2-1-1955

The Refusal of Blood Transfusions by Jehovah's Witnesses

John C. Ford

Follow this and additional works at: https://epublications.marquette.edu/lnq

Part of the Ethics and Political Philosophy Commons, and the Medicine and Health Sciences Commons

Recommended Citation
Meet our authors....

Father John C., Ford, S.J., author and lecturer, is at present professor of moral and pastoral theology at Weston College, Weston, Massachusetts. In addition to his doctorate in sacred theology at the Gregorian University in Rome where he taught for a brief period, Father Ford has received the degree of bachelor of laws for which he studied at Boston College. At the Boston College Law School he has taught jurisprudence and domestic relations and each year has been a guest lecturer at the Yale School of Alcohol Studies. He has been a member of the Governor's Commission on Alcoholism in Massachusetts.

A new book of Father Ford's, Man Takes a Drink, published by P. J. Kenedy Sons, New York ($2.50) comes from the press. We announce this to you. To quote a portion of the foreword written by the executive director of the National Committee on Alcoholism, this book is desperately needed, for it tackles effectively and objectively, and with forthright clarity, one of the most baffling problems of modern life: the use of beverage alcohol. Linacre Quarterly readers should read and recommend Man Takes a Drink to those who come to them for help with difficulties of this nature.

Dr. LaFerla graduated from Boston College, Chestnut Hill, Massachusetts in 1944 and from Tufts College Medical School, Boston, Massachusetts Memorial Hospital and assistant in surgery at Boston University School of Medicine.

Father Casey, a priest of the Archdiocese of Boston, attended the College of the Holy Cross, Worcester, Massachusetts, and St. John's Seminary, Brighton, Massachusetts. At present, he is studying for his doctorate in ecclesiastical history at the Pontifical Gregorian University in Rome.

Mr. Francis X. Curley, S.J., preparing for the priesthood at Weston College, Weston, Massachusetts, the master in seminary for Jesus of the New England Province, contributes articles and poetry to the Catholic World, America, Homiletic and Pastoral Review, American Ecclesiastical Review, and others. It is hoped that his first effort for Linacre Quarterly will be an introduction to more.

Father John J. Lynch, S.J., a frequent and valued contributor to our journal, is professor of moral and pastoral theology at Weston College. He received his M.A. and licentiates in philosophy and theology at Gregorian University in Rome. Father Lynch has also taught courses in moral theology and ethics at Boston College, Emmanuelle College, Fordham University and Seattle University.

The Refusal of Blood Transfusions by Jehovah's Witnesses

by John C. Ford, S.J.

Jehovah's Witnesses generally refuse to take blood transfusions even when these are judged necessary by physicians to be absolutely necessary for the preservation of life and health. They believe that taking such transfusions is "eating blood," contrary to the prohibition of Leviticus 17:10-14; Acts 15:29. Furthermore, Witnesses who are parents of young children often refuse to allow the children to be given blood transfusions under any circumstances. And Witnesses sometimes stipulate, before undergoing an operation or delivery, that they will not consent to a blood transfusion for any reason whatever.

This attitude raises various questions: first, as to the Scriptural basis of their beliefs; second, as to the moral obligations of the parties concerned; third, as to the legal liability of physicians and hospitals; and fourth, as to the public policy which should be formulated for handling this type of problem.

I. SCRIPTURAL BASIS

Jehovah's Witnesses base their practice on a Biblical prohibition against eating blood. Leviticus 17:10-14 reads: "By a perpetual law for your generations, and all your inhabitants, neither blood nor fat shall you eat at all." (Cf. also Leviticus, 7:26-27; 17:10-14; 19:26.) It is the position of the Witnesses that a blood transfusion violates this law of Jehovah.

If it is objected that this was a dietary law, having nothing to do with the medical use of blood, they reply that the prohibition is equivalent to eating blood; it is intravenous feeding. If it is objected that the Biblical prohibition had to do with animal blood, they reply that since the prohibition is based on the sacred, life-giving character of the blood, it applies to fortiori to human blood. If it is objected that the law also forbade fat, they say that part of the law ceased with the New Testament, while the law against blood did not.

For they do not admit that the Biblical prohibition of blood was merely a Mosaic law. They say that this particular law antedated Moses by centuries. Citing Genesis 9:4 and that it was enforced anew in New Testament times, citing Acts 15:29. This is the famous passage which records the decision of the Council of Jerusalem, given for certain new Christian converts among the Gentiles:

"That you abstain from things sac-
It's a good, calm, manuscript which contains the principal features of the Hellenistic period.

The primary function of the document is to explain the legal and ethical implications of euthanasia.

It's clear from the Hellenistic period that euthanasia was illegal. What's more, it was also illegal to harm oneself or another person.

Now, the question of whether or not a voluntary euthanasia is morally justified is being discussed.

The document concludes that voluntary euthanasia is morally acceptable, provided that it is done for compassionate reasons and with the consent of the patient.

It's interesting to note that the document also discusses the role of the physician in the process of euthanasia.

In conclusion, the document presents a comprehensive analysis of the legal and ethical implications of euthanasia, and it supports the idea that voluntary euthanasia can be morally justified under certain circumstances.

The document is an important contribution to the ongoing debate on the legal and ethical issues surrounding euthanasia.
of devotion to the Rule make the use of this ordinary means extra-
ordinary for him. From all this, I would conclude that subjective elements and mistaken subjective attitudes may sometimes be taken into account when deciding the objective obligation to make use of a given pro-
cedure.

With a sincere Jehovah’s Witness who is firmly convinced that a transfusion offends God, we are dealing with a case where his con-
science absolutely forbids him to allow the procedure. In this mis-
taken frame of mind he would actually commit sin if he went against his conscience and took the trans-
fusion. I see no inconsistency in admitting that this frame of mind is a circumstance which makes the transfusion for him an extraordi-

nary means of preserving life. And it does not seem contradictory to me to admit that while his reason for refusing is objectively mistaken and
groundless, nevertheless his frame of mind can become at the same
time an objective excuse from the moral obligation which would otherwise be present. The obliga-
tion to take positive measures to preserve life is an affirmative one and it is not unreasonable to sup-
pose that God, who is the master of life and death, does not objec-
tively require of his steward a means of self-preservation which appears to the steward to be cer-
tainly sinful. In coming to this tentative conclusion, I am influ-
enced also by the thought that we can allow an individual consider-
able leeway in exposing his own life to danger, especially in the nega-
tive way of not taking surgical means to preserve it, and also
by the thought that it is always easier to consider a procedure objectively extraordinary when it is artificial, comparatively recent, and techni-
cally rather complicated.

The consequence of this opinion for the physician is obvious. Where the
patient is not morally obliged, objectively, to make use of a pro-
cedure, and actually refuses it, the physician is not morally obliged to
allow him; nor do the hospital administrators have a moral obligation to see that he gets it.

In fact, even if one holds that the Witness has an objective obli-
gation to take the transfusion, it will not in practice make much
difference in estimating the per-

sonal moral obligation of the physi-

ician or hospital administrator. If

a person had the erroneous religious belief that he should commit sui-
cide by taking positive means to
kill himself, we would all agree
that it would be justifiable and
usually obligatory to prevent him by
force from doing so. But when
the erroneous belief has to do with the
omission of a positive, artificial
means of self-preservation, it is an
enirely different matter to assert
that the physician has any right, and
nor less any duty, to force a pa-
tient to conform to the objective
moral law. Naturally all concerned
(no matter what theory they hold
as to the objective or subjective
morality of the case) will try to
persuade the patient to be sensible.
But failing to do so, I do not see
that there is any further moral
obligation, in either theory, to take
action. The question of legal li-
ability will be discussed below.

Another consequence of the view
that the sincere Witness is not
objectively obliged to have a trans-
fusion is this: From the moral
point of view, as far as his indi-
vidual relationship with the patient
is concerned, the physician would be more readily justified in
making an agreement not to give him a transfusion. But it is a dif-
ferent matter to decide whether a physi-
cian would be morally justified in
making such an agreement in view
of the legal consequences which the
observance of the agreement
might entail for himself and for the
hospital where he practices. It
seems to me that it is both unwise
and unjustifiable for a physician or
a hospital to make an agreement
involving serious risks of this kind.
A word will be said about legal
liability below.

When a physician makes an agree-
ment not to give a transfu-
sion he is obliged per se to honor it. Sometimes, however, con-
tractual agreements cease to bind when unforeseen events make a substan-
tial change in the subject matter or the circumstances of the agree-
ment. For instance, a physician might agree to give no transfusion, and later discover, with the patient at death’s door, e.g. from hemor-
hage during the previous section, that observation of it would entail no serious legal consequences for him-
self and for the hospital where he is working. Such unforeseen cir-
cumstances would, in my opinion, be sufficient grounds for releasing him from his moral obligation to
go through with the agreement. Furthermore, if the law were to void an agreement of this kind as being contrary to public policy, this might well constitute grounds for a release from one’s personal obligation to observe it, even if it were not clear whether the law invalidated the contract itself for the forum of conscience from the beginning.

The foregoing opinions have to do with the case of an adult Witness. The practical problems are more difficult and delicate when the patient is a child or a baby, and the parents’ religious convictions lead them to refuse to allow a necessary transfusion to be given. Acute cases have arisen involving children and infants who are in desperate need of transfusion. The rights and duties of all concerned are very different in these cases from the case of the adult Witness. It is clear that a child has an objective right to ordinary care, no matter what its parents’ mistaken beliefs may be. Consequently, when a blood transfusion is a necessary part of this ordinary care, the parents have an objective moral obligation to supply it, and if they fail to do so, others who have undertaken the care of the child, such as physicians and hospital authorities, have per se a moral obligation to see that the child gets it. In the case of a young child, therefore, it would be morally wrong to make an agreement not to administer a transfusion in case of serious need; and if such an agreement were made, one would have no obligation to honor it.

The obligation of physicians and others who have actually undertaken to care for the child would ordinarily be an obligation of justice as well as of charity. Others who have not actually undertaken the care of the child might have an obligation of charity to intervene in order to see to it that a neglected child is properly cared for.

When serious bodily harm to the child, or even its life is at stake, no one will concede that the parents’ erroneous religious beliefs must be respected; they have no right to inflict them on their children.

When there is question of taking means to preserve life, we can allow a person a degree of control where his own life is concerned, but can without inconsistency refuse him such power where another’s life is at stake. For instance, a theologian who would permit a Carthusian to refuse meat and continue his abstinence even though it endangered his life, would never conceivably permit a Carthusian superior, out of love of the Rule and in order to strengthen religious discipline, to impose abstinence on such a subject, or refuse to give him meat when the doctor ordered it. A parent whose false ideas of chastity or horror of physical examination might be considered a valid reason or sufficient excuse for refusing medical care herself, would never be allowed by any moralist to inflict these ideas on her young child. If she refused to allow the doctor to make a necessary examination of her child for such a reason she would simply be accused of sinful neglect by the moralists. Likewise a religious superior, extraordinarily sensitive to pain, though he might himself be excused from undergoing a painful operation of an ordinary kind, could not possibly be permitted to inflict his ideas on a religious subject. Furthermore, one might legitimately risk one’s own life and be a martyr of bravery, but one could not oblige another to do the same in the same circumstances. And so it is possible, without inconsistency, to admit that a blood transfusion may be an extraordinary means for one who is erroneously convinced in his personal conscience that a transfusion offends God; but to deny that anyone, even a parent, has a right to inflict such erroneous ideas on a child.

There are limits to the power of disposal which parents have over the bodies of their children. They cannot do them bodily injury and they cannot refuse them ordinary medical care. The Catholic position, based on natural law, would be in accord with those legal decisions which obligate parents to conform to an objective standard of ordinary care.

It is difficult to define with any accuracy what is meant by a young child. Certainly one who has reached his legal majority is able to speak for himself if he is normally sui compos. Certainly one who has not reached the age of reason cannot speak for himself. But what about those who are, for example, between the ages of seven and twenty-one? Hardly any one would say that a nine-year-old child could decide for himself to refuse the transfusion even at the risk of life. But there might be many a nineteen-year-old that could. No one can draw the age line exactly, and it would always be subject to individual differences, because some children attain maturity earlier than others. But the younger the child, the more one would hesitate to allow it to make such a decision. And of course, the physician should take special legal precautions to protect himself in the case of any minor.

It was stated above that physicians and others who have undertaken the care of a child have per se a moral obligation to administer a transfusion when this is an ordinary and necessary means of pres­erving life; and that the mistaken religious beliefs of the parents do not of themselves excuse from this obligation. The phrase per se was used because in practice the physician may not be able, morally speaking, to do what he believes is necessary. If he insists on a transfusion, the parents will probably take him off the case. Or if they persist in their refusal, he could be morally justified in withdrawing from the case. After all his legal position is far from clear; and it is no small matter to undertake a surgical procedure on a young child contrary to the express refusal of the parents to allow it. Serious surgical accidents happen even with a relatively safe procedure like a blood transfusion. Where would the physician stand if such an accident happened when he was operating contrary to the

---


LINACRE QUARTERLY FEBRUARY, 1955
parents' will? The moral consequence of these considerations is that although there is per se an obligation to administer such a transfusion, there may often be an excuse from it in practice—at least in those cases where physicians and hospital administrators are not protected by a court order.

N.B. Part III on LEGAL LIABILITY and Part IV on PUBLIC POLICY will follow in the next issue of LINACRE QUARTERLY.

"THE OLDEST medical manuscript in Ireland appears to be one copied in 1352. The Irish mss. of the 13th-18th century, preserved in the Libraries of Dublin, London, and Oxford form a collection of medical literature which is probably the largest in existence in any one tongue. There are eighty of these medical mss., some of which have been published in the Royal Irish Academy, Dublin.

The preface to the ms. of 1352 breathes a spirit worthy of the best traditions of the medical faculty: "May the merciful God have mercy on us all. I have here collected practical rules from several works, for the honor of God, for the benefit of the Irish people, for the instruction of my pupils, and for the love of my friends and of my kindred. I have translated them from Latin into Gaelic from the authority of Galen in the last book of his Practical Pantheon, and from the Book of the Prognostics of Hippocrates... I pray God to bless those doctors who will use this book; and I lay it on their souls as an injunction, that they extract not sparingly from it; that they fail not on account of neglecting the practical rules (herein contained); and more especially that they do their duty devotedly in cases where they receive no pay (on account of the poverty of the patients). I implore every doctor that before he begins his treatment he remember God, the Father of health, to the end that his work may be finished prosperously. Moreover, let him not be in mortal sin, and let him implore the patient to be also free from grievous sin. Let him offer up a secret prayer for the sick person, and implore the Heavenly Father, the Physician and Balm-giver for all mankind, to prosper the work he is entering upon and to save him from the shame and discredit of failure."

Reprinted from the Handbook of the Sixth International Congress of Catholic Doctors

Medical Aspects of the Holy Eucharist:
A Physiological and Canonical Study

by Eugène G. Laforet, M.D.
and Rev. Thomas F. Casey

In no other Sacrament is Divinity so intimately perfused in material substance as in the Holy Eucharist, and in no other Sacrament is the union of the recipient with his Creator physical as well as spiritual. The physical and especially the physiological aspects of this Sacrament render it of unique importance to the physician. The object of this paper is briefly to summarize medically pertinent canonical regulations related to the Sacrament and to examine experimental data concerning time-relationships of the human digestive process.

The practical aspect of the reception of Holy Eucharist by a patient often presents multiple facets to the physician. The patient may require an indwelling Levin tube with constant Wangensteen-type suction. Vomiting may be intractable. Death may be imminent. Severe diarrhea may supervene in a patient with an ileostomy. In addition, the performance of an autopsy upon a person who has recently received Viaticum poses further related questions. In general, theological opinion holds that the Divine Presence remains as long as the physical form of the host is incorrupt "according to common estimation." The crux of the problems suggested above lies in the time required for physiological alteration ("corruption") of the host by the human digestive system.

Generally speaking, alteration or "corruption" of the ingested wafer (starch) is dependent upon both mechanical and chemical factors. Deglutition and gastric peristalsis contribute to the physical disruption of the host. Chemical or enzymatic degradation proceeds pari passu due to the action of the salivary enzyme, ptyalin. Salivary digestion is influenced by (a) the amount of ptyalin in the saliva, (b) the thoroughness of mechanical mixture of ptyalin and substrate, and (c) the time during which the enzyme is allowed to act. Since the optimal pH for ptyalin activity is in the range 6.6 - 6.8, it is evident that high gastric acidity may effectively neutralize its amyolytic action.

In an effort to estimate the approximate time required for corruption of the host under varying conditions, a series of fifty in vitro experiments was conducted.