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ETHICAL ISSUES IN THE FORCED TRANSFUSION OF JEHOVAH'S WITNESS CHILDREN

Mark Sheldon, PhD

Department of Philosophy, Indiana University, Northwest Campus, Indiana University School of Medicine, Gary, Indiana
Reprint Address: Mark Sheldon, PHD, Professor of Philosophy, Adjunct Professor of Medicine, Indiana University, Northwest Campus, Indiana University School of Medicine, Gary, IN 46408

☐ **Abstract—This paper examines the views of Jehovah's Witnesses in regards to their refusal of blood transfusions for themselves and their children. After setting out the legal framework society presently has in place for dealing with such refusals, the paper reviews the ethics literature that justifies the intervention by the State to force the transfusion of Jehovah's Witness children. It is claimed that the arguments such literature develops are seriously problematic. A different approach is suggested.**

☐ **Keywords—Jehovah's Witness children; ethics; forced transfusion**

INTRODUCTION

The purpose of this article is to discuss the issue of forced blood transfusion for Jehovah's Witness children, particularly in cases where the lack of a transfusion will result in the child's death. The discussion will consist of several parts. First, background concerning the beliefs of Jehovah's Witness will be provided. This will be followed by a description of the legal framework within which the state, through the courts, has established the legitimacy of forced blood transfusion. Then, arguments developed in the ethics literature supporting such intervention will be reviewed and critically evaluated. It will be established that the basis upon which the state takes such action has not been defended well in the existing ethics literature. The final section of the paper will consist of observations and recommendations. The paper, with some misgiving, will conclude that it is right for the state to take temporary custody of a child of Jehovah's Witnesses in order to force the child to undergo a blood transfusion.

BELIEFS OF JEHOVAH'S WITNESSES

Little attention has been given to the question of whether medical personnel who must deal with Jehovah's Witnesses in life-threatening circumstances truly understand the concerns by which the religious group is motivated. In fact, only one instance was found in which this question was even considered—a letter to the editor of the *Journal of the National Medical Association*. Samuel V. Duh, MD, MPH, from Montefiore Hospital in Pittsburgh, distributed a questionnaire to medical students at the University of North Carolina and to physicians at the North Carolina Memorial Hospital, a teaching hospital. Duh (1) reports:

> Fifty-eight percent of the students did not know why Witnesses refuse transfusion. It is obvious from the reasons given that most of those who checked "yes" did not really know the reason. Sixty-seven percent of the physicians stated they knew the reason, but their answers indicated that most of them did not know.

Duh also reports that responses to the questionnaire reflected strong disagreement, along with sadness and

Ethics is coordinated by *Kenneth Iserson*, MD, MBA, of the Arizona Bioethics Program at the University of Arizona, Tucson, Arizona

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anger towards the Witnesses' refusal of transfusion—all, in Duh's judgment, indicative of lack of understanding on the part of medical students and physicians (1).

Jehovah's Witnesses are Christians who believe the Bible is the Word of God in its entirety. Their name is taken from a statement that appears in the book of Isaiah: "Ye are my witnesses, saith Jehovah" (Isa. 43:10). Beginning as a nondenominational Bible study group in 1879 near Pittsburgh, led by Charles T. Russell, the group grew quickly and spread across the country. By 1881, the group formed the Watch Tower Bible and Tract Society. By 1909, the society had grown into an international organization with headquarters in Brooklyn, New York. Since witnessing to God through preaching was their main activity, Witnesses were among the first to engage in radio broadcasting. These efforts eventually gave way, during the 1930s, to house-to-house visits and street-corner preaching. Presently, there are estimated to be approximately 2.2 million Jehovah's Witnesses in more than 200 countries around the world, with about 554,000 Witnesses in the United States (2).

As a group, Jehovah's Witnesses have faced numerous challenges. In the 1930s and 1940s, when their right to make home visitations was challenged, the courts affirmed their right to freedom of speech. Jehovah's Witnesses comply with most modern medical and surgical procedures, and a number of Witnesses are physicians and surgeons (3). They do not smoke, use recreational drugs, or have abortions. They view life as sacred. Why, then, do Witnesses appear to contradict this commitment to the idea that life is sacred, and reject blood transfusions at critical moments when it is a matter of life and death? In their pamphlet, *Jehovah's Witnesses and the Question of Blood* (4), they make the following statement:

> The issues of blood for Jehovah's Witnesses . . . involves the most fundamental principles on which they as Christians base their lives. Their relationship with their creator and God is at stake.

The seriousness of the question of blood for Witnesses can be compared to the seriousness of idolatry for Jews. Jehovah's Witnesses cite numerous passages from the Bible (5) to support their position:

> Each moving thing that liveth shall be meat for you . . . But the flesh with the life thereof, which is the blood thereof, shall ye not eat (Gen. 9:3–6). I will even set my face against that soul that eateth blood, and will cut him off from among his people (Lev. 7:26–27). Only be sure that thou eat not the blood for the blood is the life; and thou mayest not eat the life with the flesh. Thou shalt not eat it; thou shalt pour it upon the earth as water (Deut. 12:23–25). For it seems good to the Holy Ghost, and to us, to lay upon you no greater burden that these necessary things: that ye abstain from meats offered to idols, and from blood (Acts 15:28–29).

It is the Acts of Apostles, in particular, which serves most centrally as the basis for the rejection of blood transfusions. After listing those things from which believers should abstain, it reads: ". . . from which if ye keep yourselves, ye shall do well" (Acts 15:28–29).

Therefore, Jehovah's Witnesses take literally the numerous passages which proscribe the consumption of blood. They believe that the violation of this proscription will result in loss of eternal life. Witnesses do not reject this world. To the contrary, they value and seek bodily health. Still, they do not think "physical life is limited to this present, temporal existence" (6). They believe that it is wrong to contrast "physical life" with "eternal life." Rather, Witnesses believe that God will, in the future, destroy life on earth, ending both personal life and conscious spiritual life. Eventually, they believe, God will resurrect the bodies of the faithful, and a limited number "will reign with God in heaven, while the remainder will live a life without end on a renewed earth" (6). They believe that life in the future, therefore, will be physical, earthly, and eternal. When one thinks about the future life for which the Witness is ready to die, the relevant distinction is not between the physical and the eternal; it is between the temporal and the eternal.

Several observations are in order, at this point, in relation to the theological position outlined above. First, once one accepts the Witnesses' perceived consequences of "ingesting" blood—being shut off from eternal life—their refusal of blood transfusion is not an irrational act. Second, the refusal of blood transfusion cannot appropriately be described as "suicide," because the Witness wants to live. Third, the refusal of a blood transfusion is not the same as an expression of one's right to die. Finally, the death of the Witness that results from the refusal of a transfusion cannot be equated with martyrdom. The martyr chooses to die for his or her religion. The Witness, on the other hand, wants to live, and even when refusing the transfusion, he or she is willing to seek alternative treatments. In addition, even when death will almost certainly result when the transfusion is refused, the Witness places the emphasis not on dying as a result of faith, but living in accordance with faith. It is true that many theological and practical questions remain in relation to the Jehovah's Witnesses' rejection of blood—questions having to do with the limits of their refusal (7)—but it is not necessary to discuss these here.

THE LEGAL FRAMEWORK

The interests of the state that have been identified as compelling against the right of Jehovah's Witnesses to refuse blood transfusion are: 1) a concern about the preservation of life (an individual has no right to commit suicide); 2) a concern about dependent children who may be left as charges of the state; and 3) a concern about the ethical integrity of medical practice (a person may have a right to refuse treatment, but may not demand mistreatment).

When adults are concerned, the courts generally have determined that the competent adult Jehovah's Witness, who has no dependent minor children, has a right to refuse blood transfusion (8). When children are concerned, however, the situation is very different. Interestingly enough, the decision that appears to have set the major precedent, *Prince v. Massachusetts* (1944), was not a case dealing with medical treatment, but with child labor laws (8). An aunt, who was the legal custodian of a 9-year-old, had the child on the street with her selling Jehovah's Witness magazines. Although this was in violation of child labor laws, the defense claimed that Jehovah's Witnesses were required by their religion to spread the gospel. The little girl indicated that she wanted to sell the magazines to avoid eternal damnation. Defense, therefore, claimed that this was a violation of her right to freedom of religious belief. In response, the Supreme Court ruled that the state has authority as *parens patriae* to act in the interest of the child's well being, and that, on this basis, parental control can be restricted. While this particular decision had nothing to do with transfusion, the court (9) reached this conclusion:

> Neither the rights of religion nor the rights of parenthood are beyond limitation. . . . Parents may be free to make martyrs of themselves, but they are not free to make martyrs of their children before they have reached the age when they can make that choice for themselves.

A series of court decisions followed upholding *Prince*, but also dealing with the legitimacy of state intervention in matters that do or do not involve life-or-death situations. Again, it is interesting to note that *Prince* did not involve a life-and-death situation (8).

WITNESSES' VIEWS REGARDING CHILDREN

In their pamphlet, *Jehovah's Witnesses and the Question of Blood* (4), the Witnesses make the following statement:

> Jehovah's Witnesses are sure that obeying the directions from their Creator is for their lasting good. . . . The early Christians felt the same. History shows that their obedience to God was sometimes tested to the limit. In the Roman Empire they were put under pressure to perform acts of idolatry or to engage in immorality. Their refusal to give in could mean being thrown into the Roman arena to be torn apart by vicious animals. . . . Think what that involved. For the early Christians who were parents, refusal to break God's law might even bring death upon their children.

The Witnesses then make the point that their refusal of blood transfusion cannot rightfully be construed either as suicide or as an exercise of the right to die, but it must be seen as respect for God's word (4).

In addressing the issue of children, Witnesses (4) make the following argument:

> Likely the aspect of this matter that is most highly charged with emotion involves the treating of children. All of us realize that children need care and protection. God-fearing parents particularly appreciate this. They deeply love their children and keenly feel their God-given responsibility to care for them and make decisions for their lasting welfare.—Ephesians 6:14.
>
> Society, too, recognizes parental responsibility, acknowledging that parents are the ones primarily authorized to provide for and decide for their children. Logically, religious beliefs in the family have a bearing on this. Children are certainly benefited if their parents' religion stresses the need to care for them. That is so with Jehovah's Witnesses, who in no way want to neglect their children. They recognize it as their God-given obligation to provide food, clothing, shelter and health care for them. Moreover, a genuine appreciation of the need to provide for one's children also requires inculcating in them morality and regard for what is right. As has been mentioned, the early Christians were exemplary in this; the parents both taught their children and personally lived up to the moral teaching they enunciated. History relates that whole families sometimes were exposed to death in Roman arenas because the parents would not violate their conscientious beliefs.
>
> We are all aware that the lack of parental teaching and moral example has contributed to the fact that many youths today have no basic values; they think nothing of endangering their health and life, as well

> as the lives of others, in an unrestrained search for thrills. Is it not much better for youngsters to have parents who promote morality and respect for high principles? Parents who are Jehovah's Witnesses show great love for their children as well as their God by using the Bible to become moral persons. Thus, when these children are old enough to know what the Bible says about blood, they themselves support their parents' decision to abstain from blood.—Acts 15:29.

In the statement above, Witnesses indicate that they are fully aware of the significance of their refusal of blood transfusion for their children. However, they state that they do this out of devotion to God and out of love for their children. They claim that they cherish their children and are concerned for their children's future welfare. They do not believe that their actions should be construed as neglect. Rather, they believe that they probably are better parents than many parents in the larger society. They point to society's toleration for loose parenting, which leads to children growing up without respect for life, morality, or themselves. They hold up as examples the early Christian families who died at the hands of the Romans as models. Further, Witnesses claim to have evidence that as their children grow, they made the same choices that their parents previously made for them.

The aspect of the quote that should be emphasized is that Jehovah's Witness parents perceive themselves as acting in their children's best interest. They do not want their children to be "cut off" from the possibility of obtaining eternal life. They do not believe that it is in any way appropriate to describe their actions as involving neglect or disregard for their children. It is true, of course, that their belief that they may be better parents than others does not provide support for their right to deny blood transfusion to their children. Also, it is not clear what evidence they have to support their claim that their children will, when grown, reach the same decision as they have. But it seems clear that to describe their actions as neglectful is problematic.

Jehovah's Witnesses express two other concerns in an accompanying passage not quoted here, but worth mentioning. The first is their belief that doctors who perform abortions demonstrate a disregard for life. This question obviously turns on the status ascribed to the fetus. The second and more interesting concern centers on what appears to be the Witnesses' belief that Hitler succeeded by winning over the allegiance of the German children, by separating them from their parents. Setting aside, here, the question of the validity of this historical claim, Witness parents view the takeover of their children, by the state, as a profoundly dangerous attack on freedom. The problem with this argument, setting aside the emotionally charged analogy to Hitler and concentrating only on the issue of freedom, is that the Witness parents confuse their freedom, or even the freedom of the "family," with the freedom of individuals, a more encompassing perspective, which includes their children.

THE ETHICS LITERATURE

Uniformly, the ethics literature expresses the view that it is right for the state to take temporary custody of a child to force it to undergo a blood transfusion in cases 1) when the lack of transfusion will lead to the child's death and 2) when the child is too young to give assent. However, I also believe that the basis upon which the state takes such action is not well defended in the existing ethics literature. This section consists of a review of representative arguments supporting state intervention, along with criticism of these arguments.

In 1977, Ruth Macklin (10) wrote, in an article still much referred to and often anthologized, the following:

> It might be argued that Jehovah's Witness parents, in refusing permission for blood to be given to their child, are acting in accordance with their perceived duty to God, as dictated by their religion, and that this duty to God overrides whatever secular duties they may have to preserve the life and health of their child.

Macklin (10) criticized this belief:

> Here it can only be replied that when an action done in accordance with perceived duties to God results in the likelihood of harm or death to another person (whether child or adult), then the duties to preserve life here on earth take precedence. The duties of a physician are to preserve and prolong life and to alleviate suffering. . . . Freedom of religion does not include the right to act in a manner that will result in harm or death to another.

A few points in response to Macklin's argument are in order. The first and fundamental question is: from whose perspective is "harm" being defined? Second, she identifies "harm" with "death." These are not necessarily the same. She (10) states:

> If the parents refuse to grant permission for blood to be given to their child when failure to give blood will result in death or severe harm . . ., their prima facie right to retain control over their child no longer exists. . . . the case [at this point] sufficiently resembles that of child neglect [in respect to harm to the child]. . . . in the absence of fulfillment of their duties, it is mor-

> ally justifiable to take control of the child away from the parent.

From Macklin's point of view, the act "sufficiently resembles child neglect." However, on what basis is this determined to be child neglect? This is only possible to claim if the religious perspective of the parents is set aside. What makes this move acceptable? The vague comment "sufficiently resembles child neglect" does not seem to provide such a basis.

Another interesting discussion of this issue appears in a 1983 article (11) that appeared in *Hospital Progress*. The article states: "The basic ethical principle involved is beneficence: One is obliged to do whatever good one reasonably can for another person" (11). The argument is different from Macklin's in that duty is seen positively (doing good) rather than negatively (avoiding harm). The article indicates a certain concern for the family and recognizes that it is "especially dangerous today, when society tends increasingly to allow the state to take over parents' functions" (11). However, it makes the following point (11):

> When the person is a minor, the obligation of beneficence falls primarily on the parents. When the parents for whatever reasons, even sincerely held religious beliefs, fail in this regard, then society, usually through its legal processes, must step in and provide for the child's good. Certain members of society, such as physicians or hospital administrators, are in a position to detect parental failure in these matters and therefore have a moral obligation to call the child's plight to civil authorities attention.

Two comments are necessary. The first is that the use of the language "parental failure" is heavily condemnatory, and not clearly appropriate. Second, while there may not be a problem, as there was above, in defining "harm," there is the problem of defining "good."

Another document that addresses the issue of state intervention is "Religious Exemptions From Child Abuse Statutes," produced by the Committee on Bioethics of the American Academy of Pediatrics in 1988 (12). This document is essentially a recommendation to change child abuse and neglect statutes that exempt parents on the basis of religious freedom.

> Religion plays an important role in the growth and development of many children and families. However, when parental practices have potentially harmful consequences for the child, state intervention may be warranted. . . . The limits to parental decision making for children are uncertain, but it is widely accepted that parents generally will make decisions that do not directly threaten the welfare of their children.

The document (12) continues:

> Tradition, social forces, and belief systems shape the limits of acceptable nurturance, of parental imperatives and privileges, and even of physical force used in the discipline of children. These, of course, change with time. However, the constitutional guarantees of freedom of religion do not sanction harming another person in the practice of one's religion, and they do not allow religion to be a legal defense when one harms another.

Again, as in the Macklin article, the problem exists concerning the fact that whether harm is present depends on the perspective from which it is identified. Also, what truly constitutes the "welfare" of the child is a matter of perspective.

Another representative approach in the ethics literature appears in an article by Gary Benfield, MD, published in *Legal Aspects of Medical Practice* (13). He attempts, he points out, to address the human side of the issue, and he does, one can argue, make a sincere effort to try to understand the feelings of the Jehovah's Witness parents. He describes one of his cases that involved a young Rh-positive mother who gave birth to an Rh-positive male. He quotes (13) the mother:

> Three days after the birth of our son, we were told that on the very day of his birth he was taken from us, by a simple dial of the phone, and given blood. . . . You have touched the very depth of my being. The pain I felt is the same pain had I been told of my son's death. . . . I realize it is difficult to understand how two people claiming to love their child are willing to let that child die. We as Jehovah's Witnesses believe in that promised kingdom of God's as a real ruling power, and when that kingdom that we all pray for does come to this earth, our son will be given back to us. We would just have to wait a little longer to watch him grow and to give him all the love we stored up for him in our hearts over the last few months. . . . Jehovah's Witnesses do not reject blood for their children due to lack of love. . . . If we violate God's law on blood and the child dies, we have endangered his opportunity for everlasting life in God's new world.

Benfield's comments, in response to the mother's statement, are interesting and revealing. He remarks that after he considered all the options, he chose the one that "would best benefit my innocent patient " (13), a description which seems to impute something negative and possibly exploitative to the mother's relationship with the child. Second, he explains the basis for his choice. This consists of him asking himself, "Can I live with this decision?" (13). His answer is, "Yes."

One can argue, however, that there is a problem in resolving an ethical dilemma on this basis. Such a criterion allows for anything that human beings "can live with." It is probably the case that Benfield is a sensitive and caring person, but this is a dangerous way to proceed. Presumably (this comment is not meant to reflect on Benfield but on the methodology he employs to resolve ethical dilemmas), Nazi doctors could "live with" their decisions.

Benfield (13) continues:

> The parents felt that, by giving blood, I would compromise their son's chances for everlasting life. I disagreed. I felt that Jehovah, a loving God, would welcome their child in "God's new world" were he to die having received blood or not. Who was right?

In this passage, Benfield ventures beyond the basis justifying intervention expressed in the ethics literature quoted above. He does not focus on the issue of "harm" or "good" or "welfare." Instead, he is engaged in theological debate. This, of course, prompts a question concerning the expertise a physician must have in order to engage in such commentary, to make a judgment concerning the validity of another's religious belief. The question is not what Benfield does, but why. What legitimately entitles him to force a transfusion on the child? A claim to possess a more valid religious insight than the mother is not available to him simply by virtue of being a physician. Nothing about being a physician provides a basis for his conviction that he understands better than the mother does how God works. In addition, she does not make a decision on the basis of what she "can live with." She acts on the basis of scripture. For her, this is not a matter of speculation or theological debate. She acts in a way that is prescribed for her by her religious tradition.

OBSERVATIONS AND CONCLUSIONS

The following observations and conclusions should be viewed as preliminary thoughts in response to the issues raised in this article. They are preliminary in the sense that more discussion is warranted.

1. Jehovah's Witnesses and Christian Scientists are different. Christian Scientists claim to accomplish, through prayer, the same objective as physical medicine: healing. By making this claim they invite comparison. Jehovah's Witnesses' objective is not the same: for them the objective is obtaining eternal life. It is not a question of comparing methods for achieving the same objective.
2. The criticism of the ethics literature, contained in this paper, does not imply that there is no basis for the existence of statutes concerned with child abuse and neglect. This is a different question. The state, on this issue, appropriately takes guidance from scientists (psychiatrists and psychologists) who do studies, determine consequences, and measure pain and adverse reaction related to abuse and neglect. The state can develop expertise in this area and can claim knowledge of what constitutes child welfare, benefit, best interest, and harm. But where the issue is ultimately spiritual and where obtaining eternal life is the objective, it is clear that the state can make no claim to any sort of knowledge. Undergoing a blood transfusion may, in fact, cut off one from obtaining eternal life, and the state simply does not have the expertise and knowledge that would enable it to judge the merits of such a claim.
3. Given this lack of expertise in such ultimate questions, the state, it seems to me, must accede that all talk of harm, benefit, best interest, and martyrdom amounts to what appears to be rhetoric and not argument. Jehovah's Witness parents, in refusing blood transfusion, cannot be said to be truly harming or neglecting their children. It is simply not the case that knowledge, which would make such a judgment legitimate, is available. That refusing a transfusion is harmful can certainly be believed, and one can argue that such is the case, but it cannot be known. Therefore, the state, in taking temporary guardianship to transfuse the child, cannot be said, with certainty, to be doing this for the child's welfare. It is simply not known whether this is the case.

What, therefore, makes it legitimate to order transfusions for the children of Jehovah's Witness? The most defensible argument is that the state's weakness is also its strength. That is, while the state does not know truly what is in the child's best interest, neither does anyone else. What the parents believe is in the child's best interest may be mistaken. Given that no one knows what is in the child's best interest, the role of the state is to ensure that children ultimately become adults, able to decide, independently, what is in their own best interest. It is not even that the state assumes that it knows it to be in the child's best interest to become an adult. It may not be. It is simply that no one knows what is in the child's best interest, and the responsibility of the state is to make certain that persons who make decisions which are irrevocable do so when they are competent. A source of disquiet is that many people believe, with good reason, that parents know what is in their child's best interest. This is a belief that is not easily dismissed. And, in fact, it is not dismissed here. Ideally, the family is a very significant moral institution. More than any other institution in society, the family, properly focused, values human beings simply because they *are*, not because of any use to which they can be put. And, for this reason, it is probably in a child's best interest (and society's best interest, as well) that the family be maintained to the extent that it is, as a unit, consistent with this objective of such nurturance.

One remaining problem (and it is not insignificant) is that the state and various religions differ in regard to the point at which a child achieves his or her maturity. In Judaism, for instance, a child takes on adult religious responsibilities at the age of 13. Therefore, competence is not an easy question to address for the same reason that harm, benefit, and best interest are not easy questions to address: to a great extent, it depends on the perspective from which one approaches the question.

It may be that the position defended here, that intervention is justified on the basis of the incompetence of the child, is still, ultimately, the imposition of a particular view. However, being imposed is a view of when a child achieves competence. Furthermore, it is agreed that competence is not an easily settled issue; it does depend on one's perspective. However, to talk of harm, benefit, or welfare in relation to religion is even more problematic.

It is clear that this argument needs further development. The purpose has been to indicate the direction in which such argument should be developed. This will involve admitting uncertainty, rather than appealing to problematic assumptions regarding what constitutes harm, neglect, or beneficence.

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