

Commentary on *Johnny's Story: Transfusing a Jehovah's Witness*

Anita J. Catlin

Sharon McNeil poignantly expresses a dilemma for nurses worldwide who care for and are concerned about the children of Jehovah's Witnesses. As McNeil expresses, members of this faith have chosen not to accept blood or blood products as a result of scripture instruction from the Acts of the Apostles, Chapter 15. Normally, this is not a problem. Jehovah's Witnesses receive full medical care and all treatment modalities other than blood. Many medical centers (see Table 1) have dedicated part of their mission as providing bloodless treatment and surgery for Jehovah's Witnesses, using such items as erythropoietin, hyperbaric oxygen, hypothermia, desmopressin, and fluid resuscitation to treat anemic conditions. and United States, Canadian, and European law have recognized that competent adults may make choices to refuse blood transfusions.

Dilemma for Pediatric Nurses

What becomes a dilemma for pediatric nurses is when a decision is made that only blood or blood products will save the life of a child. Nurses (and physicians) find themselves caught in a classical ethical dilemma – the decision between two competing harms. The clearer and most often articulated harm is that of the child's critical condition, a condition that may be worsened by withholding and most often remedied by giving blood. Most hospitals and courts have responded positively to medical emergencies requiring blood transfusion to a minor child. In the accompanying article, McNeil talks about obtaining a court order, and reflects current United States statute code that children deemed in need of blood will receive blood by court order. The potential harm of a child's death will be prevented. Parents who refuse to comply have been taken into custody and removed from their child's bedside (Catlin, 1996).

The competing and more rarely explicated harm is that of overruling or legally supplanting parental decision making for their children. There are several reasons why this should be viewed as an equally compelling harm. Nurses have been trained to respect cultural diversity, family values, and religious tradition. Throughout nurses' training and by the very mission written in the ANA Code of Ethics (1985), nurses have been taught to "provide services with respect for human dignity and the uniqueness of the client." Nurses are educated to define their client as the "patient, family and community" (ANA Committee on Education, 1965). Overruling parental desires of how a child should be treated has rarely been seen as an accepted nursing action, and could cause the involved nursing staff a great deal of pain.

Indeed, Sue, in McNeil's article, feels she is committing a sin by hanging the blood against parental consent.

How Nurses Have Traditionally Worked With Parents

How have nurses traditionally worked with parents? Not a pediatric care plan developed ever neglected to include parental support in planning for a child's illness. Nurses have worked hard to comfort parents of sick children, opening visiting hours, providing rooming-in, and hosting parent support groups. Nurses recognize that one of the greatest joys that exists in parenting is sharing with one's children the values of family tradition and culture. Christians baptize their children, Jews circumcise their males, Muslims fast at Ramadan, and Hindus have ceremonies of anointing with oils and spices, and rarely do nurses interfere with closely held, faith-based, customs.

While other nations have found religion to be the basis for civil war and territorial conflict, May (1995) reminds us that the United States was founded on the basis of religious freedom. For the most part, religious values in the United States are respected and every attempt is made to treat a child accordingly. Thus, thoughtful nurses would be absolutely incorrect to try to educate Jehovah's Witnesses parents that their interpretation of the scriptures is incorrect, as was recommended in the *Journal of Christian Nursing* (Sire, 1987).

Handling the Jehovah's Witnesses Case

The Jehovah's Witnesses dilemma is a tricky one and must be handled by caring people with great sensitivity. First of all, it is very important *not* to try to convince parents to "change their minds." Healthcare professionals may not understand what might happen if a Jehovah's Witness family were to acquiesce to transfusion. By parents giving consent, their decision must also be made to leave the church, family, friends, and the Witness community. Refusal of blood is a basic tenet of the JW faith; it is a freely accepted covenant with God that cannot be broken. If the covenant is severed, the party may lose eternal salvation and a place in the community. Shunning by others has been described (Jeremiah Films, 1985). It is possible that the child may live, but then reside in a home that his family and friends will never again visit.

Hospital personnel should make every attempt to treat with non-blood products. Consultation with the Jehovah's Witnesses 24-Hour Hospital Liaison Committee Hot-Line may be able to suggest local physicians or facilities willing to try alternative treatment modalities (see address at the end of this commentary). Nurses who routinely work with children on oncology or sickle cell units should do frequent Medline searches to keep up with any newly developed non-blood therapies. Physicians should consult hematology colleagues to learn of any possibility of handling the anemic or cytopenic condition without blood. In the case of Johnny, a possible connection with the M.D. Anderson Cancer Center

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Table 1. Suggested United States Hospitals Providing Non-Blood Medicine and Surgery

DCH Regional Medical Center, Tuscaloosa, Alabama
Encino-Tarzana Regional Medical Center and North Hollywood Medical Center, California
Good Samaritan Hospital, Los Angeles, California
Graduate Hospital, Philadelphia, Pennsylvania
John Muir Medical Center, Walnut Creek, California
Mid-Jefferson Hospital Park Place Medical Center, Port Arthur, Texas
Our Lady of the Resurrection Medical Center, Chicago, Illinois
Proctor Hospital, Peoria, Illinois
Puget Sound Hospital, Tacoma, Washington
Rhode Island Hospital, Providence, Rhode Island
Roper Hospital, Charleston, South Carolina
St. Joseph's Hospital, Savannah, Georgia
St. Joseph Hospital at Creighton University Medical Center, Omaha, Nebraska
St. Jude Medical Center, Fullerton, California
St. Luke Medical Center, Pasadena, California
Sharpstown General Hospital, Houston, Texas
Trinity Medical Center, Carrollton, Texas
UAB Hospital, Birmingham, Alabama
University General Hospital and Women's Hospital and Medical Center, Seminole, Florida
University Hospital University of Colorado Health Sciences, Colorado
University of Miami/Jackson Memorial Medical Center, Miami, Florida
Winona Memorial Hospital, Indianapolis, Indiana

could be made, as they have experimented on giving chemotherapy without concomitant transfusion therapy (Rosam, 1996). Too often court orders are obtained prior to a second opinion being sought or the parents given the opportunity to also be heard in court.

There may be times when nurses must speak up on behalf of their Jehovah's Witnesses patients, and that is in cases of elective or nonemergent surgery. Historically some physicians have refused to treat children needing necessary surgeries if the parents did not consent to transfusion on the surgical permit. Nurses should be familiar with the closest facility willing to do nonblood surgery and give the parents such information.

For the parents' sake, it is much better to obtain a court order for life-saving transfusion than to ask for their consent. When the courts and Child Protection Services order that blood is to be given, it is removed from the parents' control. There is no necessary break with the church as no consent has been given. The parents and child would not be ostracized if the matter was taken completely out of their hands. When such an action is taken, support of the parents is a must. The McNeil article well describes a situation in which nurses stood beside grieving parents and lent sustenance. Parents can be told, "This was not your decision, you did not consent, and your God knows that," and this could possibly provide comfort (Catlin, 1996).

Support for the caregivers is also important. Physicians and nurses who overrule parental wishes and perform procedures that parents oppose on children will carry an emotional burden. In a situation when everyone involved is suffering, it is also vital for family and staff to have consultation from the ethics or chaplaincy departments.

Summary

Few issues in nursing or medicine carry the angst that transfusion for Jehovah's Witnesses children does. We can look for direction at Swanson's five caring categories for nurs-

ing (Swanson, 1991, 1993). Through her research, Swanson states that nurses *know, be with, do for, enable, and maintain belief* as the basis of nursing care. We must *know* that saving children is right but can hurt others sometimes, *be there* for parents during this difficult time, *do for* parents by believing in their love for their children, *enable* them to carry out their beliefs as much as possible, and *maintain* their strength that their child will be returned to them in a less critically ill state. "Do No Harm" is a basic tenet in medical ethics. In the case of forced transfusion for Jehovah's Witnesses children, it is "Do the Least Harm Possible."

Section Editor's Note: For more information on handling a Jehovah's Witnesses case, health care personnel should contact:

The Jehovah's Witnesses Watchtower Bible and Tract Society

Hospital Information Services
25 Columbia Heights
Brooklyn, NY 11201

24 Hour Help Line:

(718) 625-3600 during office hours
(718) 624-8100 after hours

References

- American Nurses Association. (1965). Position paper on the definition of nursing. *American Journal of Nursing*, 65, 106.
- American Nurses Association. (1985). *Code of ethics for nurses with interpretive statements*. Kansas City, MO: Author.
- Catlin, A.J. (1996). The dilemma of the Jehovah's Witnesses child who needs blood to survive. *Health Ethics Committee Forum*, 8(4), 195-209.

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ty basics and air bag safety in the classrooms of the nation's 30 million children, and convince them that it's actually "cool" to ride in the back seat.

"The ABCs of Air Bag Safety. The Back is Where It's At!" is one of the most comprehensive safety education programs ever attempted. It seeks to build positive, life-long safety attitudes and behavior by teaching auto safety from the earliest years, starting in day care and then in kindergarten through grade 6. Professionally-developed instructional materials ensure that the lessons are age-appropriate, interesting to children, and prepared in usable formats for teachers.

The campaign is sponsored by Chrysler Corporation, AAA, American Academy of Pediatrics, and air bag manufacturer Morton International. It features an instructional video with Bill Nye "The Science Guy," star of the weekly "Disney Presents Bill Nye the Science Guy" television series. Coast-to-coast activities in support to the campaign are being led by the National Highway Traffic Safety Administration, National Association of Governors' Highway Safety Representatives, and AAA clubs. Other organizations that are supporting the campaign include the American Federation of Teachers, Emergency Nurses CARE, International Association of Chiefs of Police, Fraternal Order of Police, Optimist International, Emergency Nurses Association, and SAE International.

According to Chrysler Chairman Robert J. Eaton, "We are attempting nothing short of a complete culture shift in the way children are transported in this country. Many children now ride up front, which is not the safest place for them to be, with or without an air bag. Together with our partners, we are committed to convincing youngsters and their parents that 'the back is where it's at' when they ride in a motor vehicle.

"This is not just another buckle up campaign. We are institutionalizing motor vehicle safety in the classroom, planting the seeds for enhanced safety awareness among millions of children—an entire generation of Americans," he added.

At a news conference before the entire student body of Lafayette Elementary School in Washington, DC, Eaton was joined by Bill Nye, who premiered his new video that he hopes every child in America will see. It demonstrates for the students how an air bag works, how children can be injured if they are too close to one when it deploys, and why it is important to buckle-up in the back seat, away from the force of the air bag.

Eaton listed these safety guidelines for transporting children:

- Regardless of whether the vehicle has air bags, the back seat is the safest place for children 12 and under to ride. Younger children need to be in a child safety seat appropriate for their age and size. Older children should use the vehicle's lap and shoulder belts, adjusted snugly over the pelvis, and with the shoulder strap firmly across the chest.
- Parents and other adults should resist a child's insistence on riding in the front seat. Like other parental prerogatives involving a child's welfare, safety concerns should outweigh a child's preference to be up front. If a child must ride in the front seat with an air bag, make sure that the seat is moved as far back as possible and the child is belted properly.
- Infants should ride in rear-facing child seats and must be in the back seat, without exception.

Educational kits are being sent to every day care center and public and private elementary in the country. Included in the package are brochures that explain air bags and why the back seat is the safest place for children to ride, a teach-

ers' guide, posters, worksheets, colorful stickers for children to use, the Bill Nye instructional video, and information that students can take home to share with their parents. A key feature is a parent/child pledge form that students and their parents will be encouraged to discuss and sign attesting that the children always will ride in the back seat, buckled up. Classrooms that get 100% participation in the parent/student pledges are eligible for state-wide drawing in all 50 states. The winners will receive a library for their school worth \$1,500.

Visit Chrysler's "ABCs of Air Bag Safety. The Back Is Where It's At!" web site at <http://www.chrysler.com/abc/index.html>

New Education Program Gives Teens "The Power" for Successful Asthma Management

Power Breathing™, the first asthma education program designed specifically for teens, recently debuted at the annual meeting of the American Academy of Allergy, Asthma and Immunology.

Developed by the Asthma and Allergy Foundation of America (AAFA), the hands-on program is characterized by interactive instruction, discussion, and strategic thinking; video animation; and a dynamic board game used to test asthma knowledge called Class Dismissed! The Power Breathing Program addresses teen-specific fears and concerns about asthma while providing a basic understanding of the disease in a peer-friendly environment.

The program consists of three 90-minute sessions usually held once a week for a three-week period. The sessions, which incorporate the latest asthma guidelines released by the National Heart Lung and Blood Institute, cover the physiology of asthma and its social and emotional issues, as well as provide indepth information about medication and treatment. An optional fourth session deals with social issues for older adolescents, as their level of independence grows.

Potential Power Breathing facilitators can include physicians, respiratory therapists, health educators, nurses, and other health care professionals. AAFA is planning regional training sessions through 1997, which will provide the guidance for conducting a successful program. A training video offers another option for facilitators unable to attend the regional meetings. For more information about the program or becoming a facilitator contact Renee Theodorakis, MA, AAFA's coordinator of adolescent services, at (516) 625-5735.

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Jeremiah Films. (1986). Witnesses of Jehovah. VCR Film produced by Jeremiah Films. Available through the Witness Inc., POB 597, Clayton, CA 94517. Phone (510) 672-5979.

May, L. (1995). Challenging medical authority: The refusal of treatment by Christian Scientists. *Hastings Center Report*, 25(1), 15-21.

Rosam, E. (1996). Response to Anita Catlin's article "The dilemma of the Jehovah's Witnesses child who needs blood to survive." *Health Ethics Committee Forum*, 8(4), 209-211.

Sire, J.W. (Spring, 1987). A cult expert responds: Resist false teaching. *Journal of Christian Nursing*, 13-14.

Swanson, K.M. (1991). Empirical development of a middle range theory of nursing. *Nursing Research*, 40(30), 161-166.

Swanson, K.M. (1993). Nursing as informed caring for the well being of others. *Image*, 25(4), 352-357.