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John C. Ford

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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 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, 3:17, and 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 3:17 reads: "By a perpetual law for your generation, and all your habitations, 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.¹

If it is objected that this was a dietary law, having nothing to do with the medical use of blood, they reply that a transfusion is the equivalent of eating; 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 a *fortiori* to human blood. If it is objected that the law also forbade fat, they say that 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-

¹ *The Watchtower*, 72 (July 1, 1951) n. 13 pp. 414-416, published at Jehovah's Witnesses' headquarters in Brooklyn, gives a rather complete exposition of the Witnesses' teaching about blood transfusions.

rified to idols, and from blood, and from things strangled, and from fornication. . . ."

Whatever may have been the meaning of the decree of the Council of Jerusalem, and whatever its force (there are uncertainties on both points), it is clear from the whole history of Christendom that the eating of blood is no longer forbidden. From very early times the whole Church has proceeded on the assumption that this law was abrogated with the coming of the Gospel. It is futile to cite a New Testament passage of uncertain meaning in the face of this universal tradition.

Exegetes take two general courses in explaining the passage from Acts, 15:29. Most of them admit that the decree was concerned with dietary law, but hold that it was a temporary, local ordinance.² They point out that it was addressed to the brethren of Gentile origin in Antioch, Syria and Cilicia (Acts, 15:23), and that its motivation was to avoid shocking the Jewish converts who had been brought up for generations in the Mosaic tradition (Acts, 15:19-21). This view is confirmed by the practice of St. Paul, who, though present at the Council, and one of the messengers sent to announce the decision, did not enforce it himself a few years later in another part of the world. Writing to the Corinthians a few years after the Council of Jerusalem he gives a decision permitting one of the things the decree had forbidden, namely the eating of meat

offered to idols (1 Corinthians, 10:25-30). If one of these dietary prohibitions was not of universal obligation, then it is improper to urge that the others were.

Another explanation, followed by a few, is based on a good, early manuscript which omits the prohibition against "things strangled." If this is omitted, then the other three prohibitions bear a meaning which is not dietary at all. They would refer to the three great sins of idolatry, murder and impurity. The prohibition of blood would merely be a prohibition of murder. These interpreters believe that moral precepts harmonize better with all the circumstances than mere dietary laws.³

Whatever the meaning and force of the decree, the thing that is clear from tradition and from the teaching of the Church is that there is no longer any law of God that forbids "eating blood." The Scriptural interpretations of the Jehovah's Witnesses suffer not only from a lack of general principles of scholarly exegesis, but also from the fundamental defect of looking to the Bible as if it were a guide in a vacuum, independent of the teaching of the Church, and independent of the whole history of Christian tradition. Christendom did not have to await the coming of the Witnesses to learn that "eating blood" has been forbidden to Christians all along. And if it had been, it would still be a long jump

³ Cf. *Expository Times*, 41 (Dec., 1929) pp. 128-129; and Westminster Version, III, p. 221 n. The shorter text is favored by Allo with Harnack. Cf. Allo, *op. cit.*, p. 196.

to conclude that to take a blood transfusion is to "eat blood."⁴

II. MORAL QUESTIONS

Is a blood transfusion an ordinary means of preserving life and health?

The terms *ordinary* and *extraordinary* do not always mean the same thing to doctors and theologians. Sometimes a procedure which any physician would call ordinary would be considered extraordinary in the theological sense.⁵ There is no doubt that a blood transfusion is an ordinary means of preserving life and health as far as the physician is concerned. And it would seem, nowadays, that in most circumstances, a blood transfusion would be considered an ordinary means in the theological sense. At least in cities, where hospital care and transfusions are easily available and not unduly expensive, I believe most theologians would call it an ordinary means of preserving life and health. The moral consequence is that given these circumstances a patient would be obliged to take

⁴ Witnesses would presumably object to blood plasma just as they do to whole blood. I do not know if they would object to a synthetic plasma substitute like "Gentran." Many serums and antitoxins are made from blood. Logically, it would seem they should refuse all of these, also.

⁵ Cf. J. C. Ford, S.J., and J. E. Drew, M.D., "Advising Radical Surgery: A Problem in Medical Morality," *Journal of the American Medical Association*, 151 (Feb. 28, 1953) pp. 711-716. For a general discussion of ordinary and extraordinary means see G. Kelly, S.J., "The Duty of Using Artificial Means to Preserve Life," *Theological Studies*, 11 (June 1950) n. 2, pp. 203-220; and "The Duty to Preserve Life," *ibid.*, 12 (Dec. 1951) n. 4, pp. 550-556.

this means when it is judged necessary to preserve life.

But is a blood transfusion an ordinary means for a person who is firmly convinced on religious grounds that such a transfusion is an offense against the law of God? This raises the question as to how far one may take into account subjective feelings, subjective errors, mistaken attitudes, etc., in estimating what is ordinary and what is extraordinary, and in deciding the consequent objective obligation to take given affirmative measures to preserve life; or in deciding the objective liceity of foregoing such measures.

At first sight it may seem strange that subjective errors and attitudes can be the determinants of objective morality. A little reflection, however, will show that it has been customary with moralists to allow subjective elements to be taken into account in making the moral judgment as to what is ordinary or extraordinary in a given case. In the last analysis this may rest on the concept of stewardship. It is because we are stewards, acting in the name of God, that we are obliged to take ordinary care of our health. There is nothing contradictory in supposing that God does not demand of a steward efforts which for him are extraordinary, even if it is an erroneous idea of the steward that makes them so.

For instance, all are agreed that the individual circumstances must be taken into account, and one of the circumstances is the amount of pain involved in a given procedure. But pain is a highly subjective

phenomenon. Some people can stand a good deal. Others cannot. They have an exaggerated horror or an exaggerated reaction even to a small amount of pain. This is one subjective, variable element which all moralists, I believe, would recognize as having to be taken into account to decide the objective obligation.⁶

Some moralists also give the example of a groundless or exaggerated fear of surgical operations of any kind. They admit that in such cases an ordinary surgical procedure can be considered extraordinary for the individual in question.⁷

Authors also recognize that a woman who has an extreme (and therefore irrational) horror of being examined by a physician, cannot be accused of sin if she refuses to take this otherwise ordinary means to preserve life and health. For her it is extraordinary, because of her subjective misconception as to what the virtue of chastity demands, or her subjective emotional horror which is in fact altogether unreasonable.⁸

Finally there is the well-known, if somewhat fanciful, example of the dying Carthusian who will eat no meat even if the doctors consider it necessary to preserve his life and health. The Carthusian does this, in the supposition, out of love of his Rule. But he has a mistaken idea as to what the Rule requires. Yet authors admit that his *mistaken* or exaggerated ideas

of devotion to the Rule make the use of this ordinary means extraordinary for him.⁹

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 procedure.

With a sincere Jehovah's Witness who is firmly convinced that a transfusion offends God, we are dealing with a case where his conscience absolutely forbids him to allow the procedure. In this mistaken frame of mind he would actually commit sin if he went against his conscience and took the transfusion. I see no inconsistency in admitting that this frame of mind is a circumstance which makes the transfusion for him an *extraordinary* 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 obligation to take positive measures to preserve life is an affirmative one, and it is not unreasonable to suppose that God, who is the master of life and death, does not objectively require of his steward a means of self-preservation which appears to the steward to be certainly sinful. In coming to this tentative conclusion, I am influenced also by the thought that we can allow an individual consider-

able leeway in exposing his own life to danger, especially in the negative 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 technically 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 procedure, and actually refuses it, the physician is not morally obliged to give it to 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 obligation to take the transfusion, it will not in practice make much difference in estimating the personal moral obligation of the physician or hospital administrator. If a person had the erroneous religious belief that he should commit suicide 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 entirely different matter to assert that the physician has any right, and much less any duty, to force a patient 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 liability will be discussed below.

Another consequence of the view that the sincere Witness is not objectively obliged to have a transfusion is this: From the moral point of view, as far as his individual 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 different matter to decide whether a physician 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 agreement not to give a transfusion he is obliged *per se* to honor it. Sometimes, however, contractual agreements cease to bind when unforeseen events make a substantial change in the subject matter or the circumstances of the agreement. For instance, a physician might agree to give no transfusion, and later discover, with the patient at death's door, e.g. from hemorrhage during Cesarean section, that observance of it would entail serious legal consequences for himself and for the hospital where he is working. Such unforeseen circumstances would, in my opinion, be sufficient grounds for releasing him from his moral obligation to

⁶ Noldin, *De Praeceptis*, n. 325, 3, a.

⁷ Genicot, *Theologia Moralis*, I, n. 364; Noldin, *op. cit.*, n. 325, 3, b, citing Capellmann-Bergmann.

⁸ St. Alphonsus, *Theologia Moralis*, lib. III, n. 372, cited by many others.

⁹ Vermeersch, *Theologia Moralis*, II, n. 300, 5.

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.¹⁰ 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

¹⁰ Cf. C. C. Cawley, "Parens Patriae: The Sovereign Power of Guardianship," *New England Journal of Medicine*, 251 (Nov. 25, 1954) n. 22, pp. 894-897.

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 neces-

sary 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 such 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 oblige 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

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.' "

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