Questions From Readers

Do Jehovah's Witnesses allow the use of autologous blood (autotransfusion), such as by having their own blood stored and later put back into them?

Medical personnel often distinguish between homologous blood (coming from another person) and autologous blood (the patient's own blood). It is well known that Jehovah's Witnesses do not accept blood from other humans. But what about using autologous blood, a term used regarding a number of procedures?

Some of those procedures are unacceptable to Christians because of being clearly in conflict with the Bible, but others lead to questions. Of course, at the time the Bible was written, transfusions and other such medical uses of blood were unknown. Yet, God provided directions that enable his servants to decide whether certain medical procedures involving blood might displease him.

God's determination is that blood represents life and thus is sacred. He commanded: "Every moving animal that is alive may serve as food for you. . . . Only flesh with its soul—its blood—you must not eat. For the soul of the flesh is in its blood, and I myself have put it upon the altar for you to make atonement for your souls, because it is the blood that makes atonement by the soul in it. That is why I have said to the sons of Israel: 'No soul of you must eat blood.'"—Leviticus 17:11, 12.

Though Christians are not under the Mosaic Law, the Bible says that it is "necessary" for us to "abstain from blood," viewing it as sacred. (Acts 15:28, 29) This is understandable, for the sacrifices under the Law foreshadowed Christ's blood, God's means by which we can gain everlasting life.—Hebrews 9:11-15, 22.

How was blood to be dealt with under the Law if it was not used in sacrifice? We read that when a hunter killed an animal for food, "he must in that case pour its blood out and cover it with dust." (Leviticus 17:13, 14; Deuteronomy 12:22-24) So the blood was not to be used for nutrition or otherwise. If it was taken from a creature and not used in sacrifice, it was to be disposed of on the earth, God's footstool.—Isaiah 66:1; compare Ezekiel 24:7, 8.

This clearly rules out one common use of autologous blood—preoperative collection, storage, and later infusion of a patient's own blood. In such procedure, this is what is done: Prior to elective surgery, some units of a person's whole blood are banked or the red cells are separated, frozen, and stored. Then if it seems that the patient needs blood during or following surgery, his own stored blood can be returned to him. Current anxieties about blood-borne diseases have made this use of autologous blood popular. Jehovah's Witnesses, though, DO NOT accept this procedure. We have long appreciated that such stored blood certainly is no longer part of the person. It has been completely removed from him, so it should be disposed of in line with God's law: "You should pour it out upon the ground as water."—Deuteronomy 12:24.

In a somewhat different process, autologous blood can be diverted from a patient to a hemodialysis device (artificial kidney) or a heart-lung pump. The blood flows out through a tube to the artificial organ that pumps and filters (or oxygenates) it, and then it returns to the patient's circulatory system. Some Christians have permitted this if the equipment is not primed with stored blood. They have viewed the external tubing as elongating their circulatory system so that blood might pass through an artificial organ. They have felt that the blood in this closed circuit was still part of them and did not need to be "poured out."

What, though, if the flow of such autologous blood stopped briefly, such as if a heart-lung machine is shut down while the surgeon checks the integrity of coronary-bypass grafts? Actually, the Biblical emphasis is not on the issue of continuous flow. Even aside from surgery, a person's heart might stop briefly and then resume. His circulatory system would not have to be emptied and his blood disposed of just because blood flow had stopped during the cardiac arrest. Hence, a Christian having to decide whether to permit his blood to be diverted through some external device ought to focus, not primarily on whether a brief interruption in flow might occur, but on whether he conscientiously felt that the diverted blood would still be part of his circulatory system.—Galatians 6:5.


* This might result from a heart attack, an electric shock, or severe hypothermia, such as from submersion in ice-cold water.

What about the situation? Some suppose it is advantageous to have blood to be diverted to surgery. Thus, at the operation, they dispense with storage bags or devices to replace body and replace blood fluids; less blood is allowed to flow back to the patient. But Christians do not like the storage, some adapting this procedure by using the equipment. It is constantly being infused by the patient's circulatory system. Many others have recently discovered that individual must be used, and if he would consider being diverted in such a manner, he would think twice about it, as he would think twice about him and the blood was disposed of.

A final example is the use of blood in transfusions and reusing blood in surgery. Equipment is used to filter blood from a patient (by pumping it out through a system (filters or clots or debris) to eliminate fluids and cells. Then it is 것은 back into the patient. Christians have centered whether there might be collection of blood fluid permitted, a more limited basis than whether the blood itself is considered a surgical wound for the person. Does the surgical blood have flow through the circulatory system in the person, or does it not? This might mean that it still

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With a heart-lung device, the circuit includes: (1) tubing from patient’s vascular system; (2) recovery suction pumps; (3) bubble oxygenator; (4) hollow-fiber hemofilter; (5) main roller pump; (6) return line to patient’s circulatory system.

What about induced hemodilution? Some surgeons believe that it is advantageous for a patient’s blood to be diluted during surgery. Thus, at the start of an operation, they direct some blood to storage bags outside a patient’s body and replace such with non-blood fluids; later, the blood is allowed to flow from the bags back to the patient. Since Christians do not let their blood be stored, some physicians have adapted this procedure, arranging the equipment in a circuit that is constantly linked to the patient’s circulatory system. Some Christians have accepted this, others have refused. Again, each individual must decide whether he would consider the blood diverted in such a hemodilution circuit to be similar to that flowing through a heart/lung machine, or he would think of it as blood that left him and therefore should be disposed of.

A final example of autologous blood use involves recovering and reusing blood during surgery. Equipment is used to aspirate blood from the wound, pump it out through a filter (to remove clots or debris) or a centrifuge (to eliminate fluids), and then direct it back into the patient. Many Christians have been very concerned whether in such salvage there might be any brief interruption of blood flow. Yet, as mentioned, a more Biblical concern is whether the blood escaping into a surgical wound is still part of the person. Does the fact that the blood has flowed from his circulatory system into the wound mean that it should be ‘poured out’, like the blood mentioned at Leviticus 17:13? If an individual believes so, he would probably refuse to permit such blood salvage. Yet, another Christian (who also would not let blood flow from him, be stored for some time, and later be put back into him) might conclude that a circuit with recovery from a surgical site and ongoing reinfusion would not violate his trained conscience.

As we can see, there is a growing variety of equipment or techniques involving autologous blood. We cannot and should not try to comment on each variation. When faced with a question in this area, each Christian is responsible to obtain details from medical personnel and then make a personal decision.

Though much has been said here about medical aspects, what is of greatest importance are the religious issues. As a Christian resolves any doubts or questions about medical processes involving blood, what should predominate should be that he displays faith, that he respects God’s command to ‘abstain from blood,’ and that he maintains a good conscience. Why? Because the most fundamental way in which lives can be saved with blood is not through medical technology but through the saving power of Christ’s blood. The apostle Paul wrote: ‘By means of him we have the release by ransom through the blood of that one.’ (Ephesians 1:7; Revelation 7:14, 17) While modern medicine might be able to help us extend our lives for a time, we certainly would not want to extend our present life by doing anything that would violate our Christian conscience or would displease our Life-Giver.—Matthew 16:25; 1 Timothy 1:18, 19.