Medical emergencies in children of orthodox Jehovah's Witness families: Three recent legal cases, ethical issues and proposals for management

To the Editors;

It would be unfortunate if the misinformation in Guichon and Mitchell's (1) paper impaired physician-patient relationships Jehovah's Witnesses seek to cultivate with caring doctors.

The authors advocate a practice to be applied only to Jehovah's Witnesses, which coerces them to accept blood transfusion by disparaging their religion. Physicians do not denigrate Catholicism to browbeat a Catholic patient into consenting to therapeutic abortion nor ridicule Judaism to coerce a Jewish adherent to accept porcine-derived products. The notion is repugnant to ethical physicians.

Guichon and Mitchell create an erroneous impression of 'shunning' within the family home. If a member of Jehovah's Witnesses rejects the biblical injunction on blood, the congregation understands that the person has willingly terminated their membership. However, the door is open for the person to return. Within the family home, spiritual ties have changed but blood ties remain; the marriage relationship and normal family affections and dealings can continue (2).

The authors' life-and-death characterization of transfusion-avoidance strategies is misleading. Recent studies have identified large variations in paediatric transfusion practice with no differences in clinical outcomes (3-5).

Their paper also questions information offered by Hospital Liaison Committees (HLCs) for Jehovah's Witnesses. Regarding HLCs, surgeon Richard Spence commented that "The Jehovah's Witness church has established local liaison committees consisting of well-informed church members prepared to act as a link between the physician and the patient" (6). On request, HLC members provide medical references from peer-reviewed, mainstream journals or arrange consultations with physicians experienced in transfusion-alternative strategies to supplement the physician-patient discussion, thus alleviating apprehension some clinicians may feel.

Accurate information about Jehovah's Witnesses can be obtained by contacting our information and referral service for physicians at 1-800-265-0327 or by visiting our official Web site at <www.watchtower.org/e/medical_care_and_blood.htm>

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REFERENCES

1. Guichon J, Mitchell I. Medical emergencies in children of orthodox Jehovah's Witness families: Three recent legal cases, ethical issues and proposals for management. Paediatr Child Health 2006;11:655-8.
2. Office of Public Information of Jehovah's Witnesses. <http://www.jw-media.org/beliefs/beliefsfaq.htm> (Version current at May 1, 2007).
3. Lacroix J, Hebert PC, Hutchison JS, et al; Canadian Critical Care Trials Group. Transfusion requirements in Pediatrics Intensive Care Units (TRIPICU) Study – a multicenter randomized controlled noninferiority clinical trial. New Engl J Med 2006. (In press)
4. Ringer SA, Richardson DK, Sacher RA, Keszler M, Churchill WH. Variations in transfusion practice in neonatal intensive care. Pediatrics 1998;101:194-200.
5. Lee SK, McMillan DD, Ohlsson A, et al. Variations in practice and outcomes in the Canadian NICU network: 1996-1997. Pediatrics 2000;106:1070-9.
6. Spence RK. Surgical red blood cell transfusion practice policies. Blood Management Practice Guidelines Conference. Am J Surg 1995;170:3S-15S.

To the Editors;

Calgary bioethicists, Guichon and Mitchell (1), in their December 2006 article, mis-stated court rulings concerning three mature young women who refused blood transfusions.

'Case 1' concerned a 16.5-year-old leukemia patient. The authors omitted that the appeal judge had rejected the religious stereotype which they now urge on the medical community as 'dangerous' (2). They ignored the court decisions, which specified that the state-imposed treatment and 38 forced transfusions failed; the patient's cancer relapsed and the court determined that her case was medically hopeless (3). Guichon did not reveal that she assisted the father in his failed lawsuit against the patient's doctors, her mother, lawers and her church (4).

'Case 2' concerned a 16.5-year-old woman who suffered heavy menstrual bleeds (5). The Alberta Court of Appeal found that the young woman was a mature minor but because she was not 18 years of age yet, Alberta's child welfare legislation did not permit her to decide. The Court left for another day to decide whether that legislation was constitutionally valid (6).

'Case 3' concerned a 14-year-old British Columbia resident who was judicially declared to be a mature minor who was seeking treatment without transfusions for her osteogenic sarcoma. Guichon and Mitchell relied on a newspaper story to impugn counsel for the young woman's parents. The authors omit the Ontario Court of Appeal overturned the Toronto court's decision, commented adversely on the earlier decision of a British Columbia court and took note that the patient was able to secure successful cancer treatment without transfusions at a respected children's hospital in New York (USA) (7).

By ignoring crucial aspects of these court decisions, Guichon and Mitchell offered an opinion that was a disservice to physicians, patients and the constitutional values of respect and tolerance.

W Glen How OC QC LSM

REFERENCES

1. Guichon J, Mitchell I. Medical emergencies in children of orthodox Jehovah's Witness families: Three recent legal cases, ethical issues and proposals for management. Paediatr Child Health 2006;11:655-8.
2. H(B) v Alberta, 2002 ABQB 371, para 36 (see also paras, 1-3,22-42). In M(J) v Alberta, 2004 ABQB 512, para 43, Justice Kent later directed the state and courts to avoid the "paternalistic attitude" that "the doctor has always recommended the only acceptable treatment" and that Jehovah's Witnesses "are always wrong" in refusing transfusions.

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3. Hughes Estate v Hughes, 2006 ABQB 159; Hughes Estate v Hughes, 2006 CarswellAlta 863 (QB).
4. Affidavit of Juliet Guichon (sworn September 7, 2006) prepared in support of the Plaintiff in Hughes Estate v Hughes, court file no 0601-0169AC.
5. CU v McGonigle, 2000 ABQB 626, paras 3,12.
6. U(C) v Alberta, 2003 ABCA 66, paras 13-14,26,33,37.
7. British Columbia v Bahris (2006), 270 DLR (4th) 536, paras 1,4,23,24,27,30,32 (Ontario).

The authors respond;

Mr Bodnaruk misunderstands how paediatricians approach teenagers in providing care. When a teenager with Roman Catholic parents seeks reproductive advice, a paediatrician will discuss all medical options with the patient alone and without asking a priest to give advice on medical management.

Our cases dealt with life-saving medical treatment; transfusion was court-ordered. The judge in case 1 specifically found that, because of 'undue influence put upon her', the patient did not have adequate information and voluntariness to make decisions (1). We recommend that Jehovah Witnesses parents and their children have full information, both official Watchtower Society and alternative information (2), and should be free to choose medical treatment without sanction.

We welcome Mr Bodnaruk's assurance that parents who disagree for religious reasons about their child's medical treatment can still live amicably together. A judge in case 1 cited the parents' disagreement about transfusion as the reason for marital breakdown (3).

In the papers Mr Bodnaruk cites, authors describe variations in neonatal management, including the timing and volume of blood transfusion, but not the option of no transfusion (4,5). One referenced author specifically cites the dangers of under-transfusion with perioperative hemoglobin less than 10 g/dL (6). In case 1, physicians recommended transfusion when the hemoglobin was 4.5 g/dL and oxygen saturation was 82% (7).

Mr How suggests that it was inappropriate for the patient in case 1 to receive 38 transfusions given her ultimate death. The high mortality of her condition was always made clear in court (8,9). A 50% success rate is not a reason for withholding medical treatment.

Mr How states that the case 1 father's lawsuit against the Watchtower Society lawyers has failed. On the contrary, the case is proceeding (10).

Paediatricians must look for all elements of consent: competence, information and voluntariness. Most difficulties among physicians, parents and adolescents are resolved amicably. We support this. In some situations, reporting to child welfare is a statutory duty and legal help is required.

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REFERENCES

1. H(B) v Alberta, 2002 ABQB 371, para 76.
2. Watchtower Society. <http://www.watchtower.org/e/medical_care_and_blood.htm> (Version current at May 1, 2007).
   - Associated Jehovah's Witnesses for Reform on Blood. <http://www.ajwrb.org> (Version current at May 1, 2007).
   - "Is Blood FORBIDDEN Among Jehovah's Witnesses?" <http://www.freeminds.org/doctrine/blood.htm> (Version current at May 1, 2007).
   - Christian Apologetics and Research Ministry. <http://www.carm.org/witnesses.htm> (Version current at May 1, 2007).
   - Jehovah's Witnesses. <http://www.rapidnet.com/~jbeard/bdm/Cults/jw.htm> (Version current at May 1, 2007).
3. Hughes v Hughes, 2003 CarswellAlta 1605, Alberta Court of Queen's Bench, 2003 Alberta Court of Queen's Bench, para 9-12.
4. Ringer SA, Richardson DK, Sacher RA, et al. Variations in transfusion practice in neonatal intensive care. Pediatrics 1998;101:194-200.
5. Lee SK, McMillan DD, Ohlsson A, et al. Variations in practice and outcomes in the Canadian NICU network: 1996-1997. Pediatrics 2000;106:1070-9.
6. Spence RK. Surgical red blood cell transfusion practice policies. Blood Management Practice Guidelines Conference. Am J Surg 1995;170(6A Suppl):3S-15S.
7. Testimony of Anne Corinne Saunders, Transcripts of Provincial Court of Alberta Proceedings before the Honourable Judge K Jordan, Alberta v BH, et al, at the Alberta Children's Hospital February 18, 2002, page 69, line 5.
8. Hughes v Hughes, 2003, supra note 3, per Kent J, at para 4.
9. Saunders, supra note7, page 85, lines 20-27.
10. Hughes Estate v Brady, et al. 2006 ABCA 391, December 5, 2006.