**PAPFR** 

# Jehovah's Witnesses and autonomy: honouring the refusal of blood transfusions

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#### **ABSTRACT**

This paper explores the scriptural and theological reasons given by Jehovah's Witnesses (JWs) to refuse blood transfusions. Julian Savulescu and Richard W Momeyer argue that informed consent should be based on rational beliefs and that the refusal of blood transfusions by JWs is irrational, but after examining the reasons given by JWs, I challenge the claim that JW beliefs are irrational. I also question whether we should give up the traditional notion of informed consent.

Julian Savulescu and Richard W Momeyer argue that informed consent should be based on rational beliefs and that the refusal of blood transfusions by Jehovah's Witnesses (JWs) is based on beliefs that are irrational. However, after exploring the reasons given by JWs, I challenge the claim that JW beliefs are irrational and question whether we should give up the traditional notion of informed consent.

#### **RELIGIOUS BACKGROUND**

JWs often refuse blood transfusions even if a transfusion is medically necessary, and roughly one thousand die each year because of this (p 35).<sup>2</sup> In addition, JWs often refuse medically necessary blood transfusions for their children, but current medical practice usually over-rules such refusals, giving a child's physical well-being precedence over religious beliefs. In such cases, the state will take temporary custody of JW children in order to transfuse them.

JWs hold a high view of physical life, and they usually seek aggressive medical treatment for sickness and disease. Nevertheless, they believe that this earthly life is not the end, and obedience to the God of the *Bible* is more important. Osamu Muramoto claims that the following doctrines of the Watch Tower Society (WTS), the organisational body of JWs, are important to understanding the teachings about blood.

- Armageddon is near, in which all mankind will be destroyed except faithful JWs who will live forever on earth.
- The WTS governing body is believed to be the 'faithful and discreet slave' referred to in Jesus' parable at Matthew 24: 45, divinely appointed by Jesus Christ to lead the JWs.
- 3. The *Bible* cannot be understood without interpretation by the 'faithful and discreet slave'.
- JWs who openly criticise the leadership and the organisation are regarded as apostates, disloyal to Jesus and God.

5. Salvation is contingent on how well they perform as loyal JWs (p 224).<sup>3</sup>

JWs believe that they will live forever, either with God or on a new earth, but this future is contingent on their obedience to God's commands in the *Bible*.

They believe that the *Bible* prohibits the consumption of blood. This belief is supported by passages such as the following: 'Only you shall not eat flesh with its life, that is, its blood' (Genesis 9: 4, NASV); 'You are not to eat any blood, either of bird or animal, in any of your dwellings. Any person who eats any blood, even that person shall be cut off from his people' (Leviticus 7: 26–27); 'For it seemed good to the Holy Spirit and to us to lay upon you no greater burden than these essentials: that you abstain from things sacrificed to idols and from blood and from things strangled and from fornication; if you keep yourselves free from such things, you will do well' (Acts 15: 28–29).

The WTS teaches that these ancient biblical commands apply to the modern practice of blood transfusion as well, at least to whole blood products. This does not, however, preclude the use of some blood components. In an article that was the standard statement of JW blood policy for many years, Dixon and Smalley state,

Each Witness must decide individually if he can accept [albumin, immune globulins, and hemophiliac preparations] ...Witnesses believe that blood removed from the body should be disposed of, so they do not accept autotransfusion of predeposited blood. Techniques from intraoperative collection or hemodilution that involve blood storage are objectionable to them. However, many Witnesses permit the use of dialysis and heart-lung equipment (non-blood-prime) as well as intraoperative salvage where the extracorporeal circulation is uninterrupted ...The Witnesses do not feel that the Bible comments directly on organ transplants.<sup>4</sup>

# A more recent article states,

The religious beliefs of Jehovah's Witnesses prohibit them from accepting homologous or autologous blood products, including packed red blood cells, white blood cells, platelets, and plasma, as a part of even life-saving medical therapy. Therapies such as albumin, cryoprecipitate, and intraoperative salvage represent a gray area. Various groups of Jehovah's Witnesses hold slightly different beliefs and, preferably, the use of these therapies needs to be specified by the individual patient. Fluid replacement with crystalloid and other types of colloid is generally acceptable as are hemostatic agents such as desmopressin, recombinant factor VIIa, aprotinin, and epsilon-aminocaproic acid.<sup>5</sup>

In short, while the WTS teaches that the biblical command concerning blood consumption applies to blood transfusions, some blood components are acceptable.

JWs believe that blood is symbolic of life and that life is sacred. Although some critics say that the deeper theological reasoning behind the WTS prohibition of blood transfusions is unclear (p 15),<sup>6</sup> some have speculated that it has to do with a concept of spiritual purity. Richard Singelenberg, for example, explains that, in many cultures, blood is essential to group identity and that, in Hindu culture, blood transfusions are only allowed among kin in order to preserve the purity of the caste. 'Pollution of an individual's blood means a stain on the whole caste' (p 520).<sup>7</sup> He says that JWs have a similar understanding of blood:

In the Society's blood transfusion doctrine, this consanguinity aspect plays a partial role. As shown above, the Society often stressed the questionable characteristics of the donor category, transferring its evil qualities into the believer's bodily system. The analogy with the Indian caste is obvious: reception meant individual, and accordingly, group pollution. However, a significant flaw emerges: why is transfusion among Witnesses not allowed? It should be noted that defection among the Society's adherents is considerable ... In the view of the Society, apostate members belong to the realm of Satan. Though the transfusion might have been life-saving, the thought of a believer who once received blood from someone who is now in the devil's category is almost an obscenity within the Society's ideological schemes. Insiders, thus, can also defile, so an absolute prohibition is the most secure defense for spiritual pollution (p 520).<sup>7</sup>

While 'pollution' may be the reason behind the requests of many JWs, it is not clear that this is the main reason. For example, some JWs are even against autotransfusion, in which a patient's own blood is taken out and given back to her. JWs who are against this believe that once the connection to the body is severed, the blood should be thrown out.

Before 1960, JWs who accepted a blood transfusion only had to fear the eternal consequences for accepting a blood transfusion: separation from God (which is no small consequence). However, that soon changed: 'In the 'Questions from Readers' part in the 15 January 1961 edition of The Watchtower, it was stated that the taking of a transfusion would be followed by excommunication (in the Society's jargon, 'disfellowshipping'). If the offender would refuse to acknowledge his transgression or would persist in accepting or donating blood, he would be considered 'a rebellious opposer and unfaithful example to fellow members' and therefore should be cut off from them' (p 517). The practice of disfellowshipping has attracted some attention in the Journal of Medical Ethics. Muramoto claims that current WTS practices amount to coercion and argues that the WTS could retain the controversial blood doctrine while instituting a don't-ask-don't-tell policy that would protect individual privacy and autonomy.<sup>3</sup> Donald Ridley, a member of the WTS, responds:

Muramoto essentially advances the anarchic notion that, after freely choosing to join an organisation because they have come to share or identify themselves with the organisation's basic values or objectives and after agreeing to abide by its rules and procedures, individuals should nevertheless be free to abandon those values and objectives and reject the organisation's rules and procedures but still insist that the organisation accept them as full and active members in good standing. This argument is patently absurd (p 471).  $^{8}$ 

David Malyon, quoting *The Watchtower*, says, 'As free moral agents, each one has personally decided to live by *Bible* 

standards. These are decisions that fall within the framework of a way of life *freely chosen*... by potential Witnesses before they ever take the step of Christian (baptism)' (p 377).<sup>9</sup> Malyon continues: 'Never is anyone disfellowshipped if he or she displays a repentant attitude, and happily a large number of those thus censured by this rarely used procedure, are eventually restored to our congregations' (p 377).<sup>9</sup>

#### **AUTONOMY**

Julian Savulescu and Richard W Momeyer say, 'We do not respect autonomy when we encourage people to act on irrational beliefs. Rather, such beliefs limit a person's autonomy' (p 287). According to this perspective, an autonomous decision is a rational decision, not merely a competent one.

Savulescu and Momeyer argue that JW beliefs are irrational in two ways: they are unresponsive to evidence and inconsistent. First, they argue that their overly literal interpretations are not open to evidence. Such interpretations, they claim, ignore 'historical context, the diverse intentions and circumstances of Biblical peoples and authors, oral and written traditions in the Middle East, other religious traditions and interpretations of Biblical texts, and inconsistencies between different canonised works' (p 284).

Second, Savulescu and Momeyer argue that JWs ought to recognise that their own beliefs are inconsistent. They explain, as an example, that the JW prohibition against the consumption of blood is incompatible with the practice of communion, in which followers of Jesus drink the 'blood' (wine) of Jesus (p 284). Another example of inconsistency, they claim, is the teachings of St Paul, who taught that believers are not to be slaves to the law, but ought to live by faith (Galatians 3: 10, 13, 24–25).

Are JW beliefs, in fact, inconsistent? The comparison of blood transfusion to the practice of communion may fail to take into account what JWs actually believe about the nature of blood consumption. If Richard Singelenberg's analysis is correct, then the underlying reason for not consuming the blood of other human beings is to avoid pollution with apostates (p 520). According to JW beliefs, it is possible even for current JWs to apostatise, so consuming only the blood of fellow members is no guarantee against pollution. Consuming the blood of Jesus Christ, however, may be safe enough, given his sinless nature. In fact, being united with Christ is a common Christian teaching. Nevertheless, the Watchtower does not teach the transubstantiation of the communion elements like Catholicism. In other words, they do not believe the wine becomes blood. They believe, like many Protestants, that the elements are only symbols of the body and blood of Jesus, eaten in remembrance. <sup>10</sup> So, the comparison ultimately fails.

The second example of an inconsistency is also weak. Paul, in this passage, is warning the church in Galatia about the dangers of certain false teachers in their midst (the so-called Judaizers), who were trying to convince the Gentile believers to be circumcised like the Jewish believers. Paul is not teaching antinomianism here, or that all moral rules are bad, for he prescribes other moral practices in his letters. Instead, he is trying to combat the tendency of believers to rely on old Jewish traditions rather than faith. Anyway, Paul himself delivered the 'blood' message to the Gentile believers in Acts about the prohibition of consuming blood, so Savulescu and Momeyer's charge of inconsistency fails (Acts 15: 28–29). But what about the charge of being unresponsive to evidence?

Certainly, being responsive to evidence is an epistemic virtue, but if autonomy does not preclude proper hetero-regulation,

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then there is room for a certain amount of firmness regarding one's beliefs.

Autonomy means 'self-governing,' which means being your own person. Beauchamp and Childress describe the moral virtue of autonomy in terms of agents who act '(1) intentionally, (2) with understanding, and (3) without controlling influences that determine their action' (p 59). The *intellectual* virtue of autonomy is the ability and willingness to think for oneself when appropriate. The corresponding vice is called 'heteronomy,' which means being regulated by others when one should be regulating oneself.

The virtue of autonomy does not preclude being regulated by others when appropriate. In fact, it is often necessary. Robert C Roberts and W Jay Wood describe a person who is hyper-autonomous (p 259). Such a person never relies on others, never submits to the teaching of another, and always insists that she discover the truth on her own. Such a person would lack knowledge in important ways, never trusting sources of information that are trustworthy. Roberts and Wood describe when 'hetero-regulation' is appropriate such as in learning from experts in a particular field, or submitting one's own thoughts to the criticism of others, or in modelling one's thinking after one's mentors (pp 261–280).

Roberts and Woods say, 'Autonomy is an ability to resist *improper* hetero-regulators' (p 282, italics mine), <sup>12</sup> and they say, '[Autonomy] is a disposition and ability to resist *some* hetero-regulators by virtue of obedience to *another* hetero-regulator (p 277). <sup>12</sup> However, autonomy in this sense, say Roberts and Wood, is autonomy in the true sense to the extent that it is a matter of standing on one's own two feet (p 277). <sup>12</sup> In other words, autonomous individuals submit to a hetero-regulator, but understand why they are doing so. Autonomy is not blind.

Savulescu and Momeyer think that being open to the evidence would lead a JW to reject the WTS teachings on blood, but this is doubtful. What kind of evidence could accomplish this? It seems that only evidence from the afterlife or from God himself could convince a JW otherwise.

# FIRMNESS OF BELIEF

What is reasonable epistemic firmness? It is natural and right to hold firmly to beliefs; in fact, having beliefs at all implies a certain amount of firmness about something. If I believe that I see a big truck coming at me, I am committed, in some sense, to the truth of that belief. As Roberts and Wood explain, this applies in science too: Thomas Kuhn says that scientists are justified in holding on to a theory even in the presence of anomalies (p 193). In fact, a scientist who worries about every anomaly cannot do good science. Kuhn says, 'The scientist who pauses to examine every anomaly he notes will seldom get significant work done' (p 82). <sup>13</sup>

Sceptics are in violation of the virtue of firmness. Sceptics are worried about being too rigid and about the negative consequences of being mistaken, so they withhold their belief. Roberts and Wood explain: 'The skeptic aims to be invulnerable by virtue of flexing with the storm vicissitudes, by going with the flow and riding the waves, like seaweed or fish. So the perfect graduate of skeptical therapy just goes with the flow of his desires as they arise in response to the impressions that he receives from his environment' (p 192). <sup>12</sup>

Nevertheless, hyper-firmness is also a danger. Roberts and Wood call this 'rigidity' or being 'too stiff.' They describe different kinds of rigidity including dogmatism, doxastic complacency and stolid perseverance. First, there is dogmatism, which is 'a disposition to *respond* irrationally to *oppositions* to the

belief: anomalies, objections, evidence to the contrary, counter-examples, and the like' (p 195).<sup>12</sup> This irrationality manifests in an unwillingness to listen to other opinions or consider counterarguments. Second, there is doxastic complacency, which is a laziness that manifests in a determination to stick with one's beliefs because doing otherwise would require too much work or research. Third, there is stolid perseverance, which is an overly tenacious holding on to an epistemic goal when it would be more reasonable to give it up or modify it (pp 194–206).<sup>12</sup>

The question, then, is *not* whether JW beliefs are held firmly. Religious beliefs are naturally held firmly. The question is whether JW beliefs about blood are held too firmly such that JWs do not listen to other points of view or other interpretations of Biblical texts.

Interpreting the Bible is a practice engaged in by a living tradition, a collection of diverse but related religious communities that see the Bible as authoritative for faith and practice. As Alasdair MacIntyre says, 'A living tradition...is an historically extended, socially embodied argument, and an argument precisely in part about the goods which constitute that tradition...What then sustains and strengthens traditions? What weakens and destroys them?...The answer in key part is: the exercise or the lack of exercise of the relevant virtues' (pp 222-3).14 As Stephen E Fowl points out, Christians through the centuries have shown a tendency to rationalise their own evil practices, such as slavery, by ignoring the intellectual virtues in their hermeneutics (pp 62–96). 15 He says that a Christian theology of sin (that human beings are fallen and prone to self-justification and rationalisation—even while reading Scripture) should inform Christian interpretive practices, encouraging Christians to remain 'vigilant' over their interpretation (pp 74–5).<sup>15</sup> Additionally, moral virtues are relevant to hermeneutics. Biblical interpretations that result in harm to others (such as slavery) are condemned on the basis of this harm. JW beliefs about blood result only in harm to themselves (and their children, but I respond to that below).

If JWs cultivate the intellectual virtues, then they would welcome opportunities to test their beliefs and would not reject dialogue with others in the (Christian) tradition regarding the correct interpretation of Scripture. This may or may not be occurring and may differ from one community of JWs to the next, just as it does among other Christian communities. If Muramoto is correct, 'Jehovah's Witnesses have been strongly discouraged from discussing critical religious issues with outsiders, particularly with former members, and can be 'disfellowshipped' (excommunicated) for doing so' (p 223).3 If this is true of any group (not just JWs), it raises serious doubts about the rationality of its members and leaders. It is one thing to require that members of the community adhere to community practices; this conforms to the virtue of community integrity that is alluded to by Donald T Ridley in response to Muramoto above. However, it is quite another thing to prohibit members of the community from discussing or testing their beliefs with those who believe otherwise. The practice of excommunication is, to the extent that it is not coercive, compatible with intellectual virtue; the closed-minded practices that Muramoto speaks of are not.

However, if the debate that has occurred in the *Journal of Medical Ethics* is any indication, JWs *are* testing their beliefs against those who believe otherwise. I mean, JWs are publishing defences of their position in premier academic journals. If this does not count as testing one's beliefs, it is not clear what would. Still, some might claim that the level of rationality of

these select few JW authors is not representative of the average JW patient. While this may be true, to require every JW patient to test his or her beliefs against contrary views and interpretations is to require too much. Such a condition would make it impossible for most people (even non-religious patients) to qualify as autonomous. Recall above that proper autonomy is sometimes avoiding improper hetero-regulation by *proper* obedience to another hetero-regulator. Moreover, if the WTS demonstrates that its scholars are epistemically virtuous and trustworthy, the average JW layperson would be rational in deferring to their authority.

# **AUTONOMY AS RATIONALITY**

Even if there remain certain doubts about the rationality of JW beliefs, it does not follow that we should *not* honour their refusal of blood. The most troubling part of Savulescu and Momeyer's project is the proposal to require rationality as a basis of informed consent. Customarily, adult patients can be judged competent to make certain decisions about their healthcare while acting irrationally; for example, a patient might have an aversion to taking medicine and might prefer to seek out alternative therapies to treat her illness before filling her doctor's prescription.

Given the great diversity of opinions about matters of conscience and the assumption that there are rational people in every culture, which is a tenet of multiculturalism, it seems unlikely that we will be able to come up with an effective model of rationality that does not impose the metaphysical and epistemic beliefs of the dominant culture on others. Even Savulescu and Momeyer's standard of consistency is problematic because many belief systems (that we would otherwise think were rational) have inconsistencies. For example, consider the wave-particle duality theory of light in physics.

In a recent article, Kate McMahon-Parkes describes several other problems with evaluating the rationality of patient beliefs. <sup>16</sup> These include the following: (1) some religions do not recognise reason as having any authority over matters of faith; (2) physicians are not qualified to assess the rationality of religious beliefs; and (3) it is impossible for outsiders to decide between conflicting religious traditions.

In their book Philosophy in Medicine, Charles M Culver and Bernard Gert support evaluating the rationality of patient beliefs, but they define an irrational belief as a 'belief held in the face of overwhelming evidence to the contrary...whose contradiction by the overwhelming evidence is obvious to almost everyone with knowledge and intelligence similar to that of the person holding the irrational belief' (p 38). <sup>17</sup> So, even though Culver and Gert would support evaluating the rationality of patient beliefs, their notion of rationality is much more narrow than Savulescu and Momeyer's. In fact, Culver and Gert say that religious beliefs can never be judged irrational because they are held by more than one person and irrationality is a sign of an individual mental problem, not a shared belief (p 39). 17 Under this view, rationality and competence are remarkably similar, so I doubt Culver and Gert would support Savulescu and Momeyer's project.

#### **CHILDREN**

Until now, I have only considered the refusal of blood by adult JW patients. The stakes are higher when the lives of children are at risk, so a more stringent principle than autonomy is needed when JW parents refuse blood for their children. It is one thing to harm yourself, it is quite another thing to harm others. Rationality conditions are popular candidates here, but

these are usually accompanied by insurmountable problems. Savulescu, for example, proposes a condition called 'a plausible conception of reality' (p 32).<sup>18</sup> The problem with this condition is that he only finds naturalistic conceptions plausible or rational, which is problematic because most worldviews would be disqualified. Stewart Eskew and Christopher Meyers propose a coherence theory of rationality to decide proxy cases.<sup>19</sup> The problem with this approach is, again, that few worldviews would qualify, since there are coherency problems in every worldview. Any criterion that rules out all worldviews except western science is not compatible with the multiculturalism of our pluralistic society.

Instead, a *no harm* principle should be employed. Savulescu includes a 'safe enough' condition in his essay. He says that a parental choice must be 'safe enough, compared to other interventions children are exposed to' (p 32).<sup>18</sup> This is partly right, but put this way, it is too strict because the basis of comparison appears to be other medical treatments, not other legitimate risks. A *no harm* condition should be tolerant of a diversity of parental practices and beliefs. It should also consider psychosocial and spiritual harms while protecting the physical life of the child as much as possible. It should also help us weigh the benefits and risks.

JWs insist that they only want what is best for their children, which includes what is best for them eternally, not just on earth. When looked at from this perspective, we can understand how such a choice might be rational; however, it is also widely known that the WTS (and God presumably) will forgive patients who have had blood transfusions forced upon them. We also hear about JW parents who are relieved when the choice is taken out of their hands. If this is true, it follows that the best thing to do is to transfuse children because the consequences of not doing so are grave and the benefits of doing so outweigh the costs. Transfusing JW children protect their lives both here and eternally.

#### CONCLUSION

The issue of children aside, I have tried to challenge the idea that JWs are acting irrationally when they refuse blood. At least, Savulescu and Momeyer have not made their case against them, nor has anyone else. But serious questions have been raised, questions about coercive practices that are relevant to assessing the rationality of any religious community. If any religion threatens excommunication when its followers discuss their beliefs with outsiders or ask probing questions, then this religion is not a rational one. Nevertheless, it is a bad move to require rationality as the basis of informed consent. There are just too many problems defining and applying rationality conditions. Moreover, we live in a multicultural society where we value diversity, and this should be most evident in our clinics where religious and cultural beliefs are most important to their possessors. This is why autonomy should be understood in the broadest sense possible, as simple competence, not rationality.

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