The Right to Life/Death: An Ethical Dilemma Involving a 36-Week-Pregnant 16-Year-Old Jehovah's Witness Patient in Premature Labor with Bleeding

Facilitators: Tae W. Kim, MD, FAAP and Eugenie Heitmiller, MD

Objectives:

1. Discuss the beliefs of Jehovah’s Witnesses toward blood transfusions.
2. Apply the legal outcomes of similar cases to help find a resolution to the issue of a blood transfusion.
3. Identify key resources to assistance in medically managing a Jehovah’s Witness.

It’s 3:00 a.m. on New Year’s Day and you are STAT paged by the hospital operator. Dr. B has an urgent request. He has a 16-year-old female who is 36 weeks pregnant and bleeding. He is unable to reach the anesthesiologist on call for obstetrics. He explains that he needs to examine the mother under general anesthesia.

You meet the expectant mother in the recovery room, which acts as the holding area at night. What are some thoughts going through your head in preparing for the case?

As you question the mother, you find she is a devout Jehovah’s Witness follower. What does it mean to be a Jehovah’s Witness? Does this information have any impact on your abilities to care for the patient?

When asked who accompanied her to the hospital, she explains that she left home about 6 months ago and lives with her boyfriend. She explains that they have no money and no insurance. Most of her care during the pregnancy was through a public health clinic, which is now closed for the weekend and won’t reopen until Monday. It’s currently Saturday morning. How does this affect your ability to care for her?

Her past medical history is unremarkable, and what prenatal care she received consisted of multivitamins. Her clinic visits have been unremarkable, and she began to notice spotting beginning several days ago. Her next clinic visit wasn’t due until she was closer to delivery time.

On physical examination you note that she is pale and tired. She is able to answer questions and follow commands. She complains of worsening lower back pain since her admission. Her vital signs are: BP 83/38 mmHg; P 123 beats/min; RR 24 breaths/min; O₂Sat on room air 96%.
Her physical exam is remarkable for slight build, except for a protuberant abdomen, and blood streaks on the inner thigh. The uterus feels firm and is tender to palpation. Current weight is 143 lbs. Her pre-pregnancy weight was 108 lbs.

Her admission laboratory results as of 10:00 pm on New Year’s Eve are:

WBC 11.2 g/dL; Hgb 7.5 g/dL; Hct 24 g/dl; Plt 35,000 mm³; Pt 18.5 secs; aPtt 56 secs; INR 2.1; UA - SG 1.15; Protein 1+; RBC trace

How are the values in relation to the pregnant state? When discussing the anesthetic options available, including the use of blood and blood products, the couple vehemently opposes any medical intervention. You discuss the situation with Dr. B. What are your options to resolve the situation? Are there any legal precedents to help guide you in your thought process?

How will you approach the patient about the use of blood and blood products? Are there any other officials or individuals who may prove helpful in this situation? Are there any blood conservation therapies approved by Jehovah’s Witnesses?

Discussion

The Jehovah’s Witness religious organization was founded in Allegheny, Pennsylvania in 1869 by Charles Taze Russell. Initially known as Zion’s Watch Tower Tract Society, the name was changed in 1931 based on a passage in Isaiah 43:10-11. The Blood Ban came into being around 1945. Jehovah’s Witnesses believe that the introduction of blood is not allowed based on several key passages of the bible. Genesis 9:3,4 Every moving animal that is alive may serve as food for YOU. As in the case of green vegetation, I do give it all to YOU. 4 Only flesh with its soul—its blood—YOU must not eat. Leviticus 17:14 14 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.” Acts 15:28, 29 28 For the holy spirit and we ourselves have favored adding no further burden to YOU, except these necessary things, 29 to keep abstaining from things sacrificed to idols and from blood and from things strangled and from fornication. If YOU carefully keep yourselves from these things, YOU will prosper. Good health to YOU!

In addition, the rejection of blood transfusions has been defended as being good medicine. Jehovah’s Witnesses support this belief by referencing large retrospective studies demonstrating that Jehovah’s Witnesses are at no greater risk of morbidity and mortality than individuals of other religious groups being treated for major trauma or surgical procedures requiring a blood transfusion. In addition, they point out that blood transfusions have been associated with higher mortality, ICU length of stay, and organ dysfunction. Also, studies have focused on defining the minimal hemoglobin concentration required to meet physiologic requirements in the human
body. This value has often been quoted as >7 g/dL. However, some postulate that the acute hemoglobin threshold for cardiovascular collapse may be as low as 3 g/dL to 5 g/dL.

The blood ban initially included whole blood and the components of blood. Consumption or intake of blood historically resulted in excommunication or organized communal shunning under Scriptural doctrine. However, a new directive replacing the Scriptural doctrine was issued in 2000, which stated that by virtue of the transgressor accepting blood, the person had by defacto revoked their own membership.

There have been many case precedents in which patients with advance directives have died from a lack of a blood transfusion. The right to refuse medical treatment dates back to 1914 in the case Schloendorff v. New York Hospital. Many Jehovah’s Witnesses carry a Durable Power of Attorney. This serves as an Advance Directive regarding their medical management. In addition, the card will list minor blood fractions and blood conservation technologies acceptable to them.

The acceptance of certain components of blood and blood salvaging techniques must be approached on an individual basis. Reformation movements within the Jehovah’s Witness organization have yielded the approval of the use of blood salvaging devices as long as they are in continuity with the patient’s circulation. In addition, autologous blood transfusions are acceptable as long as they are in continuity with the patient’s circulation. The use of blood substitutes has also been made a personal option. Other techniques are readily accepted such as intraoperative hypotension and isovolemic hemodilution, preoperative erythropoietin (EPO), and use of recombinant Factor VII (rFVIIa).

In response to the growing membership of Jehovah’s Witnesses and the medico-legal ramifications involved in caring for these patients, the medical community has developed programs to improve blood conservation. In addition, the Jehovah’s Witnesses have developed special Hospital Liaison Committees to help health care providers reach a mutually acceptable approach to medical management. Also, many institutions have developed a protocol for transferring care of patients, if the initial consulting physician is uncomfortable with respecting the wishes of the patient.

A checklist may be used to document what the patient will accept for blood loss replacement, surgical limits and triggers to abort the case and use of techniques to optimize hemoglobin and reduce blood loss during surgery. An example is as follows:

<table>
<thead>
<tr>
<th>Patient will accept</th>
<th>Surgical limits and triggers to abort surgery</th>
<th>Techniques for optimizing Hgb preop and reducing blood loss during surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cell Saver</td>
<td>□ Hgb – acceptable lower limit</td>
<td>□ Preoperative erythropoietin</td>
</tr>
<tr>
<td>□ Fresh frozen plasma</td>
<td>□ EBL – acceptable upper limit</td>
<td>□ Acute hemodilution</td>
</tr>
<tr>
<td>□ Platelets</td>
<td>□ Hemodynamic instability limits</td>
<td>□ Cell saver</td>
</tr>
<tr>
<td>□ Cryoglobulin</td>
<td>□ Determination of point that surgery cannot be aborted</td>
<td>□ Antifibrinolytics</td>
</tr>
<tr>
<td>□ Albumin</td>
<td></td>
<td>□ DDAVP</td>
</tr>
</tbody>
</table>
The 16-year-old in this case is a Jehovah’s Witness. She is considered an emancipated minor based on her pregnancy and is allowed to consent for her own medical treatment. However, the maternal mortality rate in the United States is 11.8 deaths per 100,000 live births. The second leading cause of mortality is hemorrhage (17.2%). Obstetric hemorrhage in the Jehovah’s Witness patient carries a 44-fold increased risk of death. The most common causes of antepartum hemorrhage are placenta previa and placental abruption. Placental previa is the abnormal implantation of the placenta in front of the fetal presenting part.

Placental abruption is the separation of the placenta from the decidua basalis before delivery of the fetus. It is diagnosed by ultrasonography or magnetic resonance imaging. Approximately 33% of third trimester bleeding is caused by placental abruption. It presents clinically as painful vaginal bleeding. There is an increased incidence with high parity and uterine abnormalities. Risk factors for placental abruption are exposure to cocaine, methadone, and tobacco. Other conditions associated with placental abruption are hypertension, preeclampsia, and uterine fibroids. Complications include disseminated intravascular coagulopathy, anemia, acute renal failure, uterine atony and Sheehan’s Syndrome, and fetal demise.

Involvement of the legal system to settle controversial debate is based on four guiding principles: preservation of life, prevention of suicide, protection of innocent third parties, and preservation of the ethical integrity of the medical profession. However, with the passage of time and the development of a reform movement, Jehovah’s Witnesses have softened their stance in regard to certain blood products, such as albumin, immune globulins, and hemophiliac preparations. In addition, autologous blood kept continuous with the patient’s circulation has been found acceptable by most Jehovah’s Witnesses.

In this situation, the 16-year-old is pregnant. This creates a legal conundrum suitable possibly for invocation of the Principle of Parens Patriae. This allows the state to intervene against an abusive or negligent parent, legal guardian, or caretaker and to act as the parent of any child or individual who is in need of protection. This allows the state to order a blood transfusion to the mother in order to save the life of the baby.

The most referenced case law concerning parens patriae and a Jehovah’s Witness is Georgetown College v. Jones in 1963. A 25-year-old mother of a 7-month-old child needs a blood transfusion after having lost two-thirds of her blood from a ruptured ulcer. The court cited the following: “The state, as parens patriae, will not allow a parent to abandon a child, and so it should not allow this most ultimate of voluntary abandonments. The patient had a responsibility to the community to care for her infant. Thus the people had an interest in preserving the life of this mother.”

Another case involving minors was Public Health Trust of Dade County, Florida v. Norma Wons in 1989. A mother of two minor children was administered a blood transfusion on court orders obtained by the Jackson Memorial Hospital physicians treating her at the time. Later, this decision would be overturned on appeal as being unreasonable and not recognizing the mother’s right to choose her medical therapy. The appeals court expressed that this was a difficult case in
its attempt to balance an individual’s rights to religious practice and privacy protection against
the state’s interest in maintaining life and protecting innocent third parties.

As another example of the invocation of parens patriae, in re Fetus Brown, a Jehovah’s Witness, 34 3/7 weeks pregnant, refused a blood transfusion. A court order was obtained, and she underwent transfusion therapy. The court’s decision was based on the premise that a competent adult can sacrifice his or her life for religious beliefs, but that as a parent he or she cannot refuse life-sustaining treatment for a child who has not reached the age of consent and has not chosen to adhere to the religion. This ruling was later appealed and overturned.

Also, consideration for medical intervention must include a discussion of the landmark case Roe v. Wade. The majority ruling in 1973 holds that the government has a legitimate interest in protecting potential human life when it is considered viable beyond 24 weeks’ gestation. This overrode the woman’s Fourteenth Amendment right to privacy and her subsequent right to terminate her pregnancy in the third trimester. However, this decision did make abortion legal in all states. In 1992, the viability standard was moved from 24 weeks to 22 weeks in the case of The Planned Parenthood v. Casey Standard.

In contrast to the previous cases, the case of Stallman v Youngquist arrived at a different conclusion, citing that “a fetus cannot have rights superior to those of its mother” and that a pregnant woman “owes no legally recognized duty to her developing fetus.” In addition, in re Baby Boy Doe, a court sided with the maternal refusal of delivery by caesarean section that was deemed necessary to save the life of the fetus. The court held that a woman’s right to refuse invasive medical treatment was not diminished during pregnancy and that the impact upon the fetus was not legally relevant.

In the case Mercy Hospital, Inc. v. Jackson in 1984, the Maryland Court of Special Appeals affirmed the denial of Mercy Hospital’s petition for appointment of a guardian for a pregnant Jehovah’s Witness in order to gain consent for a blood transfusion that the medical staff deemed necessary to perform a Caesarean section. The Court of Special Appeals agreed with the trial judge that “a competent, pregnant adult does have the paramount right to refuse a blood transfusion in accordance with her religious beliefs, where such decision is made knowingly and voluntarily and will not endanger the delivery, survival, or support of the fetus.”

In conclusion, the key to the successful management of a Jehovah’s Witness patient is planning. The more time one has to plan, the more prepared one will be to handle the uncertainties. A new concept that is being applied broadly to hospital patients is Bloodless Medicine Management. This is a multidisciplinary, multimodal approach to improving the patient’s blood indices. In addition, each Jehovah’s Witness patient is unique and may have a differing opinion as to what is an acceptable technique for blood conservation or blood constituent.

**Bibliography**

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http://www.watchtower.org/


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