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Issues regarding blood transfusion between Jehovah's Witnesses and

Associated Jehovah's Witnesses for Reform on Blood:

Assessment of the Existing Controversies and Possibility of Syncretism between the Two Groups

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Abstract

My thesis deals with the conflicts that exist between Jehovah's Witnesses (JW) and Associated Jehovah's Witnesses for Reform on Blood (AJWRB) in relation to blood transfusion. JW is a group that does not take blood transfusion even in life-threatening situations, and AJWRB is a splinter group from the JW group that does not support the idea of refusing the blood transfusion. The Witnesses justify their stand on the biblical scriptures where it is written that we cannot eat blood as it is sacred and possesses life. The Witnesses also believe that if we receive blood in any form, they will not achieve resurrection after the death whereas AJWRB believe that they can achieve resurrection even after receiving the blood. In this thesis, my primary objective is to explore the kinds of existing conflicts and to check the possibility of *syncretism* between them. For the theoretical aspects in this thesis, I am using the "Actor-Network Theory" to gain a deeper understanding of the existing conflicts as well as the notion of "modes of syncretism" developed by John et al to locate the nature of possible syncretizing processes.

My research is based on the empirical study of the official websites of the JW and AJWRB groups and their respective publications. They have been putting their views and arguments on the websites and publishing brochures and journals to spread their respective standpoints about the blood transfusion. In terms of the methodology, I am using the qualitative data analysis where the texts are explored for its contents, and findings are discussed and analyzed empirically.

In this thesis, I found not only the conflicts between them, but also that there are different modes of syncretism that are already taking place. My conclusion from the research is that apart from the main conflict regarding the blood transfusion, the two groups have engaged in many issues such as interpretations of the Bible, blood components, blood card, Hospital Liaison Committees, blood infections and diseases, disfellowship, overlapping of the rights of JW and doctors and bloodless treatments. By comparison of the debates from these two groups, it is clear that their logics of arguments and activities are already getting syncretized. Thus, syncretism is a byproduct of their efforts to minimize the conflicts.

Acronyms

JW	Jehovah's Witnesses
AJWRB	Associated Jehovah's Witnesses for Reform on Blood
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
WTS	The Watchtower Society
HLC	Hospital Liaison Committee
ANT	Actor-Network Theory
UN	United Nations
UDHR	Universal Declaration of Human Rights
STS	Science, technology and society
DPA	Durable power of attorney
ECHR	European Commission on Human Rights
g/dl	Gram/deciliter
FFP	Fresh frozen plasma
ICU	Intensive care unit

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CHAPTER 1: INTRODUCTION

In the public arena, we can find many debates between religious and secular traditions regarding economic growth, environmental sustainability, education, politics, divorce, homosexuality, gender prejudice, health and so on. Apart from debates between religious and secular groups, we can also find debates between two or more religious groups. As far as healthcare is concerned, we can find many examples of religious people engaged in cooperation as well as conflict with other religious and secular groups. On one hand, a lot of faith-based organizations have joined hands together with other religious and secular groups for the development work in the health sector. On the other hand, people's religious faiths have created misunderstandings for their own groups as well as secular groups on various occasions. The clash in beliefs has also caused the conflicts on many occasions in relation to health.

In my thesis, core of the concern is the conflict between JW (Jehovah's Witnesses) and AJWRB (Associated Jehovah's Witnesses for Reform on Blood) in relation to blood transfusion. JW is a different Christian group who does not receive blood transfusion whereas AJWRB is a splinter group of JW, and they are in support of blood transfusion and against the idea of disfellowship. AJWRB accuse JW of practicing disfellowship and exclusion. I will explore the issues regarding the blood transfusion between JW and AJWRB and assess the existing conflicts and the possibility of syncretism between the groups. My main focus of research will be on the official websites of JW and AJWRB and their respective publications and journals¹ which I found in their websites, and I will look for the areas where they are in conflict regarding the blood issues. I will also refer to some secondary literatures written by scholars in the field of medicines and some other online materials regarding blood transfusion. Such secondary literatures are supporting articles in this thesis when we need some more information than the official websites belonging to the two groups and their respective publications can provide.

In the following section, I provide background, matters of controversy, objectives and research questions, and structure of the thesis.

¹ Journal is a publication that appears at fixed intervals. Many medical journals are published in Journal Medical Ethics. Some of the journals are parts of this research because they have been written by the members of the JW and AJWRB groups

1.1 Background

1.1.1 Points of Attraction towards This Topic

I am particularly drawn to this topic mainly when we were given to do a home assignment about conflict and cooperation between religious and secular traditions in relation to health. While writing the assignment, it was quite interesting to see how one's faith can invite some controversies in the society. During the course of assignment writing, some of the incidents, which I read, have made a lasting impression in my mind. They have also encouraged me to learn more about the controversies regarding the religion and healthcare. Firstly, one incident in Dublin, Ireland caught my attention into this issue. According to the Christian Post (Christian newspaper based in Washington DC) published on 18th November 2012, one Indian woman died due to pregnancy-related complications when she was refused to have abortion. As Ireland being a Catholic country, she was denied abortion and that caused a failure of organ. She became critically ill with it, and blood poisoning took place. She finally succumbed to death caused by blood poisoning. There was a huge anti-abortion procession in Dublin, and the protesters believed that her life could have been saved if the fetus had been removed as requested (Kumar, 2012).

Secondly, I wondered when Deneulin in her book entitled "Religion in Development: Rewriting the Secular Script" even blames that the official prohibition of condoms and artificial contraception by Catholic Churches is also liable for the deadly spread of HIV/AIDS (Deneulin 2009, p. 1). I do not think blaming somebody is a solution, but yet it also makes me wonder how the present world population can be controlled if family planning is protested. The world population has already crossed the benchmark of seven billions, and the doubling time of a population can be calculated from the equation $69/\text{annual population growth rate in percentage}$. For example, supposedly if any country has population growth rate as 2 percent, then it means that the population of the country is going to double in 34.5 years (Lindstrand et al 2010, p. 116).

Thirdly, I found it interesting to read one article about an incidence in Norway where such conflict between JW and medical professionals was raised. According to Adgerposten published on 4th January 2012, a woman who belongs to the JW organization gave birth to her second baby

in Sørlandet Sykehus² in Arendal. After the delivery, some complications occurred and caused the excessive bleeding. The patient and her husband declared in writing about not accepting blood in any situations because of their religious faith as JW when they were in the hospital for the delivery of their first baby. According to the newspaper, the doctor was informed about such declaration. After failure of attempt to stop the bleeding, the doctor decided to give blood transfusion despite the written declaration from the couple. Though both the woman and the baby survived after the transfer of blood, the doctor was criticized and held responsible for the breach of patient's rights of abstaining from blood transfusion and was relieved of his duties from Sørlandet Sykehus at the time when this news was published (Eskelund, 2012).

Apart from the conflicts, there are some other global examples where religious groups have joined hands together with other religious groups and secular groups to create awareness about the healthcare because health has been central to cultural and social life of the people. As my thesis has limited scope in length and research, I have decided to narrow down my research from a vast area of cooperations and conflicts into a particular conflict between JW and AJWRB in relation to blood transfer. As AJWRB support the blood transfusion and their argument is based on medical discoveries and practices, I will refer to some secondary literatures from the medical groups when needed.

1.1.2 Brief Description of JW's Identity and Organization

For shedding light upon some characteristics of JW, I will present some general qualities of JW here. Jehovah is the God's name as written in the Bible. A witness is the human who upholds the truths of which he is convinced. In this way, the JW is a group of Christians who pray to Jehovah, and they witness to others by sharing with them how they are living and what they have learned from the Bible. They have a strong faith on the Bible and consider it to be the 'Word of God.' However, they have some unique differences from the normal Christian activities. They do not celebrate Christmas and Easter as they believe that Bible does not command them to celebrate the birth and the resurrection of Jesus. On the contrary to many Christians who use the cross as the universal emblem of Christianity, JW do not use the cross in their worship. They believe that Jesus did not die on a cross but on a simple stake. Furthermore, they are also against

² Sørlandet Hospital. Sykehus is a Norwegian word which means hospital in English

worshipping idolatry as the Bible teaches them to flee from idolatry. They think using cross is equivalent to worshipping idolatry. They believe in Jesus, but they do not worship him. They take Jesus by his word when he expressed in the Bible, “the father is greater than I am” (John 14:28). Thus, they worship and pray to Jehovah. They do not serve in the military and remain neutral in the politics. They follow what Jesus said in the Bible, “return your sword to its place, for all those who take the sword will perish by the sword” (Matt 26:52). They also do not practice tithing, and their work is financed by voluntary donations from its members (Jehovah’s Witnesses Website³).

Now, I will present some facts of the Witnesses as an organization. Jehovah’s Witnesses are an unorthodox Christian group which was established in New York in 1884. They have more than 6 millions’ members spread all over the world (Utvik and Kull, 2003, p. 4). All over the world, JW meet in kingdom hall⁴ where service is performed. In the congregation, they worship and sing to lord Jehovah. A group of elderly witnesses takes care of congregation. About 20 congregations form a circuit, and these circuits are established all over the world to work as missionaries to spread the ‘Word of God.’ The Watchtower Society (WTS) keeps records of its members all over the world. WTS is the main legal organization that gives guidelines to the witnesses spread worldwide and publicizes their doctrines. The organization is termed as ‘the society’ by members of the religion. It is a non-profit organization whose headquarter is located in New York. As it is a missionary religion, the organization is formed for the purpose of organizing the printing and distributing religious materials globally. Guidelines and instructions are executed by a governing body constituting longtime witnesses who presently work at international offices of JWs in New York (Jehovah’s Witnesses Website⁵).

³ The link and date of retrieval is written in the literatures and references. Heading of the content will be provided to get hold of the exact link. For example, here the heading is “How is the Work of Jehovah’s Witnesses Financed? This same protocol will be followed for all the in-text citations of the official websites, and the heading of the content will be provided every time.

⁴ The kingdom hall is the place where JW gather, and service is performed

⁵ Heading of the content is “How are congregations of Jehovah’s Witnesses organized?”

1.1.3 Short Description of Associated Jehovah's Witnesses on Reform for Blood

According to the AJWRB website, one dissident JW elder's work on the use of blood and blood products was neglected by WTS. This elder, known by the pseudonym 'The Liberal Elder⁶,' was anguished by WTS because of their complete disinterest even in discussing the matter. In 1998, the AJWRB group was born after other elders and Hospital Liaison Committee (HLC) members from various countries joined him. HLCs are composed of scholars and experienced members who advocate against the blood transfusion. I will describe HLC in detail in the chapter 2.4. The AJWRB group is demanding the clear answers regarding the WTS blood policies because they state that various contradictions are found when the WTS policies are carefully scrutinized. They state that the sole purpose of formation of the AJWRB group is to educate the Witnesses about inconsistencies in the WTS blood policies so that the Witnesses can make an informed decision regarding their medical treatments. Though it is a splinter group of the ex-JW members, they have attracted individuals from diverse fields such as medical professionals, legal professionals, non-believing family members, child advocates and the interested public. They are against the disfellowship and want to make sure that all the JW members make independent, informed and conscientious choices about their medical care without any threat or interference from WTS or local congregations. They defend themselves of not being anti-JW but pro-JW and claim that their wish is to save lives and family members of the Witnesses (Associated Jehovah's Witnesses for Reform on Blood Website⁷).

The AJWRB website is a platform where they express their concerns regarding blood policies. The formation of this website is to make the Witnesses and their doctors aware of the fact that WTS keeps on changing and approving more blood-based products and fractionated blood that is vital for the patients' lives. They have two official websites. One is AJWRB.org entitled "Associated Jehovah's Witnesses for Reform on Blood" and another is watchtower-blood.org entitled "New Light on Blood Website."

⁶ Pseudonym is used because they are generally scared of being mistreated by JW friends and family members when their identity is known

⁷ Heading of the content is "Welcome to AJWRB"

1.2 Matters of Controversy between the Groups

1.2.1 General Issues Regarding Blood Transfusion

The Witnesses have a specific stand on transfusion of blood on the basis of religious beliefs. They have rights to reject the transfusion of blood even in life-threatening situations. They believe that blood transfusions violate God's will and compare it with eating blood. They follow the scriptures from the Bible, where people are taught about the life in blood and God's wishes to refrain from it. On the contrary, the AJWRB group claims that a blood transfer is a "liquid tissue or organ transplant, not a meal, and hence does not violate the biblical admonition to abstain from [eating] blood" (New Light on Blood Website⁸). The AJWRB group has accused the unclear blood policies of the Watchtower to be a reason for many JW's deaths. They claim that their sole purpose is to save the Witnesses from untimely death caused by refusing blood transfusions.

1.2.2 Blood Components

JW state that one should not accept whole blood or its primary components⁹ in any form, whether offered as food or as a transfusion while AJWRB express their concerns regarding the WTS's stand against the use of primary blood components. According to the AJWRB group, the Watchtower has gradually permitted most of the secondary components¹⁰ to be used. All the permitted secondary components for the transfer are fractions of the whole blood or primary components. For example, whole blood and primary blood components are forbidden by WTS, but they permit everything inside of the primary components to be used as fractions of the primary components. The AJWRB group blames WTS that they technically permit all the blood in fractionated forms. Thus, there is also a question regarding what actually is forbidden when all the fragmented parts of the primary blood components are permitted for transfusion (New Light on Blood Website¹¹). The AJWRB group also criticizes the WTS policies for making JW benefit from the blood components donated by others, but JW themselves are not allowed to donate the blood. They also raise the question of ethics for such misguidance by WTS.

⁸ Heading of the content is "Internal opposition to WTS policy mounts."

⁹ Primary components are four components of the whole blood such as red blood cells, white blood cells, platelets and plasma

¹⁰ Secondary components are blood fractions from primary components

¹¹ Heading of the content is "What is forbidden?"

1.2.3 Legal Issues

There are several examples of controversies in many countries regarding blood transfusion laws. As laws and jurisdictions vary from country to country, it is impossible to study the laws all over the world. However, it is interesting to see common legal agendas for different countries in relation to blood transfusion.

For example, all the members of JW carry the blood cards in which directives are given to the treating physicians about what components of blood cardholder do not accept or accept. WTS claims that the blood card JW carry is clear and relieves any treating doctors from legal hassles in case of accidents. They state that the rights of religious freedom should be respected when the Witnesses carry the blood card in a support of the WTS blood policies. Lee Elder, member of the Associated Jehovah's Witnesses for Reform on Blood, challenges the notion of support for the WTS blood policy among all the Witnesses. Since an elder from the JW organization is usually present to see and check if members of the JW society complete their 'advance directives' and have their signatures witnessed, he claims that the blood card is not signed with free will (Elder 2000, p. 376 - 377). It is really difficult to preserve rights for both parties when it is not done with free will as claimed by Lee Elder. Moreover, the doctors have the duties to save the dying patients with the best treatments available, and the best treatments happen to be blood transfusion many times. We will describe about rights of the patients and duties of the doctors in the chapter 5.7 in detail.

1.3 Objectives and Research Questions

My objective of this thesis is to learn about and present the conflicting situations of JW with the AJWRB group in relation to blood transfusion. In this research, I want to explore about the faith of JW regarding the WTS blood policies and counteractive claims made by the AJWRB group. I will present my thesis to discuss the rhetorics and practices the two groups are involved in matters of blood transfusion. As the AJWRB's argument is based on medical research, some secondary literatures and online materials written on blood transfusion are an integral part of this thesis. My purpose of doing this research is to attract attention to the already existing conflicts around blood transfusion and to study the possibility of syncretism between the two groups. For that purpose, I will explore the Actor-network theories (ANT) and modes of syncretism to identify the controversies and their probable mixing up in the chapter 3.

Therefore, I have formulated two main research questions that are as follows:

1. What kinds of conflicting views exist between the JW and AJWRB groups?
2. Is it possible that the standpoints of the two groups are getting syncretized in their logics of arguments and activities?

1.4 Structure of the Thesis

This research has been planned in seven different chapters. The present chapter introduces the existing controversies between the JW and AJWRB groups with some references to broad conflicts between the medical and JW society. This chapter includes background of the study, matters of controversy, objectives and research questions, and structure of the thesis.

Chapter two introduces and defines some important technical aspects related to JW and blood such as history of blood transfusion, faith of JW, primary and secondary blood components, blood card, Hospital Liaison Committees, nonblood treatments as alternatives, religious freedom and legalities and chapter sum-up.

Chapter three introduces about the theoretical framework and its key concepts. In this chapter, I will present actor-network theory and John Law et al's modes of syncretism. While studying the actor-network theory and concepts of syncretism, I will use some of the secondary literatures as helping tools to see the connections between theories and practices. I will define four modes of syncretism such as mode of domestication, mode of separation, mode of care and mode of conflict.

Chapter four lays out the research methodology which includes selecting literatures and their findings, methods and research design, ethical considerations, limitations in this research and chapter sum-up. I will apply the qualitative data analysis to examine and compare the findings within the area of research questions.

Chapter five includes the empirical study of the official websites of JW, AJWRB and New Light on Blood. Out of these, the former website writes against the blood transfusion whereas the latter

two advocate for the blood transfusion. I will also make use of the Watchtower online library that contains some regular publications such as The Watchtower and Awake!. Apart from these, I will also include some journals written in the support of the AJWRB group as well as in the support of the JW group. I found that the two groups have uploaded the journals which support their stands in their respective websites. These journals were written by members of the AJWRB and JW organizations to support their arguments. After exploring the contents in their respective websites, publications and journals and collecting the findings from these sources, I will finally discuss the findings of my research.

Chapter six includes the relevance of actor-network theories and modes of syncretism which we described in the chapter three. In this chapter, we will discuss how the theories are relevant in the controversies and how the activities of JW and AJWRB are blending with each other. Here, we will discuss the theories and bring the new insights to the same aspects of controversies.

Finally, chapter seven is a conclusion of the whole thesis, and I will answer the designated research questions.

CHAPTER 2: SOME IMPORTANT TECHNICAL ASPECTS REGARDING JW AND BLOOD TRANSFUSION

It is necessary to introduce and define some technical aspects involved in JW's stand on blood transfusion. Therefore, I will give a description about history of development of blood transfusion, faith of JW, difference between primary and secondary components of blood, use of blood card, working style of HLC, non-blood treatments as alternatives and religious freedom and legalities.

2.1 A Brief History of Blood Transfusion

One of the first blood transfusions was conducted in 1667. At that time, doctor of the king of France (Louis XIV), named Jean-Baptise Denis transferred calf blood to a violent and insane man for the cure of his insanity. But after some time, he had died because of blood poisoning. Denis' experiments with animal blood brought a strong controversy in France, and it was banned in 1670. In the 1800s, the English obstetrician, James Blundell, brought the transfusion again

into the focus. He suggested that human's blood could be used for the treatment of people. As it was known in 1873 that more than half of the people receiving blood had died, the popularity for his discovery started to diminish slowly. In the year 1900, the Austrian pathologist, Karl Landsteiner, had discovered about various blood types, and the topic of blood transfusion came into light one more time. People were more convinced to know that if the blood type of donor and receiver was compatible, we could avoid so many blood transfers that ended in tragedy before (Utvik and Kull 2003, p. 8).

Furthermore in the beginning of 1900s, Dr Richard Lewisohn made a successful experiment about anticoagulation agent at a hospital in New York. By adding the agent into the blood, it slowed down the clotting process. Thus, it was possible to transport the blood to the battlefields during the First World War, and it was usual to give blood to the injured soldiers. By the time of the Second World War, there was an enormous demand for the blood, and people could see placards that encouraged donating blood everywhere. During the war, blood was transferred vigorously up to 260,000 units of blood in England and 13 million units of blood in USA (Utvik and Kull 2003, p. 8-9).

Gradually, surgeons progressed a lot in the field of blood transfusion, and it was possible to perform more and more complex operations. The need for blood transfusion steadily increased in the whole world. During the course of time, people got aware of the fact that some diseases via blood could also infect the receivers. During the Korean War, it was found out that almost 22% of those who received blood were infected by hepatitis. Similarly, in the 1980s, it was discovered that HIV could infect the blood. Just in France, between 6000 and 8000 people were infected by HIV through blood transfusion in the 1980s. However, this threat is minimized significantly with well-prepared tests (Utvik and Kull 2003, p. 9).

2.2 Faith of JW

Jehovah's witnesses consider themselves as the true Christians. Their faith is based on the following important doctrines in the Bible.

It is stated in the Bible - "for you know very well that the day of the Lord will come like a thief in the night. While people are saying 'peace and safety,' destruction will come on them suddenly, as labor pains on a pregnant woman, and they will not escape" (1 Thes 5:2, 3). They

believe that the war of Armageddon¹² is near and all the people, except for a handful of true JW, will be annihilated in that battle. Although there is a long history of many decisive battles in Megiddo, none eliminated the evil force for good. According to the Bible, the Armageddon is a war that must be taken place in the future between God and disobedient evil forces. It states that the Armageddon will “bring ruin to those ruining the earth” (Rev 11:18) (The Watchtower 2008, 4/1, p. 6-7).

They believe that though ‘Jehovah’s Day’ is inevitable to come, some of the JW will achieve eternal life. Out of the resurrected JW, 144,000 people will govern the world together with Jesus who guides from the heaven. The Bible writes - “I heard the number of those who were sealed, a hundred and forty-four thousand” (Rev 7:4). Thus, the paradise will be recreated in the earth (The Watchtower 2004, 9/1, p. 30-31). This doctrine is founded on some verses in the Bible which says - “Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea” (Rev 21:1), “and I heard a loud voice from the throne saying - look! God’s dwelling place is now among the people, and he will dwell with them,” (Rev 21:3), and “for the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord” (Rom 6:23). In this way, we can say that JW fear that they will not have resurrection and will not enjoy eternal life after the death if they do not follow the scriptures in the Bible wholeheartedly.

JW’s fear of losing resurrection in the earthly paradise also applies to the transfusion of blood. After discussing a little bit of their general faith, it will be easy to understand their viewpoint regarding their stand on blood. As mentioned above, the Witnesses have specific stand on the transfusion of blood based on scriptures from the Bible and believe that both the old and new testaments vividly command people to refrain from blood. The Bible says - “but you must not eat meat that has its lifeblood still in it” (Gen 9:4). God views blood to possess life, so the Bible prohibits us from eating it. We will discuss some of the important scriptures from the Bible and their faiths related to blood in the chapter 5 in detail.

¹² The Word ‘Armageddon’ means ‘Mountain of Megiddo’ where the final battle is supposed to be fought at the end of the world to eliminate the evil force completely

Another important belief they hold is of disfellowshipping. Bible clearly indicates punishment for those who do not follow God's commands. The Bible holds repentance with utmost importance, and it says that unrepentant sinners should be excluded. They believe in disfellowshipping for every grave sin, and blood transfusion is also considered to fall in this category. The Bible says - "I will set my face against any Israelite or any foreigner residing among them who eats blood, and I will cut them off from the people" (Lev 17:10). We will discuss about disfellowshipping in the chapter 5 in detail.

2.3 Primary and Secondary Blood Components

The blood is one of the body's large organ systems. It has primary and secondary components. When blood transfusion is done, people sometimes receive whole blood but sometimes only components. It depends on the kinds of problems the patient is having. After the World War II, transfusion of whole blood was common, but medicine has come a long way over the course of time. Nowadays, most transfusion is one of its components, but not whole blood (The Watchtower 2000, 6/15, p. 30).

The blood consists of four primary blood components such as red blood cells, white blood cells, platelets and plasma. Out of these, red blood cells, white blood cells, and platelets are three cellular components, which are formed from stem cells in bone marrow. They all have different functions. The red blood cells' main function is to transport oxygen from lungs out in the tissue. The main function of the white blood cells is to protect us against infections. The main function of the platelets together with various plasma factors is to create hemostasis¹³ when it is essential to maintain the vascular stability. Furthermore, the plasma is another primary component which is light yellow-colored fluid. In this fluid, the above-mentioned cellular components are diluted (Utvik and Kull 2003, p. 9).

Any members of JW organization do not accept transfusion of whole blood and its primary components as mentioned above. However, they do accept the fractions derived from the primary blood components. WTS suggests - "when it comes to fractions of any of the primary components, each Christian, after careful and prayerful meditation, must conscientiously decide for himself" (The Watchtower 2000, 6/15, p. 31). All the primary components can be processed

¹³ Stopping the flow of blood

into fractions. Red blood cells can be broken down to hemoglobin. White blood cells can be a source of interferons and interleukins¹⁴. Platelets can be processed to extract a wound-healing factor. Plasma is 90 percent water and carries hormones, inorganic salts, enzymes, nutrients including minerals and sugar. The plasma also carries albumin, clotting factors and antibodies to fight diseases, gamma globulin, and so on. They all have different functions (The Watchtower 2000, 6/15, p. 31).

We will discuss the primary and secondary components and findings related to components in detail in the chapter 5.

2.4 Blood Card (Medical Advance Directives)

It is normal exercise for Jehovah's Witnesses to carry with them a blood card which describes their stand on blood transfusion. This card is delivered by WTS to the Witnesses who are encouraged to carry the card all the time. The holder of the card should not be given blood under any circumstances even if the doctor thinks that it is essential to give him the transfusion (Utvik and Kull 2003, p. 36). The blood card is also known as medical advance directives. In the directives, a note to medical professionals is written about the refusal of the blood even in a life-threatening situation, and the blood card is signed by the holder. Thus, those members, who carry the blood cards, are completely bound by laws (Malyon 1998, p. 304). Their wish should be respected by the doctors who participate in the treatment. Basically, this type of document is a way for terminally sick patients to emphasize their wish and right to reject even life-saving treatment.

The blood card is distributed by the elder in congregation one time every year. It is given only to the adult and baptized JW. This card is signed by two witnesses whose names, addresses, telephone numbers are mentioned in the blood card so that the doctors can easily contact them in case of any emergency. The card should be updated every year, and JW stress that it is a legal document which conveys wishes of the cardholder if the person is not able to convey the message while in the hospital. It is considered valid as oral informed consent for refusing medical help associated with blood. The card makes doctors, hospital and health assistants free

¹⁴ Interferon and interleukin are proteins that can boost the immune system

from any responsibility if any complications occur because of the rejection of the blood transfusion (Utvik and Kull 2003, p. 36).

2.5 Hospital Liaison Committee (HLC)

HLCs are composed of scholars and experienced members. In 1988, a department named 'Hospital Information Services' was formed by WTS to arrange doctors and surgical teams who were eager to do medical procedures on JW without blood transfusions. With the help of the department, many HLCs were established all over the USA. The established HLCs are to work constructively with medical professionals and lawyers for clear guidelines for consenting and refusing blood transfusion (Malyon 1998, p. 302). Gradually, they have spread worldwide to provide bloodless surgical treatments. In 2006, there are around 1,500 HLCs worldwide and more than 100,000 physicians working with them. The responsibility of researchers in Hospital Information Services is to locate information on the available and effective bloodless surgical methods. It imparts researched knowledge of treatment options to local HLCs and hospitals. Hospital professionals think that medical advance directives sometimes do not clearly suggest what should be the course of action during the treatment. In such scenario, doctors are usually recommended to contact the HLC members to interact and decide individual treatment. The HLCs are listened when such conflicting cases arise (Malyon 1998, p. 379).

2.6 Nonblood Treatments as Alternatives

WTS focuses on various bloodless medical alternatives instead of blood transfer. Nonblood treatment is a medical procedure which needs a great deal of study, so my thesis does not have a scope to study that in detail. However, I would like to shed light on some common and easily understandable principles that doctors apply when they avoid use of blood:

1. Reducing blood loss/regaining blood loss by volume replacement.
2. Taking care of red blood cells.
3. Energizing blood creation.

For reducing blood loss during the surgery, minimal invasive technique is applied by minimizing the incision and bleeding. Control of bleeding is also achieved with the use of laser or sonic

scalpels and electrocautery¹⁵. Some drugs (aprotinin, desmopressin) are used to significantly reduce the blood loss during surgery. We can regain the blood loss by volume replacement. We can accomplish the volume replacement without using whole blood or blood plasma. Various fluids are effective volume expanders. The saline solution (salt) is simple, cost-effective and compatible with our blood. Some fluids such as Ringer's lactate solution and dextran are used to maintain blood volume which can help preventing hypovolemic shock¹⁶. Before the surgery, doctors can take care of red blood cells by the methods of hemodilution¹⁷ and blood recycling machine. In the hemodilution process, blood is depleted so that it can move easily. The depletion is done through blood recycling by draining blood from the patient and compensating the volume with fluids. In this way, lower hematocrit is maintained, and the patient loses fewer erythrocytes by a possible bleeding (Utvik and Kull 2003, p. 12 - 13).

The blood recycle machine stores the blood which is lost during an operation and rinses it before the blood returns back to the patient in a closed circuit. Re-transfusion of washed blood cells in such equipment makes it possible to preserve the red blood cells from being wasted. Some genetically engineered proteins such as erythropoietin; interleukin-11; and GM-CSF, G-CSF can speed up the production of red blood cells, blood platelets, and white blood cells respectively (Utvik and Kull 2003, p. 12 - 14).

2.7 Religious Freedom, Legalities and Doctors' Dilemma

Everybody has rights to express his religious faiths. UN in its charter has given us Universal Declaration of Human Rights. In Article 18, it states - "everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance" (UDHR). This article also protects Jews' stand on blood. They are trying to apply their faiths in practice, so they reject the acceptance of blood which they think is against their faith. All those countries which ratified the convention of UDHR are bound by this article. However, religious freedom can sometimes overlap and contradict with doctors' duties.

¹⁵ Use of a heated needle with the help of electric current to destroy the tissue

¹⁶ Shock caused by significant reduction of blood volume

¹⁷ Decreased concentration of blood cells, replaced by fluid transfusion

Doctors are usually put in ethical dilemma when they have to face the questions about JW's rights regarding blood transfusion. It is difficult to make a balance between the patient's religious rights and their commitments to help patients. As far as doctor's competence can reach, he has the rights and it is his duties to take responsibility for the patient's treatments. But nowadays, the patient's freedom of choice has become stronger and stronger in many areas and gradually even in medicines. The patient's freedom to choose clashes with the duties of doctor to provide help of his capacity to the patient. In the modern time, many countries have their own rules and laws about the patients' rights to information and participation when it is a matter of treatment (Utvik and Kull 2003, p. 27).

2.8 Chapter Sum-up

It is necessary to include above-mentioned descriptions to have clear pictures of matters and procedures involved in JW's stand on blood transfusion. This chapter has described history of blood transfusion; faith of JWs; use of blood card; use of HLC; importance of nonblood treatments and religious freedom, legalities and doctors' dilemma. These are some integral technical aspects in this thesis. With these definitions of technical aspects, it will make us easy to understand the following chapters. In the next chapter, I will discuss theoretical framework and its key concepts.

CHAPTER 3: THEORETICAL FRAMEWORK AND ITS KEY CONCEPTS

3.1 Introduction to Actor-Network Theory

ANT is an approach to social theory and research in the field of social sciences. This theory treats agents, human and nonhuman alike, as a part of social networks. In addition to contribution from humans in any system or network, it also draws our attention on the capacity of nonhumans to participate in the same system or network. It brings out connections that are simultaneously material (between things) and semiotic (between concepts). John Law describes in his paper entitled "Actor Network Theory and Material Semiotics" that ANT is "the enactment of materially and discursively heterogeneous relations that produce and reshuffle all kinds of actors" (Law, 2008, p. 141). Therefore, ANT is best known for its distinct material-semiotic approach where capacity of any materials and concepts to influence all kinds of actors in any

system is not underestimated. Again according to John Law in his paper entitled 'Notes on the Theory of the Actor-Network: Ordering, Strategy, and Heterogeneity,' it is stated that "theory of the actor-network treats any social relations including power and organization as network effects" (Law 1992, p. 379). The networks are influenced by all the materials used in building relations. The theory distinctively insists that the materials of any network are heterogeneous, and he argues that society and organization would not continue if agents, texts, devices, architectures are not essential to the networks (Law 1992, p. 379).

According to Bruno Latour in his book entitled "Reassembling the Social: An Introduction to Actor-Network-Theory," the role granted to nonhumans should be actors, not simply the hapless bearers of symbolic projection. The study thus provides nonhumans also a type of agency where some controversies can be created, but a main interest is to check the procedure that reconnects the network but not to cause disintegration (Latour 2005, p. 10). Now in the next subchapter, the concepts of modes of syncretism will be described where reconnection of any network is focused.

3.2 Modes of Syncretism

The article "Modes of syncretism: Notes on noncoherence" written in 2013 is a combined work of John Law, Geir Afdal, Kristin Asdal, Wen-Yuan Lin, Ingunn Moser, and Vicky Singleton and is associated with the larger theoretical field of ANT. In this article, they put forth the idea of modern science to be impure, fuzzy and noncoherent. They pointed out that the stories told by most philosophers about the scientific method were idealizations, but in practice, they are not untouched of impurities and noncoherences (Law et al 2013, p. 172). Similarly, some groups hold religion as a pure form and believe in purity of religious doctrines and practices, but according to the authors, the fact is that in the modern world, there is nothing untouched of science. Therefore, religious purity has also hybridized and creolized with new discoveries of sciences and other dissimilar religious groups (Law et al 2013, p. 176).

According to the authors of the article, in religious studies, the term syncretism is commonly used either normatively or descriptively. Normatively, "the focus has been on (the importance of) maintaining boundaries to protect the purity of doctrine and/or practice" whereas descriptively, "the interest has been in characterizing more or less messy processes that combine

or perhaps secure the temporary coexistence of practices and doctrines from a variety of dissimilar religious backgrounds” (Law et al 2013, p. 176). By this quote, the authors suggest that even if a particular religion is considered to be pure by some faithful people to that religion, it is not untouched of noncoherences and impurities. For example, even if JW claims that their religion is pure and untouched of noncoherences in regards to blood transfusion and even if they exclude the receivers of blood as sinners to protect the purity of doctrines, but the reality is that the WTS policies are already being syncretized with the medical field to certain degree and the Witnesses are accepting different things to co-exist together with the people who believe in blood treatment, which we will discuss in the chapter 6 in detail.

Thus, syncretism in religious terms is a way of emphasizing religious coherence which is also noncoherent and in fact affected by the science, technology and society (STS). By knowing how religious practices can be affected of syncretism, it will be helpful for me to find out the different modes of syncretism that exist between the two groups in my thesis. Therefore, I will explore the syncretism taking place in the logics and arguments made by the JW and AJWRB groups in terms of religion and blood transfusion, which I will discuss in the chapter 6 in detail.

Law et al have framed six modes of syncretism such as: 1. Mode of denial, 2. Mode of domestication, 3. Mode of separation, 4. Mode of care, 5. Mode of conflict and 6. Mode of collapse. I will only define those modes that are applicable and relevant to my thesis.

3.2.1 Mode of domestication

In this mode, noncoherence is recognized and is then domesticated. In the syncretic process of coming to an agreement, various noncoherent logics come into being. To purify the impurities and noncoherences, “qualitative differences are tamed, rendered commensurable and turned into quantitative differences” (Law et al 2013, p. 180). In this process, different groups draw the fangs of noncoherences by turning into something that binds together for the purpose of homogenization. This effort of syncretism is known as the mode of domestication. For example, we can take the rules for debate in parliament. In the parliament, some homogenizing practices are followed. There is always a particular way of presentation. Shouting and inflicting insults are strictly prohibited, and fighting is just out of the question. Parliamentarians finally homogenize the differences by a process of voting system (Law et al 2013, p. 180). In such a way, mode of

domestication is introduced in our practical life, and it minimizes the differences. Similarly, we can observe a domesticating mode in the logical arguments made by the JW and AJWRB groups, which I will discuss in the chapter 6 in detail.

3.2.2 Mode of Separation

“Practices are noncoherent only if they are put together” (Law et al 2013, p. 180). The topic of coherence and noncoherence never comes up if different groups live separate lives and never meet. We might say that there is a potential for syncretism, but the potentiality is never realized until different practices are put together in the same space and time and noncoherence becomes a problem. Thus, different logics can survive until they do not come across into the same space and time. After meeting up, it becomes necessity to mix up syncretically (Law et al 2013, p. 180). Syncretism can sometimes have bad effects, so it is good to have some degree of separation for the sake of not being collapsed together. Law et al brings in the following example. Michael is in the barn leaning on a partition and watching the cattle. By separating himself and taking a quiet time, he is perhaps keeping record of the cows, perhaps worrying about the demands of the Cattle Tracing System, perhaps making plan to feed them. Here, we can see the logic of care. In any circumstances, there are always different logics at work such as logics of care, logics of economy, logics of administration. They need to be held together for the completion of work, and at the same time, they should be separated in such a way that they do not cross each other (Law et al 2013, p.181). Such a spatial segregation is necessary because the paperwork is done in the office and the cattle are fed in the barn. They create confusion and can even collapse if they are brought together at the same space and time. Likewise, we can observe the separating mode in the rhetoric of the JW and AJWRB groups, which I will discuss in the chapter 6 in detail.

3.2.3 Mode of Care

Sometimes, medical treatments alone cannot provide relief to the patient. In those moments, mere presence of loved ones can be a soothing factor to the patient. Law et al introduces the example of a nurse where we can see how the nurse observes things. She states - “I think this is a strange phenomenon. Terminal patients need our presence and our professionalism. They have to be turned, they need to have their dressings and clothes changed, they need oral care, they need continuous clinical monitoring and judgment, they need a whole lot, and then come family

members and relatives and suddenly they don't need anything any longer?" (Law et al 2013, p. 182). According to Law et al, here exist two kinds of practice that highlight two different logics. On one side, there is a logic that comes from medical practice and on the other side, the logic is relations with loved ones. Mode of care is essential to human needs which medical care cannot compensate. In the same manner, for JW, their society is very important to them. I will discuss about this in detail in the chapter 6.

3.2.4 Mode of Conflict

The mode of conflict brings different logics at work as in other modes of syncretism. It is about medical practice of blood transfusion and God's laws and their coordination and separation. For example, we can note here by what Law et al states - "conflict as a mode of syncretism is possible only if the different logics come together, for instance, in the form of demonstrations or comments in the press" (Law et al 2013, p. 184). The conflict as a mode of syncretism is undesirable, and noncoherences between the concerned groups are at its max. However, will to purity and domestication is also at work in such mode. We can discuss about this mode of conflict in a form of high voltage drama between the JW and AJWRB groups in detail in the chapter 6.

3.3 Chapter Sum-up

I have chosen ANT and modes of syncretism to look into ongoing controversies between the JW and AJWRB groups with a different perspective. It is important to see how nonhuman agents such as the Bible and blood transfusion play a significant role in shaping up the controversies and how the stand made by JW for religious purity is being syncretized from the field of medicine. For the purpose of theoretical knowledge, I have defined ANT and some modes of syncretism such as mode of domestication, mode of separation, mode of care and mode of conflict in this chapter. In the chapter 6, I will discuss the relevance of ANT and modes of syncretism in detail by studying the logics of arguments the JW and AJWRB make and activities they perform.

CHAPTER 4: RESEARCH METHODOLOGY AND EMPIRICAL MATERIALS

4.1 Procedures of Selecting Materials and their Empirical Study

In the beginning of literature selection, my supervisor guided me to look for the official websites where the issues of blood transfer and JW are presented. On JW's part, I have chosen the official websites of JW and Watchtower Online Library. I have downloaded publications of the WTS such as the *The Watchtower* and *Awake!* from the Watchtower online library. In addition to this, I have also got a brochure entitled "Hvordan kan blod redde ditt liv?"¹⁸ from the Kingdom Hall in Majorstuen and downloaded journals written by D Malyon from the JW website. All these materials will provide the views and standpoints of JWs. Similarly on AJWRB's part, I have chosen two official websites of AJWRB entitled 'Associated Jehovah's Witnesses for Reform on Blood' and 'New Light on Blood' for the purpose of the research. I have also downloaded a journal written by Lee Elder from the AJWRB website. Again, all these materials will provide the views and standpoints of AJWRB.

I will use the above-mentioned official websites from the respective groups as research materials. Bryman states that "websites and webpages are potential sources of data in their own right and can be regarded as potential fodder" (Bryman 2008, p 629). Official website analysis can be considered empirical research when you apply your own hermeneutic approach for analysis and discuss the materials as a part of the systematic study. To be more precise, I will interpret the texts, documents and publications put in the above-mentioned respective websites. In the website of JW, I will normally study the standpoint of JW regarding blood transfusion. In the website of Watchtower Online Library, I will study the viewpoints and policies of WTS published in the Watchtower publications regarding blood. Finally in the websites of AJWRB and New Light on Blood, I will analytically study the reasons produced by AJWRB for acceptance of blood.

My project is a debate-based empirical research where I will compare and contrast the views of the JW and AJWRB groups to learn where there are points of conflict and where there are possibilities of mixing up their ideas. PhD student, Hege Kristin Ringnes, who is doing research

¹⁸ I have got the brochure entitled "Hvordan kan blod redde ditt liv?" from the Kingdom Hall in Majorstuen. It is written in Norwegian, and luckily I can read it. After some time, I have also found the same brochure in the JW website.

on Jehovah's Witnesses, also helped me to locate some of the study materials. As the texts in the concerned websites and their publications are views of the respective organizations, it makes a ground for us to explore the debates on the issues empirically.

In addition to empirical research, I will make use of secondary literatures while discussing the findings and analyzing the theories and its relevance in this thesis.

4.2 Methods and Research Design

According to Chambliss and Schutt, social science is “the use of scientific methods to investigate individual, societies and social processes; the knowledge produced by these investigations” (Chambliss and Schutt 2010, p. 8). While dealing with the related websites, I will first describe some important aspects in the websites, explore the viewpoints of the JW and AJWRB groups, explain the findings and then evaluate them in a form of discussion systematically. These four elements are the basic fundamentals of my thesis.

Social scientists use both quantitative and qualitative data research. As my thesis deals with contents of texts rather than numbers, I will use qualitative data analysis as research design.

4.2.1 Qualitative Data Analysis

According to Chambliss and Schutt, the texts, i.e., words are the raw data to be analyzed in the qualitative data analysis. Most qualitative data analysis has no correct way of analyzing the textual data. Michael Quinn Patton states that qualitative analysis transforms data into findings. No formula exists for that transformation. We have guidance but no recipe. Direction can and will be offered, but the final destination remains unique for each inquirer, known only when - and if - arrived at” (Chambliss and Schutt 2010, p. 250). Qualitative researchers analyze the texts that are the transcripts of interviews, group discussions, notes from the participant observation session (Chambliss and Schutt, 2010, 250). In my thesis, I will analyze the texts from the official websites and their respective publications as primary sources and take help from the scholarly secondary literatures for some ideas. I will collect the detailed facts about the JW and AJWRB groups and look for the general areas of conflicts and syncretism. Thus, I will apply a method of induction as described by Chambliss and Schutt. They state - “so qualitative data analysis tends

typically to be inductive - the analyst identifies important categories in the data, as well as patterns and relationships, through a process of discovery” (Chambliss and Schutt 2010, p. 251). As my thesis deals with minute details of the conflictual facts and goes through a process of different discoveries and findings, I can say that the method of induction is taking place where reasoning from detailed facts is being explored to find out the general problems that exist between the two groups.

4.3 Ethical Considerations

Every scientific investigation, whether natural science or social science, has an ethical dimension to it. It refers to moral obligations of researcher behind any project. While performing research, some ethical considerations will be taken. As religion is a highly sensitive issue and lots of people have strong faiths on their religions, I will present myself respectfully to the faiths of groups involved in this conflict.

Another ethical responsibility I should carry is that my thesis is already regarding a conflict, so I have to take care that my thesis should not invite any more conflicts. I will objectively present the points of existing conflicts and explore the probable modes of syncretism indicated by the rhetorics of the webpages from both groups. As my supervisor suggests me, I will not suggest what JW and AJWRB groups should do. I will just discuss arguments put forth by both groups and look for the syncretism in their logics, reasonings and activities. I will discuss that in the chapter 6 in detail.

4.4 Limitations of My Thesis

There are some limitations in my thesis. The official website of AJWRB has given many examples of the former Witnesses and former HLC members who are giving their stories, but their names and details are kept anonymous. In a same manner, the JW have given us many examples of doctors who succeeded in performing non-blood treatments, but their details of contact are not disclosed. As my thesis is regarding the empirical studies of the official websites of JW and AJWRB and their respective publications, so I have to study and evaluate everything that is found in the stories of the anonymous former Witnesses and of the doctors whose identities are not properly addressed.

Another limitation is that they have referred to some legal cases in the JW's and AJWRB's respective websites and publications, but this thesis does not have any scope for detailed case studies. I have to refer to such cases briefly as it is written in the webpages.

4.5 Chapter Sum-up

I have described the ways about how I am going to conduct the study in this chapter. It is an overview of my research plan. For the purpose of the research plan, I have explained the procedures of selecting materials and conducting their empirical study, methods and research design where qualitative data analysis is adopted, importance of ethical considerations and limitations of my thesis in this chapter.

CHAPTER 5: FINDINGS AND DISCUSSIONS FROM THE STUDY OF OFFICIAL WEBSITES OF THE JW AND AJWRB GROUPS AND THEIR RESPECTIVE PUBLICATIONS

Apart from their respective websites, the WTS publishes many booklets, publications, journals and brochures, and similarly, the members of AJWRB have written journals regarding the blood transfusion. I will make use of the official websites from JW and AJWRB and other materials from them as a source of findings. As described earlier in the chapter 4, I will first describe the technical aspects of the groups, explore their conflicting viewpoints, explain the findings from the respective groups and evaluate the findings in a form of discussion/analysis at the end of every subchapter.

5.1 Role of WTS to Shape up the Faith of JW on Blood

I have already described some main principles of the faith of JW, but it is still important to shed some more light on the influence of WTS on the members of the JW's organizations and why the AJWRB group is against WTS for their stand on blood.

As we already know, the faith of JW on the Bible is unshakable and very strong. They consider themselves to be true Christians because they think that they read and follow the scriptures correctly with the help of some wise people who understand it better. The JW's website

encourages the Witnesses to take assistance from those who have good knowledge of the Bible and not to depend upon their own individual understanding. The Bible states - “Do not lean upon your own understanding” (Prov 3:5), “keep on asking God” for wisdom in understanding the Bible (James 1:5), “Lord, I know that people’s lives are not their own; it is not for them to direct their steps” (Jer 10:24). In this way, JW’s are of the impression that the Bible cannot be understood properly without guidance, and the well-guided reading of the Bible and following the teachings and principles in it can bring them eternal life (Jehovah’s Witnesses Website¹⁹). Because of this, they look for the supervision, and their quest is fulfilled by WTS. They are faithful to the WTS policies and its interpretations of the Bible. WTS helps them to learn the Bible on a regular basis and arrange a free Bible study program. In this way, their firm faith upon the WTS policies is understandable and founded on biblical scriptures itself.

I will now study some justifications from the Witnesses of forbidding blood, which are based on scriptures from the Bible and some counteractive points from the AJWRB group.

5.1.1 JW’s Interpretations of the Biblical Scriptures Written on Blood

I have already pointed some of the scriptures in the chapters above, but let me explore it in detail now. For example, the Bible states - “but you must not eat meat that has its lifeblood still in it” (Gen 9:4), “you must not eat blood of any creature because the life of every creature is its blood” (Lev 17:14), “you are to abstain from food sacrificed to idols, from blood, from the meat of strangled animals and from sexual immorality” (Acts 15:29). The above-mentioned biblical quotes clearly suggest to the Witnesses that one should not eat blood because blood carries life in it. So, they are of the impression that we cannot transfer one’s own life to another person.

According to the JW website, the Witnesses also have another reason for abstaining from blood. They believe that God commands us to abstain because what it represents is sacred to him, and Jesus’ blood has made peace in the world. The Bible states - “and through him to reconcile to himself all things, whether things on earth or things in heaven, by making peace through his blood, shed on the cross” (Col 1:20) and “in him we have redemption through his blood, the forgiveness of sins, in accordance with the riches of God’s grace” (Eph 1:7) (Jehovah’s Witnesses Website²⁰). In this way, JW believe that the blood is very pure and sacred apart from

¹⁹ Heading of the content is “Understanding the Bible - what are the keys?”

²⁰ Heading of the content is “What does the Bible say about blood transfusions?”

having life in it. The brochure “Hvordan kan blod redde ditt liv?” emphasizes that the biblical law also applies to receiving blood from the veins similarly as it does to taking it from the mouth. By either way, the same purpose of receiving nourishment and restoration is fulfilled (Hvordan kan blod redde ditt liv? 1990, p. 6). Thus, ingestion of blood through any way is prohibited, so we cannot eat or transfuse it to any other person. However, there is one point of confusion and uncertainty. Whole blood and primary components such as red blood cells, white blood cells, platelets and plasma are prohibited, but WTS has left the secondary components (all the fractions of primary components) to the conscience of JW to receive it or not to receive. WTS states - “when it comes to fractions of any of the primary components, each Christian, after careful and prayerful meditation, must conscientiously decide for himself” (The Watchtower 2000, 6/15, p. 31).

The Watchtower states that they do not donate and store the blood for any purpose because donating blood violates the biblical law of pouring out the blood on the ground. It is mentioned in the Bible that “you must not eat the blood; pour it on the ground like water” (Deut 12:24). This practice of storing the blood confronts the God’s law of pouring it on the ground.

5.1.2 Issues Raised by the AJWRB Group on WTS and JW’s Faith

As discussed above, the Witnesses consider WTS which has a governing body to interpret the Bible and give advices to follow the scriptures in a way where the Witnesses do not violate any biblical laws. The Witnesses have a strong faith that WTS will guide them to achieve a resurrection after the Armageddon. On the contrary, AJWRB group takes a position for the WTS which is in sharp contrast to the faith of the Witnesses. AJWRB group blames WTS of inconsistencies and confusion in the policies.

First and foremost, I will bring some issues raised by the AJWRB group here regarding the faith of the Witnesses on blood transfusion to be equivalent to eating blood. This view from WTS surprised the AJWRB group and medical community alike. In the New Light on Blood website, the AJWRB group charges the WTS of misleading JW and causing them of irreparable loss of many deaths. The WTS’s view of taking blood from the veins being equal to eating blood from the mouth is sharply criticized by the AJWRB group. The website states that the Bible prevents wrongful use of blood only in the context of eating, but not in the context of transfusion. The

Watchtower itself has accepted it that God is concerned with blood being taken as a nutrient. The website stresses that unlike in eating something, no nutritional benefit is received by the body during the blood transfer. For receiving nutrition from blood, it should be eaten as food and digested such that it can be broken down to give us the energy. The website further states that we can compare the transfused blood with organ transplant rather than eating. The blood cells get added in the amount of blood we already have in the body when transfused, but they are not digested (New Light on Blood Website²¹). Thus, the website concludes that since the blood transfusion is the same as transplanting some organs, it does not break the biblical laws to abstain from eating blood.

Apart from the issue of confusing blood transfusion with eating, AJWRB also charges WTS of not allowing members of the JW organization to donate and restore their own blood and at the same time allowing the Witnesses to receive the blood fractions from donated and stored blood of other people. The New Light on Blood website writes that acceptable blood components are processed from donated and stored blood. The AJWRB group further accuses that JW take advantage of the secondary blood components donated by the people who are from non-JW background, but their members are forbidden from donating and storing their own blood. The AJWRB group asked WTS whether such an unequal policy is ethical or follows the well-established Christian principles (New Light on Blood Website²²).

5.1.3 Discussion/Analysis of Findings

The Bible states - “who then is the faithful and wise servant, who the master has put in charge of the servants in his house-hold to give them their food at the proper time?” (Matt 24:45). Due to the matters as stated above in the chapter 5.1 and the biblical statement in this chapter in the beginning, the faithful JW is supposed to wholeheartedly accept the advice of WTS. It is appropriate to say that WTS plays a very important role in shaping up the thought process of the Witnesses.

As stated in the chapter 5.1.1, WTS advocates for the restrictions on blood transfusion due to the scriptures where Christians are advised to abstain from blood. In many places in the Bible, they

²¹ Heading of the content is “Is a blood transfusion a feeding on blood?”

²² Heading of the content is “Internal opposition to WTS policy mounts.”

are instructed not to eat blood, and I can see that based on these arguments, true followers of the Bible like the Witnesses have good grounds not to eat blood in any form. However, it is worth discussing when AJWRB accuses WTS of falsely comparing blood transfusion with eating. As written earlier, the Witnesses are of the impression that they receive nutrition from the blood transfusion, similarly in a way when we eat something. In my opinion, AJWRB's accusation has a good point because the blood transfused from the vein is never digested, but in reality, the blood cells get added in the amount of blood in the body.

AJWRB has criticized WTS for making wrong comparison of blood transfusion with eating, but they have strangely been silent on two other accounts. WTS has also said that blood has life in it and points out in the Bible - "you must not eat blood of any creature because the life of every creature is its blood" (Lev 17:14). Another point is that blood is considered to be very sacred by JW and believes that Jesus has shed his blood when crucified for the redemption from our sins. These are also two reasons that they are against the blood transfusion. As discussed in the chapter 5.1, they believe that as our blood is too sacred and has life in it, we cannot transfer life to anybody else. Perhaps, AJWRB are silent on these points because they cannot deny that blood has life in it and is also sacred. If they deny it, they will seem to be against the Bible itself and sacredness of Jesus' blood. Since they are also Christians and want to be known as followers of Jehovah, they cannot go against the sacredness of Jesus himself. So, I think rejecting blood transfusion by the Witnesses on the basis of eating blood is not convincing from a scientific-logical point of view, but the other two above-mentioned reasons of blood being sacred and having life in it have good arguments in the support of JW in a biblical-hermeneutical mode of reasoning.

As known already, JW are allowed to accept blood fractions from donated and stored blood if their conscience allows, but they are prohibited to donate blood in any situation citing that blood should not be stored, but it should be poured on the ground. So from a point of common logic, this point is difficult to digest about JW because the logic of their arguments does not support their deeds.

5.2 Blood Components

I have described briefly the primary and secondary blood components in the chapter 1.2.2. I will go into detail in the next subchapter about what is the standpoint of the Witnesses about different components and on what justifications, they do accept blood fractions of the primary components.

5.2.1 JW's View on Primary and Secondary Blood Components

According to the JW website, the Bible “commands that we not ingest blood. So we should not accept whole blood or its primary components in any form, whether offered as food or as a transfusion” (Jehovah’s Witnesses Website²³). Their justifications are based on the scriptures as described above in some places where people are suggested not to eat blood because it is sacred and has a soul in it. Now let us examine it in detail about the WTS views on blood components and their justifications.

As described in the chapter 2.3, all the primary components can be processed into small fractions. Red blood cells can be broken down to hemoglobin. White blood cells can be a source of interferons and interleukins. Platelets can be processed to extract a wound-healing factor. Plasma is 90 percent water and carries hormones, inorganic salts, enzymes, nutrients including minerals and sugar. The plasma also carries albumin, clotting factors, antibodies to fight diseases, gamma globulin, etc (The Watchtower 2000, 6/15, p. 31). For the question of whether to accept these fractions or not, the WTS responds that “the Bible does not give details, so a Christian must make his own conscientious decision before God” (The Watchtower 2000, 6/15, p. 30). The WTS further states that some JW may refuse everything derived from blood, even minute fractions. They justify quoting biblical verse that the blood removed from a creature should be poured out to the ground. According to The Watchtower, some JW do not accept the method of restoration and processing of blood because preparing the blood fractions need restoration and processing. The WTS states that we should respect their choice taken with their own consciousness. In a similar manner, there are also some JW who may accept the secondary fractions from all the primary components. Even sometimes, one Christian might accept a

²³ Heading of the content is “What does the Bible say about blood transfusions?”

gamma globulin injection, but he may reject anything extracted from white or red cells. Thus, WTS leaves it to the followers' own consciousness whether to accept any fractions or not (The Watchtower 2000, 6/15, p. 30).

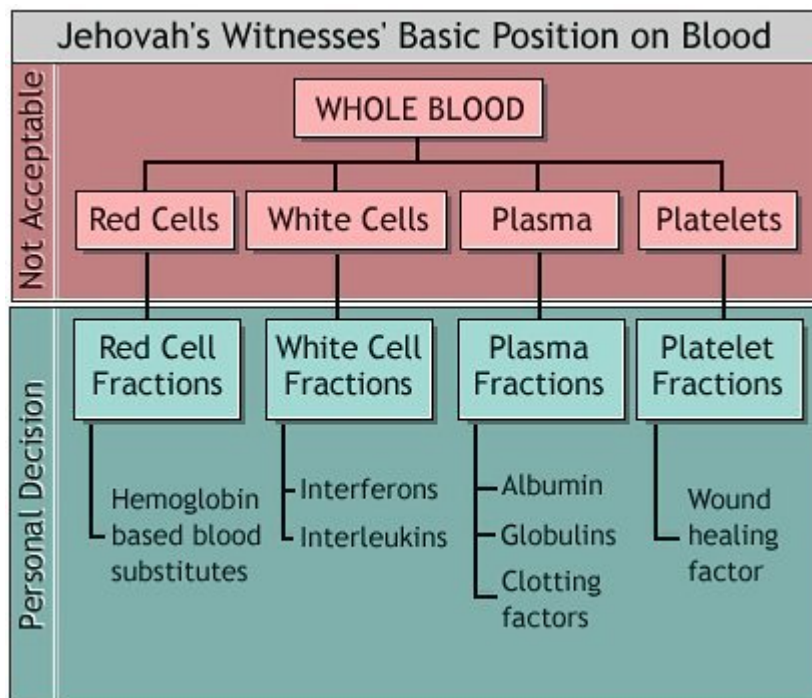
WTS also justifies acceptance of the blood fractions unlike the whole blood or primary blood components in the following manner. The Watchtower states that "plasma proteins (fractions) move from a pregnant woman's blood to the separate blood system of her fetus" (The Watchtower 2000, 6/15, p. 30). In this way, we get immunoglobulins from our mothers, and that provides us valuable immunity. It is also stated that when a fetus' red cells complete their normal life span, some of it becomes bilirubin during the processing of oxygen-carrying portion, and it travels through the placenta to the mother and is excreted with her body wastes (The Watchtower 2000, 6/15, p. 30). Because of such things, some faithful JW can conclude that they can take the blood fractions extracted from primary components by listening to what their conscience says and believe that it does not violate the biblical laws on blood.

But in case of hemoglobin, WTS encourages the Witnesses to be more careful but still leaves it to the conscience of the JW patients to receive or deny it. They explain that there are around 300 million hemoglobin molecules within each red blood cell, and hemoglobin constitutes almost one third of the volume in red blood cells. There is a pigment called 'heme' in every single molecule, to which oxygen molecules get attached when blood passes through the lungs. The oxygenated hemoglobin is discharged into body tissues, and oxygen in the blood sustains the life of the cells. In addition to carrying oxygen into the body tissues and sustaining the life, hemoglobin is the one which contributes to red color of the blood. The WTS cautions the conscientious JW because some may raise two objections. For example, on the one hand, hemoglobin constitutes a big portion of the red blood cells while on the other hand, it has a key function of carrying the oxygen and sustaining the life. Thus, JW should contemplate on a serious decision that complies with biblical principles (Awake! 2006, 08/06, p. 11-12).

5.2.2 Reactions from AJWRB on Components of Blood

According to the New Light on Blood website, JW used to ban all the blood components. WTS has allowed JW to accept all the secondary blood components in a gradual manner. Firstly, they started allowing members to receive globulins and plasma proteins and then the clotting factors. Eventually in June 2000 as described above in some places, they also accepted the use of hemoglobin if the JW's conscience allows to accept it. AJWRB raises a severe criticism here and states that the JW's insistence about 'abstaining from blood' is unfounded and unprincipled. They reasoned that JW's permitted blood fractions constitute 100% of the blood volume and then asked "what is forbidden?" (New Light on Blood Website²⁴). The AJWRB group argues that JW has made the issue very complex. As mentioned above in the chapter 5.2.1, WTS still restricts transfusion of whole blood and primary components such as red blood cells, white blood cells, plasma and platelets, but nothing inside of these components are prohibited. The AJWRB group further clarifies their argument that JW are already allowing around 97% to 98% of the blood if

Figure 1



²⁴ Heading of the content is "What is forbidden?"

Source: Official website of AJWRB

we do not count the membranes of the red cells, white cells and platelets. Nevertheless, the membrane is stroma such as protein and enzyme, which is also acceptable as a fraction. Their criticism is that WTS inconspicuously receives 100% of the blood when fractionated (New Light on Blood Website²⁵). Let us have a close look about the primary components of the blood now. As we already know about the kinds of primary components of the blood, we will discuss them below one by one.

According to the AJWRB website, all the blood cells suspend in a yellowish fluid ‘plasma.’ Blood plasma takes the most blood volume which is about 55% of the total. Therefore, AJWRB states that it is understandable why it is banned. But they further add that when its components are explored, it is clear that JW are only refusing water as far as the plasma is concerned. The blood plasma includes more than 90% water. AJWRB criticizes that prohibiting transfusion of water but allowing other fractions in the plasma is unreasonable. Then what constitutes the rest of the plasma? Major component in the plasma is albumin. There are other components such as immunoglobulins, fibrinogens and clotting factors. Therefore, AJWRB asked on what basis JW refuse the plasma but receive it in fractionated forms? According to AJWRB, the WTS never bothers to respond to this question (Associated Jehovah’s Witnesses for Reform on Blood Website²⁶).

AJWRB states that ban on white blood cells is more controversial than any other components. It is because they exist more outside the bloodstream than in the blood. According to the AJWRB website, we can find only 2 to 3% white blood cells in the blood whereas the remaining exists in other parts of the body. It is further claimed that restriction on white blood cells does not hold any meaning when an organ transplant receives more leukocytes²⁷ than blood transfusion. It is also written that newborn baby takes in more leukocytes from breast-feeding than taking same amount of blood through transfusion. Even more surprising finding is the argument presented by AJWRB that this also holds true to cow milk. Cow’s milk also contains white blood cells. They state that JW are already receiving white blood cells without knowledge, and there is no point in

²⁵ Heading of the content is “What is forbidden?”

²⁶ Heading of the content is “Prohibited blood components”

²⁷ Medical term for white blood cells

denying just 2 to 3% content of white blood cells with blood transfusion (Associated Jehovah's Witnesses for Reform on Blood Website²⁸).

Red blood cells are the one which covers about 45% of the blood volume, so it becomes important part of the whole blood. As described earlier, it functions as a transporter of oxygen to the body. Hemoglobin constitutes one-third of the blood volume and plays an important role in reddening the blood. With a publication of The Watchtower in June 15, 2000, it is obvious that hemoglobin is also acceptable as it is a blood fraction of red blood cells. According to New Light on Blood website, AJWRB also claims that this has created further confusion because WTS has encouraged to be more careful when receiving hemoglobin. According to AJWRB, this indicates to unclear policy about hemoglobin. Numerous JW have become confused whether to accept hemoglobin or not and expressed the skepticism regarding the logic of such acceptance because on one hand, WTS states that it is acceptable, but on the other it cautions the Witnesses before accepting hemoglobin (New Light on Blood Website²⁹).

Platelets do take part in the clotting process. It is made up of a tiny percentage (0.17%) of blood volume. Cancer like leukemia³⁰ is treated with the use of platelets. One leukemic patient needs a lot of blood everyday for a number of weeks, perhaps more than 10 individual donations. AJWRB wonders why JW refuse platelets when it is a tiny component (Associated Jehovah's Witnesses for Reform on Blood Website³¹).

5.2.3 Discussion/Analysis of Findings

As mentioned in the chapters 5.2.1 and 5.2.2, the Witnesses have their own reasoning of why they can accept the secondary blood fractions if their conscience permits them to do so. But the AJWRB group is following them very closely to state that there is no exact difference between taking secondary blood components and banning primary blood components. The AJWRB group is of the view that the JW's restriction on blood does not make any sense when secondary

²⁸ Heading of the content is "Prohibited blood components"

²⁹ Heading of the content is "Watchtower approves hemopure for Jehovah's Witnesses"

³⁰ Medical term for serious disease condition in which increase in the number of white blood cells in the tissues and often in the blood is found

³¹ Heading of the content is "Prohibited blood components"

fractions constitute 100% of the blood volume. I will illuminate some ongoing controversies here.

As stated earlier, WTS has allowed JW to accept all kinds of blood fractions derived from primary blood cells. However, there is a confusion regarding the acceptance of hemoglobin. In the publication 'The Watchtower' of 15 June 2000, it is clearly stated that members of JW can decide on their own to accept or deny any secondary blood fractions. It is further written there that the Bible does not talk about the components, so a Christian must make his own conscientious decision before God. But in the publication 'Awake!' of August 2006, JW are cautioned to be very careful when it is a matter of hemoglobin. Here, it seems that WTS is possibly making contradictory statements. On one hand, they said that it is up to JW to decide, but on the other hand, they give a word of cautions which does not match with the first statement where the JW's use of own consciousness is emphasized. As discussed above in the chapter 5.2.1, the WTS expresses doubts about two things in hemoglobin - one is that it makes up a big portion of red blood cells and another is that it carries oxygen and reddens the blood. With this unclear stand whether to accept hemoglobin wholeheartedly or reject it outright, there is a always room for JWs to be confused regarding the acceptance of hemoglobin. I think this is the demand of present conflict where WTS should hold a clear view so that JW can decide quickly and correctly when it is a matter of hemoglobin. There is a high chance that the JW's decisions might be affected by caution from the WTS, and they might die because of confusion. Simultaneously, those JW whose conscience permits them to accept hemoglobin and do not care of caution may live. I think there is the importance of clear guidance from the Watchtower. Accepting all the fractions of primary components and again cautioning them about receiving hemoglobin is not a standard practice ethically, and also their biblical exegesis may be questioned.

The AJWRB group has criticized the change in blood policies. Their website provides us an analogy to criticize the JW's change in policies of accepting all the blood fractions including hemoglobin. They state that red blood cell is like a subtle donut-shaped bag of hemoglobin. It contains 97% hemoglobin but only 3% membrane. They state that permitting hemoglobin and banning red blood cells is same as of telling someone - "see those bags of groceries over there? You can take the food from the bags, but I will report you to the police if you actually take

the groceries with the bags" (New Light on Blood Website³²). This analogy is nice to read, but it will not bear results when it is presented just for the criticism. It seems to me that the AJWRB group has forgotten to appreciate the positive move taken by WTS. Here instead of criticism, I think the AJWRB group should be happy that their wish is gradually being fulfilled with the acceptance of hemoglobin.

There is also some unbalanced treatment towards acceptance of albumin and rejections of white blood cells and platelets. WTS states that in some cases, a small amount of blood fraction such as albumin may be included in some injections (The watchtower 2004, 06/15, p. 29-31). First and foremost, albumin cannot be considered small amount of a blood fraction because it is more voluminous than platelets and white blood cells. I have read in 'Awake!' that albumin carries 4 percent of the plasma. As plasma makes up the blood volume of 52 to 62 percent out of whole blood, it means albumin constitutes more than 2 percent of blood volume. But on the other hand, primary blood components such as white blood cells and platelets constitute less than 1 percent of whole blood each. Therefore, it raises question to the logics that albumin can be called a small amount of blood fraction when it is greater in percentage than primary blood components itself.

As described in the chapter 5.2.2, AJWRB criticizes WTS for banning plasma because it has 90% of water constituents, and the rest is other fractions. According to AJWRB, all other fractions are acceptable to JW but not water. Therefore, they are not happy with just banning the water but accepting all other fractions, and they also criticize WTS for not responding the questions regarding the acceptance of other fractions in plasma but not water. I think there is a good point in it, and one can criticize WTS for banning just water. However, I came across during my research that WTS defended the allegations. I have described it in the chapter 5.2.1 from the Watchtower, and I even found it on the AJWRB's website itself. It is stated there that "antibodies from the blood of a pregnant woman cross into the blood of the baby in her womb" and it is further mentioned that "some albumin passes from a pregnant woman to her baby" (Associated Jehovah's Witnesses for Reform on Blood Website³³). It is baseless to say that they did not respond to the question when they themselves have put it in the website. It is a different

³² Heading of the content is "What is forbidden?"

³³ Heading of the content is "Albumin - Watchtower quotes"

matter when reasoning for something is not sound, but stating that they did not have any responses from WTS that defend JW's acceptance of fractions is not correct.

AJWRB presented some findings as described in the chapter 5.2.2, which are very interesting that people already ingest white blood cells during organ transplant, breast-feeding and even drinking cow milk. According to their website, we can find only 2 to 3% of total white blood cells in the blood whereas the rest remains in the other parts of the body. As far as transfusion is concerned, there are many questions and conflicts because some people do not agree with receiving nutrition from the blood transfusion, which I explained already. Now, it is quite surprising for me to know that the Witnesses take white blood cells from mouth for nutrition itself and deny it through transfusion which does not have anything to do with nutrition at all. I have not encountered any articles from WTS denying about the charges of receiving white blood cells through milk. Perhaps, the Witnesses are silent on this because they are having problems to defend this accusation. AJWRB is clear that people receive white blood cells through breast-feeding and drinking cow milk. They also state that we receive white blood cells through organ transplant. Rather than just saying organ transplant, I think the Witnesses should mention the name of the exact organ transplant.

5.3 Blood Card

As described in the chapter 2.3, blood card is a card carried by adult baptized members of the JW organization, which describes their stand on blood transfusion. This card is delivered by WTS to the members of the JW organization, and the cardholder should not be treated with primary blood components under any circumstances. The card is a legal document, and doctors have to comply with medical advance directives even if they think that blood treatment is necessary or patient is in a life-threatening situation due to exsanguinations³⁴. Let us study the sample of JW's blood card below.

5.3.1 Blood Card Sample

As shown in the card, JW can choose regarding the fractions of primary blood components. As I wrote in the chapter 2.3, the card is equivalent to oral informed consent for rejecting any kinds of

³⁴ Medical term for blood loss due to external and internal bleeding

blood treatment, and it makes health institutes and professionals free from any obligations if any complications occur due to blood loss. The updated blood card is distributed by the elder in congregation one time every year. According to one JW member of HLC, D Malyon, the blood card should be updated every year because “medical treatment decisions are seldom choices made for all time, but involve a series of steps as a patient’s clinical condition changes and his or her understanding of the real and potential implications develops” (Malyon 1998, p. 304). Even if WTS has adopted advance directives due to unshakable views on blood transfer, but they are rational when development and flexibility of thought and knowledge is concerned. Thus, WTS has changed the blood card many times in the past, and the picture of blood card in this chapter is most recent and currently being used for the Witnesses. It is called durable power of attorney (DPA)³⁵.

Below in the blood card sample, it is clear about what we discussed earlier that no transfusions of whole blood and primary blood components are acceptable at any cost. Likewise, blood donation and storage of own blood for later infusion is also discarded. Though JW are strict on primary blood components and donating blood, yet they keep the room open for discussion when it is a matter of fractions of blood and some diagnostic procedures regarding the use of own blood. As suggested in points 3 and 4 in the figure 2 below, doctors can discuss the matter with the patient. But in case of patients’ unconsciousness and incapacity, there is an instruction to discuss with patient’s health-care agent who is appointed by the patient himself. Appointing the health-care agent and signing on ‘no blood’ document is done in front of two witnesses whose signatures bear the legal formalities. There is also a provision of an alternate health-care agent in case of first health-care agent’s inability to get in touch. The patient provides the agent with full power and authority to act on his behalf including consulting with patient’s doctors and taking legal action to ensure his wishes. The message in the card is clear and does not give any rights to anybody including immediate family members to override the cardholder’s instructions.

³⁵ DPA is a blood card which also signifies a legal document.

Figure 2

Durable Power of Attorney for Health Care

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care agent in case of my incapacity.

2. I am one of Jehovah's Witnesses, and I direct that **NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma** be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life. I refuse to predonate and store my blood for later infusion.

3. **Regarding minor fractions of blood:** [initial those that apply]
(a) _____ I REFUSE ALL (b) _____ I REFUSE ALL EXCEPT: _____

(c) _____ I may be willing to accept some minor blood fractions, but the details will have to be discussed with me if I am conscious or with my health-care agent in case of my incapacity.

4. **Regarding medical procedures involving the use of my own blood,** except diagnostic procedures, such as blood samples for testing: [initial those that apply]
(a) _____ I REFUSE ALL (b) _____ I REFUSE ALL EXCEPT: _____

(c) _____ I may be willing to accept certain medical procedures involving my blood, but the details will have to be discussed with me if I am conscious or with my health-care agent in case of my incapacity.

5. **Regarding end-of-life matters:** [initial one of the two choices]
(a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.
(b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.

6. **Regarding other health-care instructions** (such as current medications, allergies, and medical problems):

7. I give no one (including my agent) any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.

8. Apart from the matters covered above, I appoint the person named below as my agent to make health-care decisions for me. I give my agent full power and authority to consent to or to refuse treatment (including artificial nutrition and hydration) on my behalf, to consult with my doctors and

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receive copies of my medical records, and to take legal action to ensure that my wishes are honored. If my first appointed agent is unavailable, unable, or unwilling to serve, I appoint an alternate agent below to serve with the same power and authority.

9. _____
Signature Date

Address

10. STATEMENT OF WITNESSES: The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older. **Also, I am not the person appointed as agent or alternate agent by this document.**

Signature of witness Signature of witness

Address Address

HEALTH-CARE AGENT*

Name: _____
Address: _____

Telephone(s): _____

* Note: You may choose any adult to be your agent, but it is recommended that you not choose your physician, any of your physician's employees, or any employee of a hospital or nursing home where you might be a patient unless the individual is related to you by blood, marriage, or adoption.

ALTERNATE HEALTH-CARE AGENT*

Name: _____
Address: _____

Telephone(s): _____

Durable Power of Attorney for Health Care
(signed document inside)

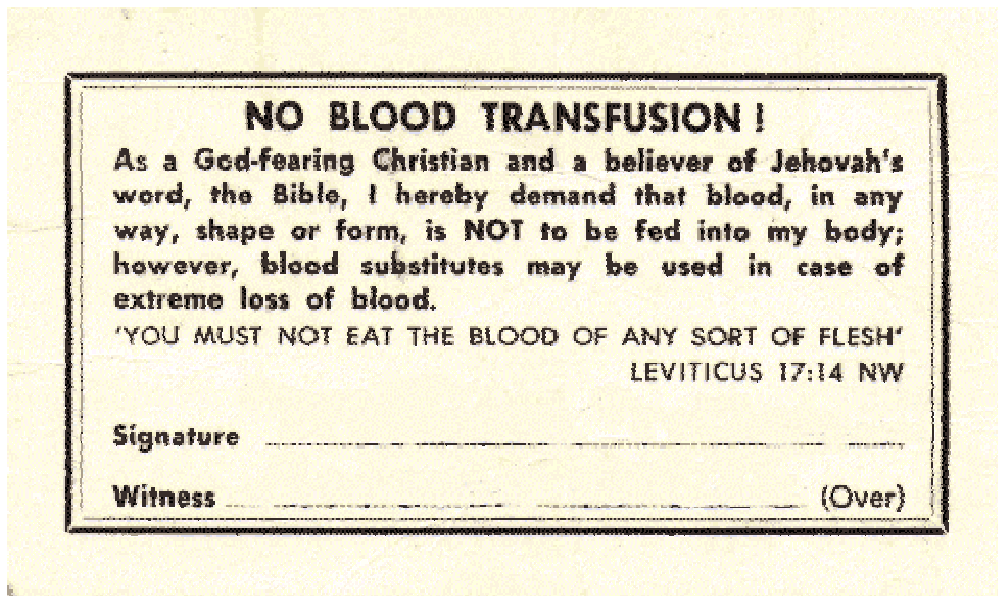
NO BLOOD



5.3.2 The AJWRB Group's Views on Frequently Changing Blood Cards

The official website of AJWRB states that the blood card which says 'no to blood' has undergone many drastic changes over the course of time. The card was just termed as 'the blood card' for a number of decades, but then it was changed to 'the Advanced Medical Directive.' The name has been changed to DPA (Durable Power of Attorney) again in 2004 shown above in the chapter 5.3.1. By focusing on the changes of the card, AJWRB is conveying the message that JW's stand on blood transfusion keeps on changing.

Figure 3



Source: Official website of AJWRB

In the figure 3, AJWRB has presented one of the oldest versions of the blood cards, which JW used to carry in the 60s. In this card, we can take note of strong and unwavering statement about the use of blood in any form. The wording clearly prohibited JW from accepting any of the blood products, even those fractions which have been approved in the modern days and included now into the WTS's approved list. It was very clear that the blood should be rejected in any way, shape or form. The AJWRB website states that during the course of time, WTS was forced to speak on restrictions especially because the Bible does not talk about blood in this manner

(Associated Jehovah's Witnesses on Reform on Blood Website³⁶).

Figure 4

ADVANCE MEDICAL DIRECTIVE

1. I, _____, make this advance directive as a formal statement of my wishes. These instructions reflect my resolute and informed decision.

2. I direct that **no blood transfusions** (whole blood, red cells, white cells, platelets, or blood plasma) be given to me under any circumstances, even if deemed necessary to preserve my life or health. I accept **non-blood expanders**, **nonblood** drugs that control hemorrhage and stimulate the production of blood cells, and other **nonblood** management.

3. This directive is an exercise of my right to decide medical treatment in accord with my deeply held values and convictions. I am one of Jehovah's Witnesses, and I make this directive out of obedience to commands in the Bible, such as: "Keep abstaining . . . from blood."—Acts 15:28, 29.

4. **Regarding minor fractions of blood, my instructions are:** [initial those that apply]

(a) _____ I REFUSE ALL (b) _____ I REFUSE ALL EXCEPT:

(c) _____ I may be willing to accept some minor blood fractions, but the details will have to be discussed with me if I am conscious.

5. **Regarding medical procedures involving the use of my own blood:** I *refuse* to predonate and store my blood for later infusion. I *accept* diagnostic procedures such as blood testing.

My other instructions regarding use of my blood are: [initial those that apply]

(a) _____ I REFUSE ALL (b) _____ I REFUSE ALL EXCEPT:

(c) _____ I may be willing to accept certain medical procedures involving my blood, but the details will have to be discussed with me if I am conscious.

6. **Additional Instructions:** [this may be left blank]

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Source: Official website of AJWRB

³⁶ Heading of the content is "Watchtower - no blood cards"

According to the AJWRB website, change is inevitable when the stand on blood is not plausible. As a consequence, advance medical directive came into being as shown in the figure 4. The AJWRB group asked why advance medical directive was not able to make the same unyielding statement as before? It is simply because WTS has already allowed every minor fraction of all the primary blood components. The AJWRB group attacks this change of blood card with sharp criticism and writes that “a doctrine that made little sense to begin with, now makes absolutely no sense whatsoever” (Associated Jehovah’s Witnesses for Reform on Blood Website³⁷). They gave a strong warning to those who carry it and referred to the point that the advance medical directive in the pocket might cause an untimely death to the faithful JW. The AJWRB group sees no point in banning primary components but accepting all the fractions of them.

As shown in the figure 2 in the chapter 5.3.1, the WTS announced a major change in the blood card. Major change is a combination of essential legal elements of DPA and the advance medical directive. DPA holds a legal validity. The AJWRB group claims that the new policy is not clear enough about the state of unconscious patient in the emergency department, who may need blood transfusion. They believe there is no point upon which doctors can rely while assessing the actual wishes of an unconscious JW in the emergency department. However, it is mentioned in the DPA that medical professionals can discuss with an appointed health-care agent. But according to AJWRB, it is not convincing enough to discuss with health-care agent because it does not represent the patient’s continuing commitment and belief in the policy, but it represents the wish of the appointed agent (Associated Jehovah’s Witnesses for Reform on Blood Website³⁸).

5.3.3 Discussion/Analysis of Findings

As described in the chapter 5.3.2, AJWRB attacks the changing policies of blood cards. They state that previous doctrine made little sense to begin with, but the new version makes absolutely no sense. The statement from the AJWRB group is far-fetched. In the chapter 5.3.1, there can perhaps be answer to this sharp criticism. Here, I mentioned about one JW member of HLC, D Malyon who states about rationality and flexibility of changing blood policies. He says that the Witnesses should respect a series of understanding of the real and potential implications that

³⁷ Heading of the content is “Watchtower - no blood cards”

³⁸ Heading of the content is “Watchtower - no blood cards”

develop with time. Their way of changing blood policies and cards goes well with what he said. I think the change should be a welcome move. If AJWRB wants to make the Witnesses accept whole blood and all the primary blood components, then they should welcome every change where people have accessibility to more possibilities. I think making sense is not that important but saving life is. Therefore, we should not forget that every change will bring some more possibilities.

AJWRB group also criticizes that the new policy is not clear enough about the unconscious and exsanguinated patient in the emergency department. In fact, it is clear and in the case of unconscious patient coming to the emergency department, it is crystal clear that doctors can contact health-care agent for the discussion. It is clearly mentioned in the DPA in the figure 2 above. Therefore, there is no doubt about what doctors should do, but however, I am convinced of the AJWRB group's one point. They also state that there is no room where doctors can assess the actual wishes of an unconscious JW in the emergency department. I believe that there can be a high chance of variation when doctors talk to the patient himself regarding the blood treatment and when they talk with health-care agent. It is because the patient is the dying person, but not the health-care agent. It is very important to know the patient's wishes at the last moment of treatment because one can change his mind due to fear of the death. But by talking to health-care agent, it is not possible because he will just stick to what is written in the blood card as there is no reason for him to fear the death. It is not true when AJWRB states that the blood card is not clear, but it is true when they say that it is difficult to assess the actual wishes of an unconscious patient in the emergency department.

5.4 Hospital Liaison Committees (HLC)

As described earlier in the chapter 2.4, HLCs are composed of scholars and experienced members who advocate against the blood transfusion. The members of HLCs are to work constructively with medical professionals and lawyers for clear guidelines for blood transfusion.

5.4.1 Responsibility of HLCs and its Contributions

HLC members come to help the Witnesses and doctors when they are having tough time in deciding the treatment. Many doctors think that blood card is not clear enough to take an exact

course of action during the treatment. In the chapter 2.4, I have already described how HLC is formed and how it works briefly. Now, we can see how they are performing practically. According to Awake!, HLCs are fully capable to help researchers and doctors. There is a provision of a database where they have access to over 3000 medical literatures which can give doctors guidelines for bloodless surgery. The publication 'Awake!' has also claimed and quoted Dr Charles Baron, a professor at Boston College Law School - "not only Jehovah's Witnesses, but patients in general, are today less likely to be given unnecessary blood transfusions because of the work of the Witnesses' Hospital Liaison Committees" (Awake! 2000, 1/8, p. 11).

According to The Watchtower, WTS also has contributed a lot towards the establishment of bloodless surgeries through HLCs. The HLCs have played a significant role to convince the doctors to operate the JW patient without blood, and after successful operations to the Witnesses, even doctors are ready to continue the bloodless treatment they have performed. Let us see some incidences where we can see efforts and impacts of HLCs on doctors. Once in Philippines, one physician was hesitant to do surgery in the beginning on a Witness patient without use of blood. As the patient was a true JW and firm in his faith, the operation was performed and turned out to be a success. According to the Hospital Information Services report, the performing doctor was astonished at the patient's recovery. He further said that if any of our members need to have the same type of alternative blood surgery, he will be happy to do it (The Watchtower 2003, 5/1, p. 13).

According to Awake!, there are many other examples of successful treatments without blood. We can also take example of Dr Denton Cooley. He is a cardiovascular surgeon with good experience. His team has done open-heart surgery without blood on 663 Witness patients over a period of 27 years, and the results were quite encouraging. Thus, they state that cardiac operations can be performed with good amount of success (Awake! 2000, 1/8, p. 9).

The Watchtower claims that many successful operations have been possible only because of the incessant and tireless efforts of HLCs. Normally, HLCs organize the seminars where elders are taught to discuss the stand on blood with doctors, judges and social workers. After so much efforts to educate doctors within the past two decades, the Witnesses claimed that doctors have changed drastically after understanding the JW's views on blood well. The WTS claims that

there are recently increasing numbers of cooperative doctors and hospitals where the Witness patients can be recommended for bloodless treatment (The Watchtower 2011, 10/15, p. 21-22).

The publication *Awake!* claims that creation of HLCs have been a driving force behind the bloodless treatment to be useful even for the non-JW patients. For example, professor Stein A Evensen of Norway's National Hospital writes "Jehovah's Witnesses in need of surgery have shown the way and exerted pressure for improvements in an important sector of the Norwegian health service" (*Awake!* 2000, 1/8, p. 11).

Awake! states that HLCs have compiled good amount of information on alternative medicine and surgery without blood, and it has proved to be advantageous to numerous people in the medical practice. Therefore, the writers of the book "Autotransfusion: Therapeutic Principles and Trend" have asked HLCs to help with information on bloodless treatment while preparing the material for the book. After being granted the materials, the writers, according to *Awake!*, expressed gratitude by stating - "In all our reading on this subject, we have never seen such a concise, complete list of strategies to avoid homologous blood transfusion³⁹" (*Awake!* 2000, 1/8, p. 11).

5.4.2 Disbelief Displayed by the AJWRB Group on HLC

AJWRB blames the HLC members of not making the Witnesses aware of the change in blood policies, and it happens usually with the Witness patients that they refuse treatments or blood therapies which are permitted by the Watchtower. According to AJWRB, it is simply because the HLCs do not educate them about the changes in blood policies. In addition to this, the AJWRB members claim that there are significant numbers of elders and the HLC members who have turned away from supporting the WTS blood policies. Many of them are not happy with the HLC's inability to provide meaningful answers for the blood policies and are deeply saddened with increasing numbers of deaths over the blood issues (Elder 2000, p. 377).

The AJWRB group is sharply critical towards the HLC's way of propagandizing the effectiveness of alternative bloodless treatments. They further asked whether the HLC members

³⁹ Homologous blood transfusion is an intravenous blood transfer donated by someone else

are qualified enough to evaluate the medical procedures of the Witnesses who stand in dilemma between nonblood and blood treatments. They are not satisfied with the HLC's members who are trying to overtake the role of the qualified physicians (Elder 2000, p. 377).

The AJWRB group points out that the HLC members themselves have turned against the bloodless surgeries. They state that a small group of eight HLC members has cautioned the Witnesses about accepting the use of bloodless techniques because the group has noticed increasing death tolls in the JW society as a result of alternative bloodless surgeries. The dissatisfied members accept that the transfer of blood plays a vital role to life in a significant number of medical conditions. They further stated that the Witness patients put themselves at death risk if they do not accept blood transfusion that is considered vital to their lives. The ignorance of transfusion, which is recommended by a physician and considered absolutely necessary, can lead the patients to anemia and finally death. The AJWRB group brings forth the survey which was conducted by Carson et al. He conducted a survey of 125 operative Witness patients who rejected the recommended blood transfer. The survey showed that more than 60 percent patients died after the surgery, and it was found that their pre-surgical hemoglobin fell down to 6 g/dl⁴⁰ (Associated Jehovah's Witnesses for Reform on Blood Website⁴¹).

The New Light on Blood website has strictly warned the Witnesses that neither the Watchtower nor the HLC elders have expertise to help the patients when it applies to the risk-benefit ratio of the blood transfusion for their specific health conditions. It has encouraged the witnesses to discuss the problem with their doctors rather than with their HLC elders. The website states that the Witness patients should not act under the influence from the fear of disfellowship created by WTS. The Witnesses are requested to do their own research before taking a decision and following the blood policies put forth by WTS because it is a matter of life and death (Associated Jehovah's Witnesses for Reform on Blood Website⁴²).

⁴⁰ Normal value of hemoglobin varies from person to person depending on the sex and age of the person, but however 13-16 g/dl is considered to be normal.

⁴¹ Heading of the content is "Risks of avoiding necessary blood transfusion"

⁴² Heading of the content is "Blood transfusion - what are the risks?"

5.4.3 Discussion/Analysis of Findings

It seems to me that the main problem of the activities of HLC and AJWRB is that they both share partial information which supports their respective concerns. For example, HLCs are busy talking about how effective alternative nonblood treatments are and how some surgeons are impressed by the methods after successful treatments. As shown in the chapter 5.4.1, the WTS comes out with data which says that rate of success is remarkable and encouraging, but their mention of data is not scientific enough to believe. WTS has mentioned the case of Dr Denton Cooley where his team has done open-heart surgery without blood on 663 Witness patients over a period of 27 years. According to WTS, the results were quite encouraging and successful, but they do not share the rate of failures in other surveys. Similarly, AJWRB focuses on failure rate of alternative nonblood surgeries and points out the ever rising death tolls caused by refusal of blood transfusion. As described in the chapter 5.4.2, Lee Elder, a member of AJWRB, focuses on a survey which was conducted by Carson et al. It was written that he conducted a survey of 125 operative Witness patients who rejected the recommended blood transfer. The survey showed that more than 60 percent patients died after the surgery as a consequence of refusal of blood treatment. AJWRB never talks about the surveys where the rate of success is encouraging. It seems to me that AJWRB applies the methods which defame the WTS and JW organizations. Similarly, the JW group is bent on persuading its followers that the blood treatment is sinful, so people can have good and successful alternatives for that.

It seems to me that HLCs are giving a few examples of successful nonblood treatments and how some doctors have become inspired by the methods. But they do not want to focus a huge group of doctors who criticize them harshly. Both the official websites of AJWRB such as ‘Associated Jehovah’s Witnesses for Reform on Blood’ and ‘New Light on Blood’ have published the letter and views of the HLC’s members who are not satisfied with the WTS blood policies, but they have neither published the names of the members nor got the signatures from them. Therefore, it cannot be said scientifically correct in the social sciences.

5.5 Blood Infections and Diseases

There are many news about blood infections and diseases. The witnesses claim that blood transfusion is infectious and can lead to various diseases. According to the brochure ‘Hvordan

kan blod redde ditt liv?, there are quite many infections which blood transfusion can cause (Hvordan kan blod redde ditt liv? 1990, p. 9). But as this thesis is limited in scope, I would only like to discuss well-known issues such as HIV/AIDS, hepatitis and immune disturbance. Let us see what the witnesses say about infections and these problems.

5.5.1 JW's Views on Infectious Diseases and Blood Transfusion

WTS questions on safety standards and measurements of blood collection, testing, storage and transportation. According to *Awake!*, in 2005, WHO accepted and stated that possibility of having a safe blood transfer differs from country to country. The magazine raises the concern that there are no specific standards to ensure safety in many countries. WTS believes that patients can be infected by the blood drawn without required safety measurements in place. Safety standards are not only the problems associated with blood, but also the blood itself from any donor can carry infections which cannot be shown by any tests. To focus on insecurities related to the blood transfusion, it writes further about sayings from well-known agencies and people. The agencies state - "because whole blood and blood components are made from human blood, they may carry a risk of transmitting infectious agents, e.g., viruses. Careful donor selection and available laboratory tests do not eliminate the hazard." Similarly, Peter Carolan, the senior officer of the International Federation of Red Cross and Red Crescent Societies states - "Absolute guarantees on blood supplies can never be given. There will always be new infections for which at that moment there is no test" (*Awake!* 2006, 8/6, p. 5-6)

In the 1980s, it was discovered that HIV virus is the cause of AIDS, and the people could be infected by this virus via blood. WTS states that HIV/AIDS has opened the eyes of the people, and now they understand about the danger involved in blood transmission (Hvordan kan blod redde ditt liv?1990, p. 11). Initially, it was difficult to believe that such a virus can transfer from one person to another through blood transfusion which was very popular during the Second World War. After the Second World War, global industries made a huge stride and started business of supplying blood for transfusions, and it was supported by physicians who considered it was a standard operating procedure. According to *Awake!*, it was found out that many persons were later on infected by HIV via blood transmissions. For example, in France during the 1980s, around 8000 people got HIV infection through blood transfer. Blood is considered as one of the main factors for the spread of HIV/AIDS in Africa and Pakistan, 10 percent HIV/AIDS

throughout Africa and 40 percent in Pakistan respectively. WTS also accepts that HIV infection through blood transfusion is negligible in developed nations in the present time. At the same time, WTS brings into notice that it is still a big problem in the nations which do not possess good screening processes (Awake! 2000, 1/8, p. 6).

Awake! states that similarly like AIDS, hepatitis is also a kind of blood-borne diseases. During the Korean War, there was an acute need of blood, and those military personnel, who had plasma transmissions, got infected with hepatitis. The figure of infected people was estimated to be around 22 percent. In the 1970s, it was estimated by the US Centers for Disease Control that the death tolls caused by hepatitis, which was acquired by blood transmission, was 3500 per year. The number was so varied that some researchers estimated that it was ten times higher than 3500 per year. Better screening procedures and paying close heed to selection of donors helped for the decline of hepatitis-B. Later on, another fatal type of the hepatitis-C virus made a heavy death toll. Again, good screening procedures and careful testing have been successful in reducing the prevalence of hepatitis C (Awake! 2000, 1/8, p. 6). But WTS cautions us again that it is still too early to be relieved. WTS further states that some medical professionals have a fear of A,B,C, D and so on. Likewise in February 1990, The New York Times wrote that some experts have strong suspicion about the possibility of other viruses, and they can be called hepatitis E and so on (Hvordan kan blod redde ditt liv? 1990, p. 10). What WTS wants to emphasize about blood is that there is always possibility of appearing new viruses associated with blood, so it is prudent not only religiously but also medically to stay away from blood transfusion.

Apart from AIDS and hepatitis, WTS is also concerned about immunology which can be disturbed via blood transmission. Those recipients of blood have the same risks which are faced by those who undergo an organ transplant. It is noted that immune system is not compatible with foreign tissues. WTS states that blood transfers can lead to deactivation of natural immune responses in some cases. Such type of immune disturbances can make the patient vulnerable to the postsurgical infections and the viruses which have been passive in the beginning. Because of such issues and problems, WTS mentions about one professor, Ian Franklin, who appealed medical professionals to “think once, twice and thrice before transfusing patients” (Awake! 2006, 8/06, p. 6).

5.5.2 AJWRB's Counteractive Views on Infection through Blood

Let us see how the AJWRB official website defends the allegations of WTS for blood infection and its spread. The website blames that Awake! and The Watchtower magazines are stuffed with frightening stories and remarks from the medical professionals who emphasize the blood infection and support alternative bloodless surgeries. The Witnesses study such publications on a regular basis. Consequently, the Witnesses get lots of things to say about the existing agenda, and they also have faith on WTS that it can save from AIDS, hepatitis and some immune disorders which is passed through infected blood. The website criticizes WTS for presenting themselves in such a way as if there are always good alternative bloodless treatments which can replace blood transfusions. They do it despite the fact that they do not have any medical expertise and skills (Associated Jehovah's Witnesses for Reform on Blood Website⁴³).

The website also accuses WTS of propagandizing and exaggerating the issues heavily. WTS gives examples from Awake! which was published in 1990. Firstly, one surgeon states that transfusing blood from one person to another can confuse the immune system. He states that immunity can remain suppressed for more than a year after blood transfusions, so it is the most dangerous thing which can take place with blood transfers. Secondly, the AJWRB website mentions about one television program that claims that a blood transmission could be the biggest hindrance to recuperation from surgical operation. It further states that even though recipients of blood transfer can get hepatitis from infected blood and it can kill much more than AIDs, but still people are unaware of the fact and it does not get much publicity (Associated Jehovah's Witnesses for Reform on Blood Website⁴⁴). The website illuminates that WTS had used same kinds of arguments in the past against organ transplants and vaccinations. But they had to agree at the end that there have been enormous advantages to humanity, though there are some adverse side effects of vaccinations and organ transplants. The website emphasizes nobody, whether they are JW or not, can deny that vaccinations and organ transplants have been a huge success and saved millions of people from the diseases and deaths. The website accepts the fact that some people have died, but it is negligible when we see the risk/benefit ratio. Similarly, the AJWRB group expects WTS to accept the benefits of blood transfusion (Associated Jehovah's Witnesses

⁴³ Content of the heading is "Watchtower blood propaganda"

⁴⁴ Content of the heading is "Watchtower blood propaganda"

for Reform on Blood Website⁴⁵). The website claims that the Witnesses are misinformed about the effectiveness of blood transmissions and told that it cannot save lives but instead give them AIDS, hepatitis and may even give them bad characters of a blood donor by polluting recipients with infected blood (Associated Jehovah's Witnesses for Reform on Blood Website⁴⁶).

The website informs us that if all the arguments from WTS are reliable and valid, the probability of infection would turn blood treatments into medical poison. Therefore, the website accuses that WTS distorts the facts and presents the blood as a medium for contracting hepatitis or HIV or disturbing immunology. The website emphasizes that informing readers about the reality is very important because misinformation and exaggerated calculations of risk/benefit ratio can lead the readers into a false conclusion.

5.5.3 Discussion/Analysis of Findings

Here in this chapter, WTS has raised concern about the safety standards of blood collection, testing, storage and transportation. It has pointed out that screening mechanism differs from country to country, so the possibility of blood infection varies in degree from country to country. I think WTS has a good point, and the screening measures should be tightened. However when WTS states that whole transfusion should not be done because there is a chance of emerging new infection, the point becomes less effective to follow and is difficult for the AJWRB group to digest. It is because the AJWRB group is focusing on effectiveness of the blood treatments and how people's lives can be saved in the present time, but simultaneously, WTS wants to warn the Witnesses for the future infection from blood transfusion. For example, WTS has come up with a history where AIDS and hepatitis had emerged and blood transfusion played a significant role in passing the diseases from person to person. On the contrary, the AJWRB group looks from different perspective and focuses on millions of lives saved from blood transfusion. Nevertheless, the AJWRB group accepts that there are some negative side effects of blood transmission and states that it is usual in any medical practices.

It is clear that both groups are fighting for their own interests to the point where they are least interested or not interested at all to pay attention to opponents' arguments. The AJWRB group

⁴⁵ Content of the heading is "Watchtower blood propaganda"

⁴⁶ Content of the heading is "Watchtower sacrificial lambs"

accuses WTS that the latter is exaggerating and propagandizing the issue in the publications such as *The Watchtower* and *Awake!*, but WTS states that their concerns are getting less publicity than required. WTS is warning about the sudden emergence of new infection through blood transfer because their interest is to effectively ban blood transmission among the JW group. On the contrary, AJWRB cautions the Witnesses to be careful to lose their lives for the causes which can be changed any time. They pointed out about the change in blood policies and acceptance of vaccinations and organ transplants, and they asked if the people, who lost their lives already for the same causes which are permissible at present, could be brought back to life again? They asked what if WTS accepts the whole blood in the future as they did in the case of blood components, vaccinations and organ transplants in the past? Then, AJWRB reminds the Witnesses that it is useless to put their lives at risk in such a way.

It is interesting to cast some light on ongoing debate about HIV/AIDs, hepatitis and immune disturbances between the JW and AJWRB groups. WTS is more concerned about telling us about the history and how many people HIV/AIDS and hepatitis have killed in different regions and how these diseases are passed through one person to another via blood. In the chapter 5.5.1, WTS has given some examples of agencies and the officer in Red Cross. The agencies state that blood components as well as whole blood may carry infectious agents such as viruses whereas the officer states that we cannot have absolute guarantee on the blood and there is always new infection for which there is no test at that very moment. One another question arises in my mind when WTS gives an example of getting infected via transfer of whole blood and primary blood components. Do they mean that secondary blood fractions are free of any infections? I also want to point out one thing. Until and unless it is clearly explained on what situations they have written their statements, it is not fair to bring their statements for the support of their arguments. It is also unfair to present blood as a medium of transmitting HIV/AIDS and hepatitis by WTS disregarding its benefits. AJWRB has already accepted that there are some negative side effects, but they state the blood transfusion has given a tremendous advantage to the humanity. It is sensible when WTS states that immune system can be disturbed with blood transfusion, but it seems far-fetched when they state that we can have characters of criminals if we receive blood from them. It is because our activities are governed by our brain, and it is not a brain transplant but blood transfusion.

It is also noteworthy that WTS states in *Awake!* - “remember that a transfusion is a transplant and therefore not a trivial decision” (*Awake!* 2006, 8/06, p. 5-9). Here I want to remind that at one situation as described in the chapter 5.1.2, WTS states that blood transfusion is similar to eating blood, so the Witnesses cannot accept transfusion by violating God’s laws. But at another, they state it is an organ transplant and emphasize that it can disturb the immune system. These two statements from WTS are contrary to each other, and if blood transfusion is the organ transplant, then their stand on blood transfusion being similar to eating becomes invalid. Again as described in the chapter 5.1.2, the AJWRB group states that blood transfusion cannot be compared with eating blood because blood cells get added like organ transplant when transfused. They both are unknowingly making the same statement. This is one kind of syncretism I am looking for in this thesis, which I will discuss in detail in the chapter 6.

5.6 Disfellowship

Disfellowship is practiced among the members of the JW organizations, and normally, decision of shunning any Witnesses is taken by governing body in the headquarters. There are many forms of sins for which disfellowship is practiced on its members, and one of them is blood transfusion. We will discuss this below in detail.

5.6.1 Disfellowship Policies from the JW Group

According to the Watchtower, disfellowship is conducted to wake up the sinners, hopefully make them repent about their sins and correct their sinful behaviors. According to JW, disfellowshipping happens only when they commit gross sin without repentance, and excommunication is important because it keeps Jehovah’s holy name spotless and safeguards the fine reputation of his people. The official website of JW states that excluding an unremorseful culprit from the congregation maintains God’s standards and upholds the congregation’s spiritual cleanness. The Witnesses are instructed to “remove the wicked man from among yourselves” (1 Cor 5:13). The website claims that the religious knots between the organization and disfellowshipped member change, but the blood ties between the banned member and his family members remain unchanged. The nuptial connection and general family care, love and dealings continue without any interference from WTS. Furthermore, disfellowshipped people are always welcome to attend the services in the kingdom hall if they show the desire to change and live by

the biblical laws. The JW website states that congregation elders can also give spiritual counsel to them (Jehovah's Witnesses Website⁴⁷). The Witnesses believe that they can keep the holiness of the Jehovah's name by removing a serious wrongdoer from the group, and this act of disfellowship retains the Witnesses' spiritual cleanness. WTS argues that the Witnesses are under the blessings of Jehovah, and those sinners are under the influence of devil (Jehovah's Witnesses Website⁴⁸). Similarly, JW think that those, who violate the laws of God by receiving blood transfusion, are under the influence of Devil and if they do not repent, recipients deserve to be banned from the group.

5.6.2 Counteractive Points from the AJWRB Group

AJWRB claims that because of the rigid blood policies, even many HLC members and JW elders have left WTS and criticized the unwavering policies which have been caused to thousands of deaths. According to the official AJWRB website, many Witnesses have decided to allow blood transfusion for their children if the need arises (Associated Jehovah's Witnesses for Reform on Blood Website⁴⁹). Many parents are well-prepared to challenge the blood policies from the society when it concerns their children despite knowing about the shunning they can face. The website states that the AJWRB group itself is made of the dissident Witnesses, JW elders, HLC members, non-believing family members who care more about the necessity of their children first than the religious requirements. They further state that there have been considerable attempts from many AJWRB, HLC members and individual elders to bring the wrongful and deadly blood policies to the responsible members of the headquarters for the purpose of correction. But most of the time they are not listened and excommunicated from the organization in the charge of breaking the biblical laws. The AJWRB group accuses the society that there exists a repressive atmosphere in the society, and they fear of giving their names. Many audacious sisters and brothers, who advocate for the blood transfusions, are excommunicated. AJWRB argues that they support the individual rights of the Christians to accept or reject the blood transfusions in their own conscience, but they find it morally objectionable when the society excludes those who accept the transfusion to save their life by following their inner voice. As mentioned above in the beginning of this subchapter, when it is a matter of minor

⁴⁷ Heading of the content is "Do Jehovah's Witnesses shun former members of their religion?"

⁴⁸ Heading of the content is "Always accept Jehovah's discipline"

⁴⁹ Content of the heading is "Press release - September 15, 2014"

children, the majority of the Witnesses strongly object the blood policies (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁰).

AJWRB also claims that there are cases where the society has changed the blood policies under the pressure. The society submitted the statement to the European Commissions on Human Rights (ECHR) stating that there are no "controls or sanctions" for blood transfusion, and minor children are free of carrying Advance Medical Directives (Associated Jehovah's Witnesses for Reform on Blood Website⁵¹). Such statement of "no controls or sanctions" is made in the agreement with the Bulgarian government. The AJWRB group states that the above-mentioned changes are not practiced in reality, and they always criticize the society for that. Let us examine this agreement with Bulgarian government in detail below.

AJWRB even blames WTS of committing perjury and repressing faithful JW. According to the AJWRB website, they claim that WTS has perjured itself before the ECHR in 1998. ECHR is a commission where WTS submitted application regarding objections to legal recognition of JW as a religion, that were raised by Bulgaria's government (Associated Jehovah's Witnesses for Reform on Blood Website⁵²). Bulgaria government had serious reservations towards the stands taken by the Witnesses against the military service and blood transfusion. As matter of military service is beyond the scope of this thesis, I will only focus on the topic of transfusing blood. Christian Association Jehovah's Witnesses signed a truce with the government of Bulgaria in which matter of blood transfusion is discussed. In regards to the restrictions on blood transfusion, the JW association submits the application stating that blood acceptance is a matter of individual choices of the Witnesses. It clarifies that "there are no religious sanctions for a Jehovah's Witness who chooses to accept blood transfusion. Therefore, the fact that the religious doctrine of Jehovah's Witnesses is against blood transfusion cannot amount to a threat to "public health," every individual being free in his or her choice" (European Court of Human Rights). AJWRB claims that this freedom of choice is never exercised. Moreover, the AJWRB website states that opposite to what they said in the application against Bulgaria for being accepted as a religion there, they never practice total religious freedom without disfellowship. They accuse the JW organization that there are many cases of expelling its members because of blood issues.

⁵⁰ Content of the heading is "Call of action!"

⁵¹ Heading of the content is "Do Jehovah's Witnesses really abstain from blood?"

⁵² Heading of the content is "Watchtower commits perjury"

Previous elders, Rado Vleugel and Ray Hemming, raised issues of religious freedom and inconsistencies in the blood policies. Rado even requested the WTS body to fulfill the commitment they have shown in an agreement with the Bulgarian government about the personal choice of religion and requested to accept the blood transfusion without excluding the receiver (Associated Jehovah's Witnesses for Reform on Blood Website⁵³). Similarly, Ray Hemming states that the blood issue is neither loyalty to the scriptures nor a matter of personal conscience. He emphasizes that "this is about control and repression, loyalty to the Watchtower Society and its man-made directives." Elder Hemming is guided by love for his children to fight against the repression and perjury practiced from the society. Hemming accuses the society of not learning the basic biblical principle. Jesus conveyed the message - "I want mercy, not sacrifice." But according to the website, it is not followed when it concerns blood transfusion, and the society is still sacrificing many faithful Witnesses including children (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁴). At the end, both the rebellious elders were excommunicated by the committee.

5.6.3 Discussion/Analysis of Findings

It is obvious that though excommunication is practiced among the members of WTS, but the way of execution has changed. As we have seen in the cases of elders Rado and Hemming, their behaviors were investigated by the committee, and they were formally noticed by the governing body about the disfellowship. After getting too much pressure and criticism from the outside world, they have taken another way of disfellowship and that is avoidance. If somebody violates the biblical principles, they are no longer investigated formally and noticed about the excommunication. The other Witnesses just stop talking to the one who has committed the sin of any kinds including blood transfusion and do not even greet the so-called sinners. Though there is no existence of formal disfellowship, it is not less than a formal excommunication when one is not welcome and neglected in his own group. Unlike before, the so-called sinner can attend the assemblies where Bible and Watchtower publications are taught. Until repentance and humility is not presented by the disfellowshipped member for a long time, the existence of avoidance prevails. I think it is true that the so-called sinners are not physically removed from the

⁵³ Heading of the content is "Silenced - the Rado Vleugel story"

⁵⁴ Heading of the content is "Control and repression - the Ray Hemming story"

organization, but this act of exclusion breaks their peace of mind. The members of the JW organizations do it because they follow the biblical law - “remove the wicked” which we discussed above. And at the same time, the Witnesses are bound by the legalities not to expel anybody formally, but they just do it by behavior and stay faithful to the command from the God. In a way, I think it is their freedom of religious practice, and it is difficult for me to comment whether it is right or wrong because even in normal life, we choose the persons we want to be a part of. By doing so, the Witnesses respect the divine laws as well as worldly laws.

Agreement between the government of Bulgaria and JW is criticized to a large extent. The JW organization had an intense pressure from the government of Bulgaria against the policies for blood transfusion (Facts about Jehovah’s Witnesses). As quoted in the chapter 5.1.2, the JW organization in 1998 has explained in the application to ECHR that there are no religious sanctions for those who receive blood transfusion. Furthermore, they added that every individual is free in his or her choice. AJWRB accuses that they do not practice religious freedom. It seems to be true when we read stories of Rado and Hemming. But one thing we cannot ignore is the fact that they have agreed a truce with the Government of Bulgaria under the immense pressure. Even if they think that act of using blood is against the biblical principles, they wrote in the agreement that they do not impose the sanctions against blood recipients. Following the agreement, they did stop disfellowshipping and did not prevent anybody to come to kingdom hall and pray. Nevertheless, they think that if somebody receives blood, it means that JW do not consider them faithful JW anymore and some members do not wish to have contact with them because they believe blood receivers are not sacred anymore. The Witnesses are criticized for not respecting the truce and disfellowshipping the blood receivers. Here comes one question in my mind - Are JW allowed to practice their religious freedom when they are criticized for trying to be away from the blood receivers? Are not they practicing their religious freedom when they are avoiding the persons who, they think, are sinners. This is a complicated situation, and here I can see that the worldly laws and divine laws have come into contact, and the conflict has arisen. I think this is also a kind of syncretism where mode of conflict is dominant.

5.7 Rights of the JW Patients and Duties of the Health Professionals

As discussed earlier in the chapter 2.7, it is relevant to mention about UDHR here. The UDHR in its article 18 preserves the rights of all the religious communities to practice their faiths including

the JW group. The Witnesses strongly object to the blood transfusion because they believe that if they receive blood, they will not get resurrection after Armageddon. On the contrary, the AJWRB group thinks that the Witnesses are creating problems and binding the hands of doctors in many situations where it concerns blood transfusion. Doctors have duties to give the best treatments available to the patients. Thus, there is overlapping of the patient's rights and doctor's duties.

5.7.1 JW's Rights for Religious Freedom and Medical Choice

The JW group feels that they are getting interferences from medical society regarding blood transfusion and getting hindrances to exercise their rights for religious freedom and medical choices. JW state that any patient has an inviolable right to choose the medical treatments they wish for. They point to an example of the law of informed consent. It focuses on two premises where the law of informed consent is based on. Firstly, it protects the rights to have adequate information about the treatment which is recommended so that they can make an informed consent. Secondly, the patient has the rights to reject or approve the treatments recommended by the physicians. It is also stated that patient can accept the treatment with some conditions (Hvordan kan blod redde ditt liv? 1990, p. 17). The Witnesses defend their rights of rejection by saying that a doctor can present what he thinks is the best treatment for the patients. But it is not justifiable when the doctor seeks legal help to violate the fundamental rights to force blood treatments on them. The Witnesses accuse the courts of making distressful legal cases against them when they refuse blood transfusions. For example, they make up legal fictions under the pretext of pregnancy and focus on the point that there is an involvement of a child who should be supported. According to the Witnesses, such cases are legal fictions since it violates the rights of the competent adults about refusing the blood treatments (Hvordan kan blod redde ditt liv? 1990, p.17).

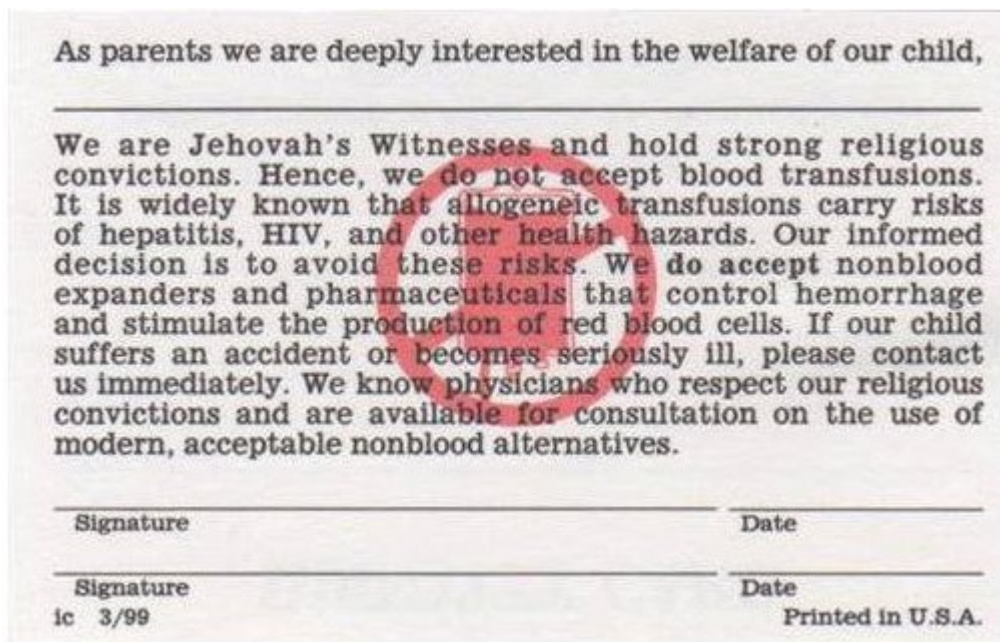
However, WTS accepts that doctors face a special challenge when they treat the Witness patients. Because of that fact, doctors and nurses are made free of such dilemma and responsibility for legal issues, and the Witnesses have taken a legal step to release the doctors from responsibility in connection with rejection of blood if something goes wrong during the bloodless procedures. Doctors are also given the rights to reject the treatments to the Witness patients if the doctors think that blood transfusion is an absolute necessity. Even if many

surgeons have refused to treat the Witness patients because of their stands towards blood, there are now many doctors who have chosen to consider this as a bigger challenge than ever to their skills (Hvordan kan blod rede ditt liv? 1990, p. 27-28).

5.7.2 Counteractive Points from the AJWRB Groups

The AJWRB group states that as claimed by the JW's group, their rights for religious freedom and choice of treatments are protected by the legal system. It is a well-known fact that the Witnesses have won many legal cases in various lands when it is a matter of blood transfusion. They are drawn into the court, most often when it is a matter of children and minors. It is because WTS has distributed many legal documents such as blood cards and medical advance directives. The AJWRB group warns that the rights of religious freedom can become a signature for the Witnesses' untimely deaths. They are highly critical when even children are called upon to carry the blood card.

Figure 5



Source: Official Website of AJWRB

The AJWRB website gives a brief story of one child who died of being a true servant of Jehovah. It is a letter to the AJWRB website from his mother who is deeply broken by the untimely demise of their son. When their son was 15 years, he and his another Witness friend met with an auto accident. She and her husband had always trained their son to reject blood transfers. As a result, he requested for 'no blood' to the ambulance drivers. He repeated it again when he was at the hospital before being unconscious. Afterwards, he was flown to the trauma center where he was given blood transfusions immediately because he was a minor child in an unconscious state. This infuriated her husband, but she was happy if blood could save their son. Unfortunately, he died after some time. The painful death of their son made her think that he would have lived if he received blood transfusion in the beginning itself. Now, the AJWRB group states that she is very critical about the wrong teachings which took her son away (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁵). There are many such episodes in the Witnesses' families. The AJWRB website wants to hold the WTS responsible for such deaths and consider the legal ramifications where they can protect the children and adolescents from the WTS blood policies (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁶).

The AJWRB group blames WTS for misusing the rights of religious freedom and giving medical advices to the Witnesses without having medical expertise. When people look at their official websites and publications of The Watchtower and Awake!, it is certain that WTS has presented itself as an advisor and counselor to the Witnesses against blood treatments. By giving advices to the Witnesses on many areas such as acceptable and non-acceptable blood, counseling through HLCs, establishing blood cards, teaching the Watchtower publication on a regular basis, the AJWRB website states that the relationship created between WTS and the Witnesses should be established as a kind of agency relationship. WTS should hold a fiduciary⁵⁷ responsibility towards the Witnesses because the Witnesses are required to have baptism and contractually bound by blood cards designed by WTS. After these conditions of baptism and blood cards are fulfilled, the Witnesses can look up to WTS as an organization for counseling on the blood products. Because of this, the AJWRB website encourages the Witnesses to explore the possibility for having WTS liable and responsible for the deaths caused by providing negligent

⁵⁵ Heading of the content is "My child is dead"

⁵⁶ Heading of the content is "Legal"

⁵⁷ Relating to a legal trust, i.e., holding of something in trust for others

and inaccurate medical advice (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁸).

The AJWRB website criticizes WTS for not providing a full disclosure of all the facts. It accuses WTS for showing only those facts that are supportive of the current blood policies and not complying with legal obligations. It wants to hold WTS responsible for distorting the information which is important to the members who are facing the choice between death and life. Furthermore, WTS is also accused of threatening the members of disfellowship so that the Witnesses will not look for the extra medical information. The blood card carried by the Witnesses is designed by WTS in such a way that doctors and hospitals have to share the medical records with HLC members, which is a gross violation of confidentiality (Associated Jehovah's Witnesses for Reform on Blood Website⁵⁹). As stated earlier in the chapter 1.2.3, the AJWRB website accuses that the blood card is not even signed by free will of the Witnesses as claimed by WTS. It further states that an elder is usually present to see when members of the JW society complete their advance directives. When it is done under the supervision of the elder, it is hard to believe that the Witnesses' free will is not influenced by his presence.

5.7.3 Discussion/Analysis of Findings

It seems to me that doctors experience an ethical dilemma when they have to face the questions about JW and blood transfusion. It is difficult to come up with a satisfactory solution between the patient's rights of religious freedom and doctor's duty to help the patients to their best capacity. As far as doctor's competence goes, it is his duties to take responsibility for the patient's treatments. But nowadays, the patient's freedom of choice has become stronger and stronger in many areas and gradually even in medicines as suggested in the informed consent in the chapter 5.7.1. The patient's freedom to choose clashes with the duties of doctor to provide treatment of his capacity to the patient. In the modern world, many countries have their own rules and laws about the patients' rights to information and participation when it is a matter of treatment. However, it becomes necessary for doctors to talk to the Witness patients who carry the blood cards because there lie many kinds of dilemmas. Sometimes, problems appear both

⁵⁸ Heading of the content is "Agency law and the Watchtower society"

⁵⁹ Heading of the content is "Agency law and the Watchtower society"

when rights of religious freedom are respected and when they are not respected by doctors. But other times, problems appear both when the patient gets life with blood treatment and they die without blood treatment. Sometimes, doctors are put into problems, but other times, frustrated families express their wrath to the WTS blood policies after their loved ones are dead. Sometimes, patient remains faithful to the blood card until the last breath and even after their child is dead, but other times, they change their stand when it is a matter of life and death. Out of many, we can look at some quick examples.

As described in the chapter 1.1.1, there was a conflict which had taken place in Norway where the rights of religious freedom was breached, but the patient's life was saved. A woman who belongs to the Witnesses gave birth to her second baby. The patient had bleeding after the delivery and was transfused with blood despite of her being a member of the JW organization. Though both the woman and the baby survived after the transfer of blood, the doctor was criticized and held responsible for the breach of the patient's rights of abstaining from blood treatment and was relieved of his duties. Here the doctor focused on his duties where he thought that blood transfusion was the best remedy, but it cost his job. Just as described in the chapter 5.7.2, there was a brief story of one child who died by dedicating his life to Jehovah. He had refused to take blood at the ambulance and also at the hospital, but later on he was transferred to trauma center. But they did transfer the blood as the patient was unconscious and was a minor child. Unfortunately, he died even after receiving blood, but his mother was furious about the teachings which she thinks are wrong now. When we compare these two situations, I think it is obvious that both doctors and WTS are in precarious situations. In the previous case, doctor was penalized for taking the decision by following his heart and putting importance on his duties, but in the second case, the WTS was criticized because one mother was broken down after the untimely demise of her son. We cannot put rights of religious freedom and rights of life on equal terms. It signifies different things to different people.

The anesthesiologist, Jan Kolfaath, wrote in TNFL (Tidsskrift for den Norske Legeforening) that "vi kan som leger risikere å stå i retten, enten med en levende pasient som fikk blod eller med en død pasient som ikke fikk blod" (Utvik and Kull 2003, p. 27). It means that doctors can risk to stand in the court either with a living patient who received blood or because of a dead patient who did not receive the blood. Similarly as discussed in the chapter 5.7.1, the JW group feels

that they are getting interferences from medical field to exercise their rights for religious freedom and medical choices. Many Witnesses think that personal medical issues should not be dealt in the court, but they forget it is not only medical personnel who are against the blood transfusion and drag them to the court, but also some of the parents become angry at them after losing their children. Even if it is only the baptized adult who carries blood card which is legally binding, but children are also encouraged to carry a kind of card which reveals that they are children to the Witnesses and are against blood transfusion. Furthermore, they are taught to say “no” to blood. For many parents, faith to Jehovah falls apart when their own children fight for life and death.

I think one more area of confusion and conflict is the emergency department. The rights of religious freedom is easy to be respected when the patient is conscious because doctors can hold discussion with them and clear any confusion if they have, but when the patient is in unconscious state, it is difficult for them. I think the ethical dilemma for the physicians is that they believe they can save the life with blood transfusion in many situations, but at the same time, the blood card holds their hands. I would like give an example which I read. According to Lee Elder, there was an incident where an unconscious JW patient in the emergency department recovered consciousness for a short while and requested the blood transfusion. Thus, he was saved from the death (Elder 2000, p. 376). Though it is assured that blood card can relieve the doctors from the responsibility and legal hassles, but it seems that some doctors have reservations, especially in the emergency department. As discussed in the chapter 1.2.3, the AJWRB group has accused the JW group that the blood card is not always signed with free will. According to them, some people just do it because there is usually an elder present to influence the situation, and they are scared of being disfellowshipped. Because of lack of belief to the blood card, I think doctors prefer to have a dialogue with the Witness patients before rejecting blood option.

5.8 Alternative Nonblood Treatments

As discussed in the chapter 2.5, the Witnesses focus on various bloodless medical alternatives to blood transfusion. Since nonblood treatment is a vast medical procedure, I have described in that chapter some procedures which are easily understandable. There are some techniques and proteins which are popular among the Witnesses. They are used for preserving the blood and speeding up the blood creation during the bloodless surgeries. In that chapter, I have mentioned

minimal invasive technique and bleeding control for the purpose of reducing blood loss during surgeries, volume replacement for regaining blood loss, hemodilution for depletion of blood, genetically engineered proteins to speed up the blood creation. WTS is presenting these techniques as alternatives to blood transfusion whereas the AJWRB group thinks that blood transfusion is irreplaceable in many situations. Now, we will discuss the ongoing controversies between the JW and AJWRB groups about their beliefs on bloodless surgeries as alternatives to blood transfusion.

5.8.1 Usefulness of Alternative Nonblood Treatments Claimed by WTS

WTS claims that blood transfusion is associated with a big risk and that there are alternatives to blood transfusion, which are of high quality. As it is written in the brochure “Hvordan kan blod redde ditt liv?”, Dr Grant E Steffen points out to the main elements. He states that treatment of high quality is the treatment where it has ability to achieve ‘legitimate medical goal, not medical goal.’ According to WTS, the statement ‘legitimate medical goal, not medical goal’ is trying to convey that the patient’s ethical values and conscience built on biblical laws should not be violated (Hvordan kan blod redde ditt liv? 1990, p.13).

As normal hemoglobin level is around 13-16 g/dl, it is usual to give the patient blood transmission when one’s hemoglobin level goes lower than 10 g/dl. This usual practice is criticized by WTS in the brochure “Hvordan kan blod redde ditt liv?” because they state that giving blood transfusion at hemoglobin lower than 10 g/dl is unclear and not underpinned by evidence. WTS states that the background for this requirement is influenced by tradition, affected by obscurity and not underpinned by clinical or experimental evidence material. WTS further claims that we have considerable reserved capacity when it is a matter of oxygen transport. Even at hemoglobin level below 7 g/dl, it is difficult to detect a weakened working ability. In addition, many infants are believed to tolerate remarkably lower level of hemoglobin without obvious clinical difficulties (Hvordan kan blod redde ditt liv? 1990, p. 13-14). However, the brochure adds that if some persons lose much blood during an operation or an accident, the bleeding should be stopped and blood volume should be replaced through some fluids as alternatives which we discussed in the chapters 5.8 and 2.5. According to WTS, this will contribute to prevent the patients from having shock from lower blood pressure and maintain the circulation of remaining red blood cells and other components. The brochure also refers to the

book, “Blood Transfusion Therapy - A Physician’s Handbook, 1989” where it is written that salt solution, Ringer’s lactate solution, dextran, and others are neither expensive nor dangerous. They are easily available, compatible to all the blood and free of any infected blood (Hvordan kan blod redde ditt liv? 1990, p. 14).

For those who have questions regarding how can fluid replacement contribute as blood which transports oxygen to all the tissues, the brochure states that when we lose blood, the oxygen compensation mechanism starts functioning and heart pumps more blood with every beat. As the lost blood is replaced with suitable fluids, the thin blood smoothly goes through blood vessels such as arteries and veins. According to the brochure, skillful doctors can help the patient with fewer red blood cells with oxygen supply. When blood volume is replaced, doctors can give the patient a high concentration of oxygen. That makes more oxygen available for the body and has often produced remarkable results. It further states that if half of the red blood cells remains in the body, oxygen supply can give the patient 75% of the condition which is considered to be normal. WTS gave an example of a group of British doctors who used this method to a woman who has lost a lot of blood with hemoglobin going down to 1.8 g/dl. She was treated with high oxygen concentration through inhalation and transfused with high amount of fluids, and the result was successful (Hvordan kan blod redde ditt liv? 1990, p.14). In this brochure, WTS appeals to proficient and scrupulous doctors to use advanced methods such as electrocoagulation, saline solutions and drugs, but they are advised to respect the stand against the blood transfusion.

WTS is not only requesting doctors to treat the Witnesses without use of blood, but also they developed HLC to assist doctors and suggest acceptable treatments per the Bible. As described above in the chapter 5.4, WTS has done extensive research on bloodless surgeries, and HLCs in the whole world are provided with thousands of medical literatures related to medicine and surgeries. Awake! refers to Dr Richard K Spence, director of surgery at a New York Hospital, who states - “Jehovah’s Witnesses actively seek the best in medical treatment. As a group, they are the best educated consumers the surgeon will ever encounter.” According to Awake!, doctors are conversant with bloodless surgery methods on the Witnesses. Dr Denton, cardiovascular surgeon with his team has completed open-heart surgery without blood transfusion on 663 of the Witnesses. The outcome is encouraging, and it further strengthens the notion that open-heart

surgeries can be done without the use of blood (Awake! 2000, 1/8, p. 7-11). In this way, the WTS is trying to nullify the use of blood treatment.

5.8.2 Counteractive Points from the AJWRB’s Group

The AJWRB official website states that even though much has been said about the alternative bloodless surgeries and risk/benefit ratio of blood transfusions in association with HIV/AIDS and hepatitis, it is undeniable that blood transfusion is vital to our life in many situations. According to them, if any patient denies the blood transfusion that is considered medically essential and recommended by a physician, then he is putting his own life at risk and can die from severe anemia. As mentioned in the chapter 5.4.2 also, the AJWRB group brings forth the survey which was conducted by Carson et al. He conducted a survey of 125 operative Witness patients who rejected the recommended blood transfer. The survey showed that more than 60 percent patients died after the surgery, and it was found that their pre-surgical hemoglobin fell down below 6 g/dl. The chart below shows the full data:

Figure 6

Preoperative Hemoglobin	Mortality
< 6 g/dl	61.5%
6.1- 8 g/dl	33%
8/1-10 g/dl	0%
> 10 g/dl	7.1%

Source: Official Website of AJWRB

According to the AJWRB official website, transfusion of blood is necessary when failing to do so can put the patient into danger or when the risk is null or minimal. Generally, it is difficult to know the exact numbers for the risk/benefit ratio, so doctors consider the clinical judgment and published guidelines. For example, if one has a risk of getting stroke or heart attack from anemia is 15% and a risk of getting infection from blood is 0.5%, doctors would go for blood

transfusion. Thus, the AJWRB group states that for the doctors, it is the condition of the patient on which decision about the transfusion relies, but they do not consider it prudent to follow bloodless surgeries when the blood loss is high. The website mentions that it is normal to give blood to the patient with heart disease when he has hemoglobin below 10 g/dl whereas healthy patients can get blood when it goes down to 7 g/dl (Associated Jehovah's Witnesses for Reform on Blood Website⁶⁰). As mentioned earlier, the AJWRB website states that blood transfusion is a must and unavoidable to save the life in many situations.

The AJWRB website has given some cases where the blood transfusion is a must in some certain situations. Let us see one example on how one former JW lost his faith on the WTS blood policies and its alternative blood surgeries. He has shared his story on the AJWRB official website on the condition of anonymity. A few years ago, one JW patient became critically ill. He was informed that an organ transplant could save his life. Before the availability of the organ, his condition worsened, and fresh frozen plasma⁶¹ (FFP) was recommended for him. He has got swelling over his body because his blood vessels ruptured oozing the plasma into the surrounding tissues. His red blood cells were also low in count. His body was incapable of making necessary proteins and clotting factors. He started receiving albumin after the suggestion of the HLC member. The large doses of albumin were administered to him before he was shifted to intensive care unit⁶² (ICU). But it did not help, and his condition became worse. In the ICU, the same HLC member informed him that FFP is not permissible per biblical law. The HLC member suggested to take factor VIII, but doctors expressed the need for more than just factor VIII. Again in the ICU, the HLC person repeated that FFP was not acceptable, but he could get any clotting factor if it is transfused separately. Then, they were notified about the unavailability of the separate factors, so physicians emphasized the importance of taking the factors together with FFP. The patient became surprised and disappointed when the HLC member easily admitted with a grin that it was the case. It seemed to the patient that the member already knew about the unavailability of the separate factors. According to the AJWRB website, the patient became confused and somewhat desperate but realized the double talk of the HLC member. He consented with the doctor that rejecting the FFP did not make any sense at all when one can

⁶⁰ Heading of the content is "Risks of avoiding necessary blood transfusion"

⁶¹ Liquid blood which is frozen and preserved after blood donation for the purpose of transfusion afterwards

⁶² A unit in the hospital where intensive care is provided

accept all the FFP components separately. The patient discarded the inconsistent blood policies and received the FFP. After that, he improved and thanked Jehovah for showing him the right path on time. According to the AJWRB website, alternative blood surgeries are not enough, and blood transfusion is a must in some situations (Associated Jehovah's Witnesses for Reform on Blood Website⁶³).

In the AJWRB website, one former member of HLC publishes a letter where he expresses his experience and knowledge. He writes that even doctors accept about certain dangers involved in blood treatment. But he reminds the Witnesses that even if some positive things are there in alternative bloodless surgeries, the worthfulness of blood cannot be denied. He asserts that if medical science is to find a real replacement for blood, the HLC members would not have anything to do against the blood transfusion because the doctors will always choose the procedures that are best for the patients. After so many years of experience as a member of HLC, he realizes a sheer ignorance on the part of HLC members about the blood. He explains that it is not because of biblical reasons, but because of the policies in the organization and prohibition imposed upon them due to ignorance on their part. The Witnesses are made to believe that Bible discards the blood transfusion and that there are effective bloodless surgeries available for all kinds of problems. He indicates towards the inconsistent and unclear blood policies on the basis of which HLC members are advocating for alternative bloodless surgeries. He claims that many doctors get confused and show respect to the stand against blood transfusion because they think that the HLC members have a strong religious reason. Gradually during the interaction, they come to know that our stand against the blood is both illogical and is not supported by biblical scriptures where the Bible has just commanded the Witnesses not to eat blood. He writes that as the members of HLC, they have experienced many deaths when doctors are obliged to follow the alternative bloodless treatments instead of what they think are the best for the patients. Because of the organizational policies and prohibition, vaccinations and organ transplants were once banned. But they have abandoned this position a long time ago, and people are taking vaccinations and organ transplants gladly and our generation is taking advantage of vaccinations and organ transplant. So he thinks that people need to come out from the sleep and know the fact that if WTS changes the blood policies in the future, they would have already died to get that

⁶³ Heading of the content is "Blood saved their lives"

benefit and the future generations would not ask anything about accepting blood transfusion. He suggests that alternative blood treatment is not a question of the Witnesses' conscience, but in fact it is a matter of the WTS's conscience (Associated Jehovah's Witnesses for Reform on Blood Website⁶⁴).

5.8.3 Discussion/Analysis of Findings

It is indicative here that both the JW and AJWRB groups' activities are inductive where they give examples of particular incidences and try to garner a huge support for their general stand. As described in the chapter 5.8.1, the JW group has come up with some examples where some doctors have successfully treated the patient without use of blood. The JW group has also described about how the physicians were impressed with the research done by the HLC to encourage alternative bloodless surgeries. The JW quotes the statement from the treating doctors who have performed bloodless surgeries and committed to perform the surgeries without use of blood again and again. Similarly, as described in the chapter 5.8.2, the AJWRB group has come up with examples where some people have died rejecting the blood treatment. The AJWRB website has posted many anonymous letters from the former members of the JW organization and HLC. They have shared their experiences about how the Witnesses are being misguided by WTS and how people came out from the dilemma of blood policies. They have also written about the patients being saved from the untimely and undeserved death after thwarting the illusive and confusing blood policies from WTS. I think it is clearly visible from the examples that both the groups are sharing partial information and are hell-bent to prove other wrong.

It is interesting to read that both the groups are concerned about the hemoglobin level and writing about it. The AJWRB website mentions that it is normal to give blood to the patient with heart disease when he has hemoglobin below 10 g/dl whereas healthy patients can get blood when it goes down to 7 g/dl. In the medical field, doctors become concerned when it goes down below 10 g/dl. This is highly criticized by WTS, and they state that giving blood transfusion at hemoglobin below 10 g/dl is unclear and not underpinned by any evidence. WTS accuses medical professionals for giving blood transfusions to thousands of patients on the basis of unclear and unsubstantiated number. To discourage the blood transfusions, WTS further claims

⁶⁴ Heading of the content is "Stop the sanity"

that a group of British doctors has saved a woman whose hemoglobin went to as low as 1.8 g/dl. She was treated with alternative bloodless treatment such as giving high amount of fluids and high concentration of oxygen. By reading this, I think that WTS is not leaving any stones unturned to prove that there is no need of blood transfusion in any situations. They gave us an example of the person whose hemoglobin went to 1.8 g/dl, but they did not talk about the incidences where people had died because of rejecting blood treatment when their hemoglobin went below 6 g/dl. For example, as described in the chapter 5.8.2, the AJWRB talked about the survey where 60% out of 125 people died when their hemoglobin level went down below 6 d/l. Both the groups have good examples of incidences to argue for their views, but their examples are difficult to prove scientifically because WTS is in the habit of giving examples of the doctors and incidences without any details of the concerned people. At the same time, the AJWRB website gives the examples where the identities of the concerned people are kept anonymous. Even if they are not scientifically sound, I have to rely on these because my thesis is regarding debate between the two groups and is based on their websites, and all the material which I find in the websites is applicable in this thesis.

However, it also becomes necessary to mention here that WTS talks about uselessness of blood transfusions and usefulness of the alternative bloodless surgeries with so much ease. One could of course ask whether they are qualified enough to decide in such matters. Even doctors have to accept that blood treatments are not always free of dangers, and the need for the blood transfusion also depends on the condition of the patients such as hemoglobin level, disease conditions, remaining of red blood cells and so on. Doctors also calculate about the risk/benefit ratio when it is a matter of blood transfusion, and one might infer that WTS just nullifies the benefit of blood transfusion just because it is against their faith.

WTS further claims that if half of the red blood cells remains in the body, oxygen supply can give the patient 75% of the normal condition where people do not need blood transfusion. Ok agreed, but the question in my mind is that what if the patient loses more than half of the red blood cells in the accident, does that mean that blood transfusion becomes essential then? The WTS argument for sacrificing life for resurrection is more convincing than trying to prove that there are alternative bloodless surgeries available for all kinds of problems. Any adults have the rights of religious freedom to choose what they will in the case of blood treatments, but in the

case of children, even sacrificing life is not a right to choose. Their security and welfare is protected by the state, and parents are not allowed to decide regarding blood transfusion because it is the matter of life and death for them. Nevertheless, there were many legal cases involving the children and their blood transfusion. One former member of HLC in his letter to the AJWRB website claims that WTS could not win a single case when it applies to the minor children (Associated Jehovah's Witnesses for Reform on Blood Website⁶⁵) since children have rights to be protected by the state until they understand the complications existent between blood transfusion and alternative bloodless surgeries.

Finally, it is interesting to see how WTS is using quotes from the doctors to prove that alternative bloodless surgeries are good for the people and can replace the whole blood treatments. Simultaneously, it is again interesting to read the anonymous letters from the former members of HLC and JW organization where it is stated that how important blood transfusion is. Both groups are trying to make opponents wrong by such arguments, but I think no argument, logic or rights of the groups is beneficial if any children die. However I think in the case of adults, it is their choice whether they want to receive the blood or not.

CHAPTER 6: RELEVANCE OF ACTOR-NETWORK THEORIES AND MODES OF SYNCRETISM

In chapter 3, I have described what actor-network theories and modes of syncretism are. Now, I will discuss and check if these theories have any relevance in the issues going on between the JW and AJWRB groups.

6.1 Discussion of Actor-Network Theories and its Relevance

ANT treats each agent, human and nonhuman, as a part of social networks. Here in this thesis, the Bible and blood play central roles and participate in the network systems of the AJWRB and JW groups. As described in the chapter 3.1, John Law states that ANT is “the enactment of materially and discursively heterogeneous relations that produce and reshuffle all kinds of actors” (Law, 2008, p. 141). Thus, the ANT theory is also a distinct material-semiotic approach where it connects things that are simultaneously material (between things) and semiotic (between

⁶⁵ Heading of the content is “Stop the sanity”

concepts). In the network system of any society, there exists relationship between the concepts and materials. In this thesis where networks of JW and AJWRB groups are involved, we can establish the relationship between the concepts from the Bible and material such as blood. In the Bible, it is written that we are not supposed to eat blood and advised to stay away from the blood, so the Witnesses reject the blood even in the treatment procedures. Such material-semiotic relationship between the Bible and blood defines the course of the JW organization which has deep faith on Jehovah. As I mentioned in the chapter 3.1, Bruno Latour suggests that the role granted to nonhumans in the ANT theory should be actors, not just the hapless bearers of symbolic projection. Here in my thesis, we can see that Bible, blood cards, blood policies, and blood components play the roles which are equally important as roles played by human actors and can be represented as nonhuman actors. The networks are influenced by all the materials used in building relations in the process of taking all the human and nonhuman actors into account. For example, we have seen creation of conflicts in the JW group because of existence of heterogeneity among its members, different interpretations of the biblical concepts and influence of the medical discovery such as blood transfusion upon them. As a result of heterogeneity, AJWRB is established as a splinter group because of their different opinions on biblical concepts related to blood and faith on medical science.

According to Latour, the ANT theory also brings uncertainties and controversies in the group because of essentiality attached to the materials and concepts that are heterogeneous in understanding for human actors. Such heterogeneity leads to a new group formation where their belief system is understood. For example, formation of AJWRB group is a result of group formation. The JW organization is a group which is working for their common agenda, but with the scientific development of blood transfusion, some members started to have different belief on materials developed by medical science and that led to form a new group.

Latour also writes about controversies where action is overtaken by another group. He writes that in each course of action, a great variety of agents seem to barge in and displace the original goals. The agents can be both human or nonhuman actors. The original goals for members of JW organization are to achieve resurrection which, they think, is not possible if one receives blood. But during the course of time, they have felt enormous pressures from all quarters, and a subgroup HLC is created to check on the matters of blood and its transfusion. Thus, HLC has

taken over action from the JW group and accepted some components of blood which is not in their original goals. Likewise, the AJWRB's priorities are to make the Witnesses understand and accept the transfusion, but some doctors accepted to give alternative bloodless surgeries where blood transfusion is not required. Thus, we can see action gets overtaken by another group, and original goals keep on changing.

It is obvious that ANT theory is relevant in my thesis because we can see how nonhuman actors such as blood and Bible are influencing the JW society and how they are creating uncertainties and controversies that led to formation of a new AJWRB group, displacement of original goals and conflicts between the JW and AJWRB groups. In the following subchapters, we will see the relevance of modes of syncretism.

6.2 Discussion of Modes of Syncretism and their Relevance

As the ANT theory never insists on dispersion, destruction and deconstruction of the relationship and social networks involved in the conflicts, I will check the modes of syncretism that reconnects the differences between the groups. I have described the concept of modes of syncretism in the chapter 3.2. Now, I have to explore the modes of syncretism again to assess its practical relevance in my thesis. As mentioned earlier, the writers of "Modes of Syncretism: Notes on Noncoherence" state that some groups hold religion as a pure form and believe in purity of religious doctrines and practices. The fact is that there is nothing untouched of science in the modern world. Similarly, the writers point out that the stories told by most philosophers about the scientific method were idealizations, but in practice, they are not untouched of impurities and noncoherences (Law et al 2013, p. 172). Such impurities and noncoherences in the modern science and trying to keep the religious doctrines untouched of science bring forth controversies and uncertainties. For example, we see that how the JW group is trying to follow the Bible untouched of medical sciences related to blood and how the AJWRB group is trying to force the blood transfusion into that group. Along with the conflicts developed by noncoherences and impurities in any systems, there might be possibilities of syncretism taking place. Thus, I will try to find out how different modes of syncretism are taking place between the two groups in their logics and arguments they make and activities they perform in relation to religion, medicine and laws.

6.2.1 Discussion of Mode of Domestication and its Relevance

As described in the chapter 3.2.1, in the mode of domestication, noncoherences are recognized and are then tried to be domesticated. For example, the JW and AJWRB groups have different goals. The former has the purpose of resurrection and believes that acceptance of blood transfusion can take away the much-coveted desire of resurrection whereas the latter has the purpose of saving lives and believes that blood transfusion can save lives of the ignorant Witnesses. It is obvious that there is a high chance of clashes. Therefore, we can see if syncretism is taking place by the mode of domestication. For example, the AJWRB group supports blood transfusion and thinks that they can remain faithful to Jehovah after receiving blood whereas JW believe that it pollutes their blood and prevents them from achieving resurrection. We can see how noncoherent logics are playing their roles, and the desire of being faithful to Jehovah from both groups can minimize the noncoherent logics for the purpose of domestication. As the writers of 'modes of syncretism' suggest, conflicting groups try to draw the fangs of noncoherences by turning into something that binds together for the purpose of homogenization. Here, the symbol of homogenization is the faith to Jehovah and identity as Witnesses. Formation of HLCs, creation of blood cards, acceptance of secondary blood components and ideas about alternative blood treatments are all results of domesticating attempts among them.

6.2.2 Discussion of Mode of Separation and its Relevance

The medical practices and the JW's religious practices exist peacefully in different places, but when any patients with blood deficiency come to the hospital, the two practices and their logics come into contact and noncoherence becomes the issue. There were many incidences where the court intervention was necessary to resolve the matter, and it represents a third logic. The matter is so important that the AJWRB group split up from the mother group of JW. They are bringing up issues in the form of journals and websites. In the same way like medical practitioners and JW live separate lives, the AJWRB and JW groups also live separate lives and exist in different situations, but the common interest, welfare of those Witnesses who believe in Jehovah, is a point of syncretism. They hold different viewpoints for the blood transfusion, which is a point of noncoherences. This mode of separation is relevant in my thesis because they have separate official websites to convey their beliefs and messages. Though there is a potential for syncretism,

the potentiality is never realized until different practices are put together in the same space and time. Sometimes, the court has been a place where the two noncoherent logics from the two groups meet.

6.2.3 Discussion of Mode of Care and its Relevance

Care and love is a part of our everyday life. In case of JW, only faithful JW who are obedient to biblical laws can be active in the JW society and be a part of care and love the society provides them. Thus, JW have their own society where care and love are provided when in need, and they hold the society with great importance. If the biblical laws are broken, then they ignore the persons who break it. For example, it is because the Bible says that if one rejects God's law, "I will set my face against any Israelite or any foreigner residing among them who eats blood, and I will cut them off from the people" (Lev 17:10). The Bible also states - "Remove the wicked man from among yourselves" (1 Cor 5:13). The JW society is built on the common faith they hold. They enjoy their society and obey the commands from the God. By rule, "if a baptized JW breaks a moral code and does not repent, her or she will be shunned or disfellowshipped" (Jehovah's Witnesses Website⁶⁶). In this way, if any member of the JW organization receives blood transfusion, he is ignored in the JW society until he repents.

Here, the logic of medical necessity does not cohere with the logic of the society where care and love bind them together. However, the care of the AJWRB group for the Witnesses for their lives and the care of the JW group for the day-to-day life have brought the common issue of blood transfusion on spotlight. Thus, mode of care as a syncretism is relevant in my thesis. As described in the chapter 3.2.3, to understand the activities of the JW members, doctors and the AJWRB group should view it from the perspective of nurse who described how the patients become happy when they are surrounded by their loved ones and why they do not want to lose this care.

6.2.4 Discussion of Mode of Conflict and its Relevance

As described in the chapter 3.2.4, "conflict as a mode of syncretism is possible only if the different logics come together, for instance, in the form of demonstrations or comments in the

⁶⁶ Heading of the content is "Do Jehovah's Witnesses shun former members of their religion?"

press” (Law et al 2013, p. 184). We can see examples of high-voltage debates and comments between the AJWRB and JW groups where mode of conflict is in progress. AJWRB makes a reference point and comments hard when there is clash of the Witnesses with legal and medical experts after and before the treatment. There are cases of conflict when the patient has died after the treatment, but interestingly, there are also cases of conflict when the patient has survived after getting transfusion without consent. Regardless of how big or small the conflict is, there is always blending of components. Mode of conflict is the stage where mode of syncretism takes place in a high-voltage debate between two or more opponents before coming to an agreement. High-voltage drama can even take place in the court where mediator works hard to bring the compromising point ahead. This mode of conflict is also relevant in my thesis because the JW and AJWRB groups are involved in high-voltage debates through their respective official websites. But I can see the points of compromise from both groups. For example, the JW group is compromising in terms of creating HLC, accepting all the blood fractions of the primary components that were once forbidden, not disfellowshipping any sinners formally, communicating with patients and doctors whenever necessary. At the same time, AJWRB is also compromising in terms of accepting blood transfusion is not always good, sometimes appreciating change in blood policies, wishing to maintain the identity of the Witnesses and respecting the rights of religious freedom to the adult Witnesses.

6.3 Chapter Sum-up

This chapter shows the relevance of ANT and different modes of syncretism in this thesis. On the one hand, the theory gives nonhuman actors such as blood and religion active roles. They have brought up the conflicts in the network system of the JW group and created a new group which stands against the blood policies of the Watchtower Society. On the other hand, as described in the chapter 6.2, we can see the influence of the modes of syncretism in their respective stands.

CHAPTER 7: CONCLUSION

My objectives are to find the kinds of conflicts between the JW and AJWRB groups and modes of syncretism that are influencing their respective stands. As discussed in the chapter 5, I found

out that they have gone through many conflicts regarding interpretations of biblical scriptures, acceptance of all the blood fractions, confusion created by blood cards, role given to HLC's members, possibility of blood infection and diseases, act of excommunication, clash between rights of religious freedom and duties of doctors, and use of bloodless surgeries as alternatives. I have applied the theory of ANT in this thesis to explore the cause of uncertainties and controversies while giving important roles to nonhuman actors. Importance given to biblical scriptures, medical invention of blood transfusion, religious freedom of choice are the main reasons for the conflicts between the two groups. After knowing that ANT does not insist on dispersion, destruction and deconstruction of the network, I explored the modes of syncretism that reconnect the two groups with their logics of arguments and activities. During the course of research, I found the possibility of syncretism between the two groups through different modes, and their respective standpoints are already getting blended with various modes of syncretism such as mode of domestication, mode of separation, mode of care and mode of conflict. As described in the chapter 5 and 6, it is clear that the two conflicting groups are already getting syncretized in their logics of arguments and activities in relation to the Bible, medical science and the rights of the Witnesses and duties of doctors.

As we already know, the faith of the JW society is based on the biblical scriptures, and the Bible is written when there was no medical invention of blood transfusion and when there was no talk of religious freedom of choice. Inclination to different interpretations of the Bible and different priorities of the people led to some conflicts, and the AJWRB group was born out of conflicts. The AJWRB group's logics of arguments are based on medical science. As described in the chapter 6, both the groups are getting mixed up in their logics of arguments and activities. Here, we can give some examples of the syncretism. Firstly, the JW group states that they can get resurrection if they do not accept blood transfusion whereas the AJWRB group states that they can get resurrection even if they accept blood. Here, the point of syncretism is resurrection where they both think that they will get it. Secondly, some doctors have used some bloodless surgeries as alternatives to blood transfusion whereas WTS has accepted all the secondary blood fractions that were once forbidden. The point of syncretism here is willingness to compromise. Thirdly, there are some cases where the court has intervened to protect the JW's religious freedom of choice whereas there are also some cases where parents are denied the rights to say anything when minors are involved in the process. In this way, we can see that the logics of arguments can

create syncretism between the two groups. Fourthly, activities such as creation of blood cards and HLCs are syncretizing attempts where the blood cards can minimize the confusion of giving blood or not to the Witness patients and HLCs can negotiate the benefits of nonblood treatments as alternatives.

As this thesis revolves around the discussion and analysis of the findings in the JW and AJWRB groups' official websites and their respective publications, there is no much room for my personal view. However, I think it is good if the AJWRB group can appreciate the JW group rather than criticize them when they try to change themselves to allow more room for syncretizing religious and medical arguments. The changes in blood policies, changes in blood cards and acceptance of all the secondary fractions by WTS is an attempt for syncretism which AJWRB needs to understand. Another area where I want to say something is about the signatures in the blood card and creation of HLCs. The JW group is accused of influencing the decision of the individual Witnesses while signing the blood card. If it is so, then the JW group can allow a legal expertise to be present during the signing process so that they do not have to face criticism where they are blamed for forcing the blood cards. Since creation of HLCs has syncretized the two groups to a certain degree, the presence of legal expertise will positively create more syncretism and help reducing criticism towards the JW group.

In this way, we can see that the standpoints of both groups are being influenced by different modes of syncretism, and they are gradually changing to suit each other. Therefore, instead of trying to prove the opponent group wrong, both the groups should focus on the welfare of the Witnesses and appreciate it when any other group comes up with new points of compromise that leads to a syncretism. Thus, I do not only see the modes of syncretism that are taking place between the two groups as a mere mixing up but see it as a step towards the peace and reconciliation between the two conflicting groups.

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