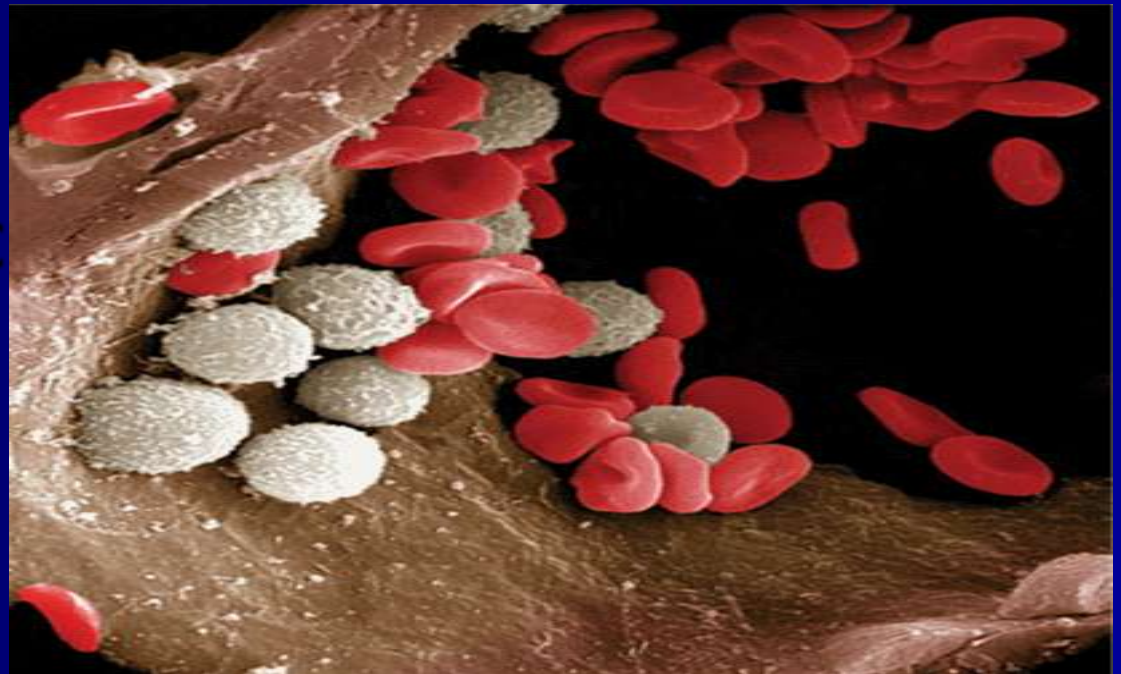


# Ethical Issues in Parental Refusal to Consent for Blood Transfusion in Children

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# 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, pCO<sub>2</sub> 68, pO<sub>2</sub> 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 coercion 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

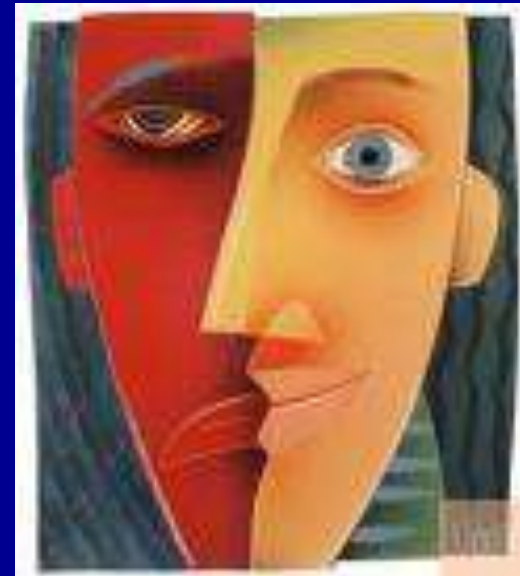
# Practice Standard of Care

- 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





# Standard of Care Followed

- 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

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- Woolley, S. (2005). Children of Jehovah's Witnesses and Adolescent Jehovah's Witnesses: What are their Rights?" *Arch Dis Child*. 90: 715-719.