

# Letter to the Editor

## Poll - Jehovah's Witness Patient

Max Grinberg and Graziela Zlotnik Chehaibar

Instituto do Coração - FMUSP, São Paulo, SP - Brazil

### Dear Editor,

The physician makes recommendations that may conflict with the patient's exercise of autonomy. The indication of surgical treatment with potential need for blood transfusion to a Jehovah's Witness patient (JWp) is a striking example.

According to Grinberg<sup>1</sup>, "the bedside of the JWp represents an excellent laboratory on the attitudes of the healthcare team. It witnesses several combinations of attitudes by both the physician and the patient".

The JWp refuses to receive transfusions of blood and blood derivatives due to the interpretation of biblical passages, such as Genesis 9:3, 4; Leviticus 17:13, 14 and Acts 15:19, 21. The blood transfusion is made analogous to the act of consuming blood and thus, it would lead to the "loss of eternal life"<sup>2</sup>. The imminent risk of death for the patient raises renowned ethical dilemmas.

The question is considered heterogeneously by different countries. In England, the patient's autonomy tends to be respected integrally: "Patients have the right to refuse medical treatment due to reasons that are either rational or irrational or even without reason"<sup>3</sup>.

In Brazil, the Criminal Code, article 135, clearly states that physicians can be penalized by failing to provide assistance when they do not apply treatments that can save the patient, when capable of doing so (BRAZIL, 1940). The Brazilian Federal Council of Medicine (CFM) reinforces this statement in its resolution # 1.021/80, which establishes that, in cases of imminent life-threatening situations, the blood transfusion must be carried out "regardless of the patient's or parents'/tutors' consent" (CFM, 1980).

The State of São Paulo has Law number 10241, known as "the Mario Covas Law", of which article 2, subsection VII, allows the patient to "give free, voluntary and informed consent to be submitted to or to refuse, after receiving adequate information, diagnostic or therapeutic procedures (São Paulo, 1999).

The JWp usually presents a document registered in a

Registry Office in the presence of two witnesses, aiming at preserving his/her right to autonomy and prevent legal actions to be taken against the physician and the healthcare team due to the non-use of the blood transfusion<sup>4</sup>. However, such document raises contradictory interpretations.

Some physicians believe that the maintenance of life is the priority of medical care and that the respect for beliefs depends on each professional's personal values.

Amidst laws, codes, documents and pressure from patients, family members and colleagues, the Brazilian physician has made non-uniform decisions.

The poll on the decision-making regarding the blood transfusion in JWp at the site of the Brazilian Society of Cardiology, associated to the poll "Conduct in Jehovah's Witness Patient from a Bioethical Point of View"<sup>5</sup>, yielded the participation of 564 cardiologists and showed that 56.7% of them accepted treating the JWp, with different considerations regarding the patient's autonomy.

The poll showed that 43.4% of the physicians chose to refuse caring for the patient. The physician and the multiprofessional team have a commitment with maintenance of life, understood as earthly life. The physician and the healthcare team have made an oath and are subject to a code of ethics. They wish to apply beneficent methods, and, when unable to do so, prefer not to be in charge of the case.

The second most voted option, chosen by 33.9% of the voters, was to treat the patient and proceed with the transfusion, if necessary. The laws and codes of ethics support the physician's autonomy, regardless of the patient's wishes, in cases of life-threatening situations. The physician feels justified to act towards the preservation of earthly life, according to his or her own values.

The third option, chosen by 22.7% of voters, was to treat the patient and not perform the transfusion, under any circumstances. The results show that a significant number of physicians decide to give the patient full autonomy, even if this decision might result in legal and ethical consequences. This attitude is similar to the one adopted in countries such as England and Japan. According to the conclusion by Chua and Tham<sup>6</sup>, it is "essential for healthcare professionals to respect patient autonomy and the decisions made by each JWp, although it might not be in accordance with the physician's best interests and beliefs". In the field of medical practice, there are physicians who strive to conciliate the patients' wishes with the available resources to treat them.

### Keywords

Jehovah's witness/psychology; codes of ethics; blood transfusion.

Mailing address: Max Grinberg •

Rua Manoel Antonio Pinto, 04 ap. 21 A - Paraisópolis - 05663-020 - São Paulo, SP - Brazil

E-mail: grinberg@incor.usp.br, max@cardiol.br

Manuscript received February 10, 2010; revised manuscript received February 10, 2010; accepted March 03, 2010.

## References

1. Grinberg M. Considerações sobre Testemunhas de Jeová. In: Bioética clínica: reflexões e discussões sobre casos selecionados. Centro de Bioética do Conselho Regional de Medicina do Estado de São Paulo. São Paulo: CREMESP; 2008. p. 155-70.
2. Smith ML. Ethical perspectives on Jehovah's Witnesses' refusal of blood. *Clev Clin J Med*. 1997; 64 (9): 475-81.
3. Woolley S. Jehovah's Witnesses in the emergency department: what are their rights? *Emerg Med J*. 2005; 22: 869-71.
4. Gohel MS, Bulbulia RA, Slim FJ, Poskitt KR, Whyman MR. How to approach major surgery patients refuse blood transfusion (including Jehovah's Witnesses). *Ann R Coll Engl*. 2005; 87 (3): 3-14.
5. Grinberg M, Chehaibar G. Conduta em paciente Testemunha de Jeová sob o enfoque da bioética. *Arq Bras Cardiol*. 93(5): e85.
6. Chua R, Tham K.F. Will "no blood" kill Jehovah Witnesses? *Singapore Med J*. 2006; 47 (11): 994-1002.