



JEHOVAH'S WITNESSES

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GUIDELINES FOR HEALTH CARE PROVIDERS INTERACTING WITH JEHOVAH'S WITNESSES AND THEIR FAMILIES

BACKGROUND & INTRODUCTION

Health care providers need to have an understanding of and appreciation for the beliefs and religious preferences of their patients who are Jehovah's Witnesses in order to provide optimal care for them. Nationwide, there are approximately 1 million Jehovah's Witnesses with 50,000 residing in the metropolitan Chicago area.

RELIGIOUS BELIEFS

Jehovah's Witnesses believe in Almighty God, Jehovah, the Creator of the heavens and earth. They believe that the very existence of the intricately designed wonders in the universe surrounding us reasonably argues that a supremely intelligent and powerful Creator produced it all. They also believe that Jehovah God had a purpose in his creations. Their beliefs are based on the Bible and not on "mere human speculations" or religious creeds. They consider the Bible's 66 books to be inspired and historically accurate. They interpret the Bible literally except where the expressions or settings obviously indicate that they are figurative or symbolic. They understand that many of the prophecies of the Bible have been fulfilled, others are in the course of fulfillment and other still await fulfillment. They believe that the earth will remain forever and that all persons, living and dead, who will fit in with Jehovah's purpose for a beautified, inhabited earth will live on it forever.

BAPTISM

After learning what is involved through intense Bible Study and reasoning carefully on the matter, Jehovah's Witnesses willingly and joyfully dedicate their life to Jehovah making this dedication known publicly by a full immersion water baptism.

CULTURE AND CELEBRATIONS

Jehovah's Witnesses do not participate in nationalistic ceremonies, such as saluting the flag. They also do not celebrate traditional Christian holy days, such as Christmas, or birthdays.

BELIEFS RELATED TO HEALTH CARE

Jehovah's Witnesses accept medial and surgical treatment. They do not adhere to so-called "faith healing" and are not opposed to the practice of medicine. They are deeply religious and believe that blood transfusions are forbidden for them by such Biblical passages such as: "Only flesh with its soul – its blood – you must not eat" (Genesis 9:3-4); [You must] pour its blood out and cover it with dust" (Leviticus 17:13-14); and "Abstain from....fornication and what is

strangled and from blood" (Acts 15:19-21). They believe that taking blood into the body through the mouth or veins violates God's laws. Witnesses view the above verses as ruling out transfusion with whole blood, packed red blood cells (RBCs), and plasma, as well as white blood cell (WBCs) and platelet administration. However, Witnesses' religious understanding does not absolutely prohibit the use of fractions such as albumin, immune globulins and hemophiliac preparations; each witness must decide individually if he or she can accept these.

Jehovah's Witnesses do not accept preoperative autologous blood donation. Autotransfusion techniques such as hemodilution and cell salvage are a matter for personal decision.

GENERAL BELIEFS AND PRACTICES (INDIVIDUAL PRACTICES MAY VARY)

Jehovah's Witnesses beliefs are as follows:

- **Abortion**: Deliberately induced abortion simply to avoid the birth of an unwanted child is the willful taking of a human life and hence unacceptable. If (at the time of childbirth) a choice must be made between the life of the mother and that of the child, it is up to the individuals concerned to make that decision.
- **Advance Directives**: Jehovah's Witnesses carry on their person, an *Advance Medical Directive/Release* that directs no blood transfusions be given under any circumstances, while releasing physicians and hospitals of responsibility for any damages that might be caused by refusal of blood. (See the section on End of Life Care.)
- **Autopsies**: Unless there is a compelling reason, such as when an autopsy is required by law, Jehovah's Witnesses generally prefer that the body not be subjected to postmortem dissection. The appropriate family member can decide if a limited autopsy is advisable to determine the cause of death.
- **Burial of a Fetus**: The decision is a personal one to be made by the couple or woman involved.
- **Circumcision**: For an infant, this is a personal matter for the parents to decide.
- **Hemodialysis**: Hemodialysis is a matter for each Witness patient to decide conscientiously when no blood prime is used.
- **Immunoglobulins, Vaccines**: The religious understanding of Jehovah's Witnesses does not absolutely prohibit the use of minor blood fractions such as albumin, immune globulins and hemophiliac preparations. Each Witness must decide individually whether he or she can accept these. Accepting vaccines from a nonblood source is a medical decision to be made by each individual.
- **Open Heart Surgery**: Some Witnesses will accept the use of a heart-lung machine when the pump is primed with nonblood fluids and if blood is not stored in the process.
- **Organ Donation and Transplantation**: While Witnesses believe the Bible specifically forbids consuming blood, they believe there is no Biblical command that pointedly forbids the taking in of tissue or bone from another human. Whether to accept an organ transplant is a personal decision. The same is true for organ donation.

- Serums: Serums are not forbidden; however, an individual Witness may still conscientiously refuse them. The same applies to minor blood fractions.
- Use of Alcohol, Narcotics and Medications: Jehovah's Witnesses believe that moderate use of wine and other alcoholic beverages is not condemned by the Bible, but drunkenness is. Similarly, Bible principles of moderation and respect for one's life and mental faculties would rule out taking drugs for "highs" and thrills or to produce a form of drunkenness. Witnesses believe that the taking of mind-altering medications and drugs, including narcotics for severe pain, under the supervision of a physician, is a matter for personal decision, though they may not want to resort too quickly or without good cause to drugs that are addictive or hallucinatory if other effective methods of treatment were available or if endurance of temporary pain would be the preferable course.
- Volume Expanders, and some Drugs: Nonblood expanders, and some drugs (including dextran, hydroxyethyl starch, aprotinin, antifibrinolytics) are acceptable to Witness patients.
- Bloodless Medicine and Surgery: Alternatives to blood transfusions may be requested by Witness patients. They may include:
 - Use of fluids such as Ringer's lactate, dextran, hydroxyethyl starch and others to maintain blood volume, preventing hypovolemic shock.
 - Drugs: Genetically engineered proteins can stimulate the production of red blood cells (erythropoietin), blood platelets (interleukin-11), and various white blood cells (GM-CSF, G-CSF) and other medications greatly reduce blood loss during surgery (aprotinin, antifibrinolytics) or help reduce acute bleeding (desmopressin).
 - Biological hemostats: Collagen and cellulose woven pads that stop bleeding by direct application; fibrin glues and sealants can plug puncture wounds or cover large areas of bleeding tissue.
 - Blood salvage: Blood lost during surgery or trauma is salvaged, cleansed and can be returned to the patient in a closed circuit.
 - Surgical tools: Devices that cut and seal blood vessels simultaneously or devices seal bleeding on large areas of tissue. Laparoscopic and minimally invasive instruments that enable surgeries to be performed without the blood loss associated with large incisions.

MEDICAL & NURSING CARE

The patient (or parents/guardians of young children) should be fully informed on diagnosis, prognosis and treatment recommendations so that informed health care decisions can be made. Parents have the legal right to make such decisions for their unemancipated children. In rare emergent situations where doctors believe it is necessary to obtain a court order to impose medical care for which the parents have not given consent (such as administering a blood transfusion), the parents should be informed of such intended action as early as possible so that they may also be represented in court.

Each patient who is a Jehovah's Witness will decide what is appropriate for him or her according to his or her circumstances and the provisions of the law.

Witnesses do not observe special rituals that are to be performed for the sick or those dying. Every reasonable effort should be made to provide medical assistance, comfort and spiritual care needed by the patient.

In all congregations of Jehovah's Witnesses, *Local Congregation Elders* (a body of elders) function to provide needed spiritual and emotional support to members and their families on a weekly basis while the member is a patient. These elders are familiar with the convictions of the Witness patient and can better communicate with them. This can help eliminate misunderstandings and can facilitate medical treatment by physicians.

In major cities there are *Hospital Liaison Committees* composed of trained and experienced professionals who act as a liaison between the doctor and the Witness patient at the patient's request. Their services assist in solving problems that may arise when physicians believe blood is necessary. They support the family and the attending physician by locating doctors and medical teams experienced in nonblood management techniques. There are more than 12,000 physicians in the United States who are cooperating in utilizing such alternative medical strategies. *Hospital Liaison Committee* members have extensive information on available alternatives to blood transfusion therapy. They maintain up to date information on nonblood management strategies and can assist in transferring the patient if necessary.

The *Hospital Liaison Committee* of Jehovah's Witnesses have a Presentation Kit that it distributes. Included in this folder is a document entitled *Hospital Protocol for Treating Jehovah's Witnesses* (see below) and several articles and documents clarifying their stand and citing examples of successes in caring for patients without using blood.

Hospital Protocol for Treating Jehovah's Witnesses

REVIEW nonblood medical alternatives and treat the patient without using homologous blood.

CONSULT with other doctors experienced in nonblood alternative management at same facility and treat without using homologous blood.

CONTACT local Hospital Liaison Committee of Jehovah's Witnesses in locating experienced and cooperative doctors at other facilities to consult on alternative care.

TRANSFER patient, if necessary, to cooperative doctor or facility before patient's condition deteriorates.

IN RARE SITUATIONS, if the above steps have been exhausted and governmental intervention is deemed necessary, the patient, the parents, or the guardian should be notified as soon as possible of such intended action.

*****NOTE: ALWAYS CONSULT YOUR INDIVIDUAL HOSPITAL'S POLICES REGARDING THE PROPER PROTOCOLS TO FOLLOW.*****

SPIRITUAL CARE/PRAYERS

- Jehovah's Witnesses may practice daily prayers and reading of scriptures, which provides mental and spiritual comfort.
- Members of the congregation and elders may visit to pray with the sick person and read scriptures.

DIET/FOOD PREFERENCE & PRACTICES

Jehovah's Witnesses abstain from eating the meat of animals from which blood has not been properly drained. They also refrain from eating such things as blood sausage and blood soup. No special preparation is required. The patient can manage his or her own diet within the hospital dietary parameters.

END OF LIFE CARE

Jehovah's Witnesses believe life is sacred and the willful taking of life under any health care circumstance would be wrong. For this reason, reasonable and humane effort should be made to sustain and prolong life. However, Jehovah's Witnesses believe the Scriptures do not require that extraordinary, complicated, distressing and costly measures be taken to sustain a person, if such, in the general consensus of the attending physicians, would merely prolong the dying process and/or leave the patient with no quality of life. Any advance directives by the patient that specifically defined what was or was not wanted should be respected.

Congregation Elders at local Kingdom Halls will assist members in completing or renewing their advance directives annually.

RESOURCES/REFERENCES

- Contact the Hospital Liaison Committee for Jehovah's Witnesses. In the Chicago area, contact Jesse Graziani 708/795-4852 or 708/962-2034 or Ronald Sheaffer, 630/584-3656 or 708/348-0118.
- *"Clinical Strategies for Managing Hemorrhage and Anemia Without Blood Transfusion in the ICU"* and *"Clinical Strategies for Avoiding and Controlling Hemorrhage and Anemia Without Blood Transfusion in Obstetrics and Gynecology"*

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STRATEGIES FOR AVOIDING AND CONTROLLING HEMORRHAGE AND ANEMIA WITHOUT BLOOD TRANSFUSION

1. SURGICAL DEVICES AND TECHNIQUES TO LOCATE AND ARREST INTERNAL BLEEDING:

- a. Electrocautery
- b. Laser Surgery^{i ii}
- c. Argon Beam Coagulatorⁱⁱⁱ
- d. Gamma Knife Radiosurgery^{iv}
- e. Microwave Coagulating Scalpel^v
- f. Shaw Hemostatic Scalpel^{vi}
- g. Endoscope^{vii}
- h. Arterial Embolization^{viii ix}
- i. Tissue Adhesives^x

2. TECHNIQUES AND DEVICES TO CONTROL EXTERNAL BLEEDING AND SHOCK:

- a. For Bleeding:
 - (1) Direct Pressure
 - (2) Ice Packs
 - (3) Elevate body part above level of heart
 - (4) Hemostatic Agents (see below)
 - (5) Prompt surgery^{xi 27}
 - (6) Tourniquet
- b. For Shock:
 - (1) Trendelenburg/shock position (patient supine with head lower than legs)
 - (2) Medical Antishock Trousers (M.A.S.T.)
 - (3) Appropriate volume replacement after bleeding controlled

3. OPERATIVE AND ANESTHETIC TECHNIQUES TO LIMIT BLOOD DURING SURGERY:

- a. Hypotensive Anesthesia^{xii}
- b. Induced Hypothermia^{xiii}
- c. Intraoperative Hemodilution^{xiv xv}
- d. Hypervolemic Hemodilution^{xvi xvii}
- e. Intraoperative Blood Salvage^{xviii xix}
- f. Mechanical occlusion of bleeding vessel^{xx xxi}
- g. Reduce blood flow to skin^{xxii}
- h. Meticulous hemostasis^{xxiii xxiv xxv xxvi}
- i. Preoperative planning:^{24 25}
 - (1) Enlarged surgical team/Minimal time^{xxvii}
 - (2) Surgical positioning^{24 xxviii}
 - (3) Staging of complex procedures^{xxix}

4. BLOOD-OXYGEN MONITORING DEVICES AND TECHNIQUES THAT LIMIT BLOOD SAMPLING:

- a. Transcutaneous Pulse Oximeter^{xxx}
- b. Pulse Oximeter^{xxx1}
- c. Pediatric microsampling equipment^{xxx2 xxx3}
- d. Multiple tests per sample-Plan Ahead!^{32 xxx4}

5. VOLUME EXPANDERS:

- a. Crystalloids
 - (1) Ringer's Lactate
 - (2) Normal Saline
 - (3) Hypertonic Saline^{xxx5}
- b. Colloids
 - (1) Dextran^{xxx6}
 - (2) Gelatin^{xxx7}
 - (3) Hetastarch^{xxx8 xxx9}
- c. Perfluorochemicals
 - (1) Fluosol DA-20^{x1}

6. HEMOSTATIC AGENTS FOR BLEEDING/CLOTHING PROBLEMS:

- a. Topical:
 - (1) Avitene
 - (2) Gelfoam
 - (3) Oxycel
 - (4) Surgicel
 - (5) Many others
- b. Injectable:
 - (1) Desmopressin^{x1 x2}
 - (2) ε-Aminocaproic Acid^{x3}
 - (3) Tranexamic Acid^{x4}
 - (4) Vitamin K^{x5}
- c. Other Drugs:
 - (1) Vasopressin²²
 - (2) Conjugated Estrogens^{x6}
 - (3) Aprotinin^{x7}
 - (4) Vincristine^{x8}

7. THERAPEUTIC AGENTS AND TECHNIQUES FOR MANAGING ANEMIA:

- a. Stop the bleeding!
- b. Oxygen support
- c. Maintain intravascular volume^{x9}
- d. Iron Dextran (Imferon)¹
- e. Folic Acid
- f. Vitamin B-12
- g. Erythropoietin^{2 3 4 5}
- h. Nutritional support
- i. Immunosuppressive agents if indicated^{54 6}
- j. Perfluorocarbon solutions (Fluosol-DL)⁴⁰

- k. Granulocyte-Colony Stimulating Factor ^{lvi}
- l. Hyperbaric Oxygen Therapy ^{lvii} ^{lviii}
- m. 10/30 rule for minimum red cell level has no scientific basis ⁴⁹ ^{lix} ^{lx}

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