



Strategies to Avoid Neonatal Blood Transfusions for Families of the Jehovah's Witness Faith

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ABSTRACT: Beliefs and restrictions regarding acceptance of blood products by members of the Jehovah's Witness faith often provoke discussion among health care professionals regarding alternative interventions. Establishing and maintaining an open dialog with women and families of the Jehovah's Witness faith regarding their beliefs on the use of blood and blood products is vital in creating a therapeutic relationship between families and the health care team. Such rapport facilitates the discussion of strategies to avoid blood transfusions for newborns and provides women and families multiple opportunities to develop of a holistic birth plan congruent with their beliefs.

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Nurses and other clinicians care for women and newborns of various backgrounds without judgment. As such, it is imperative for health care professionals to be culturally sensitive in their practice to ensure the best care for individuals whose beliefs may vary from those of the

members of the health care team. This is particularly true when caring for individuals whose beliefs prohibit common medical interventions, as is the case for individuals of the Jehovah's Witness faith. Their well-known beliefs about blood products provoke discussion among health care professionals

CLINICAL IMPLICATIONS

- When consent is required for medical intervention, beliefs of members of the Jehovah's Witness faith regarding refusal of blood and blood products provoke discussion among health care professionals about alternative interventions.
- Clinicians should work with the knowledge that parents are doing the best for their children to direct care that meets their individual beliefs, even if these beliefs do not match the beliefs of members of the health care team.
- Open and ongoing but private dialog regarding individuals' beliefs about acceptance or refusal of blood products is vital in establishing trust between families and the health care team.
- Planning ahead is key. The conversation surrounding acceptance or refusal of blood products should occur early in the pregnancy and should include methods to maximize blood volume during and after birth, minimize phlebotomy draws, and provide alternatives to transfusion.
- The Jehovah's Witness Hospital Liaison Committee is an invaluable resource that can knowledgeably interact with the health care team to provide evidence-based information on treatment alternatives.

regarding alternative interventions. According to the Pew Research Institute, individuals of the Jehovah's Witness faith compose less than 1% of the U.S. population (Lipka, 2016). Despite this relatively small demographic percentage, the staunch beliefs and restrictions of the Jehovah's Witness faith afford abundant learning opportunities for nurses to work with families to create individualized plans of care. Although the notion of bloodless medicine is an ever-evolving science, our goal in writing this article is to encourage nurses and other clinicians to maintain an open dialog with women and families of the Jehovah's Witness faith, which could potentially reduce the need for blood transfusions in the neonatal period.

The Jehovah's Witness Faith

In a position paper describing their obedience to scripture, individuals of the Jehovah's Witness faith are said to "believe that the bible is the divinely inspired word of God" (Ridley, 1999, p. 469). As such, those practicing the faith vehemently study scripture and are encouraged to apply these teachings to everyday life (Ridley, 1999). The excerpts from the bible that promote abstinence from blood products serve as the basis for the rejection of blood transfusions by individuals practicing the Jehovah's Witness faith. The church cites Genesis 9:4, Leviticus 17:10–14, Deuteronomy 12:23, and Acts 15:28–19 to support its tenets regarding refusal of blood products. The rationale is that receiving blood intravenously is viewed as consuming blood, the same way that sugar

solutions or total parenteral nutrition (TPN) are viewed as intravenous feeding (West, 2014).

Nursing Practice Implications

When caring for neonates, clinicians and parents have a common goal to work in the best interests of the newborn. The Brazelton's Touchpoints model has a number of guiding assumptions that health care providers can use to facilitate confidence in parents and in their children. First, parents want to do well by their children. Second, parenting is a process of trial and error (Brazelton & Sparrow, 2003). Ultimately, as health care professionals, we can assume that parents will always do the best they can with the tools they have to make the best decision for their children. Nurses can use these assumptions of the Touchpoints model to foster a nurturing environment between the health care team and parents and caregivers. Nurses should start with the knowledge that parents are doing the best for their children to direct care that meets their religious beliefs, even if these beliefs do not match the nurses' own beliefs.

Communication

The easiest measure to take in advocating for a neonate is to establish lines of communication with the neonate's parents. Establishing an early rapport is essential; this is especially true with families of the Jehovah's Witness faith. Health care providers must take care to never assume what an individual's decision will be solely based on religious affiliation. Health care providers must also take the time to honestly discuss individual beliefs regarding blood transfusions. An open conversation about beliefs accomplishes two goals: First, it allows the health care team to outline an optimal, individualized plan of care; second, it acknowledges the individual's beliefs, which, in turn, translates to respect for the individual and for his/her autonomy (Braithwaite, Chichester, & Reid, 2010; Zeybek et al., 2016). Respect for individuality and autonomy is vital, because an individual's refusal of blood products may not necessarily be synonymous with the refusal of medical treatment as a whole. Instead, further discussion may reveal that faith and personal values are the underlying rationale of an individual's refusal, resulting in the exercise of autonomy in the form of an ethically appropriate informed refusal (Zeybek et al., 2016).

Although open communication is necessary, it is imperative that health care professionals recognize the need to have such discussions with individuals privately. Often, members of the Jehovah's Witness faith may refuse suggested medical interventions in front of family to avoid being judged, coerced, and shunned from the church (West, 2014). In fact, doctrine dictates that practicing Jehovah's Witnesses are entitled to medical confidentiality from the church (Campbell, Machan, & Fisher, 2016). Members receiving blood in a situation of coercion or of their own accord are allowed to repent for their decision and remain in good standing in the eyes of the church. As such, it is imperative that health care providers protect

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