Ethical Issues in Parental Refusal to Consent for Blood Transfusion in Children

Teresa Baker
RN, MSN, NNP-BC
Case Summary

- 2 day old, term, hispanic, male infant
- Admitted to the NICU from Labor and Delivery
- History of avulsion of umbilical cord during delivery resulting in massive blood loss
- Infant with severe hypovolemia, anemia
- Mother is member of Jehovah’s Witness religion, no blood transfusions.
Physical Exam

- Extremely pale
- Lethargic
- Retractions, nasal flaring
- Elevated heart rate > 200
- Decreased blood pressure
- Poor color
- Prolonged capillary refill
Case progression

- H/H: 4.0/11.3
- ABG: ph 7.19, pCO2 68, pO2 35
- Infant initially required 100% oxygen with saturations in 60’s to 70’s
- Umbilical catheters placed
- Normal saline, albumin infused as volume expanders
Case progression

- Discussion with parent regarding need for blood transfusion
- Mother refused to consent for transfusion
Ethical Dilemmas

- **Autonomy**

  Is it ethical for a parent to place their child’s life at risk, when medical treatments are in conflict with their religious beliefs?
Ethical Dilemmas

- **Autonomy**

- Does a parent have the right to deny medical treatment for their child, based on religious beliefs, when the child cannot decide for himself?
Ethical Dilemmas

- **Nonmaleficence**

  - To withhold treatment from this infant will almost certainly result in deterioration and death.
Ethical Dilemmas

- **Beneficence**

- A blood transfusion will likely remove harm and resolve this infant’s otherwise fatal condition and life will be preserved
Stakeholders

- **Infant** whose health and life are at stake
- **Parent** whose infant’s life, religious beliefs, community standing are at stake
- **Professionals** whose obligation is to do no harm, to do good
- **Institution** at risk for legal action
Honoring Autonomy

- Strong religious beliefs:
  * Competent vs incompetent
  * Receiving blood will permanently separate her child whom she loves, from God
  * She and her child will be separated from family and community
Honoring Autonomy

- Refusal of blood is not refusal of medical care or lack of concern for child

- Potential risks of blood transfusion
Practice Standard of Care

- Alternative therapies have been exhausted with no improvement
- No other medical issues
- Violates ethical principles of nonmaleficence and beneficence
- Places an infant’s life at risk
- True desire of parent vs cooercion by church members
Practice Standard of Care

- Obtaining a court order removes the stigma from parent and child
- Awarding temporary custody of child to child protective services protects professionals and institution from potential legal action
- Treatment supported by medical ethics policy
Practice Standard of Care

- Probable resolution of infant’s life-threatening condition – positive outcome
Personal Thoughts

- Prior ambivalent feelings
- Position of parent
- Concerns for welfare and future of infant and parent
- Resolution of issue within myself
CPS was awarded temporary custody
Blood transfusion was administered
Custody of infant returned to mother
Infant’s anemia resolved and was discharged two days later
Parent relieved and grateful
Parent/Child not shunned by community
Summary

In the United States, it is accepted that parents are responsible for the well-being of their children. It is presumed that they will always strive to act in their children’s best interest.
Summary

When religious beliefs come in conflict with accepted social norms of philosophies regarding child welfare, this principle can become complicated.
References

- http://www.watchtower.org/e/hb/article_01.htm
References