

Neonate of Jehovah witness parents

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Case report

A 28-week, 876g male extremely low birth weight baby was born to a Para 2 Living I (P2L1) mother by preterm vaginal delivery, Mother's antenatal period was booked and supervised; she had conceived after ovulation induction; there was leaking per vagina for 1 week (preterm premature rupture of membranes) and antepartum haemorrhage for 1 day; she had hypothyroidism; antenatal steroids were not administered to the mothers.

The baby was born vaginally and cried after the initial steps. Apgar scores were 7 and 9 at 1 and 5 minutes of birth respectively. The baby developed respiratory distress at birth, was started in the delivery room with continuous positive airway pressure (CPAP) of 5 cm positive end-expiratory pressure (PEEP), and 25% fraction of inspired oxygen (FIO₂) and transferred to the neonatal intensive care unit (NICU). He was started on intravenous fluids, antibiotics, and minimal enteral nutrition.

On day 10 of life, a blood transfusion was warranted as the haemoglobin (Hb) level was at the transfusion threshold with a Hb value of 8g/dl and the baby was on CPAP of PEEP 5 cm and 25% FIO₂. Parents refused blood transfusion citing religious reasons as they belonged to a sect called Jehovah's Witnesses. A meeting was held between the treating team, parents and a religious head representing the sect of Jehovah's Witnesses. Even after recurrent counselling, parents were not willing to provide consent for a blood transfusion. Alternative therapeutic options were discussed, and non-transfusion management of the baby was planned. After reviewing the literature, we started subcutaneous erythropoietin and oral iron drops at 2 to 3 mg/kg daily. The baby received daily injections of erythropoietin for 15 days and then weekly injections up to day 56 of hospital stay as shown in Figure 1.

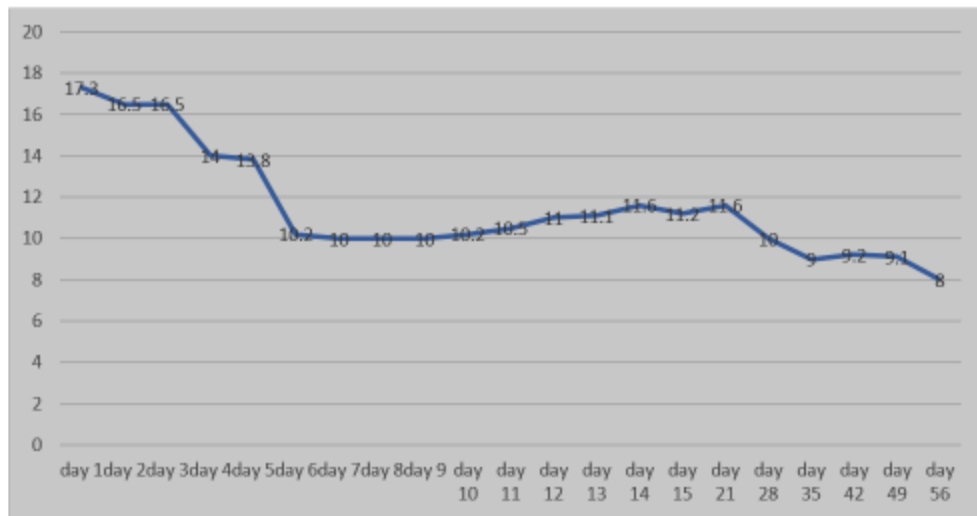


Figure 1: Graph showing the haemoglobin levels

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The baby was discharged at 36 weeks of post-menstrual age (PMA) with a weight of 1.4kg which was below the 3rd percentile. The Hb level at discharge was 10.4g/dl; the baby was on exclusive breastfeeds and iron supplements. He was re-admitted after 4 weeks for right-sided inguinal hernia and underwent surgical reduction of hernia and was managed during the second admission without the need for any blood transfusions. There was no retinopathy of prematurity (ROP) and no complications due to the use of erythropoietin or oral iron therapy in the neonate.

Discussion

This was our first encounter with a case of a child of Jehovah's Witnesses. Through this case report we share our experience and difficulty in handling such a rare situation in clinical practice. "The one thing you must not eat is meat with blood still in it; I forbid this because the life is in the blood". Based on these words from Genesis, 9:2-4 and many other passages from the Bible, Jehovah's Witnesses refuse blood transfusion or blood products even when their life is at stake. Their belief in "holiness" which means to "set apart" from the world, is essential to their faith¹.

India is a multicultural society, with a population of over a billion people; there is little awareness about the faith of this small community, even among the common people. Currently, out of their 7 million followers worldwide, their percentage of this is only 0.002% in India². The decision of an adult to refuse blood transfusion is well accepted in the Western medical and bioethics literature and widely respected in medical practice with pre-existing strict guidelines governing blood transfusion in adults and minors³. In many countries, there exists legislation permitting the treatment of minors without parental consent to preserve the life of the child. In India, the clinical guidelines and laws governing consent for blood transfusion in a minor are meagre and vague. In an elective situation, whether the parents can make a decision for the child on his/her behalf or whether the doctor has the right to make the decision in the best interests of the child is not clear⁴. Neither Drug and Cosmetic Act nor the National AIDS Control Organization (NACO) guidelines mention protocols to be followed in situations of refusal for blood transfusion as a life-saving procedure depicting one of the many grey areas in this field of consent law in India⁵. A solution to such an issue can only be sought by proactive intervention by the concerned professional regulatory bodies. We used erythropoietin as a non-transfusive measure in the index baby based on limited and controversial shreds of evidence⁶. In this era of increasing litigation against doctors, it is our appeal to the judicial authorities to amend the existing guidelines in this aspect. We urge practitioners to be vigilant in this ideological and jurisprudential world to find

solutions to these unresolved problems before we encounter another similar patient.

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Editorial Comment

The Sri Lankan scenario is as follows:

Doctor's duty when parents refuse to give consent for medical treatment of their minor children on religious grounds:

- In case of a medical emergency, the doctor requires no consent from a parent to administer life-saving or essential treatment for a minor as to preserve life is the primary ethical obligation. In such a situation the doctor can ignore the expressed wishes of the parents not to give such life-saving or essential treatment. Such decisions taken by a doctor in the best interest of the helpless minor child will always be upheld by a Court of Law. The doctor is also covered by the principle that the doctor acted "out of necessity".
- When parents refuse to give medical treatment to a minor child on religious grounds which includes life-saving blood transfusions and other life-saving measures or any other form of treatment for the benefit of the child (in the best interest of

the child), then the doctor treating such a child or the hospital authorities where such minor child is admitted for treatment can request a Court of Law to take such minor child “into its care”. This is referred to as “Ward ship”. In such situations the court can give authority to the doctor to carry out any treatment based on his or her good clinical judgment in the best interest of the minor child. Such directions given by a court of law are absolute and no parent can take legal action against a doctor for carrying out such court orders when treating minors

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Joint Editor