

RB4000: Religion & Society

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Assessment Cover Sheet for Assignment Essay

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To what extent has UK government healthcare policy impacted upon the Jehovah's Witness community nationally in the case of the refusal of medical treatment including blood transfusions, that underpin contemporary understandings of culture & identity and that link directly to pluralism.

Abstract

The Jehovah's Witnesses are a non-trinitarian Christian denomination with origins in the state of New York in the USA from the mid-to-late 19th century. The denomination claims approximately eight million members worldwide and some of its more unique beliefs have set it far apart from traditional forms of Christianity which have largely lead to its isolation from the wider Christian community. Amongst the group's unique beliefs is their interpretation of a Bible passage as denouncing the transfusion of blood due to blood's sacredness.

Since the introduction of this belief as doctrine in 1945, Jehovah's Witnesses worldwide have found themselves in legal battles against public healthcare providers in many countries with some notable cases occurring in the UK. This paper clarifies the beliefs of the Jehovah's Witnesses with regards to blood transfusions and critically explores the contention between the ethical code of healthcare professionals to save lives in all circumstances and the deeply held religious beliefs of patients. Specifically, the UK government healthcare policy will be analysed to see how it has impacted on the Jehovah's Witness community as well as the consequences of these effects on the pluralistic principles upheld in a culturally and religiously-diverse 21st-century United Kingdom.

This paper will explore the impact of government healthcare policy on the religious freedoms of Jehovah's Witnesses, with a particular focus placed on the community's rejection of blood transfusions. Both adult and child cases of blood transfusion will be reviewed and an analysis will take place on the British government's current laws regarding non-consensual transfusions despite being against the religious convictions of the person. A particularly difficult area to be discussed will be the role of healthcare professionals in the context of parents' refusal to accept blood transfusions for their child in a fatal state.

Incorporated into the discussion will be the international laws regarding religious freedoms and an overall understanding will be achieved as to whether the current UK law aligns with or opposes religious pluralism. This will inevitably lead to a wider analysis of the state of religious freedom in the UK and how catering to religious beliefs is a fundamental element of pluralism. Around this, a conclusion will be drawn to clarify the extent to which UK government healthcare policy has impacted the cultural and religious identity of the Jehovah's Witness community.

Introduction

The Jehovah's Witnesses are a religious minority community in the United Kingdom with an approximate total population of 137,000 people who are called publishers (JW.ORG, 2019). Jehovah's Witnesses are a group that originate from New York in the United States and were founded by Charles Taze Russell in the late 1870s. The first overseas branch of the Jehovah's Witnesses was established in London in 1900 after the first Bible Student missionaries were sent to England in 1881 (NowThis World, 2016).

One of the central beliefs of the Jehovah's Witnesses (JWs) is the sanctity of blood and so any such non-consensual transfusion is considered a gross physical violation with moral consequences. It is for this reason that Jehovah's Witnesses are religiously opposed to the allogenic transfusions of whole and primary blood components in addition to their rejection of the use of their blood as samples for cross-matching. Furthermore, Jehovah's Witnesses are also opposed to autologous pre-donation, or pre-deposit of blood.

The issue of blood transfusions in the JW community first arose in the mid-20th century. Their interpretation of a series of bible passages (Acts 15:28-29; Lev. 17:10–16) is that it is a clear violation of God's law to mix blood from one person to another. This interpretation gained support within the community and by 1961, the willing acceptance of blood transfusions by a JW was established as grounds for expulsion from the group. It is for this reason that the refusal of allogenic blood transfusions for JWs is a deeply held core principle. The decision to accept related medical treatments are, however, considered as personal choices for JWs, but it is essential to discuss with the JW patient the derivatives of primary blood components used in any procedure and whether these are acceptable to them (Gupta et al., 2012, p462-470).

Impact of pluralism on policymaking

Pluralism, specifically religious pluralism, is a position taken or a policy implemented by a government that involves advocating for the diversity of religious beliefs. This is conducted on the principle that such beliefs can harmoniously and positively coexist in a society through acceptance of differences in beliefs and through widespread religious education and understanding (Chaves & Gorski, 2001, p261-281). The accurate manifestation of pluralism is that a person with a different cultural and religious identity from that of the majority in a country is able to freely express and practice their beliefs without governmental discrimination and ideally, without social ostracism or prejudice (European Court of Human Rights, 2019; GOV.UK, 2018).

The UK government takes a generally pluralistic stance and is a beacon of religious freedom (GOV.UK, 2019) in comparison to the oppressions occurring in other countries, some of which are perpetrated directly by their governments (Lokshina, 2019). However, there are cases in which religious beliefs and traditional practices exist in contrast to the modern ethical codes of the government. One such example is the JW belief in the refusal of blood transfusions, even in a life and death situation which opposes the ethical code of healthcare professionals to save lives in any possible circumstance. This invokes the right of a person to the self-determination of their own body and is held as a manifestation of their right to religious freedom, even if this comprises their own physical wellbeing (Citizens Advice, 2019).

Laws on the freedom of religion are put in place to protect both religious majorities and minorities on a worldwide basis such as those ratified in the United Nations Charter of Human Rights. In many disputed cases, the JW community has invoked their rights to religious freedom as the justification for healthcare professionals to accept their wishes. Most controversially, these invocations have been made in the case of JW children whose ability to understand the fatal consequence of such beliefs remains in dispute (Cranmer, 2019).

The UK follows European Laws as well as its own national laws on the topic of freedom of religion (GOV.UK, 2020) with the conditions for membership in the European Union (EU) being contingent

on a country's conscious and genuine applicability of the laws on human rights (European Commission, 2016). In this regard, the EU is able to ratify changes in law that directly impact the UK as one of its member states. Separately, the Council of Europe, in which the UK is also a member, has made an impact on UK law, particularly regarding humans rights. Citizens of the UK can apply to the European Court of Human Rights (ECHR) in Strasbourg, France, if they believe that any one of their human rights have been violated which the court is then able to make a judgement on and issue advisory statements on the matter to the perpetrating government. The ECHR hears applications regarding issues of the freedom of religion on a regular basis some of which have been initiated by JW members (European Court of Human Rights, 2019) and these international bodies have the ability to influence decisions that are made nationally (European Court of Human Rights, 2010).

In the UK specifically, government healthcare policy generally supports the right of a consenting JW with a decision-making capacity, or by way of a pre-signed legal document, to refuse medical treatment on religious grounds. The point where religious freedom is often overridden is by the wellbeing of the patient in the context of child cases whereby the parents are imposing their religious beliefs onto the very survival of their child which conflicts with the rights of that child's individual health to be placed paramount to other factors (Woolley, 2005, p715-718). In the context of JW adolescents in the same scenario, the UK law is more ambiguous with the implication being that an adolescent's (over 16) consent to a procedure overrides parental opinion (Wheeler, 2019).

JWs and blood transfusions

The Watch Tower Society, which is the main legal entity representing Jehovah's Witnesses, have established a system of Jehovah's Witnesses Hospital Liaison Committees which are available in over 110 countries to support JWs throughout all medical procedures. These Liaison Committees are available to interact with medical professionals and physicians to effectively and knowledgeably manage JW patients and their needs, either at the request of the patient or (with

patient consent) on behalf of the clinical team. This presents a proactive and engaged attitude on behalf of the JW leadership to ensure the religious integrity of JW patients is not undermined or violated whilst also attempting to reduce potential ethical conflicts between medical professionals and JW patients (Hospital Information Services for Jehovah's Witnesses, 2012).

The group have developed extensive literature and procedures for how JW members are to deal with situations in which blood transfusions may be required. The Watch Tower Society provides a pre-formatted series of documents which prohibit major blood components, but allows for members to specify which allowable fractions and treatments they will personally accept. This is called an Advance Decision Document and JWs often carry this with them at all times and a copy is required to be placed in the patient record so that all members of the clinical team are aware of which blood products and procedures are acceptable to them. It is essential to have a frank, confidential discussion with the patient about the potential risks of their decision and the possible alternatives to transfusion, but the freely expressed wish of a competent adult must always be respected. The issue arises when even a competent adult refuses medical treatment in the clear knowledge that they will not survive (Vincent, 1991, p297-300).

The ethical duties of healthcare professionals is to preserve the life and wellbeing of all patients in as many circumstances as possible. This is a core value that healthcare professionals of all ranks have trained to implement in their roles on a daily basis as a central element in their job. For a healthcare professional to withdraw themselves from the situation in the case of a competent adult fatally refusing medical treatment is one that no doubt causes trauma for the clinicians involved. To stand back and to allow for a patient to perish is directly in opposition to their mandate.

To address this issue, a report published by The Royal College of Surgeons of England (2016) states that surgeons have the right to choose not to "treat patients if they feel that the restrictions placed on them would be contrary to their values as a doctor." However, it is part of the surgeon's responsibility in this case to refer the patient to another surgeon who is suitably qualified and

willing to undertake the patient's medical procedure. Equally, the patient retains the right to make autonomous decisions about their body and clinicians must respect the decision made by the patient even if this is contrary to the patient's own health and survival (Norfolk, 2013).

From this, we can understand that the UK healthcare policy is preferential to neither side and is structured in such a way that communication between clinicians and patients is placed at the forefront, that patient survivability is always encouraged but not enforced, and that the integrity and wellbeing of clinicians is also factored into the situation. The theory behind the UK healthcare policy is therefore one that respects the identity of religious patients and their medical preferences which demonstrates their acceptance of diverse religious beliefs, even those which may directly oppose their own ethical mandate (Doe, 2004, p68-92). The coexistence of groups with differing views is the core concept of pluralism; this suggests that one group forcing another to go against their own beliefs so as to suit their ethical code is not only against pluralistic principles, but is akin to an assimilationist policy. Although the theory behind the policies is pluralistic, this does however not mean that all applications of the law share this same religious diversity characteristics.

One of the most difficult circumstances for the blood transfusion issue is a medical emergency situation. The Mental Capacity Act of 2005 states that a patient can make an 'advance decision' which supersedes other forms of consent like 'living wills' and 'advance directives' (Wheeler, 2019). This allows the patient to anticipate their lack of capacity to make a decision in a medical emergency and for JW's, their decision would be in accordance to their religious beliefs regarding the transfusion of certain blood products. This law allows for religious beliefs in a medical emergency to be respected without concerns for the clarity of the patient's consent. A similar legal document is the Lasting Power of Attorney which grants another adult to refuse life saving treatment on behalf of the patient for circumstances in which the patient does not have the capacity to make the decision for themselves.

However, documentation of wishes remains key to the implementation of such wishes. Cases in which consent is ambiguous or is not sufficient and clearly documented causes further difficulty for healthcare professionals to adhere to the wishes of the patient. The Hospital Liaison Committee and the Advance Decision Document set up by the JW community demonstrate an essential proactive approach from the religious group towards healthcare scenarios. This proactive approach undertaken by the JW community is essential because the clear documentation of patients' wishes and the open, honest and collaborative communication between patients and clinicians greatly reduces the complications of many cases. It is the responsibility of the religious patient to unambiguously document their wishes, to remain compassionate for the circumstances that the clinician faces, and to take a proactive approach to the implementation of their wishes.

However, for their views on blood transfusion, reports of a growing stigma against JW's in the UK and in other countries where they form a religious minority demonstrates a deeper issue; one that corresponds to religious hatred and discrimination. The JW beliefs on blood transfusions have been so widely reported in the media that a conception of JW's from wider society has formed in which they are immediately associated with the refusal of medical treatment. For those whom have lost loved ones in the context of medical procedures for other issues, this undoubtedly causes contentions and for those without education and understanding on what JW's believe, this will inevitably cause negative and possible discriminatory consequences for the JW community. Conflations are likely to occur between JW's and other religious communities (LaMotte, 2018). Like in all cases of religious discrimination, the education of people regarding what religious groups believe, the differences between sects, and the promotion of understanding is essential to the reduction of such conflations (Inglehart & Norris, 2007, p42).

Although adult cases involving the refusal of blood transfusions on religious grounds have demonstrated controversy, more complicated and controversial are child cases. It is this particular area of the issue that has experienced the most public attention and continues to play a prominent role in UK healthcare policy disputes. There have existed cases in which JW adolescents fight for

their right to refuse lifesaving blood transfusions on religious groups and there are many more cases in which JW parents have fought for their right to deny a medical procedure to take place on their child that firstly, opposes the religious of the parents and/or the child/adolescent, and secondly, opposes the way in which parents wish to raise their child.

Finally, with the adoption of practices to suit the requirements of the JW community, a relatively new branch of medicine has developed known as bloodless medicine (John Hopkins Medicine, 2016; Bulbulia, 2005, p3-14). Bloodless medicine forms a positive outcome for religious pluralism and demonstrates respect of a religious minority's beliefs through the development of new methods to treat such patients. Bloodless medicine will now not only be useable by the JW community, but also other religious minorities that share similar beliefs as well as patients who cannot or prefer not to have transfused blood for a variety of reasons (Trzeciński, 2015). This demonstrates how religious diversity and the adherence to pluralistic principles can lead to diversity in methodology in other practices with wider social benefits and it also another example of how multiple religious beliefs can coexist by finding alternative solutions in the context of medicine (Beckford, 1999, p55-66).

UK healthcare policy impact on JW culture and identity

Healthcare policy in the UK has mainly impacted the culture and identity of JWs in a positive way as the UK healthcare policy, in the majority, allows for JWs to implement the tenets of their faith in the context of medicine. Legislation falls in alignment with the human rights of the patient to self-determination as well as to practice their own faith freely and without intercession from the government (National Blood Service, 2005). Methods and systems have developed as a result to ensure the integrity and health of healthcare professionals is maintained and to ensure that religious beliefs are accurately observed (Chand et al., 2014, p658-664).

Some cases regarding JW refusals of blood transfusions in the instance of life and death scenarios have resulted in resolutions against the professed religious beliefs of the patient in favour of the medical law. These cases are generally isolated to the context of JW children and the insistence of their parents that their children be subject to the tenets of the JW faith. In 2014, a UK judge ordered for a very young child to be given a blood transfusion for an incidental burn that was at risk of retracting sepsis if a blood transfusion was not provided. The JW parents objected to the plans for the blood transfusions and an emergency court hearing ensued. The judge acted in favour of the NHS Trust on this case as it was deemed that it would not be in the best interest of the child to put it at risk of death from sepsis. The parents justified their case on the grounds of religious freedom, but lost their case (English, 2014).

This example, as is demonstrated by others of a similar nature (BBC News, 2014; Farmer & Stubbley, 2019), doesn't represent opposition to pluralism, but instead respects the right of a person unable to make a conscious decision for themselves to put, first and foremost, their wellbeing. It is therefore determined that a child, who is likely not to understand complex religious beliefs, should not be made subject to those beliefs if they impede the survival of that child. This could be argued to be impeding on the cultural and religious identity of JW parents, but as a standard ethical principle, the protection of children as a group that do not hold the capacity for coherent self-determination is made paramount.

On the other hand, some resolutions in the UK have acted in favour of religious beliefs, in particular regarding JW children and adolescents. One of the most widely reported examples occurred in 2010 when Joshua McAuley, aged 15, refused a life-saving blood transfusion and passed away as a result of being in a freak car accident (Roberts, 2010). No family members objected to his decision and the hospital were powerless to take actions otherwise as the emergency circumstances that Joshua was in did not provide time for even an emergency court hearing to be held to overrule his decision on the grounds that was a minor. Other similar cases have also resulted in the death of the patient (The Independent, 1993), but the hospitals in these

cases have enacted policies whereby the wishes of a coherently consenting patient are placed paramount. Although this loss of life is unquestionably tragic, these examples demonstrate a positive impact for JW culture and identity from UK healthcare policy because although fatality for these patients was inevitable, their beliefs were nonetheless respected and were able to pluralistically coexist within a wider framework of ethics and beliefs that works to save lives in as many circumstances as possible.

Conclusion

In conclusion, the current UK healthcare policy is divided into two halves regarding the issue of JW refusal to accept blood transfusions in life and death situations. In the case of voluntarily consenting adults, the JW community's religious freedoms, and by extension the principles of pluralism, are fulfilled as the majority of UK cases favour an adult's right to self-determination of what happens to their body and the right of freedom of religion. On the other hand, in the case of parents requesting for their children to go without a blood transfusion in a life and death situation, it is more often the case that the court will intervene against the parents' wishes for the purpose of ensuring the wellbeing of the child.

A stigma around the refusal of medical treatments has grown in the last decade or so that conflates JW beliefs with other religions and also stigmatises their right to believe freely what they wish. Education and greater levels of understanding are the only solutions to the reduction of such stigmas, but the negative media attention attracted by JW blood transfusion cases causes such stigmas to fester, thus inhibiting the JW community to freely express their culture and identity.

Finally, the JW patient refusing blood transfusions has an important responsibility to clearly document their medical preferences. Ambiguity in the case of medical treatment refusal is unacceptable as that is the root cause of many issues surrounding these cases due to the difficulty of healthcare professionals to act in an emergency with unclear information. For this reason, the

Watchtower Society's development of methods to clearly express and make available information about patient's beliefs as well as the development of alternatives such as bloodless medicine are key to the reduction of fatalities and of rights violation cases.

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