Ethics and Caring for a Pregnant Jehovah’s Witness Needing Blood: Determining Power

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A married 20-year old African-American/Hispanic female Jehovah’s Witness, 8 months pregnant, was involved in a serious car accident. She had hit her head hard on the windshield breaking the glass. She is borderline competent. Lab results and an ultrasound revealed that she was bleeding internally, and the Doppler confirmed that the fetus’s heart was under distress. The doctor recommended that she have an immediate blood transfusion and undergo emergency cesarean section surgery. However, she adamantly refused both forms of treatment due to her religious beliefs, even though it is was the best course of action for the survival of her and her fetus. She was then offered alternative blood byproducts that can potentially be accepted by a Jehovah’s Witness. She and her husband told the medical staff that any acceptance of a blood or blood products transfusion would result in their membership being revoked and an eternal damnation to hell (Paci, 2008). They cited this passage as an example, Leviticus 17:14, in the Old Testament of the Bible states the following: “The life of every living thing is in the blood and that is why the LORD has told the people of Israel that they shall not eat any meat with blood still in it and that anyone who does so will no longer be considered one of his people” (Effa-Heap, 2009). Jehovah’s Witnesses interpret the meaning of every word in the Old Testament and live their life accordingly.

Two hours after being admitted, the young female went into labor four weeks early. Unfortunately, the delivery resulted in a stillborn baby boy. Shortly thereafter, she went into cardiac arrest and died after several attempts to resuscitate her.
The Ethical Dilemma

The basic ethical issue in this scenario is the conflict between two principles founded in the ethical codes written by the American Nurses Association. The patient’s right to self-determination versus the nurse’s responsibility to provide the highest standard of care in an emergency situation. (Potter & Perry, 2005). In the United States, the Due Process Clause protects the traditional right to refuse unwanted lifesaving treatment as long as the adult is deemed competent (Goldblatt, 1999). For instance, as long as the mother-to-be was deemed competent by the physician she is eligible by law to refuse or accept treatment. If the patient is deemed incompetent, then they must rely on her blood card (advanced directive) issued by the Watchtower society. This is a self-governing society for Jehovah’s Witnesses. This blood refusal card must be deemed valid by the health care provider (Wooley, 2005). It is difficult to determine whether or not the Jehovah’s Witness was fully informed by the Watchtower Society because they only provide them with the risks of receiving blood. The two problems here correctly deeming competency in an emergency situation and deciding whether or not the card is valid (Wooley, 2005).

What about the fetus’s rights? There have been many debates on whether or not the fetus has rights of its own. Some believe the fetus’s right to avoid risk should surpass the mother’s right to follow her religious beliefs (Tovarelli & Valenti, 2005). People argue this position by saying that many women put their unborn children at risk, such as with: smoking, drinking alcohol, poor diet, or no prenatal care during pregnancy. However, the majority of the court cases have ruled that a woman’s competent choice to refuse treatment during pregnancy must be granted regardless of the effects on the fetus (Tovarelli & Valenti, 2005). Therefore, the woman
in the scenario should ultimately make the potentially lifesaving decision for her and her fetus unless overruled in the court of law.

Holistically this particular scenario is much more complex due to all who is affected. The mother-to-be, her husband, her fetus, and the health care providers all play vital roles in analyzing this dilemma. The mother-to-be’s refusal of treatment has directly affected her fetus’s chance at life and has put an end to her own. Even though her husband would have done the same thing, he now has to adjust to being a childless widow. Also, her decision has affected the health care providers (Pacsi, 2008). Witnessing medically preventable deaths—the mother and the unborn baby—could affect the providers’ emotional state (Hughes, Ullery, & Barie, 2008).

The health care providers must apply basic health ethics to this dilemma such as; autonomy, beneficence, and nonmaleficence. As she is a Jehovah’s Witness, asking for her blood card and having her sign a blood refusal document show signs of respect for her autonomy regarding her care. Secondly, beneficence can be achieved by accepting and caring for her wishes to refuse treatment regardless of the provider’s disagreement with her decision. Lastly, nonmaleficence in this scenario is a double-edged sword. A health care provider is committed to avoiding harm or hurt to the patient. In this case, it might seem as though the patient and the fetus could avoid suffering if the treatment was done without her consent. However, ignoring one’s religious beliefs would be a form of maleficence (Potter & Perry, 2009).

Often ethical dilemmas can cause many conflicts either based on value, personally, or professionally. The value conflict in this dilemma is the female’s religious integrity versus sustaining the life of her and her fetus (Pacsi, 2008). In the perspective of a Jehovah’s Witness, this can be seen as a choice between living death and actual death. They feel that if they chose
to have a blood transfusion, being personally shunned by their family and friends is worse than
dying by a loss of blood. Those that do decide to receive blood transfusions often are put on
suicide watch because they cannot handle the *living death* (Guichon, 2009). When providing
care to Jehovah’s Witnesses in a health care setting conflicts may occur when there is; a lack of
communication, inadequate or biased knowledge, and lack of health care ethics. In this scenario,
the patient communicated well with the health care providers and told them her wishes. Also she
provided her blood card, a legal document, which stated her advance directives (Pacsi, 2008).
From the onset of care, it is the Jehovah’s Witnesses’ responsibility to communicate that they are
a blood-refusal patient because the providers cannot be expected to know (Tovarelli, 2005).
However it is suggested that the health care providers need to be aware of the Watchtower
Society’s policy on blood transfusions as many Jehovah’s Witnesses are not actually sure what is
or is not acceptable (McInroy, 2005). The Watchtower Society is very biased in there delivery of
information to its members. Aside from the religious standpoint, they warn its members that
transfusions are plagued and will likely cause severe health consequences (McInroy, 2005).
Meanwhile, they fail to mention the benefits of transfusion. As health care providers we must
respect their beliefs, but it is not to say that those beliefs cannot be questioned, or that patients
cannot be encouraged to inspect them for themselves (Hughes, Ullrie, & Barie, 2008). In the
past, a lack of health care ethics toward the Jehovah’s Witnesses has developed a sense of
distrust with the medical establishment. After the Patient Self-Determination Act, many strides
have been made in medically and ethically accommodating this particular religion reducing the
amount of conflicts and confusion. (Tovarelli, 2005). If any of these conflicts arise, they must be
dealt with immediately and accurately because a hemorrhaging patient has a very short time
frame for survival.
Nurse Actions

When a nurse is confronted with an ethical dilemma he/she must always presume that there is good will among all involved, sustain confidentiality, support client-centered decision making, and welcome primary caregivers and family participation (Potter & Perry). Ultimately the client has the final decision regarding the care he/she wants to receive. In order for the patients to make the final decisions they must recognize the problem or situation, assess all possible options, and consider the pros and cons of each option (Potter & Perry, 2009). It is the nurse’s duty to provide care, educate, and bring awareness to the patient and family regarding all aspects of the decision.

In this scenario, there are few different actions a nurse could take in this situation. The nurse in this situation could decide to become personally invested, not support her decision, and even ask that the courts get involved to grant the fetus equal rights since she is borderline competent. The advantages to this action could possibly save the patient and her baby if fetal rights were granted by the court. Also, the nurse would be able to provide the highest level care available. Obviously if the courts ruled in her favor, a disadvantage would be that the nurse would not be fairly advocating for the patient. This could result in a poor nurse-patient relationship that could negatively affect the patient’s recovery. Also, the patient may be shunned forever from the Jehovah’s Witness community.

The other option would be to support the autonomy of the patient. The disadvantages of this action are that the women and her baby have a decreased chance of survival. Most likely the baby could have immediately been saved if a caesarian section would have been done. Also, the nurse’s ethical duty to provide the highest level of care to the patient could not be met. An
advantage to this action is that her beliefs were able to be honored and advocacy can be established with the patient. Since she was an adult and deemed competent, even though it was on the border, the best action to take would be to respect the patient autonomy and her legal rights. The nurse should then support her and her husband, provide care and comfort, provide a safe and supportive environment to allow for the expression of feelings, and document the entire situation.

Outcomes

There are positive and negative outcomes that could result from this action taken. A negative possible outcome would be that the patient and her baby both die as a result of not giving a blood transfusion and an immediate caesarian section. Also, the health care staff may have trouble mentally dealing with two lives being lost that could have easily been saved. The possible positive outcome would be that the patient’s religious beliefs were honored. Also, the patient and her fetus may have a lower risk of survival but does not mean that they are going to die.

In conclusion, Jehovah’s Witnesses are the most rapidly growing religious group in the western world and the Watchtower Society is having trouble adjusting their steadfast views to accommodate the medical advances. Therefore, it is very important for health care providers to become educated and allocate resources regarding this topic (Hughes, Ullrey, & Brandt, 2007).
References


