Religiously-based treatment refusal

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You are the only vascular surgeon within 70 miles when a devout, 55-year-old, otherwise healthy Jehovah’s Witness presents in your ER, hypertensive and unconscious, with a rupturing abdominal aortic aneurysm. You previously have refused to treat Jehovah’s Witness patients because of the added operative risk associated with the denomination’s refusal to accept transfused blood. You explained your position to this patient when he was first referred to you for elective surgery several months earlier. The patient’s wife does not subscribe to the Jehovah’s Witness faith. She asks you to perform emergency surgery, with blood transfusions if necessary, but not to tell the patient if blood is given.

A. Transfer the patient to another competent surgeon at the nearest available center.
B. Treat the patient according to the wife’s wishes.
C. Treat the patient doing everything possible to avoid transfusion, but transfuse the patient if survival depends upon it, and tell him when he recovers.
D. Treat the patient and allow an anesthesiologist who is willing to comply with the wife’s request to be responsible for transfusion therapy.
E. Treat the patient and comply with his prior refusal of blood transfusion, regardless of associated risk.

In one survey, 79% of physician respondents had encountered a Jehovah’s Witness patient needing emergency surgery. More than half of these physicians reported having transfused the patients when they believed that blood was needed, whether or not there was a signed refusal statement.1 Notwithstanding, the strongest ethical argument can be made for E. The least desirable answer is A. Surgeons are committed to serving the patient’s best interests as defined by the patient. In a nonemergency situation, an alternative surgeon willing to work under these conditions could be called in. Without recourse to an adequately trained and experienced colleague, however, a surgeon is obligated to treat an emergency patient regardless of the circumstances. Refusing to treat a dying patient when therapy is possible is clearly unethical. C is a close second best answer and could not be summarily dismissed, but it places the surgeon’s values above the values of the patient. It is likewise unethical to deceive the patient (choice B), even to comply with the wishes of the next of kin.2 Normally, treatment is guided by the family’s wishes, but this standard is not binding when it is clear that the surrogate decision maker is not faithfully representing the patient’s desires. You are the attending surgeon responsible for the patient’s care and cannot knowingly sponsor an equivalent deception by a surrogate physician (choice D). The competent patient is entitled to treatment consistent with his value system, even if it increases risk and is inconsistent with your own beliefs. An argument could be made that the surgeon is relieved of the obligation to treat because this course of action is futile, defined as the reliable expectation that clinical intervention will not have the intended therapeutic effect. Although a lower percentage of seriously ill patients survive surgery under the conditions imposed by the Jehovah’s Witness faith, competent surgeons can often bring them through their operations satisfactorily, and surgical care should be not considered futile.3

REFERENCES

ADDITIONAL READING