



## Bioethics and religious bodies: Refusal of blood transfusions in Germany



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### ARTICLE INFO

#### Article history:

Available online 14 March 2013

#### Keywords:

Germany  
Bioethics  
Autonomy  
Blood transfusion  
Jehovah's Witnesses

### ABSTRACT

The refusal of medical treatment is a recurrent topic in bioethical debates and Jehovah's Witnesses often constitute an exemplary case in this regard. The refusal of a potentially life-saving blood transfusion is a controversial choice that challenges the basic medical principle of acting in patients' best interests and often leads physicians to adopt paternalistic attitudes toward patients who refuse transfusion. However, neither existing bioethical nor historical and social sciences scholarship sufficiently addresses experiences of rank-and-file Witnesses in their dealings with the health care system. This article draws on results of a nine-month (2010, 2011–2012) ethnographic research on the relationship between religious, legal, ethical, and emotional issues emerging from the refusal of blood transfusions by Jehovah's Witnesses in Germany (mainly in Berlin). It shows how bioethical challenges are solved in practice by some German physicians and what they perceive to be the main goal of biomedicine: promoting the health or broadly understood well-being of patients. I argue that two different understandings of the concept of autonomy are at work here: autonomy based on reason and autonomy based on choice. The first is privileged by German physicians in line with a Kantian philosophical tradition and constitutional law; the second, paradoxically, is utilized by Jehovah's Witnesses in their version of the Anglo-Saxon Millian approach.

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### Introduction

Refusals of potentially life-saving blood transfusions certainly belong to the domain of controversial choices. Such choices challenge the basic medical principle of acting in the patients' best interest and often lead physicians to adopt paternalistic, disrespectful attitudes toward patients who refuse transfusion (Savulescu, 2007). Drawing on an ethnographic study conducted in Berlin among Jehovah's Witnesses (JWs), officially known as the Watch Tower Bible and Tract Society of Pennsylvania, this article analyzes how autonomy, a contested principle that nevertheless plays a dominant role in the "mainstream" paradigm of US bioethics, i.e. principlism, is utilized in respect of JW patients who refused a blood transfusion.

The refusal of medical treatment is a recurrent topic in bioethical debates and JWs often constitute an exemplary case in this regard (e.g. Beauchamp & Childress, 2009; Craigie, 2011; Savulescu, 2007). However, existing bioethical scholarship focuses mainly on scriptural and theological reasons behind JWs' blood transfusion

refusal (e.g. Bock, 2012; Singelenberg, 1990); proposals to change the existing JW policy (e.g. Muramoto, 1998, 1999), and responses to the latter provided by the main body of JWs (e.g. Malyon, 1998; Ridley, 1999).

Simultaneously, JWs have been largely overlooked by both historians and (medical) sociologists and anthropologists. The first have focused on their treatment in Nazi Germany, the United States and Canada in wartime (Knox, 2011 for a review). There is also a slowly growing scholarship on JWs' persecutions in former East Germany, and in countries that belonged to the former East Bloc (e.g. Besier & Vollnhals, 2003). Social scientists have mainly been interested in JWs' growth and membership, members' behavior, their relationship with the state, and the degree of tolerance accorded them by wider society (e.g. Beckford, 1975; Côté & Richardson, 2001). Scientific scholarship that evaluates legal cases in the U.S. and Canada has suggested that Witnesses may also be seen as a driving force for the development of non-blood medical treatment and their legal battles for the rights of patients as increasing civic liberties for every citizen (Carbonneau, 2004). Nonetheless, in this slowly growing body of literature experiences of ordinary rank-and-file Witnesses in their dealings with the health care system remain completely understudied. This is astonishing particularly in light of the visibility and steady growth

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of this religious group (Stark & Iannaccone, 1997) that counted almost 163,000 active members in Germany and more than 7,300,000 active members worldwide in 2011 (Watch Tower, 2012: 44). In comparison to the previous year this number grew by 2.4%. Next to the New Apostolic Church, the JW's belong to one of the most globally active Christian denominations.

In this article, I aim to address this lack of research. As there are no systematic studies of JW patients in Germany, this study is an initial attempt to document their medical experiences. Moreover, by focusing on an emergency case of a German Jehovah's Witness, the article helps illuminate how bioethical challenges are solved in practice by some German physicians. Specifically, I argue that the tension comes as the result of a different understanding and application of the concept of autonomy: as a Kantian exercise of reason and as a Millian exercise of choice by German physicians and JW's respectively. Closely related to this is the question of what physicians perceive to be the main goal of biomedicine: promoting the health or broadly understood well-being of patients. In this respect, Germany constitutes a very good example for studying the challenge that is posed to physicians by their patient's controversial choice. German medicine is in fact claimed to represent the whole tradition of Central European medicine. In her comparative study of four predominant traditions of Western biomedicine, i.e. French, West German, British, and American, Payer (1989: 76) further emphasizes that although "physicians in all countries tend to be authoritarian", this has particularly been the case in Germany (cf. Cocks, 1997; Kottow, 1988). Furthermore, unlike "the generally supportive attitude" of the North American medical community (Muramoto, 1998: 226; cf. Craigie, 2011: 328 for England and Wales) toward JW's' blood transfusion refusals, the view of its German counterpart is more ambivalent as I will show in this article.

## Background

### *JW's' position on blood transfusions*

Although Jehovah's Witnesses, a millenarian movement established in the U.S. in the 1870s and present in Germany since the 1900s, expressed little initial interest in health and sickness except for their early animosity toward vaccinations and organ transplants (Muramoto, 1998; Singelenberg, 1990), they have become the best known religious proponents of the "no blood transfusion" policy in the last decades. Since 1945, when the Watch tower, a flagship magazine of the movement, denounced the movement of blood between bodies as "God-dishonoring" as based on, among others, Genesis 9:4, Leviticus 17:13–14, and Acts 15:28–29, Witnesses have presented a serious challenge for physicians and this has worsened their public relations with the state and the public (Côté & Richardson, 2001: 16–17). In short, Witnesses believe that the Bible is the divinely inspired word of God (Jehovah) and the biblical directive to "abstain from blood" applies to consumption, storage, and transfusion of blood in its entirety and its major components: red blood cells, white blood cells, plasma, and platelets (Ridley, 1999; Watch Tower, 2006). In 1961 blood transfusion was designated as a "disfellowshipping offence" for ordinary Witnesses (Côté & Richardson, 2001: 17; Singelenberg, 1990: 517). "Disfellowshipping" in this context entails "a rescission of one's membership in the faith and a breaking off of spiritual fellowship with members of the religious community" but not a termination of personal and family ties (Ridley, 1999: 470–471). Since 1979 the JW's' Governing Body situated in Brooklyn, New York, has established many Hospital Liaison Committees (HLCs) that are responsible for publicizing the Society's position on blood transfusions and advising doctors and patients on treatment alternatives. In Germany, the first committees were established in 1989.

Since the mid-1990s, the German Branch Office of the Watch Tower Society (WTS) has begun to open itself to the public (Besier & Vollnhals, 2003; cf. Côté & Richardson, 2001 for changes in North America). This is largely due to the fact that German JW's wanted to be disassociated with the "sect-image" while applying for public corporation status (*Körperschaft des öffentlichen Rechts*). The status is enjoyed by established churches, e.g. the Protestant Lutheran Church or the Catholic Church, and offers far more protection and privileges from the German government than private corporation status (Brown, 1999). It was eventually granted after a fifteen-year struggle in 2006. Since JW's were originally granted this status by the state of Berlin, they have obtained it in 13 out of 16 states. Although my interviews with members of the HLCs reveal that changes of status in those states have not influenced the perception of Witnesses by medical personnel, the legal power of the organization has been broadened. Now, only a Witness elder, not a lawyer, is required to stamp and confirm the validity of an advance directive carried by a Witness.

In a recent discourse aimed at the German public (Steuer & Dreuw, 2008: 157), JW's present their position on blood transfusions and their subsequent support for "bloodless" operations as being "for the benefit of all patients." Such discourse would suggest that Witnesses do not act as a religious minority interested merely in securing boundaries of their religious community (Singelenberg, 1990: 521), but take an active stance as representatives of all concerned patients who wish to receive the best medical treatment possible.

### *A short note on bioethics in contemporary Germany*

The contemporary German bioethics debate is influenced by two features in particular: (1) Germany's history and the involvement of many physicians in the medical program of Nazism. (2) German constitutional law (Kottow, 1988; Krones, 2006). The latter is rooted in Kantian universal principles of human dignity, autonomy, and the right to life (Krones, 2006; Rehbock, 2009). Hence, articles 1 and 2 of the German Basic Law (*Grundgesetz*) state: (1) "Human dignity shall be inviolable. To respect and protect it shall be the duty of all state authority" and (2) "(§1) Every person shall have the right to free development of his personality insofar as he does not violate the rights of others or offend against the constitutional order or the moral law. (§2) Every person shall have the right to life and physical integrity." The "traditionally authoritarian" medical academic system, combined with these two features is largely responsible for Germany's relatively late entrance into the bioethics debate in comparison to other countries (Kottow, 1988). Authoritarianism and paternalism particularly characterize German political elites and some bioethics experts who according to Krones (2006: 274) are skeptical as to whether "the public at large has the ability to competently solve its problems on its own." Rather, she emphasizes, "the official view is that the public has to be led and protected by experts and strict legislation" (Krones, 2006: 274).

## Methods

The ethnographic material was obtained during a seven-month (2011–2012) and a pilot two-month (2010) qualitative ethnographic research on the relationship between religious, legal, ethical, and emotional issues emerging from the refusal of blood transfusions by Jehovah's Witnesses in Germany (mainly in Berlin). I conducted qualitative, ethnographic research combined with discourse analysis of written and visual sources. It included participant observation, biographical, and semi-structured interviews. The particular relevance of qualitative research for the

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