APP E

The Witnesses do not feel that the Bible comments directly on organ transplants; hence, decisions regarding cornea, kidney, or other tissue transplants must be made by the individual Witness.

MAJOR SURGERY POSSIBLE

Although surgeons have often declined to treat Witnesses because of their reluctance to use blood products, many physicians have now chosen to view the situation as only one more complication challenging their skill. Since Witnesses do not object to colloid or crystalloid replacement fluids, nor to electrocautery, hypotensive anesthesia, or hypothermia, these have been employed successfully. Current and future applications of heparin, large-dose intravenous iron dextran injections, and the "sonic scalpel" are promising and not religiously objectionable. Also, if a recently developed fluoroated blood substitute (Fluosol-DA) proves to be safe and effective, its use will not conflict with Witness beliefs.

In 1977, Ott and Cooley reported on 542 cardiovascular operations performed on Witnesses without transfusing blood and concluded that this procedure can be done "with an acceptable low risk." In response to our request, Cooley recently did a statistical review of 1,026 operations, 22% on minors, and determined "that the risk of surgery in patients of the Jehovah's Witness group has not been substantially higher than for others." Similarly, Michael E. DeBakey, MD, communicated "in the great majority of situations [involving Witnesses] the risk of operation without the use of blood transfusions is no greater than in those patients on whom we use blood transfusions" (personal communication, March 1981). The literature also records successful major urologic and orthopedic surgery. G. Dean MacEwen, MD, and J. Richard Bowen, MD, write that posterior spinal fusion "has been successfully accomplished for 20 [Witness] minors" (unpublished data, August 1981). They add: "The surgeon needs to establish the philosophy of respect for a patient's right to refuse a blood transfusion but still perform surgical procedures in a manner that allows safety to the patient."

Herschman reports success in cases, including some involving youths, "with massive traumatic blood loss." He admits that "Witnesses are somewhat at a disadvantage when it comes to blood requirements. Nevertheless it's also quite clear that we do have alternatives to blood replacement." Observing that many surgeons have felt restrained from accepting Witnesses as patients out of "fear of legal consequences," he shows that this is not a valid concern.

LEGAL CONCERNS AND MINORS

Witnesses readily sign the American Medical Association form relieving physicians and hospitals of liability, and most Witnesses carry a dated, witnessed Medical Alert card prepared in consultation with medical and legal authorities. These documents are binding on the patient or his estate and offer protection to physicians, for Justice Warren Burger held that a malpractice proceeding "would appear unsupported" where such a waiver had been signed. Also, commenting on this in an analysis of "compulsory medical treatment and religious freedom," Paris wrote: "One commentator who surveyed the literature reported, 'I have not been able to find any authority for the statement that the physician would incur ... criminal ... liability by his failure to force a transfusion on an unwilling patient.' The risk seems more the product of a fertile legal mind than a realistic possibility."

Care of minors presents the greatest concern, often resulting in legal action against parents under child-neglect statutes. But such actions are questioned by many physicians and attorneys familiar with Witness cases, who believe that Witness parents seek good medical care for their children. Not desirous of shirking their parental responsibility or of shifting it to a judge or other third party, Witnesses urge that consideration be given to the family's religious tenets. Dr. A. D. Kelly, former Secretary of the Canadian Medical Association, wrote that "parents of minors and the next of kin of unconscious patients possess the right to interpret the best treatment and to assemble at 2:00 a.m. his parent's customary beliefs."

It is axiomatic that in the care of their patients, the risk-benefit potential of any treatment - whether chemotherapy or blood transfusion - that go beyond the practice that doctors are experienced in must be used that is not a valid concern.

THE PHYSICIAN

Understanding that Witnesses might seek a physician dedicated to a health by employment or disposal. Editorial articles about medical ethics or Harvey admitted that the solution that may be given, he added: "Perhaps surgery is a craft, not a science, and there is no technique of individual procedures."

Professor Boleyn's report that one hospital in Dade County was using a policy of refuse to operate, pointed out that the majority of the doctors of this group practice without the same expertise as usual." The surgeons may feel that the refusal to accept a patient is a form of medical responsibility. However, there is clear evidence that by operating on Witnesses, they will learn a great deal.

Rather than changing the system to solve the problem, more and more doctors are deciding to view the situation as a medical ethics problem, not the challenge they face in changing the practice for this