

Coagulopathy After Cardiopulmonary Bypass in Jehovah's Witness Patients: Management of and for the Individual Rather than the Religious Institution

Lee Elder

Jehovah's Witnesses read with interest the case study by Sniecinski et al. (1) concerning advances in treating patients who refuse certain products made from blood. Some Jehovah's Witnesses fit this profile. Accordingly, we are grateful to medical science for advances facilitating safe perioperative care for patients with this preference.

Sniecinski et al. (1) report the cases of two Jehovah's Witness patients, both of whom accepted transfusions from the donated and stored blood supply. This transfusion of products made from donor blood naturally leads one to question claims, made by some Jehovah's Witnesses, of abstaining from donor blood. This difficulty is amplified when reading power of attorney documents published by the Watchtower stating that Jehovah's Witnesses have the option of accepting literally *everything* from a given unit of donated blood so long as it is sufficiently fractionated beforehand. Understandably, health care providers are left wondering how a person can lay claim to abstaining from blood as an underlying tenet of faith and yet at the same time declare a preference to accept literally anything and everything from donated blood so long as it has been sufficiently fractionated. An added distraction for physicians trying to understand the Jehovah's Witness patient is the Watchtower organization's marketing of itself as representing Jehovah's Witnesses when it comes to medical use of blood.

In the report by Sniecinski et al. (1) it is important to point out the distinction between treating Jehovah's Witnesses as individuals rather than as part of a population within a religious institution that has strict proclamations on treatment options. In their presentation, Sniecinski et al. (1) treat official Watchtower teaching as though it represents the conviction of all individuals within the Jehovah's Witness population. In fact, the Watchtower organization no more represents the entire population of Jehovah's Witnesses in respect to blood than the Roman Catholic Church represents the entire population of Roman Catholics in relation to birth control techniques. A difference between these two religious institutions is that one interjects itself as representing an entire population with respect to a specific teaching while the other makes no claim that its position reflects the convictions of its members. Despite Watchtower's religious teaching, physicians experience many Jehovah's Witness patients willing to conscientiously accept transfusion of any donated blood product (including whole blood, red cells, white cells, platelets, or plasma) so long as the choice is kept confidential. This is based on a conscientious conviction that the choice is consistent with biblical imperatives. Furthermore, these individuals desire autonomy rather than having the Watchtower organization deciding for them what they can and cannot accept medically as a matter of conscience.

A little advertised fact is that the entire population of Jehovah's Witnesses has *never* universally assented to the Watchtower organization's religious position on blood transfusion. From the teaching's inception until today,

From the Associated Jehovah's Witnesses for Reform on Blood, Boise, Idaho.

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Address correspondence and reprint requests to Lee Elder, Associated Jehovah's Witnesses for Reform on Blood, Boise, ID. Address e-mail to leelder@ajwrb.org.

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individual Jehovah's Witnesses have lobbied the Watchtower to allow all uses of donor blood for medical purposes. Again, the point here is that the doctrine issued by the Watchtower organization is representative of its own hierarchy, and not of the entire population of Jehovah's Witnesses.

Members of Associated Jehovah's Witnesses for Reform on Blood applaud efforts such as those depicted by Sniecinski et al. (1) to advance medical practices in an effort to improve medical therapies and outcomes for patients with peculiar religious convictions. However, we also remind medical doctors to treat Jehovah's Witnesses patients as each individual prefers rather than as a religious organization prefers them to be treated. In this respect clinicians should take the necessary measures to ensure that choices are autonomous personal decisions rather than transposing

organizational religious ideology as though it represents individual conviction. At a minimum, treating physicians should arrange for a private meeting with patients so they have an opportunity to speak for themselves, free from religious pressure and in the absence of family members who are also Jehovah's Witnesses. Again, doctors are looking to confirm an individual's preference regarding blood product transfusion and not the preference of family members or a religious organization. Clinicians should likewise avoid pressuring the patient to act contrary to his or her own convictions.

REFERENCE

1. Sniecinski RM, Chen EP, Levy JH, et al. Coagulopathy after cardiopulmonary bypass in Jehovah's Witness patients: management of two cases using fractionated components and factor VIIa. *Anesth Analg.* 2007;104:763-5.