AJWRB 2026 Blood Policy Position Statement for Witnesses and Families

A Note to Jehovah's Witnesses and Their Families

This statement was prepared by individuals with many decades of combined experience within the Jehovah's Witness organization, including service as congregation elders, Hospital Liaison Committee members and chairmen, HLC coordinators, Hospital Information Services representatives, missionaries and Gilead graduates, and others who have worked closely with Jehovah's Witness patients, families, congregations, and medical professionals.

It is not an official statement of the Watchtower Bible and Tract Society or the Governing Body of Jehovah's Witnesses. It is offered independently for the serious consideration of Jehovah's Witnesses, their families, and others affected by the organization's recent changes to its blood policy.

We approach this subject with deep respect for the faith and conscience of Jehovah's Witnesses. Our purpose is not to tell anyone what medical decision they should make, nor to challenge the sincerity of those who choose to follow their religious convictions. Rather, we believe every person should have access to accurate information and should be free to make informed medical decisions according to conscience, without coercion, fear, or punishment.

Because the 2026 changes are substantial and may affect decisions involving life, health, family, and faith, we respectfully invite your careful and earnest consideration of the issues addressed below.

What Changed in 2026

In 2026, the Governing Body substantially changed the blood policy Jehovah's Witnesses had followed for more than 80 years.

In March, storing and later using a patient's own blood became a matter of personal conscience. On September 18, Witnesses were told they may personally decide whether to accept red cells, white cells, platelets, or plasma from another person, and whether to donate blood for these purposes. Transfusion of whole blood from another person remains prohibited.

AJWRB welcomes these changes. They provide real medical options to people who previously did not have them and may save lives.

But a change in policy does not immediately erase decades of teaching, deeply held beliefs, medical directives, family expectations, or uncertainty. This statement explains what we believe the reform gets right, what remains unresolved, and what should happen next.

Your Conscience Must Actually Be Free

AJWRB has never said that a competent adult must accept a blood transfusion. We defend your right to refuse treatment, even when doctors disagree, provided that the decision is informed, voluntary, and genuinely your own.

Religious organizations are entitled to teach what they believe. But medical decisions should not be enforced through shunning, congregational discipline, surveillance, family pressure, or fear of losing one's standing in the congregation.

The September 18 guidance states that congregations will not become involved in a member's personal decision regarding blood components, that Witnesses should not judge one another's choices, and that

Hospital Liaison Committee members should keep those decisions confidential. We welcome those assurances.

They now need to be reflected consistently in practice.

No Witness should be investigated, pressured, stigmatized, or quietly punished for choosing a treatment the organization itself now recognizes as a matter of personal conscience.

If you signed a “No Blood” card or advance medical directive years ago, it should not automatically be assumed to represent your present wishes. You deserve an opportunity to discuss your preferences privately and carefully, product by product and procedure by procedure, based on the choices available to you today.

The Reform Does Not Reach Everyone Equally

Component transfusions require blood banks, equipment, trained staff, testing, refrigeration, and reliable supply systems. Those resources are not equally available everywhere.

In some countries, a Witness may now be free to accept red cells or platelets yet arrive at a hospital where whole blood is the only immediately available blood product. The new policy did not create that inequality, but the continuing prohibition on whole blood can make its consequences especially serious for patients who already have the fewest treatment options.

The issue also arises in well-resourced countries. Emergency medical systems increasingly use whole blood in the treatment of severe traumatic bleeding because it can provide rapid replacement of the blood components a patient is losing.

When minutes matter, the remaining prohibition may still prevent a Witness from receiving the treatment immediately available to the trauma team.

Fear Does Not Disappear When a Rule Changes

Jehovah’s Witnesses were taught for decades that accepting prohibited blood could affect their relationship with God and their standing in the congregation.

Other organizational teachings have changed over time. Vaccinations were once opposed and later permitted. Organ transplantation was once described in strongly negative terms and later became a matter of personal conscience.

Blood may be particularly difficult for some Witnesses to reconsider because the issue became closely connected with loyalty, faithfulness, family relationships, and personal identity.

If you feel afraid, guilty, or uncertain about how family members or others will respond to your decision, those feelings may reflect decades of teaching surrounding blood. Some people may find it helpful to discuss those concerns privately with a qualified counselor or another trusted professional.

Transfusion does carry real risks, and good medicine seeks to avoid unnecessary transfusion whenever possible. But acknowledging those risks is different from suggesting that transfusion is generally more dangerous than the severe bleeding or profound anemia it is used to treat.

AJWRB will continue advocating for balanced information — neither promoting unnecessary transfusion nor exaggerating its risks.

Children Deserve Particular Protection

Our deepest concern remains children and adolescents who may face life-threatening bleeding, leukemia, severe anemia, or other conditions requiring transfusion support.

For many years, official publications encouraged young Witnesses to regard refusal of blood as a demonstration of faith even in circumstances involving grave danger. Some publications presented children who resisted transfusion, including those who died, as examples worthy of admiration. Parents were also encouraged to prepare children for confrontations with doctors and courts over blood treatment.

That history matters because children may internalize expectations long before they are developmentally capable of independently evaluating the medical, religious, and social consequences of refusing treatment.

Parents rightly have wide latitude to raise their children according to their faith. But that authority has limits when a child's life or long-term health is placed at serious risk.

Doctors should determine whether a transfusion-free treatment plan offers genuinely comparable safety, listen carefully to what the child or adolescent actually wants, and involve ethics, legal, and child-protection resources when necessary to protect the patient.

The Human Cost Deserves an Accounting

The medical literature has documented increased mortality in some circumstances involving severe anemia or catastrophic bleeding when transfusion was unavailable or refused.

Because no comprehensive official mortality data have been published, the full historical impact of the Jehovah's Witness blood policy cannot be known with precision.

Researchers associated with AJWRB have nevertheless published epidemiological estimates based on peer-reviewed clinical studies and official Jehovah's Witness population data. Those analyses were intended as extrapolations rather than counts of identified deaths, and their assumptions and limitations have been stated openly.

Using conservative methods, earlier published estimates suggested that tens of thousands of excess deaths may have occurred over the decades in which the former blood prohibition was in force. Other reasonable assumptions produce higher estimates. These figures should not be mistaken for a documented death registry, but they illustrate why the human consequences of the policy deserve serious examination.

Whatever the final historical toll, the record already establishes that some patients died in circumstances in which refusal of transfusion materially affected the available medical options.

Changing the policy does not eliminate the need to examine those consequences or to remember those who suffered under it.

Questions Raised Over Decades

For many years, patients, physicians, ethicists, researchers, and both current and former Jehovah's Witnesses have raised difficult questions about the blood policy.

Among them:

Could a medical refusal be considered fully voluntary if accepting blood might jeopardize important family relationships or a person's standing in the congregation?

Why were certain blood fractions permitted while the major blood components from which those fractions were derived remained prohibited?

What happened to Witnesses who sincerely reached a different conclusion about blood?

The 2026 reforms make those questions more relevant, not less. They also provide an opportunity to examine the history of the policy carefully and respectfully.

Many Jehovah's Witnesses wrestled privately with these issues while remaining deeply committed to their faith and congregation. Their experiences deserve to be heard without questioning their sincerity or spiritual motives.

"New Light" and the Historical Record

Jehovah's Witnesses commonly understand significant doctrinal developments in terms of increasing spiritual understanding, often described as "new light."

Individual Witnesses will naturally reach their own conclusions about the Scriptural and theological meaning of the 2026 changes.

Whatever conclusion a person reaches, an important historical fact remains: Jehovah's Witnesses were not prohibited from accepting blood transfusions before the organization introduced that position during the 1940s.

The 2026 reforms therefore restore important areas of medical choice that did not exist for several generations of Witnesses.

Religious understanding can develop over time. But when a teaching has influenced life-and-death medical decisions for many decades, changes to that teaching also raise reasonable historical questions:

Why was the earlier policy adopted?

How was it applied and enforced?

How were members who reached different conclusions treated?

What medical consequences followed?

And what responsibility exists toward those who were harmed?

These questions can be considered respectfully without requiring anyone to abandon their faith or adopt AJWRB's theological conclusions.

Accountability, Not Just a New Rule

Many Jehovah's Witnesses refused blood sincerely and in good conscience because they believed that doing so was what God required.

Nothing in this statement questions their sincerity, courage, or faith.

But responsibility for the consequences of a medical policy does not rest entirely with the individual patient.

The historical record shows that the organization developed the blood prohibition during the 1940s and later attached serious congregational consequences to accepting prohibited blood.

AJWRB therefore believes there is a serious moral responsibility to acknowledge and account for preventable harm associated with the former policy.

Changing the policy is important. It should not end the discussion about what came before it.

We respectfully ask that the Governing Body:

- explain clearly what changed and why;
- acknowledge the harms associated with the former policy;
- correct outdated or misleading information;
- apologize to affected patients and families;
- cooperate with lawful and legitimate inquiries into the consequences of the policy; and
- ensure in practice that no Jehovah's Witness is punished, investigated, pressured, or stigmatized for making a medical choice the organization now recognizes as a matter of personal conscience.

The Work Ahead

The 2026 reforms represent real progress, but important work remains.

AJWRB will continue:

- defending your right to accept medically indicated treatment and the best available care;
- defending your right to refuse treatment when that decision is informed and genuinely voluntary;
- opposing shunning, sanctions, surveillance, or pressure connected with personal medical decisions;
- advocating for children and dependent patients who cannot fully protect their own interests;
- documenting the history of the blood policy honestly and making the evidence available for scrutiny; and
- encouraging appropriate institutional accountability for the consequences of the former policy.

For a competent adult, the final medical decision belongs to you — not to a congregation, family member, physician, Hospital Liaison Committee, or advocacy organization, including AJWRB.

For children and others who cannot yet make fully independent decisions, medicine, ethics, and law require appropriate protection from coercion and avoidable harm, whatever its source.

We welcome the progress that has come.

We remember those for whom it came too late.

And we will continue working toward a future in which every Jehovah's Witness has access to accurate information and can make a genuine, informed medical choice according to conscience, without fear, coercion, or punishment.

The full AJWRB position statement, including supporting sources and citations, is available at AJWRB.org.