

Is the life in the blood?

Does the writing on the Web mean the writing's on the wall for the Jehovah's Witness prohibition of blood transfusion?

The Jehovah's Witness movement was originally known as the Zion Watchtower Society and was founded in the USA in 1884 by Charles Taze Russell, who had been a member of a conventional Christian church but then came to disagree with much of its theology¹. The movement preaches a literal belief in the Bible but denies amongst other things the Trinity, the deity of Christ, the personage of the Holy Spirit, bodily resurrection and a visible second coming.

To most lay people and certainly to most health professionals Jehovah's Witnesses (hereafter JWs) are best known for their absolute prohibition on members receiving blood transfusions. This is based on their interpretation of three Bible passages: Genesis 9: 4, Leviticus 17: 10-14 and Acts 15: 20,29. Their key theological arguments are that 'the life . . . is in the blood' and that the decision by the Council at Jerusalem to 'abstain . . . from blood' is a permanent injunction to all Christians against taking blood into their body in any form. The counter-argument that this teaching is clearly about eating blood from animal sacrifices has been expressed recently in a comprehensive Christian and medical review of the issue². A medical argument which temporarily gave some apparent support to the JW case was the discovery of HIV transmission through blood transfusion.

The blood taboo

Prohibition of blood transfusion was introduced by The Watchtower Society towards the end of World War 2, following prior objections to all forms of vaccination and the principle of organ transplantation. (Since the 1950s acceptance of these has been left to the conscience of the individual JW.) The sanction used is 'disfellowshipping' - seen by individual JWs as equivalent to eternal damnation.

Many have asked why such a controversial doctrine was ever introduced? Bergman³ concludes there was probably no one reason but the need amongst such a huge cult for worldwide cohesive unity and the re-establishment of a universal collective identity were clearly motivating factors.

The status quo among ethicists and health professionals has been clear for many years, until 1998. Adult JWs were accorded an absolute autonomous right to refuse blood transfusion even though death might result. This may have been irrational and irritating, but it was irrevocable and inalienable. There was no point arguing. Indeed the concept was so clearly established that the JW advance directive refusing transfusion⁴ has been seen as a paradigm for the whole question of patient rights and refusals.

(Regarding children whose parents, perhaps under the influence of Kingdom Hall elders, would appear to wish to refuse transfusion on their behalf, UK practice has been to take the child temporarily under legal protection in order to transfuse and save life, though there have been harrowing recent reports of needless deaths overseas⁵.) So what changed in 1998?

World Wide Web blows issue open

For a year or so a website has existed on the Internet called 'New Light on Blood'. It is the 'Official Site of Jehovah's Witnesses for Reform on Blood'. Originating from anonymous JWs, support flooded in from inside and outside The Watchtower, from such countries as Denmark, Finland, Germany, Poland, Portugal, Spain, Sweden, UK and USA. There is now extensive biblical and medical argument accessible, available in a number of languages. It is claimed the doctrine costs 1,000 lives each year. The essence of the protest is that at the very least blood transfusion be left to individual conscience.

The Reform Group is 'a diverse group of Witnesses from many countries, including elders and other organisational officials, Hospital Liaison Committee members, doctors, lawyers, child advocates and members of the general public who have volunteered their time and energies to bring about an end to a tragic misguided policy that has claimed thousands of lives, many of them children . . .'

To date The Watchtower Governing Body has not responded. Plans are being laid for possible legal action against it.

Rapid response from ethics establishment

In 1998, with a speed of response hitherto almost unknown in ethical debate, the prestigious *Journal of Medical Ethics* carried no fewer than four major articles on these developments.

In the first⁶, Osamu Muramoto, a neurologist in Oregon, argues 'this blood doctrine is being strongly criticised by reform-minded current and former JWs who have expressed conscientious dissent from the organisation. Their arguments reveal religious practices that conflict with many physicians' moral standards . . . the author . . . argues that there are ethical flaws in the blood doctrine, and that the medical community should reconsider its supportive position. The usual physician assumption that JWs are acting autonomously and uniformly in refusing blood is seriously questioned.'

A philosophical consideration⁷ follows from Julian Savulescu of Australia of the ethics of patients refusing cost-effective medical treatments. Using the JW blood issue as an example, he describes a case at Oxford's John Radcliffe Hospital where one JW received a two week course of erythropoietin (a hormone to stimulate red blood cell production) as an alternative to transfu-

Richard Cotton and his wife were JW's, but are now both Christians. Richard 'came to a saving understanding of Jesus while in the cult by reading the works of Martyn Lloyd-Jones'. Trained as a nurse, he has been a drug rep and now works in a general practice in Nuneaton. A member of the Reform Group, he writes:

'It began in a very small way, just a few individuals sharing thoughts, expressing doubts, just talking on the Internet. The JW's who did this found that for the first time in their religious lives they could be open with each other. True, they were careful not to reveal their identities. E-mail made for total anonymity. It allowed each one to speak freely without any personal risk.

Before the emergence of the WWW, contact between JW's usually meant keeping in step doctrinally, saying the right things, thinking the right thoughts. Individual thinking, warned The Watchtower, was sinful. Anyone expressing doubts or alternative views from the edicts of Brooklyn could land himself in big trouble with a visit from the local elders to help you 'adjust your thinking on certain matters'. The Net changed all that for good.

Among those utilising this new medium were a few Hospital Liaison Committee members, part of a team of specially trained elders whose job was to liaise with doctors whenever a Witness entered hospital under circumstances where blood transfusion might be considered. The intention was not to be confrontational but to make clear to all concerned just what was or was not acceptable to the patient. These elders also acted in a supportive role which was fine when things went well but heartrending when disaster occurred and the Witness died as a result of doctrinal restrictions.

To encourage someone to stand firm and then see them slowly die must be devastating to anyone with a grain of compassion in them. To some of these men it was to become unendurable; they had to carry the emotional load. It was very easy for the Governing Body in Brooklyn to make the doctrinal bullets, it was left to others to fire them - often with lethal results.'

A booklet is available from the Reform Group to all interested health professionals:

Website: <http://www.visiworld.com/starter/newlight/homel.htm>
E-mail: jwreformers@anon.nymserver.com

sion and at a cost of £2,916. He estimates blood transfusion would have cost £270 and asks 'How far does justice constrain autonomy?'

Muramoto's second paper⁸ proposes that 'physicians discuss the misinformation and irrationality behind the blood doctrine with the JW patient by raising questions that provide new perspectives. A meeting should be held non-coercively and in strict confidence, and the patient's decision after the meeting should be fully honoured (non-interventional). A rational deliberation based on new information and a new perspective would enable a certain segment of JW patients to make truly informed, autonomous and rational decisions.' He calls this 'a novel approach based on rational non-interventional paternalism'.

David Malyon is Chairman of the Jehovah's Witnesses Hospital Liaison Committee in Luton and his response⁹ is a robust defence of JW autonomy and the current system of liaison about alternatives to blood transfusion. The paper is interesting in what it ignores . . .

Conclusion

Can this revolution let loose within the JW cult by the Internet succeed? Can compassion and common sense prevail? At the very least, will The Watchtower Society have the courage to respond to the heartfelt cry in one moving Web testimony: 'Please, please reform this doctrine to a matter of conscience - please!'

If the writing on the Web may be the writing on the wall for this particular doctrine, are we also seeing the writing on the wall

so that absolute patient autonomy in all areas will no longer go completely unchallenged? Is there a future for 'rational non-interventional paternalism'?

References

1. Martin W. Jehovah's Witnesses. Bethany House Publishers, Minneapolis. 1957
2. Fry M. Jehovah's Witnesses and the Issue of Blood Transfusions. *Journal of the Christian Medical Fellowship*. 1994; Vol 40.1 No 157: 2-6 (reproduced from the October 1993 edition of *Nucleus*)
3. Bergman J. Jehovah's Witnesses and Blood Transfusions. Freedom in Christ, Mt Gravatt, Queensland. Undated
4. 'Medical Document: No Blood'. Advance Medical Directive/Release card carried by most JW's
5. 'The tragic story of the Perrota family' on 'New Light on Blood' website - <http://www.visiworld.com/starter/newlight/homel.htm>
6. Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: part 1. Should bioethical deliberation consider dissenters' views? *Journal of Medical Ethics*. 1998; 24: 223-230
7. Savulescu J. The cost of refusing treatment and equality of outcome. *Journal of Medical Ethics*. 1998; 24: 231-236
8. Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: part 2. A novel approach based on rational non-interventional paternalism. *Journal of Medical Ethics*. 1998; 24: 295-301
9. Malyon D. Transfusion-free treatment of Jehovah's Witnesses: respecting the autonomous patient's rights. *Journal of Medical Ethics*. 1998; 24: 302-307