Interface of the Jehovah’s Witness’ Faith and the Practice of Pharmacy

By

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As healthcare workers and pharmacists, we are often challenged to provide care for many special populations of patients with unique needs. These populations include patients with various traditions, beliefs, religions, morals and values, as well as health care concerns and expectations. These unique differences impact the care and treatment in the healthcare setting. It is the responsibility of the health care team to customize a specific plan of care for these patients by confronting the specific and significant needs and concerns of these special populations.

Pharmacists, as a valuable part of the health care team, need to become more aware and familiar with unique populations to be able to provide optimum care. All patients have the right to the best care we can provide them without exception. As pharmacists, we need to incorporate in our practice empathy, understanding, and respect for the beliefs of others even if we do not agree, or it goes against our own beliefs and values. Learning through research, networking with others and gathering information about the special needs patients may have, are some of the things we as pharmacists can do to optimize care. Incorporating the team approach, teaching others, sharing valuable knowledge, and problem solving are essential skills in the health care system.

The Jehovah’s Witness patient will be discussed. They have particular religious beliefs and practices that impact the healthcare system, as our traditional methods of healthcare affects them in turn. A specific care plan needs to be initiated in this population to ensure effective, efficient, and successful treatment of these patients.

“The Jehovah’s Witness is a religious group that was founded in the northeastern U.S. in the late 1870’s with more than 6 million members currently and in over 230 countries. Their fundamental belief since 1945 was the rejection of blood transfusions and certain other blood products, such as packed red and white blood cells, platelets, and plasma. This is based on their interpretation and emphasis of certain passages in the Old Testament.”

One of their strong beliefs is that a blood transfusion is equated with the “eating of blood” and if blood is transfused, it could lead to elimination of any hope for eternal life. Even the use of one’s own blood, collected or deposited in a bank, as a preparation for an impending surgical procedure is not allowed. It is believed that a Jehovah Witness who accepted blood would be subjected to dis-fellowship and excommunication from the church, followed by enforced shunning and social isolation by their own family members, relations, and friends. This role sets as a strong deterrent for Jehovah’s Witnesses to leave the religion or act against its teachings. It was estimated that the Watch Tower, (the headquarter church overseeing Jehovah’s Witnesses) imposes disfellowships on some 40,000 members or 1% of its membership annually. The dis-fellowship is permanent, unless members show very strong repentance for months or even years.”

The Jehovah’s Witness has specific beliefs, practices, and traditions. To better understand this religious group, we as health care providers need to have knowledge to better treat and administer optimum care to this special group.
“Jehovah’s Witnesses meet up to five times a week in their local Kingdom Hall, or in private homes. They believe in one God (known as Jehovah), a spiritual being with a non-human body who created and controls everything. They believe that Jehovah created Christ, his human son, to redeem mankind from sin and death, and resurrected his son to be our lord and savior.”

“They also believe that, “Satan, and enemy of God, afflicts pain and sorrow, is an active force, and is responsible for the world’s many problems.”

“Jehovah’s Witnesses do not get involved in politics, take part in military activities, or salute a nation’s flag because they believe that nationalism is a temptation set up by Satan to lead people astray. The commands of God in the Bible are important to them and they try to live their lives by them. They are strongly committed to their religion. They are well known for sharing their faith with others.”

“Jehovah’s Witnesses are one of the most criticized religious groups in today’s society. Family is extremely important to Jehovah’s Witnesses, and the father is seen as the head of the family. Jehovah’s Witnesses tend not to socialize with outsiders, but when this does occur, for example at work or school, they may exploit the opportunity to carry out conversations and preaching their beliefs. Jehovah’s Witnesses are also usually law-biding citizens.”

Unfortunately, to many people in today’s society, “The refusal of the Jehovah’s Witness to take blood or blood products into their body has led them to be seen in a very unsympathetic light, particularly when they withhold consent for life-saving operations on their children.”

“Preventative contraception is acceptable to Jehovah’s Witnesses, but not the morning after pill, nor is any other method that terminates pregnancy.”

On the subject of death and dying, Jehovah’s Witnesses believe that, “Since the year 1914, when Christ invisibly returned to the earth, some faithful Christians have ascended to heaven to be with Christ and help him rule over the earth. They believe the number of places in heaven is restricted to 144,000. Apart from those chosen few, the rest of the people and their souls cease to exist after death.”

In regards to diet, drugs, and alcohol, “The issue of blood or blood products is unacceptable, as is meat from an animal that has been strangled or shot and not bled properly. Some Jehovah’s Witnesses do not eat meat at all. They do not believe in tobacco or recreational drug usage. Alcohol may be consumed, but not to the point of drunkenness.”

Yet another interesting practice of Jehovah’s Witnesses is that they do not celebrate holidays or birthdays, except for the anniversary of the death of Christ. They also do not agree with homosexuality; but rather, believe that some people may be more prone to it. Some Jehovah’s Witnesses may also believe that having an illness is a punishment cast down by Satan himself.

Jehovah’s Witnesses believe in and seek out modern medical treatments in doctor’s offices and hospitals, except of course, the utilization of blood products. “The governing body of Jehovah’s Witnesses has formed a network of hospital liaison committees in an effort to clarify their specific requirements.” It is also very important that health care professionals use confidentiality in dealing with Jehovah Witness patients. Jehovah’s Witnesses usually try to be responsible in making their wishes known, and not making it difficult for health care workers to follow those wishes or be liable for the outcome. “Most Jehovah’s Witnesses carry a special card that identifies them and directs medical staff to avoid using blood or blood products in their treatment.”

In the event of organ transplantation, Jehovah’s Witnesses believe that if the organ does not involve blood flow, an example being the cornea of the eye, it is acceptable for them to donate or receive.
Jehovah’s Witnesses have been the center of much controversy including legal, political, ethical, and moral dilemmas. In the hospital setting, to manage Jehovah Witness patients presents challenges with many concerns to health care providers. In treating patients, it is the duty of the health care team to try to benefit the health of patients by trying to save their lives. If patients who are adequately autonomous to do so refuse such life-prolonging treatment, the healthcare team must accept such refusal. However, it is felt that to ask Jehovah’s Witness patients if they would explain why they are rejecting potentially live-saving transfusions, and ask them if they would read arguments from members of their own religion is valid.

Jehovah’s Witness patients should always be active participants in their plan of care. Patients should be free to ask questions and receive answers about options of care, as well as potential risks and concerns. It is the right of these patients, as with all patients, to make free decisions about their health care. We must respect patients by not carrying out unwanted interventions.

The issue of obtaining consent can have critical legal limitations in health care. The following scenario is an example of why clinicians without consent should not administer emergency treatment when it is reasoned to believe that the patient would refuse treatment and interventions if they were capable: The health care team collectively decided and gave a blood transfusion to a patient who, because of shock severe bleeding, was unconscious. The patient had on them a signed card indicating that they were a Jehovah’s Witness who did not want to receive blood transfusions under any circumstances. Despite this information, blood transfusions were given to the patient. Although the transfusions saved the patient’s life, the court found the clinician liable for battery, holding that the written instructions were “clear, precise, and unequivocal” and that the clinician was bound by them unless he had a good reason to believe that this did not truly represent the patient’s wishes.

Yet another scenario represents an ethical case. A severely anemic patient brought to the emergency room needed a blood transfusion. The patient refused the treatment, saying that he was a Jehovah’s Witness and his religious beliefs would not allow him to accept the blood. The emergency room doctors and clinical pharmacists, together with the staff pharmacists found a drug, epogen, used for HIV and dialysis patients that stimulate red blood cell production. The drug was administered to the patient and the patient made a full recovery. This case differed from the previous one because the decision was made in an ethical manner to attempt to do what they could using a medication to give the patient the best option under the circumstances.

When treating the Jehovah’s Witness patient holistically, we must include the physical, psychosocial, and spiritual components of these individuals. In doing so, pharmacists need to be aware that if a Jehovah’s Witness patient did accept blood, or was given blood against their will, there psychosocial well being could be in jeopardy. Disobeying their religion by accepting blood might compromise their spiritual life, making them feel meaningless in life, which could be worse than death itself. Hence, such strong and innate fears could have compromised the freedom and autonomy of the patients in making an informed decision. Some reports even stated a possible element of psychological coercion when they refuse blood transfusions. To ensure fully informed, voluntary and continuous consent, and to minimize the possibility of psychological coercion from the religion of their family members, pharmacists should be more familiar and more aware of this.

It is important to realize as health care providers the impact and pressure that Jehovah Witness children face. The children of Jehovah’s Witnesses carry burdens and face daily stresses not encountered by others. When classmates salute the flag, celebrate birthdays, exchange valentine cards, or sign up for extra
curricular activities after school, Jehovah’s Witness children face conflicts between personal inclination and their religious prohibitions. Some obey to the letter, while others live double lives, but nearly all experience inner conflict trying to sort these feelings out. Children with both parents in the sect live under constant pressure to meet demands ranging from reciting prepared material before church audiences to selling literature from door to door. These with one non-Witness parent in the home or in a non-custodial visitation relationship often hear frequent reminders that this parent belongs to Satan the Devil and faces a violent death at the hands of God.”

“Although Jehovah’s Witness patients refuse to take blood for religious reasons, there is a growing trend in non-Witness patients who also choose not to use blood or blood products for other reasons. Other people are concerned about AIDS, non A non B hepatitis, and immunologic reactions- all possible with blood transfusions.” “Bloodless care as of 1997 comprised approximately 30% of patients who were not Jehovah’s Witnesses. Another concern is allergic reaction when receiving another person’s blood. An allergic reaction can occur if a person is sensitive to the preservatives used when storing blood. Allergic reactions are considered serious and they never can be predicted.”

There is also the concern from the general population about inflammatory responses. “There are numerous inflammatory molecules that are given with blood. They can create an inflammatory response in patients, which can lead to pulmonary dysfunction and water logging. Inflammatory responses can add days to the recovery period after surgeries such as open heart.”

Today, bloodless surgeries, hospitals, and clinicians willing to do them are growing. “Worldwide, there are 106 medical centers that provide bloodless medicine programs, with 99 of them in the U.S. alone. Thousands of physicians and pharmacists around the world are now successfully treating patients without using blood transfusions. A major study published by the American Medical Association and the British medical journal, The Lancet, showed that in many cases, transfusions were actually not as necessary as healthcare providers often believed. A summary of the study states: Of 2,000 adult Jehovah’s Witnesses who underwent surgery without transfusions at twelve hospitals, were reported to have done well. In another study comparing patients who did and did not receive blood of 8,787 hip surgery patients, transfusions increased the rate of complications, but did not improve survival rates.”

Bloodless surgeries can be any surgery including bypass open heart as well as pediatric cases. Bloodless surgeries also save on the amount of blood we must utilize from the blood banks, where shortages can often occur. We can decrease our need and supply of blood with bloodless surgeries.

In current medical issues of the Jehovah’s Witness, there are certain medical procedures that are prohibited. Jehovah’s Witnesses do not accept the following medical procedures: “Homologous whole white blood transfusions or transfusions using the stored blood of others, and acute normovolemic hem dilution.” There are also blood components that are prohibited to be used by the Jehovah’s Witness religion. These are red blood cells, white blood cells, platelets, as well as blood plasma.

Other medical products derived from blood are left up to the conscientious decision of the individual. “These products are not considered transfusions of the primary components. These include interferons and interleukins, which are used to treat some viral infections and cancers. Platelets can be processed to extract a wound healing factor. Other medicines are coming along that involve extracts from blood components.” Some Jehovah’s Witnesses would refuse anything derived from blood. While on the other hand, other Jehovah’s Witnesses, “feel it is within their
beliefs to be treated with a fraction extracted from the primary components. If any medicine prescribed is from blood plasma, white blood cells, or red blood cells, it often depends on how much blood derived medicine might be administered, and it what way.”

One misconception about Jehovah’s Witnesses is that they do not utilize any blood products at all. “The early position that using whole blood components is wrong has evolved into the current understanding that the use of most blood components is a matter of individual conscience. Though the society does not endorse any use of blood, over the years is has dispensed with many of its previous prohibitions on the medical use of certain blood parts.”

Yet another misconception regarding Jehovah’s Witnesses is that they are the only patients requesting bloodless care. “About 30% of patients coming into hospitals asking for no blood treatment are not Jehovah’s Witnesses bloodless programs are not just for the Jehovah’s Witness patients. There is a growing population of people who seek the benefits and risks who are choosing bloodless alternatives in hospitals. Consequently, health care has reexamined and reevaluated and improved surgical technologies and bloodless care of patients in general.”

The pharmacists is a critical part of the multidisciplinary team, plays a large role in consulting, educating, and preparing alternative medications for Jehovah’s Witness patients. In the surgical patient, the patient’s hemoglobin levels can be increased by recombinant human erythropoietin. “Erythropoietin, EPO, is a synthetic hormone delivered by intramuscular injection to stimulate the production of red blood cells in the bone marrow. This intervention usually requires several days for the red blood cell count to rise and is used in combination with vitamin D and iron.” Also, other drugs and blood product alternatives can be used in bloodless surgeries. “Volume expanders are utilized to help compensate for bloodless. Crystalloid solutions (such as normal saline and dextrose solutions) should be used for any non-blood volume replacement. Colloids, such as albumin, could also be given. Other blood saving measures such as Novo 7 (a recombinant haemostatic agent) administration and cell extracts should be made available for excessive bleeding.” Still other acceptable alternative medications and treatments for Jehovah Witness patients include: “Folic acid, IV iron, vitamin B-12, vitamin C, neumega, and oncovic. They will accept cryosurgery, laser surgery, and electrocautery.”

The surgical and ethical challenge of working with the Jehovah’s Witness patient will be experienced by the medical team. “Using many meticulous techniques, physicians and health care team members are performing major surgeries of all types on adult and minor Jehovah’s Witness patients. A standard of practice for these patients has thus developed that allows the treatment of the whole person.”

Jehovah’s Witnesses are one special group that pharmacists need to understand well in their practice. “A standard of treatment and care is needed to specify the commitments of the principal of respect for autonomy for those contexts in which the religious commitments of a patient conflict with the healing commitments of health care professionals or institutions.”

The pharmacists can provide medication information and counseling to the patient and health care team. This information is critical to the Jehovah’s Witness because depending on if the medication is synthetic or not, or how much of a blood component is contained in the medication, can make a major difference. The
Jehovah’s Witness will base their final decision on the facts that they receive from pharmacists.

The Jehovah’s Witness patient with cancer is another challenge for the pharmacists and other health care providers. Sometimes the courts must get involved. This tends to happen more so in cases involving young children when they are not capable of making sound decisions. “A four year old child with R-cell leukemia was ordered by the court to undergo transfusion of blood products during his intensive chemotherapy to increase prospects of a successful treatment.”  

The Jehovah’s Witness parents had objected, but the courts intervened on the child’s best interest and welfare to give the child the best chance in prolonging his life and decrease his sufferings.

If the courts feel any child is not mature enough to understand the consequences of not receiving medical treatment, or that they lack the insight into the dying process or the stress the family could suffer from witnessing the deteriorating condition, they will order transfusion treatment.

Jehovah’s Witness patients have a responsibility to inform others, teach others, as well as to provide directions and consents to treatments. Communicating responsibility (both the medical community as well as the general society) people will gain more respect and tolerance for this particular population. “Jehovah’s Witnesses themselves recognize the ethical dilemmas which their stand makes on the health care system. Consequently, aiming towards cooperation rather than confrontation, they develop a network of doctors and hospitals that are willing to treat a Jehovah’s Witness and respect their religious beliefs. As far as elective treatment of adult Jehovah’s Witnesses is concerned, the dilemma is to an extent resolved in that more experienced programs and care providers are sought out, prepared, and utilized by the Jehovah’s Witnesses.”

Jehovah’s Witnesses take responsibility in that they carry cards renewed annually that state that they are not to receive blood transfusions. The card also should state what the individual would take. This would release hospitals from having any legal liability and repercussions. On a positive note, through the Jehovah’s Witnesses, pharmacists and other medical providers have improved surgical techniques and have had to reexamine our attitudes and evaluate our reasoning towards blood transfusions in general for all patients.

There are concerns to be worked out by hospitals as they are increasingly educated and gain experience with no blood requests. With many potentially controversial cases concerning the Jehovah’s Witness patient, it is recommended that these cases be presented to the hospital’s ethics committee, the hospital’s legal department, and the court system before medically treating these patients.

A proactive approach is being taken on by many hospitals today. “Hospitals that provide bloodless programs coordinate all care including pre and post hospitalization are increasing in number. Education to clinicians and patients and integrating the concept of bloodless medicine throughout a facility is essential. Rounds would be made by the bloodless program staff and special attention would be given to the patient’s clinical, emotional, and spiritual needs. Crisis interventions and critical thinking are utilized in problem solving. Jehovah’s Witness patients and family would all be involved with the care process.”

Communication and awareness between the patient and medical staff is the key to successful outcomes for Jehovah’s Witness patients. By taking a proactive approach in caring for the Jehovah’s Witness patient, professionalism and respect
can prevail, while still maintaining high standards of care for patient safety and well-being.\textsuperscript{1}

Other concerns in hospitals include: “There is a lack of knowledge about therapies Jehovah’s Witnesses will and will not accept. Some blood products are taboo, while plasma fractions and other procedures are left up to the individual.” \textsuperscript{3} “Another difficulty arises in the emergency room care. Treatment protocols are often lacking, leaving physicians and pharmacists at a loss.” \textsuperscript{3}

There is much debate over what many others feel is the Watch Tower’s Societies misrepresentation of medical facts and truths. It is also claimed by some that the society fails to keep their Jehovah’s Witness members fully informed of changes in their blood policy, thus leading to what could be fatal consequences. “Courts look at the sincerity of the religious belief. The Society purportedly believes that blood, once it has left the body, is not to be used again. Contrast this belief against fractions, hem dilution machines and current therapy transfusions of blood. It is a misrepresentation for the Society to state that it and its followers abstain from blood.” \textsuperscript{7}

Another critical view that involved the Society is the thought that if blood fractions are accepted, then Jehovah’s Witnesses should be allowed to donate blood. Also, if a person has previously been disfellowshipped for accepting a blood fraction that is now permissible, they are not automatically reinstated.\textsuperscript{7}

As healthcare professionals, we need to keep in mind that recognizing the rights and autonomy of each patient is essential. Pharmacists need to work proactively as patient advocates. Good communication skills and understand with our patients is essential for a successful outcome. Collaboration and teamwork, along with a plan is important so that everyone is one the same page and we are consistent with care for each individual. Patients need to be active and included in their plan of care, if possible. Our attitudes and how we handle and respond to unique patients, such as Jehovah’s Witnesses, does matter. To treat Jehovah’s Witness patients, as well as all other patients, with respect and empathy is essential. Pharmacists need to see individuals and treat them holistically, with unique physical, as well as spiritual approach. “We tolerate diverse values in our society because diversity itself is a value. It is tolerance that makes peace.” \textsuperscript{5}

The role of the pharmacist and pharmacy student is to gain knowledge and expertise. We do this by researching, networking, and understanding the holistic needs of all patients, as well as the most unique ones. As our role as counselors, educators, and evaluators, we can effectively become role models and a critical part of the clinical team. With the Jehovah’s Witness patient, we can speak to the patient to gather more specific information about their beliefs and attitudes with regards to medications and their treatments. We can further evaluate what their concerns and issues may be. We can also teach them and explain the development, use, and mechanisms of action of the medications that are best used to treat the needs of that patient. Our attitude, respect, and ability to listen to them make up the communication that is often the key to a successful outcome for everyone.

As members of a medical team, pharmacists have a responsibility to involve others, listen to what others are saying, and together make the best effort to care for the patient. Our knowledge, confidence, respect, and compassion will define us individually and as a group.

References
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