

SYSTEMATIC OR INTEGRATIVE REVIEW

BLOOD TRANSFUSION REFUSAL BY PREGNANT AND PUERPERAL JEHOVAH'S WITNESSES

RECUSA A TRANSFUÇÃO DE SANGUE POR GESTANTES E PUÉRPERAS TESTEMUNHAS DE JEová

RECHAZO A LA TRANSFUSIÓN DE SANGRE POR PARTE DE MUJERES EMBARAZADAS Y PUÉRPERAS TESTIGOS DE JEHOVÁ

Ana Paula Araujo Bezerra ¹
Mônica Bimbatti Cesar ²
Sônia Regina Godinho de Lara ³

¹ RN. Specialist in Obstetric and Gynecological Nursing at the Albert Einstein Israeli Hospital. São Bernardo do Campo, SP – Brazil.

² RN. Doctoral student at the School of Nursing of the Federal University of Sao Paulo – UNIFESP. Professor at the nursing undergraduate course of the Sao Camilo University Center and of the Graduate program in Obstetric and Gynecological Nursing at the Albert Einstein Israeli Hospital. São Paulo, SP – Brazil.

³ RN. Doctoral student at the School of Nursing of the UNIFESP. Coordinator of the Graduate Program in Obstetric and Gynecological Nursing at Albert Einstein Israeli Hospital. São Paulo, SP – Brazil.

Corresponding Author: Ana Paula Araujo Bezerra. E-mail: bezerra.anapaula.enf@gmail.com

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ABSTRACT

Introduction: Obstetric hemorrhage is considered a major cause of maternal deaths all around the world. In this scenario, the Jehovah's-Witness pregnant women constitute a unique population because they refuse total blood transfusions and its four primary components. The encounter between obstetrics and these patients has caused many legal, ethical and bioethical conflicts along the years. **Objective:** Discourse about legal, ethical, and bioethical issues facing blood transfusion refusal by Jehovah's-Witness pregnant and breastfeeding women. **Method:** It is an integrative review study, in which 14 articles were identified to compose the sample, from MEDLINE and LILACS databases, in Portuguese, English and Spanish. **Findings and Discussion:** From the legal and juridical points of view, there are some disagreements related to physicians and patients' rights. The Federal Constitution, The Civil Code and the Charter of Consumers' Rights in Health enhance the patient's autonomy to refuse any treatment. While both Criminal Code and Medical Ethics Codes insist on adopting a life-saving conduct even without the patient's consent, in cases of imminent risk of death. Meanwhile, in Ethics and Bioethics, there is confrontation between the patient's autonomy and the benefit from the medical standpoint. **Conclusions:** Currently we have a divided legislation, ethics and bioethics issues with opposite points of view. It is necessary to legally and bioethically rethink about these patients, understand their beliefs, to know alternative treatments and to have more qualified institutions and professionals. **Keywords:** Postpartum Hemorrhage; Jehovah's Witnesses; Professional Ethics; Patient's Autonomy; Women's Health.

RESUMO

Introdução: a hemorragia obstétrica é considerada uma das principais causas de mortes maternas no mundo. Nesse cenário, as gestantes testemunhas de Jeová constituem uma população única, porque recusam transfusões de sangue total e de seus quatro componentes primários. O encontro da Obstetrícia com essas pacientes tem gerado ao longo do tempo muitos conflitos jurídicos, éticos e bioéticos. **Objetivo:** discorrer sobre os aspectos jurídicos, éticos e bioéticos diante da recusa à transfusão de sangue por gestantes e puérperas testemunhas de Jeová. **Método:** trata-se de estudo de revisão integrativa, em que foram identificados 14 artigos que compuseram a amostra. **Resultados e discussão:** do ponto de vista legal e jurídico existe um emaranhado referente aos direitos dos médicos e dos pacientes. A Constituição Federal, o Código Civil e a Carta dos Direitos dos Usuários de Saúde reforçam a autonomia do paciente em recusar qualquer tratamento. E o o Código Penal e o Código de Ética Médica insistem na adoção de condutas que salvam vidas mesmo sem o consentimento da paciente – em casos de risco iminente de morte. Já na ética e bioética, o confronto existe entre a autonomia da paciente e a beneficência do ponto de vista médico. **Conclusões:** atualmente temos uma legislação dividida e questões éticas e bioéticas com pontos de vista opostos. É preciso repensar legal e bioeticamente nessas pacientes; entender suas crenças, conhecer tratamentos alternativos e ter instituições e profissionais mais preparados.

Palavras-chave: Hemorragia Pós-Parto; Testemunhas de Jeová; Ética Profissional; Autonomia do Paciente; Saúde da Mulher.

RESUMEN

La hemorragia obstétrica es una de las principales causas de muertes maternas en el mundo. En este escenario, las embarazadas de la religión Testigos de Jeová constituyen una población única porque rechazan las transfusiones de sangre total y de sus cuatro componentes primarios. El contacto entre la obstetricia y estas pacientes siempre ha generado conflictos jurídicos, éticos y bioéticos. El objeto del presente estudio es entender los aspectos jurídicos, éticos y bioéticos ante el rechazo a la transfusión de sangre por parte de dichas mujeres. Se trata de una revisión integradora compuesta de 14 artículos que constituyeron la muestra, a partir de las bibliotecas virtuales MEDLINE y LILACS, en portugués, inglés y español. Desde el punto de vista legal y jurídico existe un emaranjado de derechos de médicos y pacientes. La Constitución Federal, el Código Civil y la Carta de los Derechos de los Usuarios de Salud refuerzan la autonomía del paciente de rechazar cualquier tratamiento. El Código Penal y el Código de Ética Médica insisten en la adopción de conductas que salvan vidas, incluso sin el consentimiento del paciente, en casos de riesgo inminente de muerte.

En la ética y bioética, el conflicto existe entre la autonomía del paciente y la beneficencia desde el punto de vista médico. Actualmente tenemos una legislación dividida y cuestiones éticas y bioéticas con puntos de vista opuestos. Es necesario repensar legalmente y bioéticamente en estas pacientes, entender sus creencias, conocer tratamientos alternativos y tener instituciones y profesionales mejor preparados para tratar el tema.

Palabras clave: Hemorragia PostParto; Testigos de Jehová; Ética Profesional; Autonomía del Paciente; Salud de la Mujer.

INTRODUCTION

"No medical procedure, either for diagnosis or treatment can harm the patient." Hippocrates

Jehovah Witnesses pregnant women (JW) constitute a unique obstetric population because, according to their religious beliefs, they refuse transfusions of whole blood and its four main components (red cells, white cells, platelets and plasma).¹⁻³

Claim that blood transfusion is forbidden by the Bible passages as described in Genesis 9: 4, which says, "But flesh with the life thereof, which is the blood thereof, shall you not eat". This order was given to Noah, the common ancestor of humanity. The other passage is from Leviticus 7:26, which says: "And wherever you live, you must not eat the blood of any bird or animal". This exhortation was given to the Israelites. Still, Acts 15: 20,29 guides: "[...] refrain from blood [...]"; God gave Christians the same command given to Noah. Although the verses are not stated in medical terms, JWs consider that they should oppose blood transfusions.⁴⁻⁷

Obstetrics, whereas, is considered by some to be a bloody business. This is because, during pregnancy, bleeding may be unexpected and cause massive hemorrhage that occurs in 6.7 per 1,000 births. Obstetric hemorrhage is considered a major cause of maternal deaths worldwide, especially in developing countries. It may occur both in the course of pregnancy, and during and after childbirth. Among them, the most common is postpartum hemorrhage (PPH), with an estimated incidence of 4-8% of all vaginal deliveries and held responsible for almost 25% of all maternal deaths in the planet.^{1,8-12}

Given this reality, all obstetricians face at least once, dramatic cases of bleeding and to save the mother's life use every medical and surgical resource, including blood transfusion.⁹

Thus, the encounter of this medical specialty with patients who refuse blood transfusions has generated over time critical situations involving antagonistic reactions between administrators, doctors, patients and their family members.²

When analyzing these conflicts, the concepts of ethics, bioethics and legal aspects converge, adding the convergence of "autonomy" of pregnant or postpartum women on one hand, and on the other the beneficence and non-maleficence of a paternalistic point of view of some physicians, which goes against what this represents for patients. Meanwhile, justice from the point of view of procurement of materials and re-

sources for alternative treatment is routinely overlooked. This leads to a natural confrontation that comes to dealing with a concept prevailing over another.^{13,14}

Therefore, the aim of this study is to discuss the legal, ethical and bioethical aspects regarding refusal of blood transfusion by JW pregnant and postpartum women.

Importantly, this population has increased every year. According to data from the Annual Report JW (2013), Brazil is the third country in the world in absolute numbers of JW, with 767,438 members, followed by the United States and Mexico, with 1,219,931 and 806,506 followers, respectively; overall, a total of 7,965,954 followers in 239 countries.¹⁵

Given the above, the monitoring of JW pregnant and postpartum women should become an important issue to be considered by all professionals in the obstetric area.

METHODS

STUDY DESIGN

This is an integrative review, which is a research method that allows for a critical assessment and draw up a synthesis of evidence from multiple studies published on the subject investigated. The methodological course followed the steps: issue identification and selection of the hypothesis; establishment of criteria for inclusion and exclusion of studies – sampling or literature search; definition of the information to be extracted from selected studies – categorization of studies; assessment of studies included in the review, interpretation of the results.^{16,17}

The review was directed by the guiding question: are there legal, ethical and bioethical conflicts given the refusal of blood transfusions and blood products by JW pregnant and postpartum women?

DATA COLLECTION

The literature search was conducted on the database BIREME (Virtual Health Library – VHL), in which items related to the topic were found in the database Medical Literature Analysis and Retrieval Online System (MEDLINE) and Latin American and Caribbean Sciences Health (LILACS). The keywords used were: Postpartum Hemorrhage, Jehovah's Witnesses, Ethics, Professional and patient autonomy and were combined as follows:

Postpartum Hemorrhage – Jehovah's Witnesses; Ethics, Professional – Jehovah's Witnesses (for this junction the filter "pregnancy" was used) and Jehovah's Witnesses – Patient Autonomy.

INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria for studies in the search were: published in Portuguese, English and Spanish, published in national and international journals that addressed the theme chosen. Studies were excluded if they had no relation to the subject and had crossed 12 years of its publication. However, it was used reference/support materials, considered prominent publications regarding the theme chosen and dating a longer period; they were: the 1940 Penal Code, the Federal Constitution of 1988 (considering the constitutional amendment of 1998) a manual of maternal urgencies and emergencies of the Ministry of Health in 2000 and the Civil Code of 2002.

The initial search using the keywords grouped resulted in 151 articles, which after reading the titles and abstracts, followed by analysis compliant with the inclusion criteria, allowed the selection of 14 of these studies. The studies were published in the last 12 years.

DATA ANALYSIS AND INTERPRETATION

After selecting the articles, they were coded in alphanumeric sequence (A1 to A14). Then, it was created a data collection table, with sequential codes previously described for identification and other information (authors, title, purpose of study, vehicle of publication [journal], methodology, description of the main points addressed in the study, source [where it was found]).

The studies had their results interpreted, which emanated in a critical evaluation and synthesis of available evidence about the research theme.

RESULTS AND DISCUSSION

14 Articles were analyzed and met the inclusion criteria. (Table 1).

From the total sample shown in Table 1, 64.3% of articles (A1, A2, A3, A4, A7, A8, A9, A10 and A13) were found in the Medline database, while 35.7% (A5, A6, A11, A12 and A14) were found in the LILACS database.

Table 1 - Study Sample Identification

Code and year	Authors	Title	Objectives
A1 2003	Cynthia G, Mavis MG, Richard LB.	Ethical and medicolegal considerations in the obstetric care of Jehovah's Witness.	Discuss the ethics, concerns and opinions about the available alternatives for a JW.
A2 2004	Zenon MB, Colin JW, Mervyn JT.	Meeting the clinical challenge of care for Jehovah's Witnesses.	To analyze the JW's position regarding medical care, the blood components and its fractions, putting these other interventions in categories that can help physicians to individualize the clinical treatment and make plans for facing the challenge of providing care to JW's.
A3 2005	Tricia T, Jo V.	The pregnant Jehovah's Witness: How nurse executives can assist staff in providing culturally competent care.	To discuss a case study concerning a JW pregnant patient in treatment of acute pain of sickle cell anemia.
A4 2005	Ally M.	Blood transfusion and Jehovah's Witnesses: the legal and ethical issues.	To assess the relevant ethical and legal questions concerning rights of an unconscious JW patient in an ICU regarding a blood refusal.
A5 2006	Enrique DS.	La hemorragia obstétrica, la terapia transfusional y el principio de autonomía del paciente.	Summarily approach the obstetric hemorrhage, the transfusion therapy and its alternatives and the patient's autonomy to refuse the transfusion.
A6 2006	Avelino RP.	Autonomía del paciente: los Testigos de Jehová y la elección de alternativas a la transfusión.	To promote a general revision of the JW's position concerning blood transfusion and considering the ethical and legal principles that support their decision and to designate transfusion alternatives.
A7 2006	Nadine M, Shobana AT, Chin L, Stanley O, Wai Y.	Obstetric care of Jehovah's Witnesses: a 14-year observational study.	To conduct a review of JW demographic data and obstetric results in a countryside hospital and to evaluate the blood refusal's effect in the mortality of postpartum hemorrhage.
A8 2007	Cynthia G, Richard LB.	Management of pregnancy in Jehovah's Witness.	To describe how pregnancy monitoring of a JW should occur.
A9 2008	Sharon RS, Deirdre JM.	A pregnant Jehovah's Witness.	From a case report, to answer questions pertaining to the guidance from a pregnant JW, optimization of hematologic status and treatment of postpartum hemorrhage.

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Table 1 - Study Sample Identification

Código e ano	Autores	Título	Objetivos
A10 2009	Gladys EH.	Blood transfusion: implications of treating a Jehovah's Witness patient.	To evaluate the legal and consent issues surrounding blood transfusions in JW patients and their implications for physicians in surgical treatment.
A11 2010	Gonzalo CH.	Consideraciones éticas em el tratamiento edico a Testigo de Jehová.	To cite some ethical and legal standards, both Chilean and international, regarding the autonomy and non-discrimination of patients who refuse blood transfusions.
A12 2010	Graziela ZC.	Bioética e crença religiosa: estudo da relação médico-paciente Testemunha de Jeová com potencial risco de transfusão de sangue.	To analyze the physician-patient relationship under the recommendation of potential blood transfusion during hospitalization, considering the scientific clinical, legal and bioethical subjects.
A13 2010	Tarek AS, Ahmad BAW, Ken M.	Postpartum haemorrhage in a Jehovah's Witness patient controlled with tisseel, tranexamic acid and recombinant factos VIIa.	To show the alternative treatment with tisseel, tranexamic acid and recombinant factor VIIa to a JW patient with postpartum hemorrhage.
A14 2011	Marco GG.	Enfrentamiento médico legal del paciente Testigo de Jehová.	To describe how the medical-ethical case management with the JW occurs.

It was found that most (71.4%) of production is written in the English language and includes the articles A1, A2, A3, A4, A7, A8, A9, A10, A11 and A13, while 21.4% are in Spanish, which match A5, A6 and A14; and only 7.2% are in Portuguese, represented by the study A12.

By analyzing the approach, it was found that 71.4% of the articles correspond to review studies (A1, A2, A4, A5, A6, A8, A10, A11, A12, A14), 21.4% were case reports (A3, A9 and A13) and 7.2% (A7) observational study.

The most discussed topics in the studies included in this review were detailed and specific prenatal care for pregnant women Jehovah's Witnesses (JW); alternatives to blood transfusions for treatment of bleeding; informed consent; self-determination; patient autonomy; advance directives; bioethics; legal and legal aspects related to the refusal of blood transfusions as well as the care provided by a multidisciplinary team and bloodless treatment programs.

In addition to these articles in the sample and allowed the realization of the integrative review, we used support approaches to further enrich this study. These extra references were made up of: a book of Obstetrics area, four specific Jehovah's Witness literature published by the Watchtower Association of Bible and Tract – including the Bible – two legal opinions related to the refusal of blood transfusion seven documents related legislation addressed in the study, a code of ethics (Code of Medical Ethics) and a Ministry of Health manual and Emergency Obstetric Emergencies.

Studies have interpreted their results, which emanated in a critical evaluation and synthesis of available evidence about the research theme. The analysis of these studies in order to answer the main question originated the themes presented below

MAIN DILEMMAS REGARDING BLOOD TRANSFUSION FOR PREGNANT AND POSTPARTUM JW WOMEN

When it comes to women who refuse blood transfusions and blood products, the situation becomes even more delicate because of the risk posed by the pregnancy itself related to bleeding, as well as the fact that it is two lives, that of the mother and the fetus.

Given the particularities of obstetric front of the refusal of blood population, there are important questions, such as:

- could a pregnant woman, for reasons of religious belief, refuse to receive blood transfusion that would save her own life and that of the fetus?¹¹
- Could she refuse blood transfusion before a serious postpartum hemorrhage (PPH) that could result in her death, leaving the newborn motherless?

It is understandable that some health professionals argue that the fetus of a JW should have equal rights or even higher ones than the rights of the mother to follow their religious practices. But even in this regard and on the Brazilian reality, what can be said of the following issues that surround them?:

- in favor of the fetus, Does this radically devalue the woman who has an inadequate diet, continues using illegal drugs, smoking or abusing alcohol, which puts the fetus at risk?²
- in favor of the fetus, Does this devalue a woman who skips prenatal consultations or even never takes part in them?²

All of these choices may present maternal and fetal risks increased. Now, the question arises: what does society think of

these situations? Should there be laws against "fetal abuse"? Does only refusal of blood transfusions carry imminent risk of maternal and fetal morbidity and mortality? In the face of those situations, should pregnant women have control over their own body?²

Certainly, these issues provide reflections that bring different answers and opinions, but what is important for the Obstetrics professionals to understand is that the practices when faced with these questions should be based on legal, ethical and bioethical issues.

In this light, we consider the legal and legal aspects involved in this issue, taking into account mainly the Constitution, Civil Code, Criminal Code, Code of Medical Ethics and the Ordinance 1820/09 of the Ministry of Health. It will go observed the ethical aspects and bioethical – especially the four pillars of bioethics: autonomy, non-maleficence, beneficence and justice.

LEGAL ASPECTS RELATED TO THE REFUSAL OF BLOOD TRANSFUSION

To legally discuss this issue, consider initially some aspects of the Constitution:

The Constitution in Article 1 caput III establishes the fundamental principles of "human dignity". This, in turn, is related to the human condition itself, it being the source of all fundamental rights.^{18,19}

The right to life, in turn, is constitutionally guaranteed in Art. 5, caput (the Constitution), which says: "*All are equal before the law, without distinction of any kind, guaranteeing to Brazilians and foreigners residing in the country the inviolable right to life, liberty, equality, security and property*".¹⁸

This right presupposes not only the biologically exist – given that life is a fundamental right, the foundation of which is human dignity. Life guaranteed by the Constitution is an independently living and freedom.¹⁹

It is noteworthy that there is nothing in the Federal Constitution that excludes the autonomy and freedom of a woman because of being pregnant. So shall consider the rights of pregnant and postpartum women as equal to those of any citizen, considering that all are equal before the law.

In another article of the Federal Constitution it states the right of patient to refused a determined medical treatment – the article 5th item II says: "*Nobody will be obliged to do or not to do anything if not in the under the Law*". It can be understood here as the matter of "not to be obliged to do or not to do anything" as the fact of a constitutional right to exercise autonomy.^{18,20}

Additionally, the article 5th item VI establishes: "*The freedom of conscience and belief is inviolable, being guaranteed the free exercise of the religious services and guaranteeing, as provided by law, the protection of worshipping places and their liturgies*". In this same article but in the item VIII it says: "*Nobody*

shall be deprived of rights by reasons of religious belief or philosophical or political conviction, unless he invokes it to exempt himself from a legal obligation imposed to everyone and refuses to perform an alternative obligation, established by law".¹⁸

Considering that we live in Democratic Constitutional State of Right, the practical faith manifestation goes beyond the freedom of worshipping, it encloses the inability of the state to impose conducts to citizens that follow their dignity and religious conviction and assure their right to conduct life according to their own perceptions – against health institutions and professionals and against the own State.²¹

When one violates the constitutionally guaranteed rights, one is punishable according to the article 5th, item X: "*intimacy, privacy, honor and image of persons, are inviolable rights guaranteed the right to compensation for property or moral damages resulting from the violation*".¹⁸

Forcing someone to perform a medical treatment without their consent constitutes the constitutionally forbidden practice (Federal Constitution, article 5, section VIII), because a person cannot be deprived of the fundamental right of freedom for religious beliefs. Automatically, the principles the dignity of the human being right would be violated (Constitution, article 1, item III), legality (Constitution, art. 5, section II) and the fundamental right to freedom and self-determination (Federal Constitution, article 5, heading and item VI).²¹

In contrast to the approached aspects in the Federal Constitution, some articles of the Code of Medical Ethics cite exceptions that guarantee medical decision to administer blood transfusion before the refusal of the patient, when there is imminent risk of death, as it occurs in severe obstetric hemorrhage.

The Code of Medical Ethics in the chapter VI referring to the Human Rights, in the article 24 it states that it is forbidden to the doctor, "not to ensure the patient the exercise of the free right about him or herself or his or her, as much as not to exercise his or her own to limit it." However, article 22 of the same chapter establishes limitation to prohibition contained in article 24 when there is imminent risk of death. It is expressed as it follows: it is forbidden to "*fail to obtain the patient's consent or his or her legal representative's consent after enlightening them on the procedure to be performed, except in cases of imminent danger of death*".²²

However, according to the Criminal Code, submitting the patient to blood transfusion in pregnant women who refused it, may incur penalties, as provided in the Penal Code in article 146 – due to illegal embarrassment.²³

On the other hand, it is important to note that just as the Medical Ethics Code, the Criminal Code in this same article excludes in paragraph 3, subsection I, the penalty in cases of imminent risk of death.^{20,21,23}

Furthermore, the Federal Medical Council resolution 1021/80 that guides doctors in case of refusal of blood reach-

es the following conclusion: *"In case of refusal to allow blood transfusion, the doctor obeying its Code of Medical Ethics, shall observe the following conduct: 1 – if there is imminent danger to life, the physician will respect the will of the patient or their representatives'. 2 – if there is imminent danger to life, the doctor will practice blood transfusion, regardless of the patient's consent or legal guardians".*²⁴

Although this resolution remains in force to date, it should be considered that it predates the Federal Constitution and the current Civil Code, in addition to not reasonably represent the position of the Jehovah's Witnesses, since it does not address the various medical alternatives to blood transfusion existing today nor with scientific basis. It focuses only on the denial of medical treatment and not on the right to treatment choice.¹⁹

The Civil Code, on the other hand, in the chapter II Rights of personality in article 15, defends the autonomy of the patient, even at risk of death, as follows: "No one shall be required to undergo life-threatening, medical treatment or surgical intervention." This text seeks to strengthen the autonomy of the patient, even in situations where life is at risk in the case of pregnant and postpartum women when they present severe hemorrhage.^{20,25}

The Charter of Consumers' Rights in Health was incorporated by the Ministry of Health (Decree MS / GM No. 1820/09). This ordinance reinforces the autonomy of the patient and ensures in its article 4, section IX – the right *"to information about different therapeutic possibilities, according to their clinical condition based on scientific evidence and cost-effectiveness of alternative treatment, with the right to refuse, attested in the presence of witnesses"*.²⁶ Thus, according to this law, the patient has the right to refuse any blood transfusion.^{20,26}

Still in the article 4, section XI, says: *"the right to choose alternatives, if there are any, and the consideration of the proposed treatment refusal."* Hence, the alternatives existent today should be considered, including in the field of obstetrics, which can replace the blood transfusion.²⁶

The referred ordinance issued instructions for the exercise of Constitutional Law (Informed Consent) in the doctor-patient relationship. The Ordinance was emphatic to ensure and establish parameters for the exercise of informed consent. To highlight the following legal provisions: *"Art. 5 – Everyone should have their values, culture and rights respected in relation to health services, ensuring you [...] V – the free consent, voluntary and informed, any diagnostic procedures, preventive or therapeutic except in cases that entail risk to public health, whereas previously given consent may be revoked at any time for free and informed decision without being charged to the individual moral, financial or legal sanctions."* This article points out that only in cases that entail risks to public health should informed consent be violated – which does not cover refusal to blood transfusions, which entails no risk to another.^{21,26}

This ordinance is in accordance with the Federal Constitution, and foreseeing and to refuse treatment, to ensure the patient the opportunity to practice their informed consent.²¹

Based on these laws, a tangle that complicates their understanding and application is found, both by doctors, as by the Jehovah's-Witness patients. The Federal Constitution, the Civil Code and the Charter of Health Users' Rights reinforce patient autonomy, while the Criminal Code and the Code of Medical Ethics insist on the mandatory adoption of conduct that preserve life, regardless of the patient's consent.²⁰

These laws and codes have a hierarchy that does not follow the dynamics of the doctor-patient relationship and show limited resolution in the issue of legal and juridical conflicts.²⁰

However, amid this tangle, it is clear that the lack of obtaining the informed consent before performing procedures is illegal and could lead to lawsuits against providers of care, even in the face of situations where the Code of Medical Ethics supports the violation of this consent when the doctor deems it necessary to maintain the patient's life.²⁷

THE BLOOD TRANSFUSION REFUSAL FROM AN ETHICAL AND BIOETHICAL POINT OF VIEW

From an ethical point of view, if a rational adult patient who has been fully informed of the consequences of not receiving transfusion of blood or blood components of his or any other treatment, and still persists in his refusal, this decision must be respected.²⁷

The ethical and legal basis of which professionals should go is that the refusal to submit to any kind of examination and treatment is within the rights of the patient. Discrimination against any of them, since they are decisions based on religious or any other kind of beliefs, runs contrary to the autonomy and freedom of the individual.²⁸

Regarding blood transfusion, the Code of Ethics of the International Society of Blood Transfusion established that patients should be informed of the risks/benefits of blood transfusion and alternative therapies and shall have the right to accept or reject the procedure, considering that despite the advances related to the transfusion, nowhere in the world where it can be considered risk free. This Code of Ethics was adopted by the World Health Organization (WHO). Thus, any valid advance directive should be respected.^{5,28}

In bioethical principles of autonomy, non-maleficence, beneficence and justice harmonize with the individual values of people.⁵

Autonomy and self-determination of the patient allow you to make decisions concerning the care they receive, including the decision to refuse blood and blood products. Respect for such autonomy is one of the fundamental principles that underpin biomedical ethics. The principle of autonomy allows for

the freedom and responsibility of the patient to decide what is good for her, even if the choice is not shared by the doctor.^{3,5}

Whereas in the sense of non-maleficence against the refusal of blood, the idea should be considered what it means to do no harm", since that, for the doctor, performing a transfusion may be linked to the principle of beneficence – in the sense of doing good to the patient. However, for a Jehovah's Witness, someone may be causing damage. Blood transfusion in this case reaches the opposite set of beliefs and values of TJ patient and can cause emotional, spiritual and even physical damage.²⁰

On the beneficence point of view, by the refusal of blood transfusion, it must be interpreted similarly to non-maleficence. Thus, on the one hand the doctor considers the realization of blood transfusion against the will of the patient an act of charity, this attitude may pose to the Jehovah's Witness patient an act of malfeasance, since this medical decision affects their right to dignity physical and can cause emotional and spiritual damage.²⁰

The principle of justice in relation to the refusal of blood transfusion brings the issue of allocation of human, financial and material resources.

Given the above, as to the legal, ethical and bioethical aspects, it is possible to see what Jehovah's Witnesses have done to ensure their right to informed choice and autonomy.

WHAT ARE JEHOVAH'S WITNESSES DOING TO ENSURE THEIR AUTONOMY AND CLARIFIED CHOICE?

According to the legal and juridical considerations, the right that the patient has to choose the treatment they receive must be expressed through informed consent. It is a document commonly used by Jehovah's Witnesses and necessary for the exercise of freedom is therefore a key exponent of the principle of self-determination to face acceptable medical treatments.^{14,21}

Furthermore, to preserve their right of autonomy, Jehovah's Witnesses use a notarized document with two witnesses and a prosecutor, bringing to themselves the consequences and responsibilities for its decision. The possibility to appoint an attorney is included in law from the Charter of Rights and Duties of Health Users in article 5, VII: "*an indication of their choice and entrust the decision-making in the event of becoming unable to exercise autonomy*".^{20,21,29}

This document is entitled: Instructions and Power of Attorney for Health Care (see Appendix 1) and the delineation of the decisions on health treatments previously taken by the patient, and is appointed an attorney to make decisions on their behalf should they be in conditions where its manifestation are impossible. This document has been recognized by authorities and courts all over the world.¹⁹

If a pregnant or postpartum woman has severe bleeding and lost her consciousness and has left a health care attorney defining acceptable alternatives, in addition to a responsible attorney to make decisions about their treatment, their will should be exercised.^{3,30}

To facilitate the care of Jehovah's Witness patients, it was established a network of Inter-Hospital Liaison Committee in major cities worldwide. Trained and well-informed employees of these committees interact with doctors, administrators, social workers and members of the judiciary. In support of these commissions, there are groups Patient visits, which promote spiritual, emotional support and, if necessary, physical support for hospitalized patients. Additional information for physicians are offered by the Hospital Information Service in the offices of the Jehovah's Witnesses. This service performs periodic medical research to keep abreast of advances in alternative blood transfusion.^{2,4,19}

The efforts of the Jehovah's Witnesses to guarantee their right to refuse the blood transfusion has caused changes in medicine, which is instituting treatment without blood. For this, some hospitals have instituted the so-called program of Bloodless Medicine and Surgery.

This program provides legal structure and documentation to refuse treatment and a list of doctors willing to work with the constraints of treatment imposed by Jehovah's Witnesses patients. It lets them coordinate the care-level hospital and in the case of pregnant women and promotes adequate prenatal care and childbirth planning to ensure alternatives to blood are adequate and available.²

Importantly, the medical literature has reported high number of strategies to avoid blood transfusions in the field of obstetrics.⁵

CONCLUSIONS

The refusal to blood transfusions and blood components for pregnant and postpartum Jehovah Witnesses has generated many legal, ethical and bioethical conflicts, in the face of technological and medical advances in transfusion area.

The juridical and legal point of view, there are laws that defend the autonomy of the patient, such as the Civil Code and the Charter of the Health Users Rights. On the other hand, the Criminal Code and the Code of Medical Ethics disregard the autonomy the patient and informed consent when there is imminent risk of death. Given the above, it is necessary that the laws and codes of practice be analyzed from the point of view of the Constitution, which is sovereign.

Furthermore, concerning the ethical and bioethical issues, the conflicts continue. The beneficence and non-maleficence of the pregnant woman's point of view or postpartum Jehovah's Witnesses is have the refusal of blood transfusion re-

spected; while for the doctor is to save the patient's life using all available resources. Autonomy is guaranteed to the patient when their decision is respected, however, for some doctors, the autonomy of the patient will be valid only if there is no imminent risk of death. Justice involves acquiring and using alternatives acceptable to these patients, but in practice what is found is the lack of alternatives and the lack of knowledge about them from professionals.

The context is of a disputed law and ethical and bioethical issues with opposing views. It important to rethink legally and bioethically concerning these patients; it is necessary to understand their beliefs, to know the alternatives, and for institutions to have more trained professionals; one must look at the woman as a whole, using empathy rather than judgment, talk and not coerce/force; respect their wishes and not to invade their privacy, their body, which is the only thing that they are in fact really the owners of.

One must not disturb the dignity or hurt the faith of a person in such a deep and invasive – without even guarantee that will be surely saved by this procedure (blood transfusion) which unfortunately is not free of risk.

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