

ANTH227: Medical Anthropology

Professor Hiroko Kumaki

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Satoru Uchida

I have adhered to the Honor Code for this assignment.

AMA Principles of Medical Ethics Article 1 states, “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.” Competency is implicit in respect for human rights.¹ In regard to human rights, Jehovah’s Witnesses claim human rights include the patient’s right to decide which treatment they will receive, even if it means the end of life. They believe in the resurrection after the Armageddon. Thus, they do not need to stick to this worldly life. For medical personnel, which comes first, the respect for patients’ rights or their obligation to provide competent medical care? When patients’ rights emerge, who will decide in the face of death? The question about ethics challenges the common law in medical ethics - save life now or provide a better quality of life for the short time left? I believe asking such questions is unproductive. As of now, biomedical technology is not almighty enough to fulfill both parties' contradicting interests. Rather, I will propose adding a new layer to the growing medical pluralism. First, I will pay attention to what Jehovah’s Witnesses believe and how the majority of society reacts to their practices. Then I will move to the problem when patients are minors and Jehovah’s Witnesses. Finally, I will attempt to put the maltreatment based on the patient’s best interest within medical treatment.

The essay written by two Jehovah’s Witnesses working at Hospital Information Services in Japan gave us a general idea of their position. In the essay, they claimed that the patient’s rights should be respected even in an emergency if they are part of the patient’s personal dignity

¹ American Medical Association. "AMA Principles of Medical Ethics." Accessed April 27, 2025. <https://code-medical-ethics.ama-assn.org/principles>.

and human rights. While there is an established court case in favor of Jehovah's Witnesses' practice, referring to four cases in the US ranging from 1992 to 1999, minors are not in a clear place. They argue that psychologically mature minors should have been respected for their decision based on their beliefs, adding to the argument that their parents' decision should be respected in cases involving minors in general. Their refusal of blood transfusion is based on their scriptural interpretation. They believe that life resides in the blood, therefore, the blood is sacred and belongs to God.² Adding to that, the passage in Acts 15 elevates the blood prohibition, including the use of blood for medical purposes, to a core moral and religious principle for them because they need to return God's things to God.³ Their website provides a more detailed discussion, referring to principles of medical ethics. I will examine their argument.

Beneficence, also known as do good, involves acting in the best interest of the patient. Jehovah's Witnesses argue that offering effective transfusion-alternative strategies aligns with beneficence, especially when these alternatives can provide comparable or superior outcomes. Nevertheless, when blood transfusion is the best available treatment, Jehovah's Witnesses' argument loses its coherence. The next is nonmaleficence. This "do no harm" principle is another important part of medical ethics. Jehovah's Witnesses highlight the known risks associated with blood transfusions, such as blood-borne diseases, immune-system reactions, and human errors, arguing that avoiding these risks through bloodless medicine upholds the principle of nonmaleficence. By framing alternatives in terms of beneficence and transfusion risks under nonmaleficence, they co-opt core medical ethical principles. If bloodless medicine can be shown to be effective and avoid transfusion risks, choosing it becomes an ethically reasonable medical

² Ariga, Tomonori and Shiro Hayasaki. Medical, Legal and Ethical Considerations Concerning the Choice of Bloodless Medicine by Jehovah's Witnesses. doi:10.1016/S134.

³ What Does the Bible Say About Blood Transfusions? | Bible Questions, accessed May 13, 2025, <https://www.jw.org/en/bible-teachings/questions/bible-about-blood-transfusion/>

decision, not merely a religious accommodation. Again, Jehovah's Witnesses relied on an 'if-then' statement. If the presupposition is false, their entire proposition becomes false. The third is distributive justice. This principle concerns the fair allocation of healthcare resources. Jehovah's Witnesses assert that medical treatments avoiding blood transfusions are often cost-effective and fair. This introduces an economic argument that appeals to healthcare administrators and policymakers. If bloodless medicine can achieve positive outcomes at a comparable or lower cost than transfusion-dependent pathways, it becomes an attractive option for reasons beyond respecting religious beliefs, potentially broadening the appeal of these medical approaches.⁴ There is a simple question here. Jehovah's Witnesses emphasize transfusion-alternative treatments' outcome, but they recognize it requires skillful doctors and medical personnel, as well as quality facilities. Not every countries and areas have such an ideal environment. As Jehovah's Witnesses promote themselves as a world religion, it should be considered.

As Ariga and Hayasaki touched briefly, Jehovah's Witnesses seek full rights for minors and their Jehovah's Witness parents to make medical decisions, regardless of how life-threatening the situation is. There are limited numbers of cases discussing the ability of decision-making if the subject is not fully mature. However, there are plenty of cases and scholarship about the decision-making process of a person with intellectual disabilities. Jackson, for instance, situates an analysis of facilitated decision-making in the lived relational experience of caring for someone with a profound intellectual disability.⁵ The case study of a father and daughter residing in Boston, Massachusetts, Jackson highlighted the emotional dynamics and

⁴ Why Don't Jehovah's Witnesses Accept Blood Transfusions?, accessed May 13, 2025, <https://www.jw.org/en/jehovahs-witnesses/faq/jehovahs-witnesses-why-no-blood-transfusions/>

⁵ Aaron J. Jackson, Beyond a logic of choice: the role of family narratives in ethical, person-centred support for individuals with intellectual disabilities, *Journal of the Royal Anthropological Institute*, 10.1111/1467-9655.14246, 31, 1, (264-282), (2025).

expressions of ableism that echo through social institutions and intersubjective relationships in shaping actions and practices around decision-making support. These ubiquitous encounters, rooted in shared relational histories, bring into focus the affective grounds and embodied motivations that inform the practice of facilitated decision-making within public spaces and systems. Despite the background being totally different, it implies the potential usefulness of a decision-making process facilitated by professionals woven into public systems. In the medical context, the patients' rights and privacy must be respected, but involving a professional might work as well. Woolley examines the legal and ethical complexities surrounding the refusal of blood products by Jehovah's Witnesses for themselves and their children, particularly focusing on the rights of children and adolescents. Jehovah's Witnesses' parents often cite their religious beliefs and the right to raise children as they see fit when refusing blood for their young children.⁶

For mature minors, there are suggestions that professionals and doctors should be involved in the process of determining the ability of decision-making. In some countries, Japan, for example, medical societies tied up with legal professionals to provide hospitals a chart specifying each step doctors should take, so that they owe minimal legal responsibility outside their profession.⁷ However, from the perspective of children's rights, it is not enough. In response to the guideline, the Ministry of Health, Labor and Welfare of Japan pointed out that the guideline is neglecting children's rights to be informed and make an autonomous decision.⁸ As a former Jehovah's Witness, I think it underestimates the lasting impact of getting a blood transfusion solely based on the decision made by children. Their ostracism and systematized

⁶ Woolley, S. "Children of Jehovah's Witnesses and Adolescent Jehovah's Witnesses: What are their Rights?" *Archives of Disease in Childhood* 90, no. 7 (-07-01, 2005a): 715. doi:10.1136/adc.2004.067843.

⁷ See Chart 1. English version is machine translated using OCR function of Google Translator.

⁸ Hiroko, Goto. *Legal Evaluation for the Minors [Kodomo Ni Taisuru Ho-Teki Hyo-Ka]* Ministry of Health, Labor and Welfare of Japan, . https://www.mhlw.go.jp/stf/shingi/2r985200000359ny-att/2r985200000359tz_1.pdf.

shunning will hurt the children's minds, even if they thrive. Neither the medical societies' guideline nor the discussion at the Ministry of Health provided concrete suggestions when children faced shunning due to their decision. The tension over the question of whether shunning is a religious practice or a violation of human rights is another field where discussion is going on.

The tension between children's rights and religious practice is another problem. The U.S. Federal Child Abuse Prevention and Treatment Act defines child abuse and neglect as, at minimum, "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation" or "An act or failure to act which presents an imminent risk of serious harm."⁹ If serious harm to the children were triggered by parents' religious beliefs, are parents still protected by the First Amendment? Is the limitation to the religious practice necessary to save children's lives, or is not because religious freedom incorporates death or serious harm to the children? In the context of the US, the Christian nature of Jehovah's Witnesses may benefit them. In either case, it is certain that the legal discussion over this topic will not save children's lives nor religious freedom in an emergency. Providing guidelines, as Japanese medical societies do, might be a realistic solution. The best scenario is the government's involvement. It will minimize the risk of doctors and hospitals getting involved in legal conflict, and the guideline will be much more polished by going through more public and political discussion.

Because I am a former Jehovah's Witness and I carried the card stating no blood transfusion back since I was four, this short paper reflects negative biases against Jehovah's Witnesses' practices and reasoning. I believe that the children's rights should be protected, including having a life until they are mature enough to make life-threatening decisions. I would

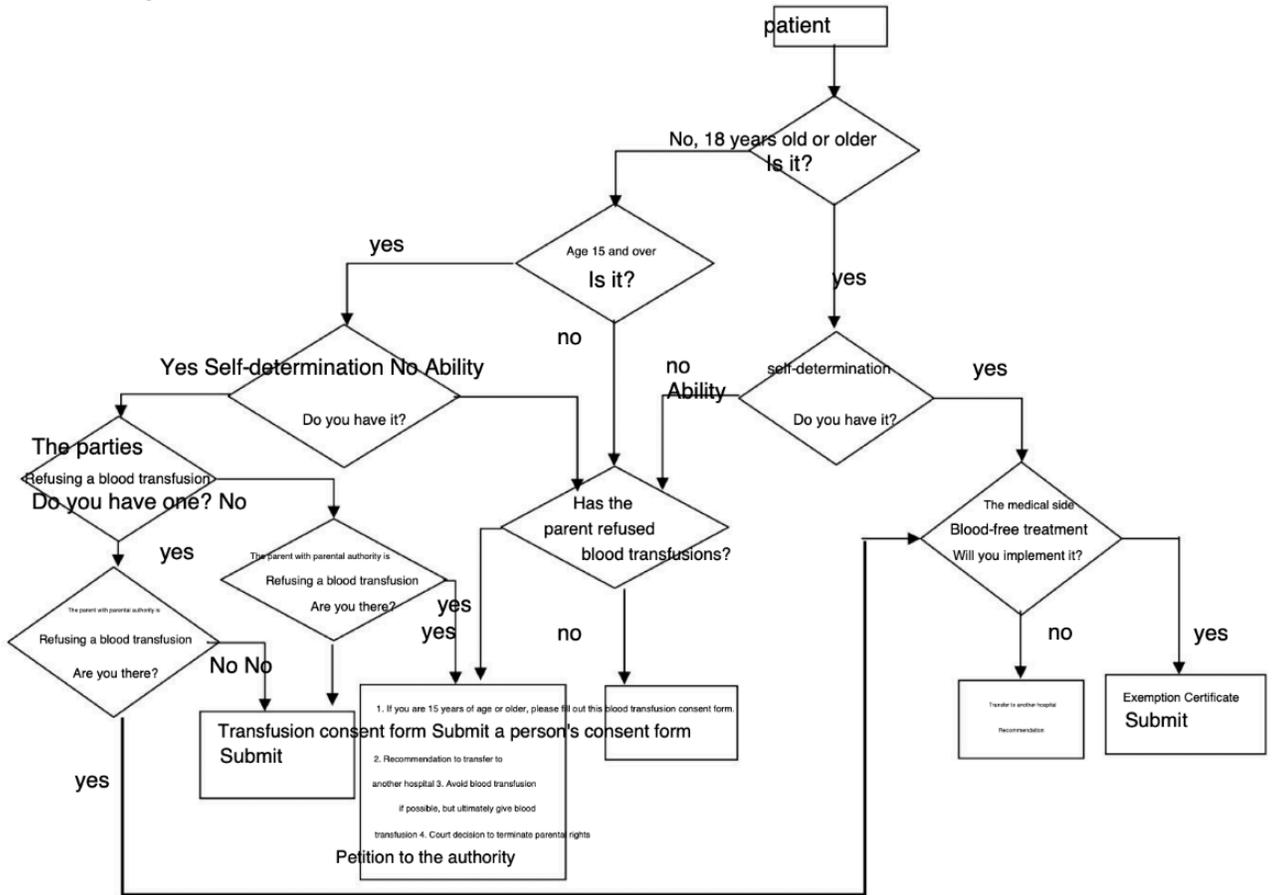
⁹ Child Abuse Prevention and Treatment Act, 42 U.S.C.A. § 5106g.

like to remind readers and myself that I also believe in the freedom of religion, as is written in the First Amendment. The personal belief and the belief shared in society might be different, but they should be able to coexist. In case the personal beliefs caused a conflict within a small social sphere, such as family, then greater social components, such as communal or governmental groups, should be able to step in. Beliefs regarding medical practices are often fatal. The flexible application of law and the readiness of the social support system are urgently needed.

(Chart 1)

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Figure 1 Flowchart for consent and refusal of blood transfusion in minors



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