

Review of the June 15, 2004 Watchtower Addressing Medical Use of Blood

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Introduction

With its June 15, 2004 *Watchtower* journal the Watch Tower Bible & Tract Society (WT) has offered information intended to underpin its doctrinal position on blood as applied toward members of the religion known as Jehovah's Witnesses (JWs).

In a nutshell, the WT has a policy to enforce extreme shunning of JWs by fellow JWs for conscientiously accepting whole blood, red cell, white cell, platelet or plasma therapies (transfusions) even at the risk of premature death. By instigation of the WT, the same policy is also enforced by JW parents upon their unsuspecting children, again even if premature death is probable. The result of noncompliance for these parents is to face extreme shunning themselves.¹

The June 15 2004 *Watchtower* journal also provides for the first time a clear diagram of what components² of blood are forbidden by the WT and which are not forbidden by the WT. This diagram illustrates that red cell, white cell, platelets and plasma constituents fractionated from blood are forbidden for JWs. The diagram also illustrates the acceptability of constituents resulting from different fractionation. So, for example, this doctrinal position requires JWs to shun JWs who conscientiously accept transfusion of a platelet agent fractionated from blood and at the same time requires JWs to respect JWs who conscientiously accept transfusion of a hemoglobin agent fractionated from blood.

The Articles

The June 15 2004 journal has two articles regarding the WT doctrinal position on blood. The first is *Rightly Value Your Gift of Life*. The second is *Be Guided by the Living God*. What does the WT offer as underpinning for its doctrinal position on blood?

The first article ends in emphasizing the atoning value of Christ Jesus's shed blood. This article concludes by saying "In his great concern even about our life, he determined to reserve blood for use in one highly important way, the only way that makes everlasting life possible." The question is then asked, "What impact should this have on our decisions and actions?" The second article is represented as answering this question.

The second article eventually enters a discussion of medical use of blood. The subtitle, "Blood as Medicine," presents questions regarding JW acceptance of a component fractionated from blood

¹ The WT enforces shunning—which it calls disfellowshipping and/or disassociation—to the extent of refusing to speak with or even say a common greeting to an individual. The WT shunning doctrine is applicable to family members and non-family members. Early editions of WT teaching referred to the *coercive* effects of disfellowshipping as persecution and imprisonment. (*Anonymous*, Display Christian Loyalty When a Relative Is Disfellowshipped, *Our Kingdom Ministry*, Watchtower Bible & Tract Society, Inc., 2002 August: 3; *Rutherford, J.*, MILLIONS OF PRISONERS TO HEAR THE GOSPEL [Fifteen-minute radio lecture], *The Watch Tower*, Watchtower Bible & Tract Society, Inc., 1930 10/1: 301.)

² A *component* is an individual part or element making up a whole. (Farmer, S and Webb, D., *Your Body Your Choice*, Media Masters 2000)

such as red cells and JW acceptance of what it calls “one small fraction extracted from a component”.³ In answer, the following paragraph (11) states:

“Decades ago Jehovah’s Witnesses made their stand clear. For example, they supplied an article to The Journal of the American Medical Association (November 27, 1981; reprinted in *How Can Blood Save Your Life?* Pages 27-0).^{*} That article quoted from Genesis, Leviticus, and Acts. It said: “While these verses are not stated in medical terms, Witnesses view them as ruling out transfusions of whole blood, packed RBCs [red blood cells], and plasma, as well as WBC [white blood cell] and platelet administration.” The 2001 textbook *Emergency Care*, under “Composition of the Blood,” stated: “The blood is made up of several components: plasma, red and white blood cells, and platelets.” Thus, in line with medical facts, Witnesses refuse transfusions of whole blood or of any of its four primary components.”

* Published by Jehovah’s Witnesses

With this statement the WT makes its religious position clear by stating what it forbids. It forbids “transfusions of whole blood, packed RBCs [red blood cells], and plasma, as well as WBC [white blood cell] and platelet administration.” Why are these specific constituents forbidden and others—such as hemoglobin⁴—not forbidden? The journal cites the book *Emergency Care* where it names the same constituents of blood and then says, “Thus, in line with medical facts, Witnesses refuse transfusions of whole blood or any of its four primary components.”

The WT cites a publication that agrees with its breakdown of blood components. However, the careful reader will note that “Emergency Care” is a textbook for EMT students (emergency medical technicians). Scientifically, the WTS breakdown is neither authoritative nor definitive. Alternatively, consider the list of major blood components as listed in *Modern Blood Banking and Transfusion Practices* by Denise M. Harmening, Ph.D.:

“Red blood cells, RBC Aliquots, Leukocyte-reduced red blood cells, frozen - deglycerolized red blood cells, platelet concentrate, single donor plasma, cryoprecipitated antihemophilic factor, granulocyte concentrates, factor VIII concentrate, porcine factor VIII, factor IX concentrate (Prothrombin Complex), immune serum globulin, normal serum albumin, plasma protein fraction, Rho(D) immunoglobulin, antithrombin III concentrate.”⁵

It is noteworthy that of the sixteen major blood components listed in this definitive and widely respected textbook on transfusion medicine, nine are definitely permitted by WT policy.

The WT’s comments above leave readers with the question: How does the cited material offer substantiation in the way of “medical facts” to underpin the WT doctrinal position on blood? In

³ Here the WT uses the term *component* in a special way to mean specific individual constituents fractionated from blood. These individual constituents are red cells, white cells, platelets and plasma.

⁴ By no means is hemoglobin a small fraction of the red cell. Also, when applied for oxygenation therapy, hemoglobin is administered in rather substantial quantity.

⁵ Harmening, D. *Modern Blood Banking And Transfusion Practices*, 4th ed. F.A. Davis, Philadelphia, PA, 1999, p 237-248.

an apparent attempt to answer this question the article continues in the next paragraph to inform readers of reprinted material from the June 15, 2000 issue of the *Watchtower* journal. But the presentation from the 2000 journal does not offer a coherent basis upon which readers may form a rational conclusion as to which constituents from blood must be rejected under penalty of extreme religious shunning or premature death versus which constituents from blood may be accepted without consequence of religious rejection! Rather than coherent substantiation for its doctrinal position on blood, with the June 15, 2000 Watchtower the WT only underscores the fact that JWs do not abstain from the donated and stored blood supply because it admits that JWs do use from the donated and stored blood supply. This admission leaves readers in a quandary of trying to make sense of the WT doctrine on blood.

The closest thing the 2000 journal has to rational reason for distinctions made by the WT doctrinal position has to do with pre-birth transfers between a mother and her unborn child in the womb. In general terms it alludes to healthy placental transfers as a potential basis for concluding that one need not abstain from every derivative from blood. However, a significant gap occurs in this reasoning given the fact that blood constituents forbidden by the WT make this transfer and blood constituents that do not make this transfer are not forbidden by WT policy. Therefore the bit of rationale applied in the 2000 article ends up as irrational because it is inconsistent with WT doctrine.⁶ WT reasoning on this point is also diminished and contradicted because it completely ignores post-birth healthy transfers between a mother and her child by way of mammary gland secretions that contain white blood cells in abundance, whereas WT doctrine forbids white blood cell transfusion.

Nevertheless, in the June 15 2004 *Watchtower* is found a nugget of very beneficial candor—the chart on page 22. For the first time the WT has illustrated in clear and unambiguous terms what its doctrinal position forbids and what it does not forbid.⁷ It clearly states that it is not forbidden for JWs to accept constituents from blood taken by fractionating any of the components of red cells, white cells, platelets or plasma. This clarity should help many JWs realize that the WT does not require an absolute abstention from the donated and stored blood supply. Rather, it only requires a partial abstention from using the donated and stored blood supply. Naturally, this will leave many JWs pondering the question: Now that the WT is so clear that JWs do not completely abstain from the donated and stored blood supply, how—and why—do we continue telling the world that we abstain from blood? More importantly, now that the WT is so clear that JWs do not abstain from the donated and stored blood supply, how—and why—do we continue tolerating premature death over medical use of donor blood? These questions the WT and its proponents must answer for.

This article claims to speak for JWs by stating "*Decades ago Jehovah's Witnesses made their stand clear.... ruling out transfusions of whole blood, packed RBCs [red blood cells], and plasma, as well as WBC [white blood cell] and platelet administration.*" But this statement does not speak for all JWs because all JWs do not reject uses of blood forbidden by the WT. Therefore the June 15 2004 *Watchtower* is the WT speaking for JWs and not the whole JW community speaking by means of the WT. In essence, the June 15 2004 *Watchtower* reflects how the WT wants JWs treated rather than how individual JWs want to be treated. This is a critical distinction for treating physicians to understand as they strive to treat the whole patient. It is also

⁶ Further commentary on the June 15, 2000 Watchtower is available in the article Watchtower Blood Policy Changes Again, by AJWRB. (Available online at: <http://www.ajwr.org/basics/change.shtml>)

⁷ For the benefit of JWs and medical professionals, AJWRB published a very similar chart years ahead of the WT.

important for physicians to make this distinction for the JW patient asserting his or her privilege under the concept, My body, my choice!⁸ Physicians should make sure they treat a JW patient as that individual patient wants to be treated rather than how the WT wants the patient treated.

Does the WT speak for all JWs?

In a study reviewing all the JW oncology patients treated at H. Lee Moffitt Cancer Center & Research Institute from October 1986 through February 1994 Kaaran Benson, MD revealed that a full 10% of JW patients accepted WT forbidden blood transfusions or, in the case of minors, their JW parents accepted transfusions for them. Of the 58 JW patients six accepted and received allogeneic red blood cell transfusions, and two patients also received platelets. A finding of Dr. Benson states "while most adult Jehovah's Witness patients were unwilling to accept blood for themselves, most Jehovah's Witness parents permitted transfusions for their minor children, and many of the young adult patients also were willing to accept transfusions for themselves."—*Kaaron Benson, MD, Management of the Jehovah's Witness Oncology Patient: Perspective of the Transfusion Service, Cancer Control Journal of the Moffit Cancer Center, Vol 2, No. 6 November/December 1995.*⁹

The WT also admits that JWs have secretly accepted uses of blood forbidden under WT doctrine. The Watchtower journal of October 15, 1987 states that JWs had admitted to secretly accepting blood transfusion. (*Anonymous, Setting Matters Straight Between God and You, The Watchtower, Watchtower Bible & Tract Society, 1987 10/15: 14*) Furthermore, in personal correspondence JWs have expressed directly to the WT that medical use of donor blood should not be forbidden by WT doctrine. For example, from WT documents is found admission as far back as 1950 where the WT admits it has received *repeated requests* for it to pronounce support for the medical practice of blood transfusion. (Letter from a JW who is promised no spiritual action against her, *The Watchtower* 1950 5/1: 143)

More recently the WT has received letters from one of its appointed elders who states "the apostolic decree does not require abstaining from medical transfusion of blood as practiced today." (*Jensen, R., Personal letter to WT, March 1, 2000 page 4 of enclosure*)

Astonishingly, the same June 15, 2004 *Watchtower* that pretends to present the views of the JW community—the Christian community according to WT teaching—also contains a frank admission that a majority view of JWs is not essential to WT doctrine! It states, "Moreover, some products derived from one of the four primary components may be so familiar to the function of the whole component and carry on such a life-sustaining role in the body that most Christians would find them objectionable." (Emphasis added) If *most Christians* would object to behavior permitted by WT doctrine then how can the WT represent its related view as of the Christian community? It cannot and *does not*. The WT *does not* speak for all JWs.

⁸ For more on this concept see *Patients and the Right to Decide and The Patient Comes First in Your Body, Your Choice*, by Shannon Farmer and David Webb, 2000. (Pages 80 and 137) Shannon Farmer is one of Jehovah's Witnesses and is Coordinator of the Center for Bloodless Medicine and Surgery at Fremantle Kaleeya Hospital in Western Australia. *Your Body, Your Choice* states: "No Longer are [patients] prepared to be told what to do." This is just as true of JW patients as any other.

⁹ Available online at: <http://www.moffitt.usf.edu/pubs/ccj/v2n6/article13.html>

Conclusions

The June 15, 2004 Watchtower makes several things clear:

1. It makes clear what the WT organization permits and what it forbids to JWs in the way of using from the donated and stored blood supply.
2. It makes clear that JWs do, in fact, use from the donated and stored blood supply.
3. It makes clear that the WT does not necessarily speak for a majority view of the JW community.

However the same article leaves many questions unanswered:

1. Ethically: How—and why—do any JWs continue telling the world that JWs abstain from donor blood when JWs regularly use from the donor blood supply?
2. Ethically: How—and why—do any JWs continue tolerating premature death over medical use of donor blood since JWs already regularly use from the donor blood supply?
3. Theologically: If it were true that God "determined to reserve blood for use in one highly important way," then why would WT doctrine permit on one hand uses of blood in ways other than how God uniquely reserved, yet on the other hand forbid uses of blood in ways other than how God uniquely reserved?
4. Medically: Should the medical establishment depend on the WT for information on what medical treatment is acceptable to the JW community?

The June 15, 2004 Watchtower makes an attempt to substantiate the WT blood doctrine, but it fails in this attempt. It not only fails to provide rational bases for unique distinctions of what is forbidden and what may not be forbidden from a theological perspective, it also fails to provide scientific bases for distinctions it makes of constituents fractionated from blood.¹⁰

However, by means of a chart the WT does for the first time provide published information that clearly delineates what its doctrine forbids and what it tolerates. Members of AJWRB are concerned for the well-being of JWs and therefore want to further publicize the benefit of having this information so that more lives are not lost prematurely in the confusion of trying to figure out what the WT will permit them from blood and what the WT will shun them for regarding blood.

Because the WT admittedly does not necessarily speak for a majority view of JWs, then treating physicians have all the more reason not to assume what therapies are acceptable to individual JWs based on what the WT says. Every reasonable effort should be exercised to provide individual JW patients with ample opportunity to communicate preferences privately and away from coercive requirements taught and enforced by the WT. Physicians should know and

¹⁰ More on this scientific perspective is available in the article The Watchtower Society redefines the guidelines for use of blood products, by *Osamu Muramoto, M.D.* (Available online at: <http://www.ajwrb.org/6-15-04.shtml>)

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understand that the mere presence of another JW—including immediate JW family members—may be sufficient to hinder autonomous decisions because the WT teaches JWs to report any infraction of WT teaching for disciplinary action.¹¹ Again, it is essential that doctors treat JW patients as the individual JW wants to be treated rather than treating him or her as the WT wants them treated. If doctors do the former they *nurture* the patient. If doctors do the latter they *nurture* a religion.

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¹¹ Speaking to JWs, the WT teaches "if the [JW] does not report [their sin] to the elders within a reasonable period of time, then you should."—*Anonymous*, Why Report What Is Bad?, *The Watchtower*, Watchtower Bible & Tract Society, 1997 8/15: 27