



## Jehovah's Witness Believes and How they are Surgically Managed

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### Abstract

Jehovah's Witnesses believe that blood transfusion is prohibited by Bible passages as the following "Only flesh with its soul its blood you must not eat." (Genesis 9:3, 4) "You must not eat the blood of any sort of flesh, because the soul of every sort of flesh is its blood. Anyone eating it will be cut off." (Leviticus 17:13, 14) God sees the soul as having blood and belonging to him. Beneficence requires provision of benefit while balancing benefit and risks. Taking in consideration the psychological harm regarding transfusion to Jehovah's Witnesses patients.

**Keywords:** Blood transfusion; White blood cells; Platelets; Plasma; Non-maleficence

### Introduction

Jehovah's witnesses have a special believes about blood and its related products transfusion, it may be a challenge for surgeons to treat Jehovah's witness patients without transfusion for major life-saving operations and not being specifically trained to represent Jehovah's witness patients on the medical issue of blood transfusion.

### Beliefs about Blood

Jehovah's witnesses believe that blood transfusion is prohibited by Bible passages as the following "Only flesh with its soul—its blood—you must not eat." (Genesis 9:3, 4) "You must not eat the blood of any sort of flesh, because the soul of every sort of flesh is its blood. Anyone eating it will be cut off." (Leviticus 17:13, 14) God sees the soul as having blood and belonging to him. He saw it as an essential part of himself and did not allow blood to be eaten. "Abstain . . . from blood." (Acts 15:19, 20).

While those verses are not stated in medical terms, witnesses view them as ruling out transfusion of whole blood, red blood cells, white blood cells, platelets, and plasma. Witness patients request treatment using alternatives to blood transfusion.

### Ethical and Legal Considerations

#### Bioethics

Autonomy refers those Witnesses patients have the right on making their own informed decision rather than the health professionals making decision for them. Autonomy requires that a person with the capacity is adequately informed about the complication and the adverse effects of not having blood transfusion, is free from pressure and that there is consistency in their preference.

#### Beneficence

Requires provision of benefit while balancing benefit and risks. Taking in consideration the psychological harm regarding transfusion to Jehovah's Witness's patients.

#### Non-maleficence

Means doing no harm, blood transfusion should not be attempted in people in whom it will not succeed, where no benefit is likely but there is a clear risk of harm.

Justice implies a duty to spread benefits of minimizing blood loss and risk of bleeding equally when treating all patients and not only limiting it to Jehovah's Witnesses patients. Benefits of human rights and legal position.

#### Consent

Consent is an agreement between the patient and the health care provider to perform and kind of intervention, but not only limited to one procedure or event, but as a continuous treatment

### OPEN ACCESS

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Received Date: 05 Sep 2022

Accepted Date: 28 Sep 2022

Published Date: 03 Oct 2022

#### Citation:

Shani D, Salih N, Mohammed F. Jehovah's Witness Believes and How they are Surgically Managed. *Ann Surg Case Rep.* 2022; 5(2): 1061.

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process, the patient should be mentally and age-wise capable of providing consent. In many countries, Jehovah's Witnesses designate a representative with legal authority to make decisions or to be consulted in the event of patient incapacity.

Jehovah's Witnesses have a wide range of views regarding the use of blood derivatives. Therefore, clinical should ascertain each patient choice in advance.

### **Children**

Jehovah's witnesses children younger than 16-year-old are not competent on making legal decisions. Therefore, the responsible Physician should meet with the Child Protective Services to inform them of the circumstances and seek consent to use blood products.

### **Preoperative Assessment and Management**

Should involve accurate history and physical examination, early recognition and management or prophylaxis of anemia. Clinical assessment and optimization of coagulation status. Management of anticoagulants, antiplatelet agents, and other products that may adversely affect coagulation. Restricted phlebotomy (quantity and frequency) to decrease iatrogenic blood loss. Management planning (staging of complex procedures, enlarged surgical team and minimizing surgery time).

### **Intraoperative Management**

Intraoperative management can be very challenging. Therefore, trained surgeons with the skills should represent Jehovah's Witness patients when it comes to surgical intervention without blood transfusion.

Minimizing blood loss by Meticulous hemostasis and surgical techniques, hemostatic surgical devices (e.g., thermal, electro-surgical), Pharmacological agents to enhance hemostasis (e.g., systemic agents such as tranexamic acid, aminocaproic acid, as well as topical hemostatic agents) and mechanical hemostasis. Minimally invasive approaches (e.g., laparoscopic, endoscopic), and Angiographic embolization.

Keeping the patient normotensive intraoperatively and asking the anesthesiologist lowering the blood pressure has a great role regarding minimizing blood loss.

### **Postoperative Management**

Maximize tolerance of anemia and managing it, Continuous assessment of coagulation status and monitoring for bleeding. Volume management and judicious use of non-blood volume expanders. Avoidance of hypertension, hypothermia along with restricted phlebotomy and aggressive investigation.