

***Cardiac Surgery for Children of Jehovah's Witnesses:  
Subtleties Beyond Prince v. Massachusetts***

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March 17, 2011

12:00 Noon – 1:30 pm

**Introduction to the Case: Dr. Ruth L. Fischbach**

Dr. Fischbach welcomed the large audience in Hammer Auditorium and mentioned that the Center for Bioethics *Ethics for Lunch* series has been made possible for the past seven years thanks to the generosity of the Arnold P. Gold Foundation. Drs. Arnold and Sandra Gold are renowned for their promotion of humanism in medicine and these *Ethics for Lunch* events are extremely important in demonstrating how providing care to patients can be careful, caring, and compassionate.

Given the scope of the tragedy in Japan, time was spent to reflect on the many people of Japan – those who lives were taken and those who remain – all victims of a terrible trisomy – an earthquake, tsunami, and nuclear disaster. Prayers were sent out to them.

Dr. Fischbach began her introduction by stating today we confront a particularly troubling ethical dilemma. Living in this great country, we celebrate our religious diversity. Yet in the medical setting, this diversity in beliefs and practices can lead to tension and conflict when particular religious beliefs and practices do not coincide with what is considered “best medical practices.” The state of New York makes accommodations to allow for the exercise of religious traditions but in certain situations, our ability to make accommodations is sorely tested.

Today's case is just such a situation. Parents of a teenager needing a heart transplant are Jehovah's Witnesses and request that no blood transfusion be given to the child which could put the child in imminent danger during and after the surgery. According to their tradition, Blood transfusions violate God's law against “eating” blood so they must be avoided. Many believe that an adult Jehovah's Witness who willingly accepts a blood transfusion is considered to be committing a sin and might forfeit his or her eternal life. And even if the transfusion is given against their will or at an age or situation when they cannot give informed consent, they can lose their promise of eternal life and may be shunned by all other Jehovah's Witnesses. So this is serious issue to consider.

To find help in resolving this dilemma, physicians often look for legal precedents, turning to the Prince v. Massachusetts child labor case. In 1944, the Massachusetts Supreme Court, in a 5 to 4 decision, found that the government has broad authority to regulate the actions and treatment of children. Parental authority is not absolute and can be permissibly restricted if doing so is in the interests of a child's welfare. The Court opinion included this statement:

*...parents are free to become martyrs themselves. But it does not follow that they are free, in identical circumstances, to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves.*

Dr. Hardart will chair our virtual ethics committee and review the factors that shape current approaches to how we care for children of Jehovah's Witnesses. He will take us through the difficult questions – should the parents' wishes be honored? What about the wishes of the teenage patient?

Dr. Fischbach noted that there were several Jehovah's Witnesses in the audience and she invited them to participate in the discussion.

Dr. Hardart was then introduced. He joined the faculty of P&S in 2003 in the department of Pediatrics. He now serves as Associate Professor of Clinical Pediatrics in the Division of Pediatric Critical Care. He has been an active member of the ethics community, vice-chairing and now chairing the pediatric ethics committee, running the pediatric ethics consult service for over 5 years, serving as a member of the NYPH Ethics Committee chaired by Dr. Ken Prager, and as a faculty associate in the Center for Bioethics.

Dr. Hardart began his lecture by referring to the difficult tension between religious freedoms and patient autonomy on the one hand and the responsibility of the doctor and the state, particularly with regard to young children, on the other. He stated that children do not make decisions for themselves. Others have to make decisions for them. They are not autonomous creatures.

While the Prince case took place more than 60 years ago, it is still legally and morally seen as the rule of the land. Sarah Prince was convicted of a labor law – exposing her children to harm by having them hand out leaflets during difficult times. The judgment that you can make a martyr of yourself but not of your children actually was promulgated two years before Jehovah's Witnesses came out against blood transfusion.

Dr. Hardart presented several cases in which precisely this issue arose. In each case options were made available leading to different decisions.

The first case was a 5 year old child with sickle cell anemia who had acute chest syndrome where blood does not flow easily through the lungs and is the primary

cause of death. The standard of care calls for transfusions to dilute the sickled blood cells in the body. The parents refused the blood transfusions but wanted everything else possible to be done. Dr. Hardart asked the audience/"virtual ethics committee" to vote: how many are willing not to give blood, honoring the religious beliefs of the parents? The other option is to administer one transfusion needed to get over this event. In the end, the decision of the Hospital Liaison Committee was to give the transfusion and medically, the child did well.

In the second case, a four month old infant had tricuspid atresia with severe cyanosis in need of emergent surgery. Necessary surgery almost always involves cardio-pulmonary bypass. Blood is needed to prime the machine and so inherently requires transfusion. The parents, Jehovah's Witnesses, had refused to have blood administered. The surgeons said they would try to do the operation without bypass but warned the parents of the increased risks. The procedure was ultimately performed off of the bypass, though it was more difficult for the doctor. The surgery was performed without administering blood with a good outcome.

Dr. Hardart devoted considerable time to discussing the justification **for** transfusion citing the standard of care, doctors' fiduciary relationship, and the Prince case. There are justifications **against** the use of blood transfusion including respecting parental authority, religious freedom, no proof of efficacy (that the blood is needed), the risks of transfusion, and the loss of trust, that is, the doctor-patient relationship could be threatened if the physician acts against the parents' wishes. This might also lead to the Jehovah's Witness community refusing to go to that hospital to be treated.

Other cases were also presented involving children ranging from infants to adolescents where the standard of care would have required blood transfusions, but the parents, and in some instances the child, refused for religious reasons, insisting on an alternative route. As Dr. Hardart delineated, the possible courses of action ranged from total compliance with the parents' wishes to strict adherence to the standard of care, with the option of tolerating some level of risk in between. What emerged as an often ideal alternate route, successfully pursued was to design an entirely different course of treatment, if possible, that wouldn't require any transfusions. Of interest, as Dr. Hardart noted, bloodless surgery, if feasible in a particular case, ultimately poses **less** risk for the patient. Therefore, as was stressed, the insistence of Jehovah's Witnesses has in some cases, pushed doctors to be more creative in finding solutions that actually benefit everyone.

Several interesting considerations were raised by both Dr. Hardart and the audience members in addition to the basic legal rights of the parents and the obligations of the medical staff. Might giving transfusions against the parents' wishes affect their relationship with the child? Would it adversely affect their view of the medical system, and make families from the Jehovah's Witness community

less inclined to submit their children to medical care? Questions were also raised as to the spiritual effects on the child, in particular whether the child might be ostracized by the community as a result of having blood administered? The discussion illuminated the complexity of the decision-making process. With each scenario, Dr Hardart raised the pros and cons of bloodless treatment, asking for audience members to vote on the possible courses of action presented and offering their reasoning. The discourse shed light on the types of approaches necessary in navigating a gray area between medical feasibility and patient and family autonomy.