically irreligious or atheistic. If one answers that both are equally Good, the conflict becomes insoluble. . . .

"Now, if religion or any sort of faith in the supernatural is higher than law, then the problem is again easily resolved. Where the two conflict, religious tenets will prevail. . . .

"The dilemma boils down to a vital philosophical argument: in questions involving personal highest principles of parents versus law or society, which should hold sway? If the latter, as is now the case, then pure socialism is the greatest Good, . . . and one could never know (or care) which prin-

ciples might be foisted on whose children. Organized religion would be no more than a meaningless farce and a mockery; the state supreme."

However, this doctor next notes a most important part of the issue, the part that explains why the early Christians could allow themselves and their children to die in the arena. It explains why Christians today would rather die than break God's laws.

"Perhaps the most fundamental question is what is the value of terrestrial life, anyway? Is it to be valued above all else? If so, then society's present outlook is correct. Save the life of the child at all costs! Spend all the money; use all the material; smash all doctrines! . . .

"If not, if there is some principle higher than life, . . . then the 'good guys' are wrong. *The life of the child becomes less important than the integrity of the religious principles to which the parents adhere and according to which they wish to raise him.*"

Jehovah's witnesses have faith in the God of the Bible. They believe his promises of everlasting life on a paradise earth under God's righteous rule. As the early Christians, they know that nothing, not even a few more years of life in this system of things, is worth compromising their integrity to God. They know, as the psalmist wrote under inspiration, that "evildoers themselves will be cut off, but those hoping in Jehovah are the ones that will possess the earth. . . . and they will indeed find their exquisite delight in the abundance of peace. The righteous themselves will possess the earth, and they will reside forever upon it."—Ps. 37:9-11, 29.

Jehovah's witnesses love life, for themselves and for others. They love their children and will do everything in their power and in the power of modern medicine for their welfare, except break God's laws. But this willingness to help rather than hinder is not always manifested by others. Note how this has been so.

# MAINTAINING INTEGRITY *Despite* *Pressure*

**I**N VIEW of the plain language of God's Word forbidding the taking of blood into one's body, Jehovah's witnesses have had no alternative but to refuse blood transfusions regardless of consequences. It has not been easy for them to do this, for much pressure has been brought upon them to accept blood.

Their course has brought them into conflict with members of the medical profession who have not appreciated the position of Jehovah's witnesses. Not willing to grant these their right to freedom of religion, they have used pressure in the form of warnings and threats. At times these have even resorted to questionable legal methods to force blood on the Witnesses in utter violation of their religious scruples and convictions.

How have the Witnesses responded to this pressure and what have been the results of their adhering to their religious convictions? Have the doctors' dire warnings that death would ensue if blood were not accepted invariably proved true? Have blood transfusions always proved lifesaving? And who has been shown in a better light—the doctors and judges who have insisted on blood transfusions or the witnesses of Jehovah and those members of the medical profession who have respected their convictions? Let us see.

## ***Integrity Severely Tested***

A notable case of severe legal, medical and religious pressure occurred in New

York city in December 1966. Alida Avila, 14 years of age, had been brought to New York from Puerto Rico by her mother earlier in the year. The purpose of the trip was for Alida to undergo an operation for the correction of heart and liver ailments. These ailments had caused her to have a massive hemorrhage three years ago, losing about half of her blood. At that time she survived without the use of blood transfusions. However, the condition remained.

Alida and her mother, both baptized witnesses of Jehovah, had tried many times in Puerto Rico during the last three years to arrange for surgery that would relieve the condition. But because of the integrity of both of them to God's law, which prohibits the taking of blood, the doctors they contacted would not operate. Not wanting to put themselves in the hands of those who would not respect their wishes, they came to New York, hoping they would find someone who would perform the operation without using blood.

However, on Saturday night, December 10, Alida had another hemorrhage while at home. She was rushed to St. Luke's Hospital in New York in a police patrol car. The doctors at the hospital were able to stop the bleeding, but said that Alida

would have to have blood transfusions, as she had lost a great deal of blood. But her mother, Inocencia, refused to give her permission because both she and her daughter objected to blood transfusions on both religious and medical grounds.

A clergyman, the hospital chaplain, used pressure and urged that the Bible passages on blood should not be taken literally. When it was pointed out to him that the fornication and idolatry mentioned in Acts chapter 15 were literal, making the prohibition on blood in the same text also literal, he had no defense. Then he was shown how Galatians chapter 1, verse 8, states that even if an angel out of heaven declared something different than what was recorded in God's Word, he would be accursed. The clergyman was visibly affected, but his stand remained the same as that of the hospital staff.

During the early hours of Sunday, while doctors were pressuring Mrs. Avila to change her mind and break her integrity, the assistant director of the hospital called a lawyer, Robert M. McCulloch, Jr., who in turn sought the advice of Robert A. Derzon, First Deputy Commissioner of Hospitals in New York. Mr. Derzon was sitting in as "night mayor" in City Hall. Derzon said he would call for legal aid.

Shortly afterwards State Supreme Court Justice Arthur Markewich was contacted. He called the lawyer, Mr. McCulloch, by telephone. The New York Times of December 13, 1966, comments on what happened:

"The lawyer briefly repeated some of the details to the justice, who then said he was 'as of now' appointing Mr. McCulloch special guardian of the girl 'for the purpose of directing and carrying out life-saving procedures, particularly the transfusion of blood.' ...

"Armed with the verbal order from Justice Markewich, whom the lawyer has never seen, he went with the Rev. James Walworth, an Episcopalian minister and

one of the four full-time clergymen at the hospital, to ask Mrs. Avila's permission to give her now unconscious daughter blood transfusions.

"But she still refused. Mr. McCulloch then gave the legal go-ahead to give the child blood."

At about 3 a.m. Alida received six pints of blood. The next night she received two more pints. Within two days of those blood transfusions Alida was dead.

On the basis of a verbal order from an official this child was taken away from her mother and given medical treatment to which both she and her mother objected on religious and medical grounds. Not only did this procedure violate Mrs. Avila's God-given right to obey superior law, but it violated her constitutional right to refuse medical treatment to which she objected on religious grounds and her right to due process of law, because she was not even given a proper hearing in court.

In addition, what can be said of any clergyman who not only fails to assist a Christian to maintain integrity to God's laws, but actually pressures her to break them? Such person is indeed reprehensible, disgusting to God. The Bible states: "Whoever stumbles one of these little ones who put faith in me, it is more beneficial for him to have hung around his neck a millstone such as is turned by an ass and to be sunk in the wide, open sea."—Matt. 18:6.

Overlooked by the press in its emotional presentation of the case is the strong possibility that what killed Alida was, not her loss of blood, but the transfusion itself. She had survived the loss of half of her blood several years ago, but once the massive transfusions entered her body, death quickly resulted.

### ***Pressurers Proved Mistaken***

In December 1966 one of Jehovah's witnesses in Oregon developed severe com-

plications and blood loss after the birth of her baby. Her doctor explained that the count of the hemoglobin carrying oxygen to her body tissues was less than three (grams per 100 milliliters of blood), about one-fifth of normal. The specialist said to her: "I've never seen anyone that needed blood as bad as you do." He said that he had seen people live with a count of six, but only with a blood transfusion. But she answered: "No blood." So she was given iron to build up her blood. Her hemoglobin count steadily increased. It went up to 3.7, then to 5, then jumped to 7.3 and then to 9. In a month her hemoglobin count had gone from less than 3 up to 13.2. And this without breaking her integrity to God.

In another instance, one of Jehovah's witnesses in the state of New York had an emergency operation for a ruptured appendix. But then poisoning and gangrene set in. The doctor said that blood must be given to her. She refused. For the next three weeks her condition became worse. She raised a fever varying from 104 to 106.9 degrees. The doctor said another operation was necessary, but he would not perform it without blood. Her husband then took her by ambulance to another hospital, where a doctor agreed to perform the operation without blood. After the operation the surgeon left for a vacation. When he returned two weeks later he found that she was not only alive, but much stronger. Neither he nor the hospital staff had anticipated that she would live. The doctor remarked: "The God that you believe in and have so much faith in is a great doctor, so continue worshipping this God for he performs miracles."

While Jehovah's witnesses do not claim such miracles, they do know that Almighty God, with his energizing spirit, sustains his people in their time of need, giving them comfort and strength of mind

that has a beneficial effect on their physical condition.

In the state of Kentucky an adult who had been studying the Bible was admitted to the hospital with bleeding stomach ulcers and a ruptured blood vessel. Although not a baptized witness of Jehovah, he firmly stated that he would not take a blood transfusion. The doctor kept demanding it, stating that he had lost two-thirds of his blood, and urged: "Take blood now or you have one hour to live." The patient refused and recovered enough to have a completely successful operation without blood. Doctors and nurses marveled and stated: "What a man of faith . . . he came out of the operation with a higher blood count than when he went into the operation."

Yes, time and again those who have tried to pressure the witnesses of Jehovah to take blood have proved to be mistaken, for in spite of dire warnings the Witnesses repeatedly have recovered without the use of blood. As was true of the early Christians, although severe pressures have been brought to bear against them they have maintained their integrity to God and to his righteous principles.

### *Respecting Integrity-keeping*

However, it must be said that not by any means do all doctors try to pressure the witnesses of Jehovah needing surgery to take blood. Many of them do respect the right of the patient to decline a particular form of treatment because of religious scruples and are willing to proceed along lines that are in accord with the patient's conscience. As one doctor put it: "Well, I haven't become so stiff-necked that I wouldn't treat someone unless they let me use blood."

In fact, it might be said that the more skilled the surgeon is, the more willingness he shows to limit himself by the re-

ligious scruples of his patients. Thus it has been found that top-ranking cardiologists, neurologists and urologists have evinced a readiness to operate without blood. To give but one example:

Mr. C——, age 55, was rushed to a Baltimore hospital in midwinter a year ago with a fever of 106.2. He was at once packed in ice and then operated upon, being found to have a paralyzed bladder. Two surgeons, one of them a leading urologist in the United States, took his case. First they cut out ten inches of his upper bowel and sewed the bowel together again. This section was cleaned and then to it were fastened the two urinals of the kidneys. An inch and a half opening was made in the side of the abdomen to which the bowel section was fastened. Then a plastic tube was cemented to this opening and it led to a rubber bag fastened to the side of one of the legs. The entire operation lasted eight hours, and during this operation not one drop of blood was used.

What was the outcome? Mr. C—— attended the assembly of Jehovah's witnesses this past winter in San Juan, a year later, looking fine. He stated that he was in top shape and able not only to get around and work but even to engage in sports such as swimming.

That more and more specialists are being found that respect integrity-keeping on the part of Jehovah's witnesses and the details of how these men proceed will be found in the article "Doing Without Blood Transfusions," in this magazine.

### ***Brushing Aside Religious Convictions***

However, not all doctors are so minded. It is to the shame of some that because a patient rejects one form of treatment, they will not treat him at all, even when the patient willingly releases the doctor from responsibility for any supposedly ill effects from not using blood.

Does it make sense not to do all within one's technical skill just because one form of treatment is rejected? Does it make sense for a doctor to declare that without an operation the patient will die, and then refuse to perform the necessary operation just because the patient objects to a blood transfusion?

In regard to using pressure, particularly repugnant was the legal, medical and religious pressure used in 1966 regarding the three-month-old son of one of Jehovah's witnesses in Wisconsin. The infant had been admitted to a hospital with bronchitis, but because of inadequate facilities he was transferred to another hospital in Madison, where he contracted "staph" pneumonia. The child's condition worsened, so four doctors assigned to his case recommended a blood transfusion. When the father refused, he was taken to court. The court ordered the baby taken away from the father, a new guardian appointed, and a blood transfusion given. But the new guardian the court appointed *had the baby baptized a Catholic!* What "dark age" mentality is it that not only takes the child from its father but, knowing full well he is of another faith, has the child baptized a Catholic? Individuals who perform such medieval practices must answer to God for their actions. And the baby? It was given a blood transfusion and then died within twenty-four hours.

The fact that critical operations can be successfully performed without the use of blood, and that far less critical operations have resulted in the death of the patient because of using blood, demands a closer look at the entire practice of blood transfusion. Are there sound medical objections to its use? As used today, does it possibly constitute one of the greatest health hazards known to modern medicine? Let us examine the matter.

**T**HE witnesses of Jehovah do not reject blood transfusions or object to coercive blood transfusions primarily on the grounds that they are hazardous. However, the fact that transfusions are hazardous should estop physicians and judges from forcing them on patients that have conscientious scruples against such use of blood. That these risks or hazards are real, and are not a few in number, will appear from the following.

The problem of transfusing blood is better understood when, as expressed in *Medical Science*,<sup>1</sup> "it is regarded as a tissue transplant." "Blood is composed of living cells as well as of fluid and chemical components, and no small part of the difficulties of its use is" that the blood of the recipient tends to reject the blood of the donor in much the same way as a skin transplant from another person is rejected except in the case of identical twins.

Much depends upon the skill and care exercised by those handling the blood, but every discovery of a new blood group emphasizes the fact that the dangers are more numerous than even the skilled technicians know. How great is the danger? In the United States alone, 6,750 lives are lost annually—one every hour and twenty minutes—because of hemolytic reactions to incompatible whole blood transfusions.<sup>2</sup>

Then there is the risk that the transfused blood will cause aggregates to form in the capillaries of the lungs. These are tiny clumps caused by the joining of white corpuscles to the platelets in the blood, so blocking the capillaries in the lungs and causing bleeding. According to Medical Professor Max Schneider of the University of Cologne, these probably account for many deaths that are not readily explained: "We have yet to find the mechanism of aggregate formation, and to discover the substance that could harmlessly be introduced into conserved blood to prevent it."<sup>3</sup>

There is also the danger of sensitization, which, in turn, may lead to untoward reactions in subsequent transfusions. Particularly serious is this sensitization in the case of girls and women of

## Blood Transfusions

ARE HAZARDOUS



child-bearing age. Transfusions can kill babies born as late as fifteen years after the initial transfusion; Rh antibodies have even been found to continue in the blood as long as thirty years. This sensitization has primarily to do with the Rh factor, but the hazard is even more complex because there are subtypes.<sup>4</sup>

### The Hepatitis Risk

Another basic hazard associated with blood transfusions is that they may infect the recipient with malaria, syphilis, serum hepatitis, and so forth. It is reported that in the United States 30,000 annually get serum hepatitis from blood transfusions and that 3,500 die from it. Thus Dr. A. J. Zucker-

man writes in the *British Medical Journal*, May 11, 1963, that "it should be a matter of considerable anxiety that there are indications that the number of deaths from hepatitis after cardiac surgery in some centres exceeds the mortality from surgery."

Regarding post-transfusion hepatitis, the *New England Journal of Medicine* states that it "has been found to be much more common in our study than has generally been accepted in this country. Patients so affected may represent a continuing source of further infection and may themselves progress to chronic liver disease."<sup>5</sup> In one study "12 percent of the patients having post-transfusion hepatitis died while ill with it."<sup>6</sup> How many died later from it is anybody's guess. And while it has been found that giving large doses of gamma globulin can greatly reduce the hazard, this is clearly impractical because of the limited supplies of it available. "More practical methods are to reduce the risk by" drastically reducing the number of "transfusions and using the greatest care in the selection of donors."<sup>7</sup>

Among still other hazards of blood transfusions is "circulatory overload," due to the mistaken notion that all blood loss must be replaced. How mistaken this notion is can be seen from the fact that it has been found that "some mild degree of hypotension . . . may be beneficial."<sup>8</sup> Yet, according to many clinicians, circulatory overload causes more deaths than any other hazard accompanying blood transfusion.<sup>9</sup>

In particular do massive blood transfusions represent hazards. Thus in open-heart surgery where whole blood had been used in priming the heart-lung machine, as high as 21 percent of the patients contracted hepatitis. Still another risk of massive transfusions is hemorrhaging. There has been found a tendency to bleeding or

hemorrhaging in 33 percent of the patients who received ten or more units (pints) of blood.

Another risk in massive transfusions is that such blood is usually stored blood, and storing decreases the bactericidal antibodies in the blood. According to Dr. R. M. Ollofort, giving patients who suffer from hemorrhagic shock "stored bank blood as replacement therapy does seem to make them worse, not better. They become prone to infection."<sup>10</sup>

Added to all these hazards must be the factors of human error, as when, due to a loose connection or letting a bottle run out of blood, a bubble of air enters the bloodstream, causing illness or death. This is known as "air embolism." In fact, carelessness—negligence such as mislabeling bottles, giving the blood to the wrong patient, and so forth—is said to account for 60 percent of blood transfusion reactions.

Well has it been stated: "Physicians, institutions and their employees assume heavy responsibilities with the administration of each unit of blood. . . . Let us hope that every physician concerned with transfusion therapy will take seriously his responsibility for minimizing all the known risks. The surest way to minimize risks is to avoid unnecessary transfusions."<sup>11</sup>

But do physicians and surgeons in general studiously avoid the unnecessary blood transfusion? Do they? Read the next article.

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- 4 *Canadian Medical Association Journal*, February 1, 1958, p. 208.
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- 8 *Annals of New York Academy of Sciences*, July 1964, pp. 199-210.
- 9 Artz and Hardy, pp. 76, 77.
- 10 *Anti-Biotic News*, November 10, 1963, p. 1.
- 11 *Annals of Internal Medicine*, July 1964, p. 136.

COMMON sense would seem to indicate that, in view of all the hazards associated with giving blood transfusions, everyone having to do with transfusing blood would keep its use down to a minimum. But is that the practice? Far from it!

To begin with, there are the greatest misconceptions as to when blood is indicated even according to current medical standards. Thus *Medical Science*, December 1964, tells that "there is no level of hemoglobin or hematocrit at which transfusion is imperative, these merely indicate the proportion of red cells to plasma mass." And again: "There is *no* laboratory procedure or combination of procedures which in itself is a reliable indication for transfusion. Too often forgotten is the fact that the patient has tremendous ability to cope with and correct his own deficits, without assistance, certainly without transfusion and often with less hazardous supportive procedures . . . A low blood volume does not necessarily need correction."

This same medical authority then lists situations in which the single unit (pint) of blood cannot be justified, but for which unwisely as well as unfortunately ever so many single units of blood are given: "(1) To make the patient feel better or look better. (2) To give the patient a tonic. (3) Routine preoperative use to build up the patient or in anticipation of blood loss. (4) Routine use during operation or delivery. (5) To 'improve' the hemoglobin value. (6) To correct an anemia of undetermined cause. (7) To provide iron. (8) To serve as a nutrient. (9) To do 'something' for the patient to satisfy either the patient or the doctor.

# NOT APPRECIATING THE DANGERS



(10) Routine use in the care of the terminal [hopeless] cancer patient."

Because of the risks associated with blood transfusion, for some ten years now certain doctors have been speaking out against the use of the single-unit blood transfusion, for one unit is enough to harm and kill a patient if it is the wrong type or contaminated. Yet the practice continues. Thus Dr. William H. Crosby, under the heading of "Trends in Blood Transfusion," in the *Annals of the New York Academy of Sciences*, July 1964, told of a female relative having given birth to a child by cesarean section, and although there had been no trouble or bleeding, the mother was given a blood transfusion as a matter of course. The obstetrician said that there was nothing to worry about, but Dr. Crosby added:

"Nothing except the possibility of transfusion reaction, viral hepatitis, and three or four remote but real dangers involved in the administration of blood. This is a fairly common practice in various hospitals in the United States . . . However, the obstetricians are not alone. In other specialties as well the knock-on-wood\* transfusion is often commonplace. It will take

\* A superstitious practice still common.

some time and effort to rid our medical culture of the unfounded hope that transfusion is a tonic, or that it may reduce toxicity or hasten convalescence or improve wound healing."

Thus also the *Medical Tribune*, March 19, 20, 1966, stated that "it is the opinion of a growing number of physicians that there are far too many unjustified single-unit blood transfusions in this country each year." It then went on to report on the findings of Dr. J. F. Crispen. He examined the records of a certain blood bank and the hospital charts on 471 single-unit blood transfusions given in one year. Of these, he said that 47 percent were definitely not advisable and another 18 percent were probably not. He also noted that 338 units were given to patients whose hemoglobin was 11 grams or greater before transfusion. Among other things, he stated:

"It was disheartening to note that in 133 instances physicians prescribed blood with so little concern that no post transfusion hemoglobin or hematocrit studies were obtained." In other words, the physicians did not bother to find out the condition of the patient's blood after having received a blood transfusion. He also noted: "The fact that so many unnecessary blood transfusions are administered in the United States must be due to inadequate dissemination of information to physicians using the procedure." That is a charitable view, but there may be other reasons, for, as he himself observed, "common sense dictates that a human commodity that can be harmful as well as helpful be not indiscriminately used."

### ***Not Willing to Learn?***

But it seems that some physicians just refuse to learn. After their being told that

a single-unit blood transfusion might represent an unjustifiable risk, and that these will be watched in the future, what do they do? Stop giving blood in such cases? Apparently not, but, rather, give two or three units where they used to give one, to avoid the censure, apparently, of giving too many single-unit transfusions.

That this may be the case is indicated by what Dr. J. Garrott Allen, one of the pioneers in opposing single-unit blood transfusions, had to say in the *Medical Tribune*, April 13, 1966. He reported that, while there has been a lowering of single-unit transfusions, there has been an increase in the number of patients getting two and three units of blood. "This attempt to reduce the hazards of transfusion appears to compound them." Yes, making matters worse than before!

Pertinent here is the statement made by Dr. Frank Rigall, F.R.C.S., of Scotland: "Because I entered surgery before the flood of blood began, I am always amazed to see blood given for ordinary operations. It seems to be quite all right to take a pint of blood from a donor and let him walk home but wrong to lose a little blood during ordinary surgery! My belief is put into practice. In nearly 17,500 admissions to this general hospital we have not found it necessary to transfuse blood more than a dozen times. Our mortality rates compare favorably with those of other institutions."<sup>6</sup>

Doctors of that sort usually respect the right of a patient to accept or reject treatment that is offered. But the doctors who do not appreciate the dangers are the ones who, without hesitation, shove aside the rights of patients and ask for a court order permitting them to transfuse blood.

<sup>6</sup> *Canadian Medical Association Journal*, February 1, 1958.

# Doing without BLOOD TRANSFUSIONS

**M**ORE and more alert and conscientious physicians are becoming keenly aware of the hazards associated with transfusing blood. These are not only learning to get along with ever less blood but at times come up with some remarkable findings, enabling them to do away with using blood transfusions altogether. Thus the *New York Times*, October 6, 1966, under the heading, "Saline Solutions May Replace Plasma as Treatment for Burns," reported, among other things, the following:

"The transfusion of plasma as a key treatment for severe burns was downgraded in several papers presented at a science meeting here yesterday. The scientists presenting the papers reported research showing that salt solutions not only were cheaper, but also could be more effective because their chemical balance could be tailored more precisely." In 308 cases of severe burns over a period of fifteen years no advantage was apparent of plasma over saline solutions, according to Dr. Kehl Markley. Not only is the treatment cheaper and readily available, but it can be given by mouth, which is a great advantage in emergency conditions.

At the same meeting another medical scientist reported that "this information was available more than twenty years ago but the idea was too far ahead of its time to be pursued and plasma transfusions continued to be the favored treatment."

Experiments have now conclusively proved that "the sodium solutions were more effective in getting the human body to replace its plasma fluid than transfusion of human plasma itself." Apparently the medical profession is loath to re-

linquish the elaborate and costly for the simple and cheap even though the latter is far superior!

And then there is the comparatively new product developed by certain German doctors and called *Haemaccel*. It is made of gelatine of beef bones and contains no less than eighteen amino acids. It has proved its worth now for several years in the clinics of Bonn, Dortmund and Erlangen, West Germany. Among its many advantages must be listed, not only that it does not cause any hemolytic reactions, nor cause fever or allergic reactions, nor spread infectious diseases such as malaria and serum hepatitis, but it requires no preservative and so can be kept for years in either torrid or frigid climates without deterioration. It is already credited with saving lives, especially in cases where there was too great an emergency to allow time for blood typing and tests necessary before blood transfusions could be given. Jehovah's witnesses have no religious objection to the use of such products as *Haemaccel*.

Another plasma substitute that has gained wide favor among surgeons for some time is Ringer's lactate solution. Surgeons at the St. Barnabas Hospital, Bronx, New York, consistently make use of it, especially when operating on Jehovah's witnesses, and the Witnesses appreciate the willingness of the doctors to handle their cases in this way. One such

surgeon early this year successfully removed a cancerous bladder from a patient who already had one kidney removed because of its being cancerous. In this case, which had been refused by government hospitals in West Virginia because of its involving danger of such a great loss of blood, hypothermia was also used; that is, the temperature of the body was reduced about 12 degrees Fahrenheit by means of a cooling blanket. This is a very useful procedure in cutting down on blood loss.

### ***Open-Heart Operations Without Blood***

Dr. Charles Bailey, one of the world's leading open-heart surgeons, is associated with this hospital. In the *Journal of the American Medical Association*, December 12, 1966, he reported on his success in open-heart surgery without blood, under the heading "Management of Major Surgical Blood Loss Without Transfusion." He states that getting along without blood transfusions has a significant bearing on medical practice, for the usual hazards associated with whole blood transfusions could all be reduced if expansion of volume could be accomplished without increasing the risk to the patient. Further, "the emergency patient, the rare blood type patient, the patient with blood difficult or impossible to cross match, would be more easily treated."

He also tells that, in operating open-heart cases without blood, patients were given iron, by injection and/or by mouth, B vitamins, liver extract and other like preparations, and hemostasis was carefully practiced.\* After these operations, however, no attempt was made to restore

\* Hemostasis means exercising great care to avoid any loss of blood. It includes not extending incisions any farther than absolutely necessary; using, where feasible, cautery or a high electric current instead of a knife, as this tends to seal the smaller severed blood vessels automatically. It also means making the greatest possible use of sutures or stitches, ligatures to tie the blood vessels, hemostats or clamps, cotton, cloth or a foam product, etc.

the blood volume to preoperative values or to any arbitrary level.

Among the principles that he and those with him report to have emerged from these open-heart operations without blood are that severe decrease in red blood cell mass and absolute low levels of hemoglobin are compatible with survival and the absence of permanent harm. However, maintaining the blood volume appears to be a significant factor in preventing disease and death. According to them, "the practical advantages of employing [these] solutions rather than plasma or whole blood are obvious." In fact, surgeons at this hospital have stated that they will accept any case, even brain tumors, for operation without resorting to blood if that is the patient's wish.

### ***Dextrose Found to Be Superior***

A somewhat similar report appeared just the month previous in another professional journal, *Surgery*, November 1966. Under the title of "Cardiac Valve Replacement Without Blood Transfusion," Dr. D. A. Cooley and his colleagues told of successfully performing such open-heart operations without blood on nineteen patients. Only seven were Jehovah's witnesses; no blood was used in the case of the other twelve, although they had no objections to its use if thought necessary. In these operations a 5-percent dextrose solution in distilled water with heparin was used for priming the heart-lung machine, "meticulous hemostasis was employed through the operations" and iron was given orally and by injection.

Among other things, these physicians reported: "Our favorable clinical experience with dextrose in distilled water is supported by laboratory data which demonstrates its superiority to techniques employing homologous blood in almost every respect." And not only was there no kid-

ney damage reported but in some instances kidney function was found to be considerably improved after the operation; and in case after case the heart, which had enlarged itself because of the extra work it was required to do because of the faulty valve, became reduced in size due to the success of the artificial valve replacement. Incidentally, it is of interest that the use of dextrose as a primer in the heart-lung machine was risked only because of the scruples Jehovah's witnesses had to using blood and their willingness to try out this method.

These physicians have used this dextrose solution in priming their heart-lung machines in 2,500 consecutive cases, with the most encouraging results. The various kinds of operations have averaged from about a half hour to an hour

and a half, depending upon their nature. While these doctors are not opposed to blood transfusions, they recognize the risk that is involved in giving blood and so have tried to keep its use down to a minimum.

The postoperative studies of the blood of the patients who had scruples against using blood showed that all these "maintained a mild anemia which still permitted satisfactory recovery." The report concludes by saying: "The successful surgical management of nineteen patients undergoing valve replacement for advanced cardiac valvular disease without blood transfusion demonstrates the wide margin of safety offered by this technique of [dextrose priming] open-heart surgery."

Not long ago these surgeons were willing to try for the first time open-heart surgery on patients who had scruples against blood transfusion by priming their heart-lung machines with dextrose or like

solutions. Today, not only are they willing to operate without blood on the Witnesses, but of their own accord they have operated on twelve others without blood where the patients themselves had no objection to blood. On seventy others, the report also showed, they used only one unit of blood, and, as previously noted, there may be a question as to whether it really was needed or not. What will tomorrow bring? At this rate of progress how long will it be until physicians will discard blood transfusions, as a previous generation of physicians discarded bloodletting?

Pertinent here is what Dr. Bruce Chown of Winnipeg, Canada, stated in the *Canadian Medical Association Journal*: "At least half of all transfusions are unnecessary; personally I think the proportion is much higher than that. What is the

#### ARTICLES IN THE NEXT ISSUE

- Relief from Frustrations Certain.
- Will Spain Soon Have Religious Liberty?
- Steps to Easier and Better Laundering.
- A Woman's Way of Life in Africa.

proof that more than a small fraction of the blood that is daily poured into the patients in the operating rooms alters the prognosis for the better? . . . I would hazard the guess that not 5 percent—no, not 1 percent of the transfusions given [to women at time of delivery] have been life-saving. And I would hazard the guess too that at least as great a percentage has been death-dealing."

In other words, according to Dr. Chown, at least as regards these particular cases, medical practice is no better off with blood transfusions than it was before, for as many die from the untoward effects of blood transfusions as have their lives saved because of being given blood transfusions! Salt solutions, Ringer's lactate solution, dextrose (sugar) solutions, *Hae-macel* (gelatine) solutions! How much longer will it be until the eclipse of blood transfusions is complete?

FROM the dogmatic manner in which some physicians approach the treatment of their patients, even appealing to the courts to back up their judgments, one might conclude that the practice of medicine is an exact science. But such is far from the truth.

How can doctors be so dogmatic when it takes their profession twenty years to accept the demonstrated fact that in severe burns saline solutions are superior in every way to plasma? And who is not familiar with the difficulty that the discoverer of penicillin, Alexander Fleming, had in trying to get the medical profession of Great Britain to examine his findings? Moreover, whether an operation is necessary or not is often debatable. In fact, early in 1967 a celebrated obstetrician, gynecologist and surgeon published his book, *The Healers*, in which he states that of all operations performed in the United States more than 75 percent are unnecessary.

Not least among the reasons why medicine is not an exact science is the transient nature of medical knowledge. As well noted by Dr. A. Klass of Winnipeg, Canada: "First and foremost is the very nature of medical practice itself. In a field of rapid discovery, the accepted treatment of today was risky yesterday; and will be obsolete tomorrow. During the period of yesterday, the treatment was new and hazardous, . . . During the period of tomorrow it is obsolete, antiquated, proved to be wrong. . . . It is only during the brief period of today that the treatment is right and proper and this period is made ever

# DOES COERCIVE MEDICAL TREATMENT MAKE SENSE?

shorter by the rate of discovery."—*Canadian Bar Journal* (1960).

Dr. Klass was writing on the subject, "Why Do People Sue Their Doctors?" and the point he was making, that doctors must keep abreast of medical knowledge to avoid being sued, was indeed well taken. However, in view of the transient nature of medical knowledge and practice, does coercive medical treatment make sense?

Dramatically underscoring the truth of Dr. Klass' words is a perusal of recent medical literature. For example,

## *What Medication Should Anemia and Heart Patients Receive?*

The *Medical World News*, October 28, 1966, reported on what Dr. Louis K. Diamond, professor of pediatrics at Harvard and chief of hematology (blood diseases) at Children's Hospital Medical Center, Boston, had to say about the common practice of using steroids such as cortisone in treating children with aplastic anemia. According to him, "far from improving bone marrow failure, steroids may reduce formation of leukocytes, platelets and red cells." He found "a striking amount of fatty replacement of bone marrow" in nine children treated with cortisone, and concludes by saying: "Results in patients have not been beneficial. Yet the drug has been and is being tried in many aplastic anemia patients. . . . The

practice is especially reprehensible when the drug is continued for a long time."

The very next issue of this same journal contained a report that questioned the merits of another generally accepted medical practice, namely, the "anticoagulant maintenance therapy" for patients who have had a certain kind of heart attack. A ten-year study by two professors of medicine showed that there was absolutely no difference in the survival rate of patients who had received this therapy and patients who had received placebos (imitation medicine) and patients who had neither received the therapy nor imagined that they were receiving medication. They said: "We wanted to know if there was any benefit from long-term anticoagulant [treatment] after acute myocardial infarction.\* We find no evidence that it reduces either mortality or complications." In fact, as reported by *Newsweek*, November 7, 1966, these doctors further found that, far from this medication's proving helpful, it caused those receiving it to be hospitalized more often than others who were not, especially as a result of bleeding complications.

### ***How Should Epilepsy and the Common Fever Be Treated?***

Only a few weeks later medical opinion was again found to be divided in a report that challenged the usual methods of diagnosis and treatment of epilepsy in children: "Neurologists at a recent Boston symposium heard some nerve-shattering reports that challenged commonly held beliefs about diagnosis and treatment of the disease" of epilepsy. "Waves of criticism were directed at both the use of the electroencephalogram [in diagnosis] and the administration of anti-convulsive drugs to children." Not only were these found to

be futile but it was found that "in some children the long-term daily administration of antiepileptic drugs can cause much physical and emotional harm."—*Medical World News*, November 25, 1966.

Even the commonly accepted method of treating one of the most common of all ills, the fever, has recently come up for severe censure, as reported in the very next issue of this medical journal, December 2, 1966. In it Dr. Andre Lwoff, of the French Pasteur Institute, and a Nobel Prize winner, went on record as supporting folk medicine as against medical practice. He stated that 'fever as one of the factors of healing in viral infections is well known in the research community. It is time that this information be mentioned in medical textbooks and acted upon in medical practice.' What folly, therefore, would it be for a physician to obtain a court order to force a patient who had high fever to submit to medication for the purpose of reducing his temperature simply because it was the generally accepted medical practice!

### ***The Blood Transfusion Trend***

Coming back to the subject of blood, we find that all this also applies to the wisdom of giving blood transfusions in certain situations. Thus while for long it has been the custom to give massive blood transfusions where there is much stomach bleeding, as in peptic ulcers, latest research indicates that serious bleeding will usually cease if no extra fluid is added to the circulation.—*Surgery*, November 1965.

Then, again, some physicians feel that they must build up the blood pressure by blood transfusions before operating, but another report discredits this procedure. It tells of many radical cancer operations' being "appreciably facilitated and the loss of blood reduced" by inducing a lowered

\* In which a blood clot causes the deadening of some of the heart muscle.

blood pressure by chemical means.—*Surgery*, June 1952.

Supporting the foregoing are the observations of Dr. William Crosby in *Annals of the New York Academy of Sciences*, July 1964. He tells of the success of open-heart surgery where plasma substitutes were used instead of blood and says that the decrease in many of the complications was doubtless due to induced anemia. "It seems paradoxical," he continues, "anemia should be detrimental, not beneficial. On second thought, however, we may perceive reasons which resolve the paradox." He points out that, while in health the hemoglobin level is usually 15 grams, we can get along with 10 grams when we are resting. With only 10 grams the blood is not so thick and therefore it requires less pressure for the heart or for the heart-lung machine to pump the blood throughout the body.

He further observes that for many years physicians have struggled against anemia in preparing patients for operations and that this may not have been for the patient's best interests. He explains that in the future it may be that, prior to surgery, patients will be phlebotomized, that is, have some blood drawn from them, "to induce a degree of anemia consistent with good oxygenation and by so doing the work of the circulatory system will be reduced." Further, by using a dextrose solution or Dextran there is less likelihood of fibrinous clots, known as thrombi, forming in the bloodstream, there is better circulation of the blood in the capillaries, and stagnation of the blood and sludging are prevented.

History records that such noted personages as George Washington the first president of the United States, Leopold emperor of the Holy Roman Empire, and Count Cavour the unifier of Italy were all

bled to death—killed—by the mistaken, then current medical practice of the times, bloodletting. Will future generations view blood transfusions the same way, as a monumental folly?

### *Danger to Your Own Freedom*

It is evident that coercive medical treatment does not make sense. How foolish to insist that legislative bodies require by law that everyone submit to certain forms of medical treatment, only to have it come to light later that the treatment results in more harm than good! It has happened before. Is it going to happen again?

Is it wise to enthrone modern medicine as infallible, when medical literature itself clearly shows that many of their medical practices are now being exposed as ill-advised?

Would you like to have a leg amputated in spite of your objections, simply because a doctor, lacking experience to know what else to do, declared it to be necessary?

Do you believe that doctors should be authorized by law to seize children who come from good homes and subject them to operations in spite of the objections of their parents?

When these things happen to Jehovah's witnesses and their children, the way is opened for them to happen to others in the community and to their children. When judges order "emergency" blood transfusions for the children of Jehovah's witnesses in spite of the objections of their parents, your own freedom to choose medical treatment is being endangered. When laws are proposed that authorize doctors to override religious beliefs, it is your own religious freedom that is being undermined. The issues deserve serious thought. Your own freedom, even your own life, is involved.



### Was the Donor Diseased?

◆ The Toronto *Daily Star* reports that Mrs. Dorine Krever, wife of Arnold Krever, principal of Oakville's Morden Public School, entered Oakville-Trafalgar Memorial Hospital on January 30 for treatment of anemia. At 9:30 a.m., February 3, she was given blood. At 11:30 a.m. she complained of weakness. Nurse Marion Nutt said the blood appeared to flow slowly and to be thick. At 11:40 p.m. Mrs. Krever died. The Red Cross said that it did not know who gave the blood for the transfusion or whether the donor had some kind of illness. Dr. B. A. Richards of the Red Cross said that the Red Cross relied on the intelligence of donors for protection against donations of blood containing bacterial infections. No check was made to see if the blood given Mrs. Krever was infected by bacteria, because this is not normally done, said Dr. Richards.

### 'Current Medical Opinion'

◆ *California Medicine*, in its issue of February 1967, reports on a delicate operation that required the opening of the cranium of a 41-year-old woman. The conclusions drawn in the report were as follows: "It is the current opinion of most neurosurgeons that transfusion of blood is absolutely essential in opera-

tions for intracranial aneurysms. This case demonstrates, however, that each aneurysm should be considered individually. It therefore behooves us not to routinely deny major operation to those who may be in desperate need but cannot morally accept blood transfusion." According to this medical journal, "the current opinion of most neurosurgeons that the transfusion of blood is absolutely essential" in such cases was not sound. Medical aid could be given without ignoring the religious views of the patient.

### Doctors' Ignorance Costly

◆ Mothers and babies are dying because some doctors fail to inform themselves of the knowledge available and are not keeping up with new developments, charged Dr. Gregory Tompkins, Jr., of Canada, a Dalhousie University specialist in obstetrics. "It is very disturbing to see the number of physicians who repeatedly precipitate mortality because of ignorance," Dr. Tompkins said. There is knowledge available to prevent deaths, but some physicians fail to take advantage of it.

### Church Without God

◆ The frustrations and hypocrisy of modern clergymen are

reflected in a book written by Ernest Harrison, a Toronto Anglican priest and minister of Holy Trinity Anglican Church. He makes these statements: "I claim to be a Christian and an Anglican; yet I can say, in all seriousness, that there is no God." "There are many loyal members of our churches who, though filled with happy songfulness at Easter time, have never really believed the empty tomb, have taken most of the resurrection story with a pinch of salt, and have found great difficulty in understanding . . . whether the story . . . really makes sense." Such comments by the leaders of Christendom's religions have greatly contributed to the moral breakdown and loss of faith so prevalent today.

### Esperance Canyon

◆ Marine scientists have discovered the world's deepest known ocean gorge off Australia. The ocean canyon is some 20 miles wide and 6,000 feet deep. It was called Esperance Canyon because it is 30 miles at sea off the western Australian city of Esperance. Esperance Canyon is about 1,000 feet deeper than Monterey Canyon off the California coast, which is about the same depth as the Grand Canyon.

### Religion Losing Sway

◆ The latest Gallup survey found that a majority of Americans, 57 percent of those polled, say religion is "losing" its influence on American life. Ten years ago only 14 percent felt that the impact of religion was diminishing. Organized religion has recently been called "outmoded" and "sterile," and the survey evidence clearly shows a growing public pessimism today about the usefulness of religion in American life. Significantly, younger adults are more inclined to take a pessimistic view of religion than are older persons. The shift in views on

the influence of religion is also in evidence in a decline in the proportion of persons who attend church in a typical week. The attendance figures have dropped from 49 percent of the adult population in 1958 to 44 percent in 1966. The nation's youngest adults (those in their twenties) account for much of this loss. Whereas national church attendance declined 5 points between 1958 and 1966, the decline was 11 points among young adults.

#### Summit Conference

◆ A 19-nation, three-day hemisphere summit conference opened on April 12 in Punta del Este, Uruguay, with predictions that it would usher Latin Americans into a new, more hopeful era of economic and social development. President Lyndon Johnson of the United States told the Latin presidents that the U.S. will continue to help, that it would offer sympathy and understanding for their problems,

but not much more. If Latin Americans had hoped that this conference would lift the burdens of their daily life, they were left disappointed. They were told that the solution of their problems is not possible without their efforts, toil and sacrifice. And that is precisely where they stood prior to the conference.

#### Students on Narcotics

◆ Fifteen percent of the students of Princeton University have taken marijuana, hashish or LSD, and many intend to continue doing so, it has been reported. The 15 percent represents about 480 of Princeton's 3,200 students. These findings were made public by the nine-member University Press Club that made a comprehensive study on narcotics use at the university. The survey indicated that almost two-thirds of the students who have tried narcotics once are still using them,

either occasionally or regularly. The most common reasons for taking dope were that it helped relieve tedium and reduce depression, which in themselves are a reflection of the times we live in.

#### Nuns Impart Communion

◆ Lamenting the accelerated lack of interest in the "Holy Week" activities this year, Archbishop Manuel Sanchez of Concepción, Chile, blamed the nice weather, lack of religious education in the homes and "free love." "I believe that the difficulties begin in the family nucleus," he said. "In the homes there is a lack of religious education, a lack of education of fathers to their children. The excess of sensualism is another determining factor in this atmosphere of world paganism in which we live."

Due to the scarcity of priests, for the first time nuns were used to impart the communion.

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