Neuroblastoma Excision in a Jehovah’s Witness’s Child

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Goals

The goals of this PBLD are to describe a four year old child of Jehovah’s Witness parents who is scheduled for excision of a neuroblastoma. Discussion will center around anesthetic issues including preoperative evaluation, whether to delay surgery, and questions regarding other important anesthetic dilemmas. For example, when should we deliver blood and are there other techniques available to avoid blood replacement? Also included will be discussion of systems issues, for example, should we refuse to do this case, or when and how to use a court order? What are the boundaries and determinants of Physician’s, parents’, and patient’s rights (and responsibilities?)

Case Description

A four year old child of Jehovah’s Witness parents is scheduled for excision of a neuroblastoma. The history is significant in that she has had abdominal swelling for two weeks with a recently diagnosed neuroblastoma. She has been on a round of chemotherapy. Her laboratory is significant in that her hemoglobin is 10, her hematocrit is 30, and the platelet count is 85,000. The child is not in any distress and has no abdominal obstruction. The parents state that they will not allow blood to be given to their child under any circumstance and will bring with them a “teacher” to the hospital if necessary to help reinforce their point. The surgeon has had a discussion with the parents, but it is unknown at this time what was said at that discussion. The surgeon has booked the case and as of yet has not conferred with the anesthesiology department. Pulse 110, RR 20, blood pressure 90/50, temperature 38.5º, and the weight is 13 kg.

Questions for discussion:

Anesthetic Issues
What, if any, further laboratory evaluation is necessary in this child before you would proceed with this case?
Would you delay surgery for a round of erythropoetin therapy?
What are the implications of the platelet count?
What special monitoring needs does this child have?
Would you use an arterial line and central venous line?
What anesthetic technique would you use for induction?
During maintenance of anesthesia would you employ a normovolemic normotensive hemodilution technique?
Would you use a normovolemic hypotensive technique?
What are your plans for postoperative ventilation?
What are your plans for postoperative analgesia?
Can this be done as a VATS? How does that change your anesthetic plans?
Systems Issues
Should you refuse to do this case?
Should you confer with the surgeon, parents, and the “teacher” before proceeding?
What are the important factors to be discussed at that meeting?
When would you administer blood to this patient?
What would you tell the parents about the administration of blood?
Would you get a court order either beforehand or during the case if the need arises? How is this accomplished?

References


