

Bloodless Surgery at Jehovah's Witnesses

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ABSTRACT

Objective: The aim of this research is to present our experiences with the surgical treatment of gynecological patients among Jehovah's Witnesses. Moreover, the medical, moral, and ethical problems in this regard have been highlighted.

Methods: Between 2007 and 2018, 75 Jehovah's Witnesses patients were operated on for various benign and malignant gynecological diseases. All these patients were operated according to the rules of blood-sparing surgery.

Results: The operations were assessed according to the diagnosis, mode of surgery, estimated blood loss and the disease outcome. Excessive blood loss did not occur during any of these operations, and the estimated blood loss for the same was 10 to 550 cc.

Conclusion: Jehovah's Witnesses gynecological patients is a group of risk patients because they refuse to undergo blood transfusion. Nevertheless, the principles of blood-sparing surgery should be applied to not only Jehovah's Witnesses patients but also all patients in general. Even if blood transfusion is the last resort to solve issues pertaining to excessive blood loss during complicated operations, the said procedure always carries certain risks. Therefore, blood transfusion should be performed only on rare occasions. Jehovah's Witnesses patients categorically refuse blood transfusion even if it is the only way to save one's life. Even though the legislation of the Czech Republic deals with this problem, there are other moral and ethical aspects that need to be addressed in this regard.

Introduction

The surgical treatment of Jehovah's Witnesses (JW) is only a marginal matter compared to that of most of the population. Nevertheless, the Church of Jehovah's Witnesses has almost eight million followers around the world, and approximately 13,000 JW reside in the Czech Republic. The most well-known and debatable principle of their faith is the refusal of blood transfusions [1-3]. Apart from the associated medical problems, there are other moral, ethical, and legislative aspects of this issue. The legislation of the Czech Republic in accordance with that of the European Union gives patients the right to refuse the suggested treatment that is against their will or religion [4]. On the other hand, doctors have

the same right to refuse the treatment that would pose a high risk of the patient's death owing to the excessive blood loss, mainly if it is not an emergency. Even though the properly formulated and signed patients' informed consent forms clear doctors of the legal consequences in the event of the patients' death, it does not relieve them of their own moral responsibility. The doctors who refuse to operate on JW patients should not be denounced for the lack of courage or unwillingness to bear this risk. However, one should appreciate the surgeons who are willing to take the same risk even if they do not fully agree with the reasons for which JW patients refuse blood transfusion.

Material and Methods

Between 2007 and 2018, 75 JW patients were operated on for various gynecological diseases at the Department of Gynecology and Obstetrics of the University Hospital in Olomouc. These were primarily minor gynecological procedures. However, a few extensive radical operations for malignant gynecological tumors were also performed. All these operations were performed by a team of four skilled surgeons who operated according to the rules and principles of Blood-Sparing Surgery (BSS).

Results

No instances of excessive blood loss, which necessitated blood transfusion, were observed for all the operations that were performed.

Discussion

The primary principle concerning safe bloodless surgery is thorough preoperative evaluation of the concerned disease's extent and the assessment of the patient's general condition for the proposed operation [5]. It is even more crucial if the said operation is, on the one hand, the most effective or most reliable mode of treatment but, on the other hand, other non-surgical treatment modalities are also available. It mainly concerns the patients with malignant tumors in advanced stages of the respective disease. The radical operations performed on such patients are always associated with the risk of excessive bleeding. Thus, it is irresponsible to perform surgeries in such cases. The surgeon must always assess the extent of the disease and the possible consequences of such an operation. It is not an issue of "courage" but that of the responsible assessment of all the risks and benefits relating to such an operation. Failure of such a surgery, along with its possible fatal consequences, would not only lead to the patient's death but also result in immense remorse for the surgeon.

Fortunately, there are only a few overconfident surgeons who boast of their ability to manage all possible dangerous complications, and they like to "parade" their surgical skills in this manner. Nowadays, although blood transfusion is regarded to be a safe procedure, it always carries certain health risks, and there are economic considerations in this matter as well [6-8]. Several recommendations and rules have been proposed concerning the way to perform BSS. Proper BSS techniques primarily aim to not only control bleeding but also prevent it [9-11]. Today, most surgical procedures are performed without the risk of heavy bleeding and the need for blood transfusion. Even Cesarean Sections (CS), which are always accompanied by some amount of bleeding, can be performed in such a way that may reduce blood loss to the minimal extent. Cooperation and coordination among obstetricians and invasive radiologists are a typical example of CS performed in case of placenta previa accreta [12]. Preoperative catheterization and balloon obstruction / embolization of the internal iliac arteries may largely reduce the blood loss.

Another example of BSS is robotic surgery performed on patients suffering from gynecological malignant tumors. This kind of surgery evidently reduces blood loss in comparison to the classical ones [12]. The rules and principles of BSS should be applied not only in the case of JW patients but for all patients. Responsible surgeons always operate on all of their patients according to the same BSS rules. They should not rely on the fact that the concerned patient has "sufficient blood reserves" and that in case of emergencies, the option to perform blood transfusion is always available [11-13]. In all cases, collaboration between the surgeon and anesthetist is indispensable. The latter must always assess patients' general medical conditions prior to the operation itself. Doing so is especially crucial with all JW patients. During an operation, anesthetists have to monitor and/or control the patients' vital signs and manage possible blood loss by means other than blood transfusion. It is obvious that anesthetists and surgeons must hold similar attitudes toward the management of JW patients [5].

Conclusion

In this study, it was noted that gynecological patients among JW refuse blood transfusion. Therefore, in case of necessary surgery, they must be operated according to the rules of bloodless surgery. Nevertheless, the principles of blood-sparing surgery should be applied to not only JW patients but also all patients in general. Even if blood transfusion is the last resort to solve the issue of excessive blood loss during complicated operations, it always carries certain risks. Therefore, the technique of blood transfusion should be employed only on rare occasions. Our experiences with a group of 75 JW patients, who were operated in our department, have been presented in this study. Even though the legislation deals with how to manage such patients who refuse blood transfusion, there are other moral and ethical aspects that must be addressed in this regard.

Conflict of Interest Statement

The authors have stated explicitly that there are no conflicts of interest in connection with this article. No specific funding was obtained for this project.

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