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The Jehovah's Witness Tradition: Religious Beliefs and Healthcare Decisions, 2002

Edwin R. DuBose

M. James Penton

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The Jehovah's Witness Tradition

Religious Beliefs and Healthcare Decisions

Edited by Edwin R. DuBose

Revised by M. James Penton

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The origins of the Jehovah's Witnesses go back to 1879, when a Pittsburgh businessman named Charles Taze Russell (1852-1916) began publishing the magazine *Zion's Watch Tower and Herald of Christ's Presence*. Two years later he founded Zion's Watch Tower and Tract Society, which was incorporated in 1884 in Pennsylvania. Within ten years, a small Bible study group had evolved into scores of congregations. In 1909 the society moved its headquarters to Brooklyn, New York, where it remains today. The name Jehovah's Witnesses was adopted in 1931 (Watch Tower Bible and Tract Society of Pennsylvania [hereafter cited as Watch Tower Society] 1974: 149-51).

Jehovah's Witnesses base their beliefs on the Bible, which they regard as the inspired, inerrant Word of God. Their theology includes a doctrine of "progressive revelation," however, which allows their leaders to change biblical interpretations and doctrines frequently (Penton 1997: 165-71). For example, they long taught that the present "system of things" would end before all members of the generation alive in 1914 would die. Now, although they teach that the end, marked by the Battle of

Edwin R. DuBose, Ph.D., is Senior Ethics Consultant and Director of Clinical Ethics at the Park Ridge Center for the Study of Health, Faith, and Ethics.

M. James Penton, Ph.D., is a retired professor of history and religious studies at the University of Lethbridge and a specialist in Jehovah's Witnesses.

Armageddon, is still imminent, they no longer hold that it must come within the generation of 1914 (Penton 1997: 316-17; *Watchtower*, 1 November 1995, 18, 19).

Armageddon will rid the earth of Satan and all his forces. Only Jehovah's Witnesses will survive this worldwide conflict, which will result in a millennium of peace and righteousness, during which billions of dead persons will be resurrected and given a chance to prove themselves worthy of eternal life. During this period an "anointed" class of 144,000 saints will rule with Christ in heaven as spiritual beings, while those loyal to Jehovah on earth will gradually regain the perfection had by Adam and Eve before the Fall (Watch Tower Society 1995: 182-3).

FUNDAMENTAL BELIEFS CONCERNING HEALTH CARE

In their approach to health, illness, and medical care, Witnesses are determined not to violate what they regard as God's standards concerning the value and meaning of life in all its spiritual and physical aspects (Watch Tower Society 1990: 6; Watch Tower Society 1989: 14). From the beginning of the movement, Witnesses have stressed publishing and preaching above curing physical and social ills. When the Millennium arrives, they believe, all problems, including those related to health, will be solved. Russell, for example, felt that suffering could be redemptive, that instead of making one rebellious, it could refine one's character through the "blessings of afflictions and sorrows" and would help prepare one for the end time (Cumberland 1986: 472). Suffering, patiently borne, strengthened character.

Russell also believed that disease was a degenerative process that began with Adam's fall from grace and would not be reversed until after Armageddon. He also recognized a psychosomatic element in illness, asserting that "one half of the people in the world are sick because they

think they are." In earlier times Witnesses perceived a demonic role in the origin of disability and disease (Cumberland 1986: 47-71).

In contrast to many Christian denominations, the Witnesses did not create their own healthcare institutions. According to the Watch Tower Society, they were not to operate hospitals and clinics; the world's time was "too short." Clayton J. Woodworth, the editor of *The Golden Age* and *Consolation* magazines, was influential in this area: he regarded the American Medical Association as "an institution founded on ignorance, error, and superstition," denied the germ theory of disease, attacked the use of vaccination as a violation of God's law, and regarded the use of aluminum cookware as dangerous to health (Penton 1997: 66). Since the magazines edited by Woodworth were official Watch Tower publications, most Witnesses believed that Woodworth's opinions represented official positions of the Society (Cumberland 1986: 473). Jehovah's Witnesses no longer hold such views, and in recent years they have shown a much more positive attitude toward modern science and the medical profession.

Although the Witnesses' rejection of blood transfusions is well known, many healthcare providers have little knowledge of the wider context of their views concerning health and illness. The Governing Body of Jehovah's Witnesses has therefore encouraged the formation of hospital liaison committees in major cities with large medical institutions. By 1992, over one hundred committees existed in major cities in the United States to improve understanding between providers and the Witness community (*Awake!* 22 November 1990, 21; *Kingdom Ministry*, September 1992, 3-5). In recent years Witnesses have generally sought and accepted qualified professional health care within religious parameters such as refusal of blood transfusions (Tabbert 1992: 2). The majority rely on biomedical science and trained medical personnel for their health care (Watch Tower Society 1977: 27).

Jehovah's Witnesses are committed to the Bible as a source of ethical values for all humankind. Scripture is used as a guide for all aspects of life (including, for example, diet and hygiene). It also serves as the source of moral principles and ethical norms that have been passed down and followed through the centuries. The way in which people respond to these principles reveals a fundamental orientation to life. Ethical analysis is done through reading and applying Scripture; because the Bible does not comment directly on organ transplants, for example, decisions about transplants are left to the individual Witness (*Watchtower*, 15 March 1980, 31), although, curiously, for many years such transplants were regarded as a form of cannibalism (*Watchtower*, 15 November 1967, 703; Penton 1997: 112-14). Because bone marrow transplants may contain blood, Witnesses are cautioned that it may be wrong to accept them (*Watchtower*, 15 May 1984, 31).

INSTITUTIONAL AUTHORITY AND INDIVIDUAL CONSCIENCE

In their organization the Jehovah's Witnesses follow what is said to be the pattern of the Christian congregation of the first century. Since the early 1970s, they have been directed by a Governing Body, which determines doctrinal, legislative and judicial matters for them. The Governing Body consists of a small group of elderly men who hope to join Christ in heaven as members of the 144,000 of Revelation chapters 7 and 14. Members of the Governing Body do not consider themselves to be infallible, but all Jehovah's Witnesses are expected to obey their dictates on pain of excommunication. The Governing Body supervises the Society's publications and appoints a Branch Committee of three or more men in each of the 111 branches of the worldwide movement. These committees appoint congregational elders and ministerial servants and supervise activities in the more than two hundred countries in which the

Witnesses have a presence (Watch Tower Society 1986: 26-27; 1989: 9; 2002).

Each local congregation is governed by elders or overseers who supervise it and look after its needs. These elders are not clergy; rather, they supervise the instruction provided through the Watch Tower Society at meetings, lead in preaching activities, and visit members to encourage them as needed. Elders also have responsibility to reprove and administer discipline through "judicial committees" to any who may be following a wrong course and who endanger the spiritual and moral purity and unity of the congregation. Under various circumstances Witnesses may be expelled from their congregations as "unrepentant wrongdoers," a practice known as "disfellowshipping" (Watch Tower Society, 1991: 90-100), or they may simply be held to have "disassociated" themselves for such things as joining another religious organization or serving in the armed forces (Watch Tower Society, 1991: 101-2). The elders are assisted by ministerial servants who are recommended by the elders; both elders and ministerial servants serve voluntarily. All baptized members are considered ordained ministers, although only a few serve as full-time administrators and "pioneers," or full-time evangelists (Watch Tower Society 1986: 12-13).

Usually 18-25 congregations are grouped in a circuit and assemble twice a year for "circuit assemblies" or conventions. Once a year, larger district conventions bring together a number of circuits in a program based on the spiritual needs of Jehovah's Witnesses worldwide with respect to their preaching work and moral concerns.

Worldwide, Witness congregations are organized to cover their local area systematically with the preaching of "the good news of God's Kingdom" as presented in the Christian Scriptures. So that such witnessing is done in an orderly fashion, the local branch office of the Watch Tower Society assigns an area to every congregation. The congregation divides that area into smaller portions, which are then assigned to

members who take the responsibility of contacting people with the Witnesses' message.

Since World War II the movement has grown rapidly. Active door-to-door "publishers" or preachers worldwide numbered 6,035,564 as of August 2001 (Watch Tower Society 2002). Disappointment associated with the failure of the predicted Armageddon to arrive and the

rigid demands imposed on members by their tradition may have accounted for many of the nearly 1,000,000 desertions from the movement that occurred during the period from 1970 to 1999 (Franz 2000: 34). There are nearly 1,000,000 active Jehovah's Witnesses in the United States today (Watch Tower Society 2002).

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Generally Jehovah's Witnesses have good relations with healthcare providers and support medical work and practice with the exception of blood therapy and, to a lesser extent, psychiatry. With respect to blood therapy, commonly understood notions of an individual's autonomy play a negligible role in the moral reasoning of Witnesses. The key moral authority for them is not the right of self-determination, as claimed in secular bioethics, but rather the Governing Body of Jehovah's Witnesses, which is seen as overseeing Jehovah's channel of truth on earth. The chief standard is obedience to this authority. Besides seeking guidance in Scripture and prayer, adherents often seek counsel from their elders about healthcare matters.

CLINICAL ISSUES AND PROCEDURES

Self-determination and informed consent

Although the Witnesses' stand on blood transfusions is dictated by their Governing Body, they also recognize the principles of informed consent and self-determination as pivotal in any discussion of clinical issues.¹ They accept these principles as their own, take them seriously, and use them to build the case that a competent patient has the right to refuse treatment. Because of what the Watch Tower Society, acting on behalf of the Governing Body, has dictated concerning blood therapy in recent years, it is

difficult for most Jehovah's Witnesses to know what blood particles they may or may not accept according to the teachings of their faith. Furthermore, they may believe that being given a transfusion, which is still prohibited, is spiritually detrimental only if it is accepted voluntarily. Thus, if the transfusion is taken under court order, it may not be regarded in this way (Watson 1991: 10).²

The competent adult's legal right to refuse medical treatment stems from the constitutionally guaranteed right to privacy and, in some cases, freedom of religion. Courts have upheld the right of the competent Jehovah's Witness to refuse transfusion on religious grounds. When a patient is able to consent, refusal to receive blood transfusions based on religious beliefs generally cannot be overridden when the welfare of the state is not in question.³ The rights of competent patients, however, are not absolute. Generally, when a pregnant woman refuses blood transfusion therapy, thereby jeopardizing the well-being of the fetus, the state may argue for a compelling interest sufficient to warrant compulsory care. Also, the presence of dependent minor children is usually considered by courts to be a compelling reason for treatment of a sick parent.⁴

Witnesses are willing to sign the American Medical Association release form relieving hospitals of liability for non-acceptance of transfusions, provided that their wishes about blood

are respected (Dixon and Smalley 1981: 2472; Watch Tower Society 1977). Many Witnesses carry a MedicAlert card instructing that no blood products be administered; the card, prepared with legal and medical consultation, is signed and dated annually. Whether health institutions are bound legally by these instructions is debatable because state statutes in this area are lacking (Fontanarosa and Giorgio 1989: 1092; Dixon and Smalley 1981: 2472). Witnesses are well advised to discuss their religious beliefs regarding blood with their regular physicians and thoroughly document their views in advance of a clinical situation. Clinicians treating Jehovah's Witnesses should discuss in detail the types of blood products and the specific procedures with which the individual Witness is comfortable.

Telling the truth and confidentiality

The obligations to tell the truth and maintain confidentiality are commonly seen as integral to the patient-caregiver relationship. "The superior demands of divine law," however, might require a Jehovah's Witness healthcare worker to breach the requirements of patient confidentiality to preserve the purity of a Witness congregation by reporting to local elders for discipline a fellow Witness who had broken some Governing Body rule. A *Watchtower* article observes that the Witness healthcare worker may aid an "apparent sinner" by taking such action, but also acknowledges that employers have a right to expect employees to preserve confidentiality (*Watchtower*, 1 September 1987, 12-15). Thus,

prior to accepting employment that requires confidentiality, a Witness should consider how allegiance to Scripture might conflict with professional, institutional, and legal requirements.

Proxy decision-making and advance directives

In cases involving the possibility of blood transfusion for a Jehovah's Witness patient considered incompetent, a surrogate decision maker who best understands the wishes of the patient should be identified or appointed (*Awake!* 8 September 1986). The courts have generally applied the doctrine of "substituted judgment" to determine the appropriate medical treatment for incompetent patients: a surrogate decision maker, focusing on the particular desires of the patient involved, judges what the patient would have wanted if he or she had been competent to make the decision (Fontanarosa and Giorgio 1989: 1093). The advance medical directive or release commonly used by Witnesses includes a clause naming and authorizing a surrogate decision maker. Although no specific Governing Body statement was found, it seems clear that Jehovah's Witnesses strongly support proxy decision-making in clinical issues.

FAMILY, SEXUALITY, AND PROCREATION

Jehovah's Witnesses strongly emphasize traditional family and moral values. Because of the nearness of Armageddon and the desire for total commitment to the cause, however, Watch Tower leaders for years discouraged members from marrying and, if they did marry, from having children (Penton 1997: 265). In 1951 the Governing Body changed its position, with some ambivalence, to approval of marriages among Witnesses (Cumberland 1986: 480). Basing their views on Scripture, Witnesses believe that a husband should treat his wife with respect, understanding, and concern, "giving her special attention." A wife should be a helper to her husband, "supporting his decisions and cooperating with him to achieve family goals" (Watch Tower Society 1992: 5-6).

Although Witness writings commonly assign women to positions subordinate to their husbands, women are encouraged to exercise a degree of autonomy over their bodies by such means as giving birth at home, breast-feeding, and using contraceptives (Cumberland 1986: 480).

Parents should give time, attention, and discipline to their children, teaching them right principles according to Scripture. Children are to obey their parents (Watch Tower Society 1992: 5-6).

In the matter of sexual ethics, the Witnesses agree with the traditional Christian view that limits sexual activity to marriage. In addition, they hold that oral and anal sexual intercourse are wrong, even within marriage. Homosexuality is denounced in the strongest terms as ungodly and unhealthy (*Watchtower*, 15 March 1983, 31).

CLINICAL ISSUES AND PROCEDURES

Contraception

Because birth control is a personal matter, the Governing Body permits with some reservation the use of contraceptives. Regarding the use of intrauterine devices, which may cause abortions, each concerned married couple is instructed to make a conscientious decision in light of a Bible-based respect for the sanctity of life and the Witness opposition to abortion (*Watchtower*, 15 May 1979, 31).

Sterilization

For years the Watch Tower Society opposed voluntary sterilization, arguing that it violated the natural procreative powers provided by Jehovah and threatened marital harmony if one marriage partner later desired a family. In the 1980s, in response to the possibility of successful reversals of sterilization procedures, the Society began treating the issue as a private and personal matter, arguing that preaching was more important than having children (*Watchtower*, 1 May 1985, 31). More recently, however, the Society seems to have reverted to its earlier stance, holding that individuals who seek voluntary sterilization (except when a wife's life may be endangered by pregnancy) may be denied privileges in Witness congregations (*Watchtower*, 15 June 1999, 27-28).

Abortion and the status of the fetus

Abortion is not permitted even when the mother's life is in danger or birth defects seem likely. For Witnesses life begins at conception; therefore, the age of the embryo or the issue of a woman's rights is never a factor in determining the morality of abortion (*Awake!* 22 August 1975; 8 November 1986; 8 October 1990). Abortion is never the answer to the need for population control or birth control (*Awake!* 8 April 1988).

Artificial insemination

Artificial insemination by anonymous donor (AID) is viewed as a form of adultery (*Watchtower*, 15 August 1984, 26). No position on artificial insemination by husband (AIH) was found.

Gamete intrauterine fallopian transfer (GIFT)

No statement was found on gamete intrauterine fallopian transfer.

In vitro fertilization (IVF)

A brief discussion that relegates IVF to the realm of personal conscience appeared in a 1981 *Watchtower* article (15 June, 31). Other statements in Watch Tower literature (mostly in *Awake!*) suggest a negative attitude toward the procedure. If it is performed to implant an embryo in a prospective surrogate mother, it is morally wrong according to a 1993 article in *Awake!* (8 March, 26).

Surrogate motherhood

Surrogate motherhood is condemned, whether the surrogate mother is impregnated by artificial

insemination or an embryo of a married couple is implanted in her uterus for gestation.

According to a 1993 *Awake!* article, both procedures are regarded as a “violation of the marriage bed” (8 March, 26).

Disease treatment of pregnant women

No statement on disease treatment of pregnant women was found. The sanction against blood transfusions, however, applies to the treatment of pregnant women.

Prenatal diagnosis and treatment

No positions were found on prenatal diagnosis and treatment.

Care of severely handicapped newborns

No position was found on the care of severely handicapped newborns. Given the Witnesses’ views on the sanctity of human life, however, one may conclude that the tradition would favor care and support for severely handicapped newborns and their parents.

GENETICS

While recognizing the promise that genetic research holds, Witnesses are concerned about the goals of this research: “It contains great potential for good in the form of better drugs, better medical care, and improved understanding of how living things work,” but God has “the ultimate authority to decide the genetic blueprints for all living things . . .” (*Awake!* 22 July 1989, 13).

CLINICAL ISSUES

No explicit positions were found on the issues of genetic screening and counseling, sex selection, selective abortion, or gene therapy. Given the tradition’s beliefs about the sanctity of life and opposition to abortion, however, one could conclude that Jehovah’s Witnesses oppose selective abortion.

ORGAN AND TISSUE TRANSPLANTATION

Witnesses do not believe that the Bible comments directly on organ transplants; hence, decisions about cornea, kidney, or other transplants must be made by the individual Witness (*Watchtower*, 15 March 1980, 31; Dixon and Smalley 1981: 2471). The *Watchtower* has cautioned Witnesses to make sure that bone marrow transplants do not contain blood (*Watchtower*, 15 May 1984, 31).

CLINICAL ISSUES

Issues concerning recipients

Because of the potential for HIV infection, organs and tissue from people with AIDS should not be used for transplants (*Awake!* 22 November 1986).

Issues concerning donors

No positions were found on the procurement of organs or tissue from cadaveric or living donors, or from anencephalic newborns or human fetuses.

MENTAL HEALTH

Witness tradition recognizes that physical and psychological pressures are the causes of mental distress (*Watchtower*, 1 March 1990, 3-4). Fearful that non-Christian therapists may trace the roots of emotional problems to their patients' peculiar faith, however, leaders of the movement at times discouraged Witnesses from seeking professional help for mental health concerns. They argued that relief from depression and anxiety could be found in regular Bible study and congregational meetings, an approach to mental distress that is still followed. In this view, elders in a congregation provide support for the person through counseling that stresses willpower, reassurance, and prayer (*Watchtower*, 1 March 1990, 5-9). Leaders now state that when severe distress persists, elders and family members should encourage the person to seek medical attention, particularly from physicians and therapists who understand and respect the beliefs of Jehovah's Witnesses (*Watchtower*, 15 October 1988).

CLINICAL ISSUES

Involuntary commitment

No statement was found on involuntary commitment.

Psychotherapy and behavior modification

Accepting treatment from a psychiatrist or psychologist is a personal decision to be made with due caution. Some well-intentioned practitioners fail to understand Christian principles and give "advice that flatly contradicts the Bible" (*Watchtower*, 15 October 1988, 29).

Psychopharmacology

Witnesses recognize that medically supervised use of some medications may permit severely ill people to function normally. Although some "well-intentioned brothers" have discouraged patients from taking prescribed medication, fearing that it will be harmful or addictive, others note that many psychiatric drugs serve merely to correct chemical imbalances in the brain and that such drug therapy can be viewed

in much the same way as a diabetic's use of insulin. Also, in the face of slow-acting therapies or those with unpleasant side effects, patients and families are encouraged to be patient and supportive and to cooperate with qualified medical personnel (*Watchtower*, 15 October 1988, 28-29).

Electroshock and stimulation

Jehovah's Witnesses do not endorse electroshock, but there is some evidence that they would leave decisions about electroconvulsive therapies to individuals (*Awake!* 8 September 1986, 8).

MEDICAL EXPERIMENTATION AND RESEARCH

No information was found on the subject of medical experimentation. The injunction against blood transfusion for Witnesses would hold with any medical research or experiment.

As a result of their interest in the transfusion issue, Witnesses appear to support medical research on alternative blood therapies.

DEATH AND DYING

For Jehovah's Witnesses, death means only the termination of conscious existence. Hell is not eternal torment. Thus, those people who die before Armageddon will experience death as sleep, lasting until Jehovah's call to arise from the tomb. A final testing will follow the Millennium, at which time the righteous will be given eternal life. Although death is considered an enemy, it is not something to be feared by the loyal Witness whose hope lies in the resurrection (*Watch Tower Society* 1995: 82).

CLINICAL ISSUES

Determining death

No position on determining when death occurs was found.

Pain control and palliative care

No statement on pain control and palliative care was found.

Forgoing life-sustaining treatment

Where death is clearly imminent or unavoidable, the Bible does not require the artificial lengthening of the dying process. Allowing death to take its course under such circumstances does not violate any law of God (*Awake!* 8 September 1986, 20-21).

Suicide, assisted suicide, and active euthanasia

Jehovah's Witnesses reject suicide. Life is a gift from God, not something to be abused or to end by one's own hand (*Awake!* 8 September 1990).⁵ In addition, the Christian has dedicated his life to God. Therefore it is not his own to dispose of as he wishes.

The Witnesses reject active euthanasia for several reasons. First, it violates the commandment prohibiting murder (Exodus 20:13). Second, it violates the biblical command that Christians "hold a good conscience" (1 Peter 3:16). This phrase is interpreted to refer to the medical profession's general revulsion for

taking active measures to hasten a patient's death. Finally, Christians are required to "be in subjection to superior authorities" (Romans 13:1) and to obey the laws of the land. Therefore,

in Jehovah's Witness thinking, active euthanasia is murder. Because [Witnesses] respect God's view of the sanctity of life, out of regard for their own consciences and in obedience to governmental laws, those desiring to conform their lives to Bible principles would never resort to positive euthanasia.⁶

Jehovah's Witnesses do not, however, oppose passive euthanasia:

Where there is clear evidence that death is imminent and unavoidable, the Scriptures do not require that extraordinary (and perhaps costly) means be employed to stretch out the dying process. In such a case, allowing death to take its course uninhibited would not violate any law of God. However, there is need for caution before people decide that a patient is beyond all hope of recovery. (Larue 1985: 117)

Although no reference to assisted suicide was found, assisting in suicide would be considered murder.

Autopsy and postmortem care

The Bible does not directly comment on autopsy, and Witnesses are encouraged to make decisions in light of relevant biblical texts and the particulars of the given situation. For example, given the tradition's respect for the dead body and its views on blood transfusion, some Witnesses feel that unless there is a compelling reason, the body of a relative should not be subjected to a postmortem dissection, especially one in which blood is taken from the cadaver and used for transfusion or some other purpose, of which they would want no part. When the law mandates an autopsy, however, Christians should bear in mind the counsel "to be in subjection to the superior authorities" (*Watchtower*, 1 April 1987).

Last rites, burial, and mourning customs

There is no biblical command for or against either burial or cremation. Nor does burial instead of cremation help distinguish "true" Christians from pagans. The dead should be dealt with in a dignified, respectful way, but whether a family, for emotional, economic, or other reasons, has someone cremated is a personal matter (*Awake!* 8 August 1976).

SPECIAL CONCERNS

ATTITUDES TOWARD BLOOD TRANSFUSIONS AND BLOOD THERAPY

Although contemporary Witnesses readily seek medical assistance from non-Witness medical establishments, their rejection of blood transfusions frequently brings them into conflict with physicians and the state (Cumberland 1986: 470, 472).

The Witnesses' objection to using or receiving blood has evolved over several decades. Accepting transfusion was finally banned in 1945 after concern over the widespread use of blood during World War II. The prohibition is

based on three biblical passages: Genesis 9:3, 4; Leviticus 17:10; and Acts 15:28-29.⁷ Witnesses do not view these passages as relating merely to dietary or ritual laws. By treating blood as special, people in the Old Testament showed their dependence on God for life itself. They refrained from ingesting blood because blood had special meaning for God, not because ingesting it was unhealthful. The biblical law applies to blood transfusions just as it did to oral ingestion of blood. Violation of the prohibition portends dire consequences to Witnesses: receiving blood products is a sin and results in severance of the relationship with God,

forfeiture of the chance for eternal life, and separation from their congregation. Because of these concerns, the scriptural prohibition on blood is not to be ignored even in emergency situations.

Jehovah's Witnesses will refuse transfusion of whole blood, packed red cells, white blood cells, plasma, and platelets (Dixon and Smalley 1981: 2471). Many will allow the use of heart-lung, dialysis, or similar equipment as well as intra-operative blood salvage where the extra-corporeal circulation is uninterrupted. Witnesses' religious understanding does not absolutely prohibit the use of components such as albumin, immune globulins, and hemophiliac preparations; each Witness must decide individually whether he or she can accept these (*Watchtower*, 1 March 1989, 31). Witnesses do accept non-blood replacement fluids and volume expanders, including crystalloids, dextrans, non-blood colloids, and oxygen-carrying blood substitutes (Dixon and Smalley 1981: 2471).

Unfortunately, since Watch Tower Society policy has tended to change in recent years, and has become both more liberal and more inconsistent with respect to the use of blood products, it is difficult for either Jehovah's Witnesses or physicians to know exactly which blood products Witnesses are allowed to take and which they are not. For example, in a "Question from Readers" article (*Watchtower*, 15 June 2000, 29), the Governing Body of Jehovah's Witnesses reaffirmed its stand against the taking of what it considers "primary blood components": red cells, white cells, platelets, and plasma (serum). Curiously, however, later in the same article (p. 30), it was stated:

Just as blood plasma can be a source of various fractions, other primary components (red cells, white cells, platelets) can be processed to isolate smaller parts. For example, white cells may be a source of interferons and interleukins, used to treat some viral infections and cancers. Platelets can be processed to extract a wound-healing factor. And other medicines are coming along that

involve (at least initially) extracts from blood components. Such therapies are not transfusions of these primary components; they usually involve parts or fractions thereof. Should Christians accept these fractions in medical treatment? We cannot say. The Bible does not give details, so a Christian must make his own conscientious decision before God.

In addition to the changes described above, the Watch Tower Society has stopped disfellowshipping Jehovah's Witnesses who take blood transfusions voluntarily. However, this is a change without meaning because the Society now simply regards such persons as "disassociated" (Muramoto 2001: 37-9) from the Witness community and therefore to be shunned.

Medical personnel need not be concerned about liability when Witnesses refuse transfusions, for Witnesses take adequate legal steps to relieve them of liability in such circumstances. For example, most Witnesses carry a MedicAlert card, prepared in consultation with medical and legal authorities, which is personally filled out and witnessed annually (Dixon and Smalley 1981: 2472). Usually, though not always, Witnesses have made arrangements for proxy or surrogate decision makers. Practitioners should be careful to consult with the individual Witness to learn what his or her conscience dictates.

Witnesses who are married to non-Witnesses are urged to discuss their beliefs about blood transfusion in advance of any possible conflict situation (Vinicky et al. 1990: 69).

Care of minors presents the greatest concern to caregivers and often results in legal action against parents under child-neglect statutes. Such actions are questioned by Jehovah's Witnesses, who do seek good medical care for their children while claiming that consideration should be given to their family's religious tenets. "In the case of minor children, parents have the God-given duty and legal right to decide for their offspring" (*Awake!* 8 September 1986, 21; *Kingdom Ministry*, September 1992, 4). When parents are confronted with the risk-benefit

potential of surgery, chemotherapy, or radiation, Witnesses argue that therapies can be used that are not religiously prohibited (Dixon and Smalley 1981: 2472). Although Witnesses agree with laws or court actions to prevent child abuse or neglect, the Governing Body cites the view that

the law's concept of family rests on a presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions. . . . Simply because the decision of a parent [on a medical matter] involves risks does not automatically transfer the power to make that decision to some agency or officer of the state.⁸

Often, large medical centers around the country that have experience with Witnesses will accept patient transfers from institutions unwilling to treat Witnesses, even in pediatric cases (Dixon and Smalley 1981: 2472).

Additionally, a number of local hospital liaison committees have been established to assist physicians in caring for the needs of Jehovah's Witnesses. Also, a network of consultants has been organized to assist physicians seeking alternatives to traditional blood transfusion therapy. Further information on alternative non-blood management or the telephone number of the nearest hospital liaison committee is available from the world headquarters of Jehovah's Witnesses, Department of Hospital Information Services ([718] 560-5000).

ATTITUDES TOWARD THE USE OF TOBACCO, ALCOHOL, AND DRUGS

After years of discouraging but tolerating the use of tobacco, in 1973 the Governing Body instructed Witnesses to stop smoking within six months or face being disfellowshipped. Tobacco, it was argued, defiled both "flesh and spirit," causing disease and damaging morals (*Watchtower*, 1 June 1973). Medically, smoking is a calamity for public health; but religiously, the taking of nicotine into the lungs and the bloodstream ignores God's standards for a pure and healthy body (*Awake!* 8 November 1989). It is also considered "druggery," which the Watch Tower Society regards as connected with demonism (*Watchtower*, 15 March 1973, 181; 1 June 1973, 339; 1 October 1988, 29).

The consumption of alcohol escaped such condemnation. The Society spoke out against drunkenness, but church literature presents alcohol as a gift from God to be used in moderation (*Awake!* 8 May 1987). Witnesses who abuse alcohol are encouraged to seek counsel from the elders; if they persist in their abuse, they may be disfellowshipped (Cumberland 1986: 481; *Watchtower*, 1 May 1983).

The use of such drugs as marijuana, cocaine, crack (a form of cocaine), heroin, amphetamines, and barbiturates is considered extremely harmful to the body and is condemned for its contribution to such social ills as crime, violence, and accidental or premature death. According to biblical principles, Witnesses clearly regard drug abuse as unacceptable behavior (*Awake!* 8 November 1990). The Watch Tower Society teaches that with strong motivation, reliance on God, and social support, drug habits can be broken (*Awake!* 8 December 1988, 12). Therefore, persons attempting to overcome drug addiction are sternly instructed not to use methadone (*Watchtower*, 1 June 1973, 336).

DIETARY CONCERNS

According to Charles Russell, the Bible allows complete freedom in matters of diet (Cumberland 1986: 479). According to modern Watch Tower thinking, Jehovah's Witnesses are to use food and drink in moderation (*Watchtower*, 15 September 1987, 18).

RELIGIOUS OBSERVANCES

Jehovah's Witnesses do not celebrate birthdays, Thanksgiving, Christmas, Lent, or Easter. Nor do they celebrate national holidays. In fact, they have only one holy day, the Memorial of the Lord's Supper or, as they call it, the Lord's Evening Meal, which they celebrate on 14 Nisan of the Jewish calendar. Thereby, they pay special attention to the significance of Jesus' death.

PATRIOTIC EXERCISES

Jehovah's Witnesses do not vote or engage actively in politics, and because of their commitment to their community and preaching work, they tend not to be involved in non-religious activities of any kind. They respect government officials as "superior authorities" and generally have the reputation of being law-abiding citizens; however, they consider such patriotic exercises or acts as saluting the flag of any country or standing for national anthems as idolatrous state worship and contrary to Scripture (Watch Tower Society 1995: 123-4).

NOTES

1. The difficult issues involved in formulating policy about Jehovah's Witnesses and blood transfusions are recounted in Macklin 1988. For critical discussions challenging the Witnesses' stance on blood transfusions, see Franz 1991, chap. 9; Associated Jehovah's Witnesses for Reform on Blood 2001 and Muramoto 2001. Regular information on changes in Watch Tower Society teachings regarding blood therapy are given by Associated Jehovah's Witnesses for Reform on Blood on their Internet website: <http://www.ajwrb.org>
2. For an interesting discussion of this issue, see Davis 1994.
3. See for example, *In re Charles P. Osborne*, 294 A.2d 372 (D.C. 1972) in Fontarosa and Grigorio 1989: 1090.
4. Fontarosa and Grigorio 1989: 1090; *Powell v. Columbia Presbyterian Medical Center*, 49 Misc. 2d 215, 216, 267 N.Y.S2d 450, 452 (N.Y. Sup. Ct. 1965).
5. For fuller discussions of the subject of suicide, see *Watchtower*, 1 August 1983; *Awake!* 8 March 1978, 28.
6. This material was drawn from "What about 'Mercy Killing'?" *Awake!* 8 May 1974, 27-28.
7. "Only the flesh with its soul—its blood—you must not eat" (Gen. 9:4); "I shall certainly set my face against the soul that is eating the blood, and I shall indeed cut him off from among his people" (Lev. 17:10); "keep abstaining from things sacrificed to idols and from blood" (Acts 15:29). For a general discussion of the doctrine concerning blood transfusion, see Watch Tower Society 1990, *How Can Blood Save Your Life?*
8. See *Parham v. I.R.*, cited in *How Can Blood Save Your Life?* (Watch Tower Society 1990: 21).

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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, health-care workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not substitute for discussion of patients' own religious views on clinical issues. Rather, they

should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



THE PARK RIDGE CENTER
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

205 West Touhy Avenue • Suite 203 • Park Ridge, Illinois 60068-4202

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