

THE UNIVERSITY OF ZAMBIA

**AN ETHICAL ASSESSMENT OF THE RELATIONSHIP BETWEEN THE CHURCH
AND THE STATE: A CASE OF BLOOD TRANSFUSION AMONG THE JEHOVAH'S
WITNESSES OF MPIKA AND LUSAKA DISTRICTS**

BY

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A Dissertation Submitted to the School of Humanities and Social Sciences of the University of
Zambia in Partial Fulfilment of the Requirements of the Masters Degree in Applied Ethics.

Lusaka, Zambia

2015

DECLARATION

I, PETER MUYOBA, do hereby declare that this dissertation represents my own work, and it has not previously been submitted for a degree, diploma or any other qualification at this or any other university.

Sign:.....

Date:.....

CERTIFICATE OF APPROVAL

This dissertation of Peter Muyoba has been approved as partial fulfillment of the requirements for the award of the Masters Degree in Applied Ethics by the University of Zambia.

Signed:

Date

ABSTRACT

The Watchtower sect, just like other universal religions, makes a strong claim on its members that they refuse blood transfusion as a fundamental part of their belief that God views blood as representing life. Thus it is important to note that commitment to religious beliefs will sometimes inevitably come into conflict with the role of the State, say to provide security and welfare to its members especially vulnerable ones like children. The lives of many Witnesses in Zambia may be at risk due to their unwillingness to undergo blood transfusion on religious grounds. This state of affairs places the Zambian Government in a dilemma as it has a constitutional duty to both respect people's religious rights and protect people's right to life. The aim of this research is to ethically assess the relationship between the Church and the State on blood transfusion among the Jehovah's Witnesses of Mpika and Lusaka districts. The objectives of the study were : (i) to investigate the nature of the doctrinal position of the Jehovah's Witnesses in Mpika and Lusaka on the rejection of blood transfusion; (ii) to explore the extent to which Jehovah's Witnesses of Mpika and Lusaka share in the doctrinal position on the rejection of blood transfusion; (iii) to ascertain the awareness of Jehovah's Witnesses of Mpika and Lusaka about the benefits and burdens of rejecting blood transfusion in Zambia; and, (iv) to examine the position of the State on the rejection of blood transfusion by Jehovah's Witnesses. A total of 30 persons were interviewed. This number was sufficient for the study as it was supplemented by two focus group discussions among medical students at UNZA Ridgeway Campus and seven focus group discussions among Jehovah's Witnesses at all Kingdom Halls under study.

The significance of the study highlights the ethical challenge that the Watchtower doctrine on blood transfusion presents to the relationship between the Church and the State. The research design was a case study. The study used a qualitative approach which involved an ethical assessment. The methods employed were in-depth interviews and focus group discussions.

The ethical framework of the study used to collect relevant data and inform the ethical assessment of the study included Rights theory and different ethical principles which comprised the principle of beneficence, the principle of nonmaleficence, the principle of autonomy and the principle of paternalism.

The study made the following recommendations: (i) the autonomy of a competent patient should be respected by medical practitioners if they refuse blood transfusion on religious grounds; (ii) the State should ensure that alternatives to blood transfusion are made available in hospitals and clinics so that patients have options to choose from ; (iii) the State should provide medical institutions with well trained personnel that minimize the possibility of blood loss; (iv) Medical practitioners should maintain frequent and close surveillance for signs and symptoms of postpartum to facilitate early intervention; (v) medical practitioners should use modern medical science as an objective basis for protecting children against being denied a life-saving medical procedure of blood transfusion by their parents on religious grounds; (vi) further research be carried out to determine the extent to which lives of children are lost as a result of religious objection of their parents to blood transfusion.

DEDICATION

To all Zambian youths

ACKNOWLEDGEMENTS

I would like to express my gratitude to all those who contributed to this study. Special thanks go to my supervisor, Dr. Anthony Musonda, for his guidance throughout the study. Special tribute should go to my lecturers in the Department of Philosophy and Applied Ethics namely; Prof. Clive Dillon-Malone and Prof. George Spielthener for their useful advice.

My gratitude is extended to all my informants who gave me the opportunity to interview them. My special thanks go to my classmates for their moral and academic support. To all those I am not able to remember but contributed to this study in some way I say, thank you.

LIST OF ABBREVIATIONS

AJWRB	Associated Jehovah's Witnesses for Reform on Blood
ANH	Acute Normovolemic Hemodilution
BC	British Columbia
CCZ	Christian Council of Zambia
DDAVP	Desmopressin
DHO	District Health Office
DMO	District Medical Officer
EFZ	Evangelical Fellowship of Zambia
EPO	Erythropoietin
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HPCZ	Health Professionals Council of Zambia
HPV	Human Papiloma Virus
JW	Jehovah's Witnesses
KH	Kingdom Hall
LAZ	Law Association of Zambia
MDZ	Meteorological Department of Zambia
M.o.H	Ministry of Health
NGOCC	Non-Governmental Co-ordinating Committee
PHO	Provincial Health Office

PPH	Postpartum Hemorrhage
PVS	Persistent Vegetative State
TAZARA	Tanzania-Zambia Railway Authority
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UNZA	University of Zambia
UTH	University Teaching Hospital
USA	United States of America
VMMC	Voluntary Medical Male Circumcision
WBCs	White Blood Cells
ZEC	Zambia Episcopal Conference

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CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter presents the background of the study, the problem statement, aim of the study, objectives, research questions, significance of the study, theoretical framework, the methodology and methods, the delimitations and limitations of the study, organizational structure, operational definitions of terms and summary.

1.1 Background

Jehovah's Witnesses make strong claims on the allegiance of their members that, for instance, they refuse blood transfusion, participation in military arts training, political parties, elections, among others. Thus it is probably inevitable that religious commitments will sometimes come into conflict with the demands of politics.

Blood transfusion was first forbidden by the Jehovah's Witnesses in 1945. This was as the result of their belief which holds that a human being is not to sustain his life with the blood of another creature (*The Watchtower*, 1990:6). They believe that God's law prohibits consuming blood of any creature whether through ingestion or blood transfusion. This issue has stimulated strong debate in Britain and Canada. Jehovah's Witnesses in Africa have also been influenced by this doctrine of their denomination. For example, Jehovah's Witnesses in the Democratic Republic of Congo are said to reject blood transfusion despite being in need of it (Chakwe, 2010). In Zambia the situation is the same as Jehovah's Witnesses reject blood transfusion.

The position of Jehovah's Witnesses on blood transfusion has placed the Zambian Government in a difficult situation. Should the State override the beliefs of Jehovah's Witness parents that refuse a life-saving blood transfusion for their sick child or not? Which position should a responsible State take? Although it seems clearly wrong to force someone to undergo blood transfusion if they object to it with sufficient rationality, it seems equally wrong to deny blood transfusion to a child who needs it and is not refusing it. This can happen if parents have religious objections to blood transfusion as a life-saving

treatment for their children. The issue of blood transfusion is not just a private issue between a patient and his physician but also an issue of the respect for a patient's rights. For example, one of the rights in Article 25 of the Universal Declaration of Human Rights (UDHR) holds that everyone has the right to security in the event of sickness. Blood transfusion is an issue of public concern on which public policy should be put in place in order to protect vulnerable people like children (Ochieng' – Odhiambo, 1989 :37).

1.2 Statement of the Problem

With the growing membership of the Jehovah's Witnesses countrywide, the lives of their members in Zambia may be at risk due to their unwillingness to undergo blood transfusion. This may be the result of their belief in Watchtower doctrines which teach against the medical procedure of blood transfusion. These doctrines have placed the Zambian Government in a dilemma as it is expected to respect people's right to freedom of religion and at the same time fulfil its legal responsibility of protecting their lives from harm. The 2014 Year book of Jehovah's Witnesses shows that Zambia recorded the annual Memorial attendance of 768,915 in the year 2013.

The Government can find itself in a more serious situation if an anemic child is denied a highly needed blood transfusion by her parents on religious grounds. Should the State override the beliefs of the parents and save the child with blood transfusion? Or should the State comply with the wishes of the parents and risk the life of the child requiring a blood transfusion? Which position should a responsible government take on behalf of the child? This dilemma has come about because Zambia seeks to maintain a constitutional democracy where liberties prevail (Constitution of Zambia,1996:1).These liberties involve, among others, the freedom of religion where everyone has the right to practice a religion of their choice. The duty of the Zambian Government to protect the lives of its citizens is also clearly enshrined in the Zambian constitution which states that no "person shall be deprived of his life intentionally"(ibid.,1996:4).

1.3.1 Aim of Study

The aim of the study is to ethically assess the relationship between the Church and the State on blood transfusion among the Jehovah's Witnesses.

1.3.2 Research Objectives

The study seeks to achieve the following objectives:

- (i) to investigate the nature of doctrinal position of the Jehovah's Witnesses in Mpika and Lusaka on the rejection of blood transfusion.
- (ii) to ascertain the extent to which Jehovah's Witnesses of Mpika and Lusaka share in the doctrinal position on the rejection of blood transfusion.
- (iii) to examine the awareness of Jehovah's Witnesses of Mpika and Lusaka about the benefits and burdens of rejecting blood transfusion in Zambia.
- (iv) to explore the position of the State on the rejection of blood transfusion by Jehovah's Witnesses.
- (v) to make an ethical assessment of the relationship between the Church and the State on blood transfusion among the Jehovah's Witnesses.

1.3.3 Research Questions.

The research questions of the study are as follow:

- (i) What is the nature of the doctrinal position of the Jehovah's Witnesses in Mpika and Lusaka on the rejection of blood transfusion?
- (ii) To what extent do Jehovah's Witnesses of Mpika and Lusaka share in the doctrinal position on the rejection of blood transfusion?
- (iii) Are the Jehovah's Witnesses of Mpika and Lusaka aware of the benefits and burdens of rejecting blood transfusion?
- (iv) What is the position of the State on the rejection of blood transfusion by Jehovah's Witnesses?
- (v) What is the ethical assessment of the relationship between the Church and the State on blood transfusion among the Jehovah's Witnesses?

1.4 Significance of the Study

Although Watchtower doctrines against blood transfusion might have led to loss of life in Zambia, little studies have been carried out to ethically assess the challenges that this may present to the relationship between the Church and the State. This is so where the Jehovah's Witnesses demand that they decide on behalf of a sick child requiring a blood transfusion contrary to the duty of the State to protect its citizens especially the vulnerable

ones. This study may help the State to have a basis for coming up with a viable public policy on blood transfusion in the country.

1.5 Methodology and Methods

The study was qualitative with an ethical component. Data collection procedures which were used included: interviews and focus group discussions. These procedures provided information on why Jehovah's Witnesses rejected blood transfusion.

1.6 Delimitations and Limitations

1.6.1 Delimitations

This study was restricted to Mpika and Lusaka districts. In Mpika district, four Kingdom Halls of Jehovah's Witnesses were selected namely; Malashi North KH, Chilonga KH, TAZARA KH and Mpika Town KH. In Lusaka district, three Kingdom Halls of Jehovah's Witnesses were selected namely; Chelstone KH, Matero KH and Mtendere KH.

1.6.2 Limitations

The challenges encountered in the study included the following:

- (i) Financial Constraints: The researcher was delayed in starting his research as it took time for him to find money to do his research. If the researcher was funded, he would have finished his work on time.
- (ii) Interview Delays: The researcher was delayed in collecting data as some interviewees postponed the interviews for several times due to their busy schedules at their workplaces.

1.7 Organizational Structure.

This dissertation consists of seven chapters. The first chapter is concerned with the introduction. The second chapter presents the literature review. The third chapter illustrates the theoretical framework. The fourth chapter demonstrates the methodology and methods. The fifth chapter is concerned with findings, discussion and analysis. The sixth chapter presents an ethical evaluation. The seventh chapter is concerned with summary, conclusion and recommendations

1.8 Operational Definition of Terms

Ethical Assessment: The use of ethical theories principles to evaluate something.

Church: It refers to those who conceive themselves and are conceived by others as belonging to the Watchtower sect that broke away from the Adventist Church.

State: Legally created institutions of government that govern a territory with its residents.

Blood Transfusion: A medical procedure which involves transferring blood or blood based products from one person into the circulatory system of another.

Jehovah's Witnesses: Members of the Watchtower denomination.

Relationship between the Church and the State: It refers to what roles Church and State should play in each other's sphere.

1.9 Summary

This chapter aimed at introducing the background of the study, the problem statement, aim of the study, objectives, research questions, significance of the study, theoretical framework, the methodology and methods, the delimitations and limitations of the study, organizational structure, operational definitions of terms and summary.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents literature on the relationship between the Church and the State on blood transfusion among Jehovah's Witnesses. The chapter also discusses arguments for and against blood transfusion from a world view perspective. After this, the chapter presents the situation of blood transfusion both outside and inside Africa.

2.1 The Relationship between the Church and the State

A review of the literature points to the importance of the topic on the relationship between the Church and the State in political thought. This is despite the emergent consensus on the right of freedom of conscience and on the need for some sort of separation between the Church and State. One reason that Callaway (2010) gives for the importance of this topic is that religions often make strong claims on people's allegiance and universal religions make these claims on all people rather than just a particular community. For instance, it is recorded in history that the Roman empire forced Christians to formally recognize pagan Roman gods. Christians refused to show allegiance to the pagan Roman gods and this created conflict between the Church and the State. Christians who refused to formally recognize pagan gods were seen as the enemies of the State and were persecuted. Liberty of belief was a political issue because the State had an obligation to leave its people alone when it came to religious beliefs. Forcing people to recognize pagan Roman gods was to the advantage of the State as doing so would sustain peoples' loyalty to the Roman emperor who was seen as the representative of the people to the gods (Miller,1987:67).

The next instance which presented the conflict between the Church and the State was the Investiture Controversy. Under this controversy, the Church separated itself from the State. This was because the development of the Holy Roman Empire presented some challenge to papal power thereby giving rise to a dispute between the secular and the religious. The Investiture Controversy began as a dispute in the 11th century between the Holy Roman Empire and the papacy of Gregory VII over the appointment of church officials which was performed by secular authorities in order to maintain a balance of power with the Church. The pope prohibited the part played by secular rulers in the appointment of the higher

clergy. To make this possible, he, together with other Churchmen loyal to the Gregorian cause, declared through a Church Council in Rome that secular leaders would play no part in the election of the pope as a college of cardinals would have the responsibility to do so. Emperor Henry IV challenged the ruling in his letter to pope Gregory with an attempt to secure the deposition of the pope and call for the election of a new pope. The pope in turn responded to the letter by excommunicating and deposing the emperor. The emperor lost his spiritual place and was dismissed into the secular order. The excommunication order carried with it the right to depose the king and absolve subjects from their allegiance or loyalty to him. The king had no choice but to apologize and submit himself to the pope and reconcile with the Church. This is the only way he could exercise his office again. As the pope revoked the excommunication of the king, he limited himself to reconciliation of the king with the Church. He was no longer concerned with taking over the secular functions of government as he was more concerned with the independence of the Church in spiritual matters.

The other instance which presented the conflict between the Church and the State is the Reformation. The Reformation was a movement of revolt against the Catholic Church by those who considered it corrupt, more concerned with maintaining its power and privileges than with guiding the spiritual salvation of Christendom. Reformers were initially members of the Catholic clergy. Notable among them were John Calvin, Ulrich Zwingli and the German monk by the name of Martin Luther (Walter et al.,1999:70). Luther argued that salvation depended on individual faith alone and thus emphasized the private, personal relationship between the individual person and God which obviated the need for the Catholic Church's liturgy, sacraments and official hierarchy of priests, bishops and the pope. The reformers hardened themselves into separate churches such as Lutherans, Presbyterians and Calvinists and spread throughout Europe especially among the bourgeoisie and the nobility.

The Reformation bred religious violence between Catholics and Protestants from the great slaughter of Protestants in Paris in 1572 to the *Thirty Years War* (1618-1648)(ibid.).The Catholic Church through the papacy had powers to seek out and try people guilty of heresy while secular rulers were given powers to do coercive work of punishing offenders. The

Thirty Years War was ended by the *Peace of Westphalia* in 1648 as rulers were granted the right to decide the religion of their new States which in turn was transferred down to the people as a private affair. With the Church in disarray, freedom was given to the State to begin to develop. Princes began to tolerate less and less manipulation from the Church. The monarchy began to detach itself from the Church for its legitimacy and looked towards its own power.

In the aftermath of the settlement of the religious and political conflict between the state and the church, there has emerged models of church-state relations. Zwanyika (2013) identified seven models of Church-State relations namely; Unionist Church-State Relations Model, Established Church-State Relations Model, Separationist Church-State Relations Model, Co-operationist Church-State Relations Model, Accommodationist Church-State Relations Model, Endorsed Church-State Relations Model and the Hostility and Overt Persecution Church-State Relations Model.

The Unionist Church-State Relations Model holds that the Church and the State should identify each other in a mutually indissoluble unity. In other words, the two should be fused into one. Where the Unionist Church State Relations Model is practiced, sacred texts become legal as the case is in Iran where the State's law is its religious doctrine (Zwanyika, 2013:14).

The Established Church-State Relations Model refers to a situation where the State tolerates particular faiths and disparages others. The faiths which are favoured by the State in turn grant the State legitimacy and a sense of national unity (Stan and Turcescu, 2011:173).

The Separationist Church-State Relations Model holds that the State should neither favour particular religious groups nor discriminate against them. In other words, the State should be religious neutral and should make an effort at protecting religious rights of individuals as the case is in Australia and the United States of America (U.S.A).

The Co-operationist Church-State Relations Model holds that the church and the state should work together as both are in the service of humanity. For example, the State can construct a school and then give the task of running it to a particular Church. In Zambia, the Government of Rupiah Banda constructed Ndola Girls National Technical School and then gave the task of running it to the Catholic Church.

The Accommodationist Church-State Relations Model holds that the State recognizes the importance of religion as part of national culture, and therefore, accommodates religious symbols and holidays in governmental settings (Zwanyika, 2013:20). For example, Easter and Christmas are public holidays in Zambia.

The Endorsed Church-State Relations Model refers to a situation where a particular Church is not officially declared to be the Church of the nation but is acknowledged by the State as having a special place in the country (ibid). Georgia is an example of an Endorsed Church State Relations Model. Article 9 of the constitution of Georgia states; “The State shall declare complete freedom of belief and religion as well as recognize the special role of the Apostle Autocephalous Orthodox Church of Georgia in the history of Georgia.”

Finally, the Hostility and Overt Persecution Church-State Relations Model holds that the State should not interfere in religious affairs and vice versa (Zwanyika, 2013:21) This hostility model persecutes and confines religion to the home or church and limits public display of faith.

In Zambia, there are several issues on which the Church and the State have differed. In 1972, Zambia Episcopal Conference (ZEC) issued a declaration on abortion. This was a reaction to the enactment of Termination of Pregnancy Act of 1972. The Act permitted abortion under various situations, a move which the Catholic bishops of Zambia saw as going against the Church’s teaching. The position of the Catholic Church is that abortion is morally wrong regardless of the reasons that lead to it or the circumstances attending it (Komakoma, 2003:81). In 1979, three church mother bodies in Zambia namely; Christian Council of Zambia (CCZ), Evangelical Fellowship of Zambia (EFZ) and ZEC opposed the Government plans to introduce compulsory study of Scientific Socialism. The Churches

rejected Marxism for its view on religion as an obstacle to human beings becoming masters of their own destiny (ibid.,2003:107).The declaration of Zambia as a Christian nation on 29th December,1991 by President Chiluba created frictions between the Church and the State. The three church mother bodies stated in the press statement *On the Declaration of Zambia as a Christian Nation* of 16th January, 1992,that the Church and State should continue to remain separate (ibid.,2003:265).However, the Church promised to offer constructive criticisms to the State as these criticisms contribute to the development of the country. In 2001, the three church mother bodies were joined by the Law Association of Zambia (LAZ) and the Non-Governmental Co-ordinating Committee (NGOCC) in opposing the third term bid by President Chiluba as unconstitutional and undemocratic(ibid.,2003:433).This campaign against the third term bid led the president to reverse his decision. In 2011, President Michael Chilufya Sata declared that he would govern his country using the biblical ten commandments (*The Post News Paper*,14th October 2011).This move by the president was welcomed by different stakeholders although there was a danger of privileging Christianity over other religions (Zwanyika,2004:34).

2.2 Overview of Jehovah's Witnesses and Blood Transfusion Doctrine Outside Africa

Blood transfusion refers to a medical procedure which involves transferring blood or blood based products from one person into the circulatory system of another. Jehovah's Witnesses believe that both the Old and New Testaments command them to abstain from blood (*Genesis* 9:4; *Leviticus* 17:10; *Deuteronomy* 12:23; *Acts* 15:28,29).Therefore, they believe that Christians should not accept blood transfusions or donate or store their own blood for transfusion(*The Watchtower*,2008:77).They also believe that God views blood as representing life(*Leviticus* 17:14). For this reason, they avoid taking blood not only in obedience to God but also out of respect for him as the Giver of life (*The Watchtower*,2014).Witnesses refuse blood transfusions including autologous transfusions in which a person has their own blood stored to be used later in a medical procedure and the use of packed red blood cells (RBCs), white blood cells (WBCs), plasma and platelets (*Ethics News*, 2009).However, some Witnesses accept autologous procedures such as dialysis or cell salvage in which their blood is not stored. Many Jehovah's Witnesses carry a signed and witnessed advance directive card absolutely refusing blood and releasing

doctors from any liability arising from such a refusal. Accepting a blood transfusion willingly and without regret is seen as a sin. However, if a Witness is transfused against their will, it is not regarded as a sin on the part of the individual (ibid.). In addition, children who are transfused against their parents' wishes are not rejected or stigmatized in any way.

The Watchtower Society in Bulgaria signed a document before the European Commission on Human Rights during the 1990s deceptively stating that it did not sanction followers for taking blood transfusion. It did this in order to gain recognition. This action demonstrated that the Watch Tower Society was prepared to bend its beliefs in furthering its political needs. The Watchtower Society describes deception done with the motive of doing God's will as morally right (*The Watchtower*, 1956:86). On June 28, 1994, the Bulgarian Council of Ministers refused to renew the Watchtower's registration as a religion partly because of the Watchtower doctrine which forbids Jehovah's Witnesses and their children to receive blood transfusions. This led to a four-year legal battle which resulted in compromise on both sides. The Watch Tower Society and the government of Bulgaria brokered an agreement through the European Commission of Human rights that was adopted on 9th March, 1998, under Application No.28626/95. This states in part:

16. By letters of 8 and 12 September 1997 the parties indicated their willingness to reach a friendly settlement. The parties exchanged correspondence and proposals for a friendly settlement and held meetings in Sofia on 20 and 21 November 1997. On 17 January 1998, upon the parties' request, the commission made proposals to the parties with a view to resolving some remaining differences in their positions. The parties again met in Sofia on 10 February 1998.

17. By letters of 10 and 11 February 1998 the parties informed the commission of the final text of the friendly settlement.

The Watchtower Society in Bulgaria reached a 'friendly settlement' by indicating a change to its rules regarding blood transfusions and military service. In order to accommodate the wishes of the Watchtower Society, the Bulgarian government created a non-combative military service option for conscientious objectors to participate in.

In UK, a parent or guardian's decision can be legally overruled by medical staff. In this case, medical staff may act without consent, by obtaining a court order in a non-emergency situation, or without such an order in an emergency. In 2011, an Irish court ordered a life-saving blood transfusion for an infant of a Jehovah's Witness couple. The couple's baby came down with bronchitis. The boy was suffering from low hemoglobin levels which restrict oxygen flow to the organs. Doctors decided that the only way to save the boy was by transfusion and when the parents refused, they sought and received a court order (Strapagiel,2011).The judge in the case is said to have stated that the courts had the right to order the transfusions despite the parents' religious beliefs because the child's life was in danger. In 2014, a High Court judge of London by the name of Justice Keehan gave permission for a baby boy to undergo blood transfusions during an operation notwithstanding his parents' objections on religious grounds as it was in the best interest of the boy (*The Telegraph*, 2014). The judge had been told by a specialist that the baby, whose parents were Jehovah's Witnesses, had a complex heart disease and no long term prospect of survival if he did not have cardiac surgery. The baby's parents had agreed to surgery but said that they could not consent to their son receiving blood.

In 1999, the Association of Anesthetists issued guidelines to its members which state that they must respect the decisions of Jehovah's Witness patients on blood transfusion although the rejection of blood transfusion may lead to death (*Health News*,1999). The association report points out that to administer blood to a patient who has steadfastly refused to accept it is "unlawful, ethically unacceptable and may lead to criminal and civil proceedings."It states that properly executed living wills must be respected and each Jehovah's Witness patient should be consulted to find out what treatments they would accept. It indicates that all precautions should be taken to minimize the possibility of blood loss when a Jehovah's Witness is treated. It should be noted, however, that the "right to die" provision endorsed by the association does not extend to children unable to give competent consent in life threatening emergencies. In such situations, all life-saving treatment should be given regardless of the parents' wishes.

In 2014, Adeline Keh of UK died shortly after child birth as a result of refusing blood transfusion on religious grounds (Naija, 2014). After giving birth through caesarean section, she was diagnosed with acute respiratory distress syndrome. Adeline informed

medical practitioners not to give her any blood products during the course of treatment. For this reason, she was put on a machine to re-oxygenate her blood. However, the process could not be conducted effectively without a blood transfusion. This is what resulted into her death.

In the Netherlands, the representatives of the Watch Tower Society supported blood transfusion in 1945 as they stated that “God never issued regulations which prohibit the use of drugs, inoculations or blood transfusion” (*Consolation*, 1945:29). The representatives described the prohibition of blood transfusion as “an invention of people, who, like the Pharisees, leave Jehovah’s mercy and love aside” (*ibid.*).

In Canada, children’s hospitals such as Sick Kids in Toronto and Montreal Children’s Hospital infuse sick children. This is so because the Canadian law is in support of blood transfusion. In 1995, the Supreme Court of Canada decision dealing with the premature baby of Jehovah’s Witnesses showed that the infant’s medical interests overrode the parent’s religious rights (Strapagiel, 2011). In Calgary, Mr. Huges broke with the Witnesses and the rest of his own family when it tried to prevent his teenage daughter, Bethany, who died in 2002, from receiving a blood transfusion while being treated for cancer (Blackwell, 2012). In 2007, the Watchtower Bible and Tract Society lost a legal battle in which a Vancouver hospital had child-welfare officials seize some of the sextuplets born to a Jehovah’s Witness couple so that doctors could give them blood (*ibid.*). According to Juliet Guichon, a University of Calgary medical ethicist, the decision which was taken by the British Columbia government was justified as it was in the best interests of the babies (National Post, 2007). It is very common for extremely premature babies to require transfusions because they experience a drop in levels of hemoglobin to the point where anemia develops.

In the USA, the Illinois Supreme Court ruled on a mature minor’s right to refuse blood transfusions. In reviewing the case of a 17 year-old sister, the court decreed: “If the evidence is clear and convincing that the minor is mature enough to appreciate the consequences of her actions (and) to exercise the judgement of an adult, then the mature minor doctrine affords her the common law right to consent to or refuse medical treatment.” Therefore, in assessing whether a child is mature enough to make his own decision, doctors or officials may interview the patient to hear him express his personal

objection to taking blood. The youth would need to understand reasonably the gravity of his medical condition and the consequences of his options for treatment clearly and firmly express his own religious belief about God's law on blood. However, the American Academy of pediatrics recommended that in cases of "an imminent threat to a child's life", physicians in some cases may intervene over a child's or parental objections (American Academy of Pediatrics Committee on Bioethics, 1997). In the USA alone, about one hundred hospital liaison committees have been established (*Our Kingdom Ministry*, 1990:3). Since 2004, the Jehovah's Witnesses in the USA have been informed annually that with one's consent, the law allows for the elders to learn of one's admission to hospital and provide spiritual encouragement (*Our Kingdom Ministry*, 2005:3) and that "elders serving on a *Patient Visitation Group* [could] have access to your name" only if patients made their wishes known according to the Health Insurance Portability and Accountability Act (HIPAA) (*Our Kingdom Ministry*, 2004:7).

In 2000, leaders of Jehovah's Witnesses held a meeting on the issue of blood transfusion. During the meeting, they changed the rules on blood transfusion so that the Church would no longer take action against a Witness who willingly and without regret underwent a blood transfusion. Some people wrongly interpreted the change as meaning that Witnesses could now accept blood. But the actual change was just that the Church would not take disciplinary action against that Witness (*Ethics News*, 2009). This was so because the Witness in question would no longer be viewed as one of Jehovah's Witnesses as he no longer accepted and followed a core tenet of the faith. A study by Findley and Redstone (1982) showed that the doctrinal position of the Jehovah's Witnesses on blood transfusion has not attained universal acceptance among Witness members as there is a minority of Jehovah's Witnesses who do not fully agree with the blood doctrine. Their study showed that 12 percent of Jehovah's Witnesses were willing to accept blood transfusion therapy which is forbidden by their denomination. Another study by Gyamfi and Berkowitz (2004) indicated that Witness patients who were presented for labour and delivery showed a willingness to accept some form of blood or blood product. Of these patients, 10 percent accepted blood transfusion. A study by Kaaron (1995) showed that although most adult Witness patients were not willing to accept blood for themselves, most Witness patients

permitted transfusions for their minor children. His study also showed that many of the young adult patients were willing to accept blood transfusion for themselves.

In Australia, there are laws in all States which give medical practitioners the right to overrule the parents (Commonwealth of Australia,2004).This explains why the Watchtower leadership in Australia admits that it should not fight against saving children with a blood transfusion in life and death cases when discussing its position in more public forum. The 2008 Australian Blood Card requires that Jehovah's Witnesses tick which blood fractions and medical procedures they are or are not willing to accept (JWfacts,2005). This includes dialysis, epidural blood patch, plasmapheresis, labelling or tagging and platelet gel.

In Japan, a medical practitioner must respect the wish of an adult but can override the wishes of a child and its parents if the child is under 15 (ibid.). If a child aged from 15 to 17 objects to a transfusion but the parents demand the transfusion, then a medical practitioner can override the child's wish.

2.3 Jehovah's Witnesses and Blood Transfusion Doctrine in Africa

In Kenya, in 2012, two members of the Jehovah's Witness denomination admitted to hospital because of severe anemia, refused to undergo a blood transfusion saying it was against their faith's teachings. These members were Susan Waiko Mwangi aged 27 and Martha Wanjiku aged 68 (Mugambi,2012).

In South Africa, in 2005, Jehovah's Witness parents of a prematurely born infant did not want him to receive a needed blood transfusion on religious grounds (Cline,2005). The child was suffering from severe anemia and secondary heart failure. To save his life, doctors asked the court to override the family's wishes that the child should not be given a transfusion. Judge Willie Seriti listened to the doctors and gave them a court order authorizing them to save the infant's life as parent's religious beliefs cannot trump the basic rights of their own child.

In Cameroon, medical practitioners are allowed to overrule the decision of parents on blood transfusion (*General News of Sunday*, 2011). This is illustrated in the case of a girl who was suffering from sickle cell. The girl's blood count had gone down drastically. She was diagnosed to be severely ill and required blood transfusion to survive. When the

situation was explained to her mother, the mother flatly refused citing religious reasons. When matters were getting to a head, the doctors called for the assistance of the police to offer them the necessary protection. Blood transfusion was successfully conducted on the girl against the wish of the mother. The police superintendent justified the action of the medical staff, saying they owed it a duty to prevent the loss of life. He said Section 79(i), (b) of the Criminal Offences Act of 1960 (Act 29) states that “ A parent is under duty to give access to the necessities of health and life to the child who is not of age and capacity as to be able to obtain those basic necessities.”

In Ghana, the right of a patient to refuse blood transfusion is respected (Adams, 2015). This is demonstrated in the case of Rebecca Dankwa, a member of Jehovah’s Witness faith. The lady in question refused blood transfusion on religious grounds after delivering her ninth child. She died as a result of excessive bleeding. She would not have died if she had listened to advice from the medical doctors to allow the blood transfusion process to be conducted on her to replace all the blood she had lost during delivery. Rebecca only agreed that blood transfusion should be done on her when it was already too late. A few years ago, Rebecca allowed medical practitioners to conduct a blood transfusion on her at the same hospital during child birth, and was ex-communicated from her Church for going contrary to its beliefs. It took the leaders of the community, and the chiefs from her home town, to intervene for her to be reinstated into the Church. It could be for this reason that she might have rejected advice from the medical practitioners to allow the process to be conducted on her once again to serve her life.

The situation in Zambia on blood transfusion is similar to that of Ghana as the right of a patient to refuse blood transfusion is respected. This is clearly presented in the words of one UTH surgeon who stated that everything that is done has to be done with the consent of the patient and in the cases of a child a doctor has no right to do otherwise if the parents say no to a blood transfusion (Chakwe, 2010). Consent can be given by a patient either by a word of mouth or in writing. For consent to be valid, there are three conditions which the patient is supposed to meet. The patient should:

- (i) have knowledge of the procedures to be followed;
- (ii) appreciate their consequences; and
- (iii) consent to them.

A medical practitioner has a duty to disclose risks and alternatives of a medical procedure so as to enable a competent patient to be informed and be in a position to make an intelligent decision (Simbyakula,1998:37). Persons who are not legally capable of giving consent are minors and mentally defective individuals. Any person who is not above the age of twenty-one is a minor, and therefore, not competent to consent to the performance of any medical treatment (ibid.:39).Under the Juveniles Act of the Laws of Zambia, a juvenile having no parent or guardian, or having a parent or guardian unfit to exercise care and guardianship is termed a juvenile “in need of care”. When such children are found, they are supposed to be brought before a juvenile court so that the court may commit them to the care of any “fit person”. A fit person in this case is defined as:

- (i) the Commissioner for Juvenile Welfare: or
- (ii) an approved society; or
- (iii) any person, whether a relative or not who is willing to undertake the care of the juvenile.

Minors who are under supervision of a reformatory or an approved school are deemed to be under the care of the Superintendent of the reformatory or the Commissioner of Juvenile Welfare respectively. This means that parents of such children are deprived of the right of control and custody over their children. Section 2 of the Mental Disorders Act of the Laws of Zambia defines a mentally defective person to mean any person who in consequence of mental disorder or disease or permanent defect of reason or mind, congenital or acquired:

- (i) is incapable of managing himself or his affairs: or
- (ii) is a danger to himself or others; or
- (iii) is unable to conform to the ordinary usages of the society in which he moves; or
- (iv) requires supervision, treatment or control; or
- (v) (if a child) appears by reason of such defect to be incapable of receiving proper benefit from instruction in ordinary schools.

In a situation where an emergency threatens death or serious bodily harm and there is no time to obtain consent, it is said that the consent is “implied” (Simbyakula, 1998:41). This means that the medical practitioner giving the medical treatment is privileged in that he has no reason to believe that the patient or someone acting for him would not consent if given the chance. This position can be justified on the basis of necessity (ibid.).However, in a situation where prior to being unconscious the patient competently forbade a particular

medical treatment, say blood transfusion, such a treatment should be avoided as it would go against his will.

2.4 Overview of some Arguments For and Against Blood Transfusion

There have been heated discussions among people of different cultures, beliefs and traditions concerning blood transfusion. Those in support of blood transfusion have strongly argued that blood transfusion is morally acceptable as it is necessary for saving life whereas those against blood transfusion have stated that blood transfusion is immoral as it does not show respect for life as a gift from God (*The Watchtower*, 2004:22).

2.4.1 Some Arguments Against Blood Transfusion

The **first argument** against blood transfusion is that it contradicts the Bible. Jehovah's Witnesses believe that the Bible prohibits ingesting blood and that Christians should, therefore, not accept blood transfusion or donate or store their own blood for transfusion (The Watch Tower Society, 2008:77). They believe that blood represents life and is sacred to God (The Watch Tower Society, 1990:24). After blood has been removed from a creature, the only use of blood that God has authorized is for the atonement of sins (*The Watchtower*, 1997:29). Therefore, when Christians abstain from blood, they are in effect expressing faith that only the shed blood of Jesus Christ can truly redeem them and save their life. Jehovah's Witnesses look at court-ordered blood transfusion as an assault on the body in the same way rape and defilement are. They also believe that blood transfusion spoils the character of the people as people tend to exhibit evil habits such as stealing, cheating, fornicating and so forth after undergoing blood transfusion (The Watch Tower Society, 1990:22).

The **second argument** against blood transfusion is that it can transmit diseases such as hepatitis, AIDS, Syphilis, herpes virus infections, measles and other blood-borne infections (Farmer et al., 2000:11). According to *US News & World Report* (May 1,1989), about 5 percent of 175,000 people given blood per year in the United States get hepatitis; about half become chronic carriers and at least one in five develops cirrhosis or cancer of the liver.

The **third argument** against blood transfusion is that quality alternatives make blood transfusion unnecessary. Examples of quality alternatives to blood transfusion include: administering oxygen to a patient at high concentration; giving patients iron-containing preparations to aid the body in making red cells three to four times faster than normal; giving synthetic erythropoietin (EPO) to anemic patients to help them form replacement red cells quickly; employing advanced blood conservation methods such as electrocautery to minimize bleeding; cooling a patient to lessen his oxygen needs during surgery; use of hypertensive anesthesia and the use of Desmopressin (DDAVP) to shorten bleeding time (The Watch Tower Society, 1990:150). The other alternative to blood transfusion is the use of volume expanders. Examples of volume expanders are normal salt water, lactated Ringer's solution, albumin, hydroxyethyl starch, dextrans and purified protein fractions.

2.4.2 Some Arguments For Blood Transfusion

The **first argument** for blood transfusion is that it does not contradict the Bible. The mainstream Christian point of view holds that blood transfusion is not the same as ingesting blood. This is because orally eaten blood is digested and does not enter the circulation as blood whereas blood introduced directly into the veins circulates and functions as blood and not as nutrition (Muramoto, 1998). This explains why dissident Jehovah's Witnesses known as Associated Jehovah's Witnesses for Reform on Blood (AJWRB) states that there is no biblical basis for the prohibition of blood transfusions and seek to have some policies changed. AJWRB state that the Watch Tower Society's use of Leviticus 17:12 to support its opposition to blood transfusions conflicts with its own teachings that Christians are not under the Mosaic law (*The Watchtower*, 1999:21). Theologian Anthony Hoekena states that the blood which was prohibited in Levitical laws was not human but animal and cites other authors who support his view that the direction at Acts 15 to abstain from blood was intended not as an everlasting covenant but a means of maintaining a peaceful relationship between Jewish and Gentile Christians (Bruce, 1955).

Osamu Muramoto has described as inconsistent the Watch Tower policy of acceptance of all the individual components of blood plasma if they are not taken at the same time (Muramoto, 1998). He states that the Watch Tower Society offers no biblical explanation for differentiating between prohibited treatments and those considered a "matter of

conscience”, explaining that the distinction is based entirely on arbitrary decisions of the Governing Body, to which Jehovah’s Witnesses must adhere strictly on the premise of them being Bible-based ”truth”(ibid.).He has questioned why white blood cells which form 1 percent of blood volume and platelets which form 0.17 percent of blood volume are forbidden, yet Albumin which forms 2.2 percent of blood volume is permitted (ibid). He has also questioned why donating blood and storing blood for autologous transfusion is deemed wrong, yet the Watch Tower Society permits the use of blood components that must be donated and stored before Witnesses use them (Muramoto, 1998:299). He has also questioned why Jehovah’s Witnesses, although viewing blood as sacred and symbolizing life, are prepared to let a person die by placing more importance on the symbol than the reality it symbolizes (ibid., 1998;301).Other products not prohibited but left to the decision of individual members include Epidural Blood Patch which consists of a small amount of the patient’s blood injected into the membrane surrounding the spinal cord (*The Watchtower*,2000:30); PolyHeme which refers to a blood substitute solution of chemically modified human hemoglobin and Hemopure which refers to a blood substitute solution of chemically stabilized bovine hemoglobin derived from cow’s blood(ibid.).

The **second argument** for blood transfusion is that diseases cannot be transmitted if blood is carefully screened before transfusion (*Transfusion Medicine Reviews*, January 1989). However, it should be noted that some diseases are difficult to detect even after careful screening of blood.

The **third argument** for blood transfusion is that it saves life. The Watch Tower Society publications exaggerate the medical risks of taking blood and the efficiency of non-blood medical therapies in critical situations. For example, the publications fail to acknowledge that in some situations, including rapid and massive hemorrhage, there are no alternatives to blood transfusion (Muramoto, 1998:301). The publications often discuss the risk of death as a result of accepting blood transfusion without putting into consideration the prolonged suffering and disability which can result from the refusal of blood transfusion (ibid.:298).

2.5 Summary

This chapter has reviewed literature on the relationship between the Church and the State on blood transfusion among Jehovah's Witnesses. The chapter has also discussed arguments for and against blood transfusion from a world view perspective. After this, the chapter presented the situation of blood transfusion both outside and inside Africa.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.0 Introduction

This chapter presents the ethical theoretical framework of the study consisting of Rights theory, the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence. The theoretical framework will guide the collection of relevant data and inform the ethical assessment.

An ethical theory is a systematic exposition of a particular view about what is the nature and basis of good or right (MacKinnon,2012:9).It provides reasons or norms for judging acts to be right or wrong and attempts to give a justification for these norms. It also provides ethical principles or guidelines that embody certain values which can be used to decide in particular cases what action should be chosen and carried out (ibid.).

3.1 Rights Theory.

A right is a justified claim on others (Velasquez et al., 1990).For example, if someone has a right to health it means that others have a duty to provide that person with health. Immanuel Kant presents one of the most influential interpretations of moral rights. He stated that each person has a worth or a dignity that must be respected (ibid.).This dignity makes it wrong for people to abuse others against their will. Kant expressed this idea in a moral principle: humanity must always be treated as an end, not merely as a means. To treat a person as a mere means is to use a person to advance one's own interest. To treat a person as an end, on the other hand, is to respect that person's dignity by allowing each the freedom to choose for himself or herself.

There are two types of rights, namely; negative rights and positive rights. Negative rights are rights "which require only forbearance on the part of others" whereas positive rights are rights "which require others to provide goods, services, or opportunities."(Donnelly,2003:30).From this description, it can be said that a negative right is a morally justifiable claim to be left alone to do or not to do something. This means that no person or group should force one to do or stop one from doing something. In

other words, a person or a group has an obligation to leave one alone. Negative rights can be referred to as political rights or civil rights depending on the situation. For example, negative rights can be referred to as political rights when one is telling government to leave him alone and can be referred to as civil rights when one is telling members of society to leave him alone. A positive right, on the other hand, can be said to be a morally justifiable claim to receive something. This means that a society or a government has an obligation to its citizens with education, health, food and so forth. Both negative and positive rights were enshrined in the Universal Declaration of Human Rights (UDHR) which was adopted by the UN General Assembly on 10th December, 1948.

The UDHR has been supplemented by the European Convention for the Protection of Human Rights and Fundamental Freedoms which was held in 1953 and the International Covenant on Economic, Social and Cultural Rights which was made in 1966. Bearing in mind what was agreed upon at the above mentioned conventions and others, the European Convention on Human Rights and Biomedicine which was held on 4th April, 1997, came up with Articles 5 and 6 which are concerned with how to handle patients who are rational and irrational respectively. Article 5 states that:

An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks.

Article 6 states that:

1. Where, according to law, a minor does not have the capacity to consent to an intervention, the intervention may only be carried out with the authorization of his or her representative or an authority or a person or body provided for by law.

The opinion of the minor shall be taken into consideration as an increasingly determining factor in proportion to his or her age and degree of maturity.

2. Where, according to law, an adult does not have the capacity to consent to intervention because of a mental disability, a disease or for similar reasons, the intervention may only be carried out with the authorization of his or her representative or an authority or a person or body provided for by law.

The individual concerned shall as far as possible take part in the authorization procedure.

The European Convention on Human Rights and Biomedicine is a very special convention as it is legally binding and its aim is to preserve human dignity, rights and freedom.

3.2 The Principle of Autonomy

Autonomy literally means *self rule*. It can be defined as the right to think, decide, and act freely and independently without let or hindrance. It should be noted, however, that each individual's autonomy is strictly limited by everyone else's right to autonomy (Sales, 1998:9). This means that a person has a right to act in any way he chooses as long as he does not interfere with another person's autonomy (ibid).

Although the principle of autonomy can prevent an individual from harming other people, it cannot stop him from making decisions which can bring harm to himself (ibid.). The principle of autonomy holds that rational individuals should be permitted to be self-determining (Munson, 2008:777). In other words, people are said to act autonomously when their actions are the result of their own choices and decisions.

Autonomy is exercised in the fullest sense only when people are making informed decisions. This means that information is key in protecting and preserving the autonomy of a patient. For example, a patient who is not informed of alternative forms of treatment and their associated risks is denied the opportunity to make his own wishes and values count for something in his own life. It is important to note that since the principle of autonomy is so bound up with informed consent and decision making, special problems tend to arise in the case of those unable to give consent and make decision (ibid.). For example, patients who are comatose, psychotic as well as those who are infants are not capable of making decisions on their own behalf. This means that other people have an obligation to make a decision on their behalf.

Human beings are uniquely qualified to decide what is in their own best interest. This is why Immanuel Kant refers to them as ends in themselves and not merely as means (Norman, 1983:118). Treating human beings as ends means respecting them as a person by respecting their autonomy and their decisions. Doing something against the decision of human beings means disrespecting them. Treating human beings as just means implies merely making use of them. Kant believed that all rational human beings wanted to be treated in the same way. He stated that if people want to know whether an act is right or wrong they should simply ask themselves whether they would want to be treated that way if they were in that position (Sales 1998:12). In other words Kant's idea is that people should treat other people as they would like to be treated. It is important to note, nevertheless, that Kant's *respect for persons* principle has some weaknesses. The first one is that it takes no account of the consequences of one's decision (ibid.:13). The second one is that people cannot conclude from the fact that one wants to be treated in a particular way, then everyone else would want to be treated in exactly the same way (ibid.).

3.3 The Principle of Paternalism

The principle of paternalism holds that a medical practitioner has a right to make decisions on behalf of a patient for the welfare of the patient (Beauchamp et al, 2009:208). This is so because the medical practitioner is in a better position to do this as he has superior training, knowledge and insight. Paternalism can be expressed in public policies such as drug laws. For example, by making certain drugs illegal and placing other drugs under the control of physicians, the laws aim to protect people from themselves. This kind of paternalism is called government paternalism.

3.4 The Principle of Nonmaleficence

The principle of nonmaleficence holds that people ought to act in ways that do not cause needless harm or injury to others (Munson, 2008:770). For example, a physician who orders a lumbar puncture for a patient who complains of occasional headaches is acting inappropriately given the nature of the complaint and is subjecting his patient to needless risk. However, a physician who orders such a test after examining a patient who has severe and recurring headaches, a fever, pain and stiffness in his neck and additional key clinical signs is acting appropriately. Failure to act with due care violates the principle of

nonmaleficence even though no harm results. By contrast, acting with due care does not violate the principle although harm does result. Therefore, the principle of nonmaleficence demands that medical practitioners should live up to reasonable standards of performance by being cautious, diligent, patient, skillful and thoughtful(*ibid.*). In other words, medical practitioners should avoid haste, carelessness and inattention when dealing with patients. Reasonable standards of performance among medical practitioners can be encouraged by relying upon such measures as degree programs, licensing laws, certifying boards and hospital credentials committees.

3.5 The Principle of Beneficence

The principle of beneficence holds that people should act in ways that promote the welfare of other people (*ibid.*:771). For example, in a situation where blood transfusion is the only option which can save a child's life, it would be ideal to use it as doing so would be acting in the child's best interest. The principle demands that medical practitioners should help patients by providing them with appropriate treatment. In addition, medical practitioners are expected to make reasonable sacrifice for the sake of their patients (*ibid.*). For example, a surgeon who is informed that her postoperative patient has started to bleed can cancel her plan to attend a concert as doing so is reasonable. According to William Frankena, the principle of beneficence has the following three obligations, among others. These obligations are: (i) one ought to prevent evil or harm; (ii) one ought to remove evil or harm and (iii) one ought to do or promote good (Beauchamp et al, 2009:150).

3.6 Summary

This chapter has discussed Rights theory and the following ethical principles: the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence. Under Rights theory, it was discussed that a right is a justified claim on others. For example, if someone has a right to health it means that others have a duty to provide that person with health. The principle of autonomy holds that rational individuals should be permitted to be self-determining. The principle of paternalism holds that a medical practitioner has a right to make decisions on behalf of a patient for the welfare of the patient. The principle of nonmaleficence holds that people ought to act in

ways that do not cause needless harm or injury to others. The principle of beneficence holds that people should act in ways that promote the welfare of other people.

CHAPTER FOUR

METHODOLOGY AND METHODS

4.0 Introduction

This chapter aims at describing the research design and methods that were used in the study. It also makes an attempt at explaining the study area, sample size, study sites, sampling techniques, data collection instruments and data analysis.

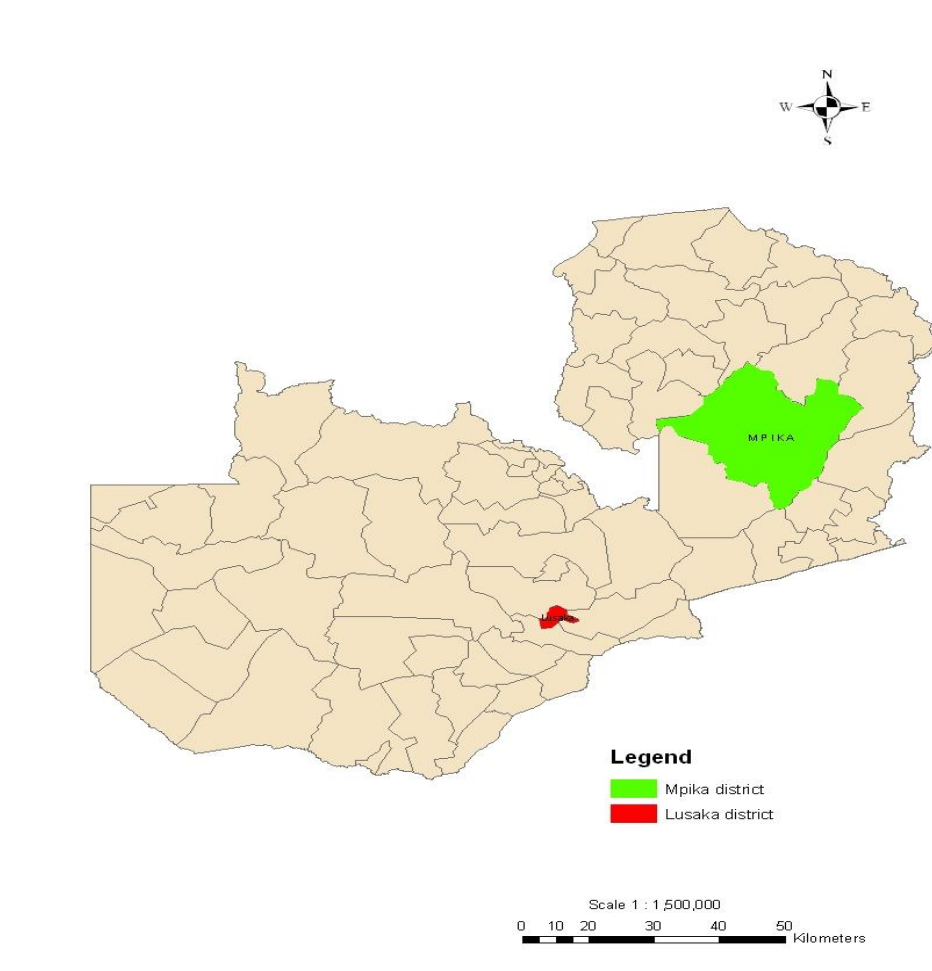
4.1 Research Design and Methods

A Case study design was used in order to have an in-depth understanding of the issue under study. Yin(1989:23) defines a case study as “an empirical inquiry that investigates a contemporary phenomenon within its real life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used.”It is important to note, however, that case studies have been criticized for their inability to generalize findings. Although that is the case, some scholars have indicated that findings obtained in the study of one institution or place can be transferable to other institutions or places with similar situations as has been described (Bryman, 2004).In addition, the generalization is made to the theoretical proposition and not to the population implying that the generalization is not ascribed to the frequencies of sample but rather to what has emerged as a grounded theory after analysis has been made (Munalula, 2012; Yin,1989).This research used both primary and secondary sources of data in order to come up with good results and recommendations. Primary data came from interviews and focus group discussions.Each focus group discussion consisted of eight members. Secondary data came from text books and the internet.

4.2 Study Area

The sample for the study was drawn from Mpika and Lusaka Districts as these are the places where key informants are found. A total of four institutions was selected for the study in Mpika District, namely, Malashi North KH, Chilonga KH, TAZARA KH, Mpika Boma KH. A total of four institutions was selected for the study in Lusaka District, namely, Chelstone KH, Matero KH, Mtendere KH and UNZA Ridgeway Campus. Below is Figure 1 which shows the location of Mpika and Lusaka Districts.

Figure 1: Map showing Mpika and Lusaka Districts



Adapted and modified from MDZ (2004)

4.3 Sample Size

One elder and one ordinary member of the Watchtower denomination were interviewed from each of the seven Kingdom Halls. In addition, the following were interviewed: three lecturers at UNZA Ridgeway Campus; one official at Mpika DHO; one official at Lusaka DHO; one official at Muchinga PHO; one official at Lusaka PHO; one elder at Watchtower National Headquarters; one official at Health Professionals Council of Zambia (HPCZ); one legal practitioner at Mpika Magistrate Court; one legal practitioner at Lusaka High Court; one official at Law Association of Zambia (LAZ). Furthermore, the following Christian leaders were interviewed from the three church mother bodies: one from the Christian Council of Zambia (CCZ); one from the Zambian Episcopal Conference

(ZEC) and one from the Evangelical Fellowship of Zambia (EFZ). This means that a total of 30 persons were interviewed. This number was sufficient for the study as it was supplemented by focus group discussions among medical students at UNZA Ridgeway Campus. Seven focus group discussions were also carried out among Jehovah's Witnesses at all Kingdom Halls under study.

4.4 Sampling Technique

Purposive sampling was used as persons who were familiar with blood transfusion were interviewed. An attempt was made at avoiding persons who are not competent such as children and the mentally retarded.

4.5 Data Collection Instruments

Interview schedules and focus group discussion schedules were used as data collection instruments. A tape recorder was used to record both the interviews and focus group discussions. Walter et al. (1977) state that the centrality of tape recording can not be overemphasized as there is no necessity for extensive note taking. In addition to the use of a tape recorder, a camera was used to photograph important incidents.

4.6 Data Analysis

Data analysis started during the data collection exercise by organizing the field notes in accordance with relevant themes in relation to the research objectives. This was followed by identification, explanation and interpretation of the emerging themes in the context in which they occurred.

4.7 Ethical Issues

The following were the ethical considerations during primary data collection. At UNZA Ridgeway Campus as well as in all KHs under study, the researcher got permission from the gate-keepers before conducting interviews and focus group discussions. That was in line with Kombo and Tromp(2006:98) who supported the idea that a researcher requires a research permit before embarking on a study. None of the interviewees was photographed or tape recorded without their consent. Other ethical issues which the researcher considered included the interviewees' right to privacy and the need for confidentiality.

CHAPTER FIVE

RESEARCH FINDINGS, DISCUSSION AND ANALYSIS

5.0 Introduction

This chapter presents the findings and discussions of the study on blood transfusion from different perspectives. The main purpose of the presentation is to provide answers to the first four research questions posed in chapter one. The questions sought to (i) investigate the nature of doctrinal position of the Jehovah's Witnesses of Mpika and Lusaka on the rejection of blood transfusion; (ii) ascertain the extent to which Jehovah's Witnesses of Mpika and Lusaka share in the doctrinal position on the rejection of blood transfusion; (iii) examine the awareness of Jehovah's Witnesses of Mpika and Lusaka about the benefits and burdens of rejecting blood transfusion and (iv) explore the position of the State on the rejection of blood transfusion by Jehovah's Witnesses. The four questions were all addressed by getting views from key informants on blood transfusion.

5.1 Views of Key Informants on Blood Transfusion

This section presents the findings of the research from primary data collection which involved interviewing various stakeholders concerning their views on blood transfusion. The findings are presented in the following order: an official at HPCZ; an elder at Watchtower National Headquarters; some lecturers at UNZA Ridgeway Campus; some officials in the M.o.H; a lawyer at LAZ; some legal practitioners in the Judiciary; some Christian leaders from church mother bodies ; medical students at UNZA Ridgeway Campus; elders of Jehovah's Witnesses in Lusaka District; elders of Jehovah's Witnesses in Mpika District; Witness members in Lusaka District and Witness members in Mpika District

5.1.1 Views of an Official at HPCZ

An official at HPCZ stated that HPCZ has no position on the refusal of blood transfusion by Jehovah's Witnesses as the issue of blood transfusion is not mentioned in the Medical Act. However, she mentioned that the Council expects every medical practitioner to give

blood transfusion to every patient who asks for it and is in need of it. Refusing to help a patient with blood transfusion is a big offence as medical practitioners are trained to save life with blood transfusion. She further mentioned that the council is ready to discipline any medical practitioner who refuses to help a patient with blood transfusion as its role is to implement the Medical Act.

5.1.2 Views of an Elder of Jehovah’s Witnesses at National Headquarters

An elder at Jehovah’s Witnesses’ National Headquarters stated that his denomination¹ does not allow transfusion of blood as it is unbiblical (*Act 15:20 & 28*). He then gave an illustration of Jehovah’s Witnesses’ position on allogeneic and autologous blood as shown in table 2 below:

POSITION	ALLOGENEIC BLOOD					AUTOLOGOUS BLOOD
Refused	Whole blood					Preoperative autologous blood collection and storage for later reinfusion
	RBCs	WBCs	Platelets	Plasma		
Potentially acceptable	Fractions from red cells: Hemin Hemoglobin	Fractions from white cells	Fractions from Platelets	Fractions from Plasma: • Albumen • Clotting factors • Fibrinogen	from	Acute Normovolemic Hemodilution Dialysis Cardio-pulmonary bypass Blood salvage

Table 1: Illustration of Jehovah’s Witnesses’ position on allogeneic and autologous blood

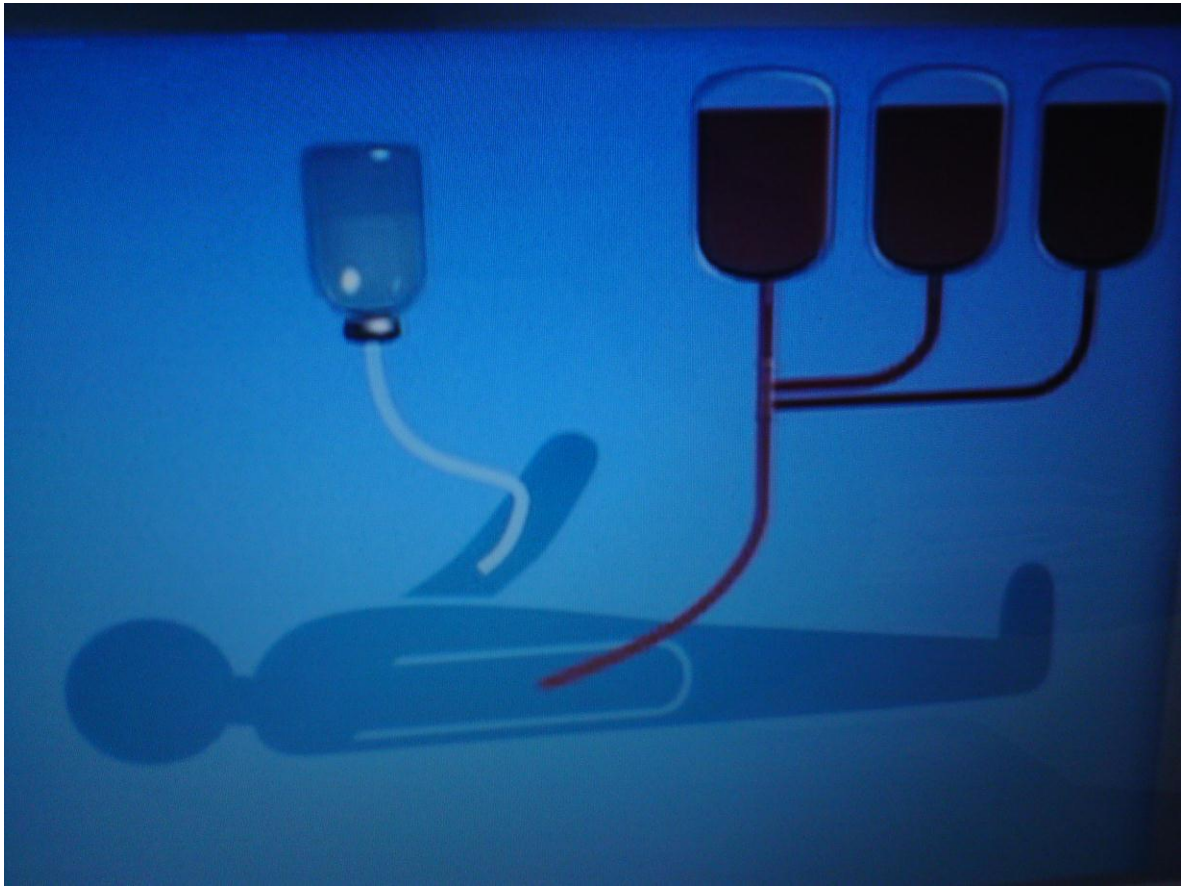
¹ Interviews on 29/04/2014

The table above shows that four allogeneic primary blood components are not allowed to be transfused. These components include red cells, white cells, platelets and plasma. However, blood fractions such as hemin, hemoglobin, albumin and so forth are potentially acceptable. Autologous blood transfusion which involves preoperative autologous blood collection and storage for later reinfusion is not allowed. The only forms of autologous blood transfusion which are potentially acceptable by the Jehovah's Witnesses include Acute Normovolemic Hemodilution (ANH), dialysis, cardiopulmonary bypass and blood salvage.

The elder mentioned avoiding displeasing God and avoiding medical risks as some of the benefits of rejecting blood transfusion. He said that although allogeneic blood can be tested 100% perfect, it should not be transfused as doing so makes Jehovah's Witnesses to have a clean conscience with God. He further explained that there are no risks in rejecting blood transfusion because there are alternatives to blood transfusion. He mentioned ANH, hypotension, patient positioning, Recombinant erythropoietin and cell salvage as some of the alternatives to blood transfusion.

ANH is a blood conservation strategy used in surgery. It was reintroduced in the 1970s partly as the result of religious objections to blood transfusion. The other reason which was responsible for the reintroduction of ANH is that blood transfusion is associated with some medical risks. ANH involves removing a particular amount of a patient's blood immediately before surgery and simultaneously replacing it with a cellular fluid such as colloid or crystalloid in order to maintain normovolemia (Shander,2008).Below is a picture showing ANH:

Figure 2: A picture showing ANH



Source: Watchtower Documentary Series on Blood Transfusion(2001)

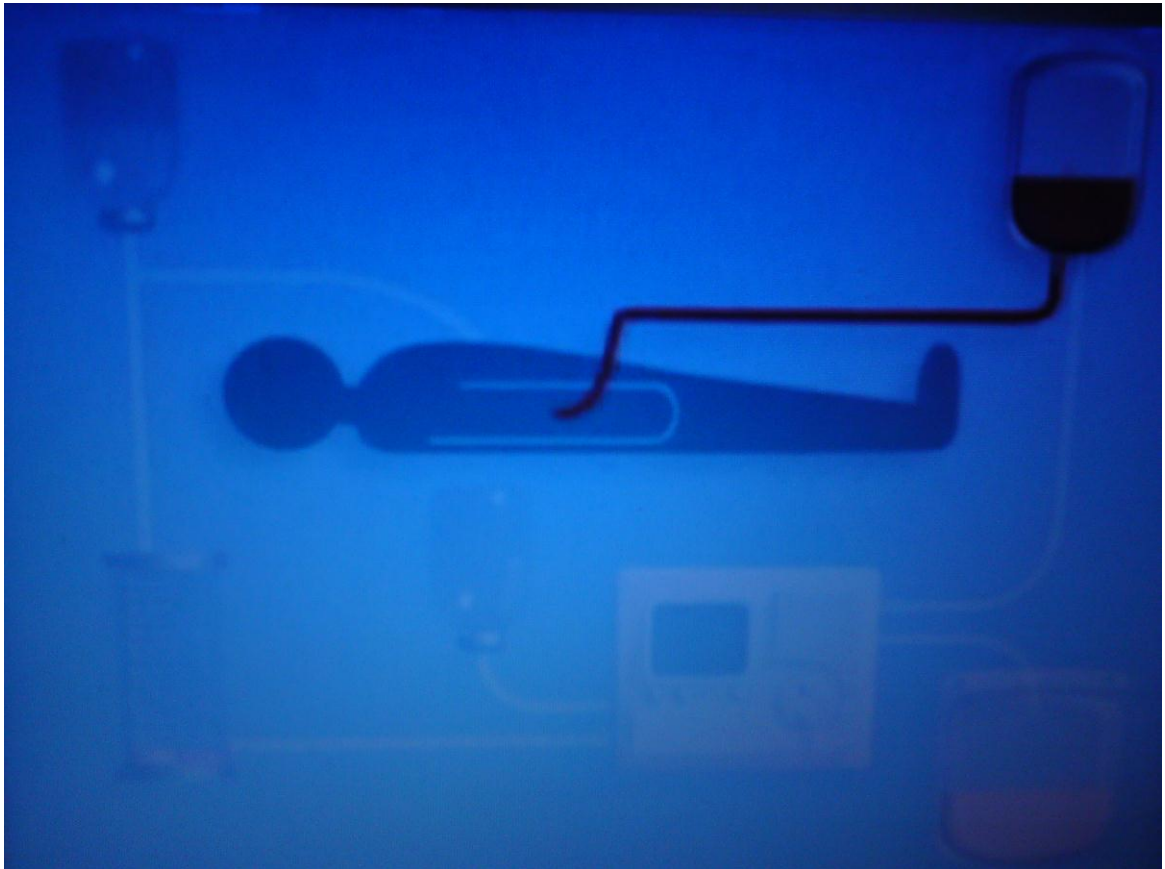
The effect of ANH is that it makes the patient's blood to be diluted. Therefore, the amount of actual RBCs and plasma loss during surgery is minimized. The collected blood is properly stored and reinfused into the patient after cessation of major blood loss.

Induced hypotension is a blood conservation strategy which is used in order to reduce mean arterial pressure intraoperatively. To do this, a drug is used to decrease systemic vascular resistance thereby preventing up to fifty percent of blood loss.

Recombinant erythropoietin boosts the body's natural production of RBCs. Erythropoietin is a natural substance which is formed in the kidneys to help bone marrows form RBCs. RBC production takes place primarily in the sternum, the vertebrae, the ribs and the pelvis.

Cell salvage, like ANH, is a blood conservation strategy which is used in surgery and has been practiced for some time. It is usually used when patients undergo high blood loss surgical procedures such as cardiothoracic or vascular surgery. It is based on the concept of collecting blood for later reinfusion. Below is a picture showing Cell Salvage:

Figure 3: A picture showing Cell Salvage



Source: Watchtower Documentary Series on Blood Transfusion(2001)

This blood conservation strategy involves aspiration of shed blood from the surgical field into a closed suction device, filtration and eventual transfer into an anticoagulant-containing reservoir. If immediate volume replacement is needed such as in a case of trauma, the “unprocessed” blood can be readministered from the reservoir to the patient. In a situation where a patient is hemodynamically stable, the collected blood can be centrifugally washed in order to remove debris and contaminants before reinfusion. Intraoperative patient positioning is a technique which is used to reduce bleeding especially during orthopedic surgery. A patient is supposed to position himself horizontally

and should avoid putting pressure on the abdomen and the paravertebral veins as this increases blood loss.

The elder further stated that blood transfusion is a prescribed medical treatment which a patient can accept or not. He said that patients have a right to make a decision and medical practitioners should respect the decision of patients. Blood transfusion is an organ transplant, he said, for which there should be consent from a patient. He added that some medical practitioners have been sued for transfusing blood without the consent of a patient. He equated allogeneic blood transfusion to rape. Additionally, the elder said that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it because parental responsibility falls on parents to decide on behalf of their children. He justified his position by stating that family law allows parents to decide for their children, and therefore, it is illegal for a medical practitioner to give blood transfusion to a child without the consent of parents. He further stated that stored blood is useless after 90 days as body cells die after 90 days. He, therefore, cited blood expanders such as saline solution and so forth as good alternatives to blood transfusion.

The elder explained eight general principles for avoiding and controlling hemorrhage and anemia without blood transfusion in Obstetrics and Gynecology. The first one is that medical practitioners should formulate an individualized management plan to facilitate rapid decision making. This means that medical practitioners should be prepared to modify their routine practice such as early use of oxytocic drugs, EPO therapy and so forth. Planning, prevention and minimization of blood loss using appropriate multiple interventions are the cornerstones of management without blood transfusion. The second one is that medical practitioners should discuss the risks and benefits of anticipated or potential procedures with the patients. The third one is that there should be enough well-trained personnel and equipment for prevention and prompt control of hemorrhage. If blood management options are not enough, medical practitioners should refer the patient to another institution if better resources are available there. The fourth one is that medical practitioners should adopt an organized multidisciplinary team approach. Early recognition of complications and immediate involvement of appropriate specialists experienced in clinical management without transfusion is essential. The fifth one is that medical practitioners should communicate the plan of care to all personnel including the

surgical backup team to avoid treatment delays. The sixth one is that medical practitioners should maintain frequent close surveillance for signs and symptoms of postpartum or postoperative bleeding to facilitate early intervention. Recognition of risk factors before and during delivery may help clinicians to identify women who require appropriate preventive measures and extra vigilance. In a situation where a woman suffers from postpartum hemorrhage (PPH) after delivery, there are different ways of controlling it and these are illustrated in figures 2 and 3 above. The seventh one is that medical practitioners should prevent and control blood loss promptly and skillfully as failure to do so can lead to loss of life. In other words the “watch and wait” approach should be avoided to a bleeding patient. The eighth one is that medical practitioners should transfer a stabilized patient to a major centre before the patient’s condition deteriorates.

5.1.3 Views of Some Lecturers at UNZA Ridgeway Campus

Three lecturers who were interviewed at UNZA Ridgeway campus said that they do not agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion. However, they mentioned that medical practitioners should not seek to override the patients’ refusal of a blood transfusion on religious grounds. The first lecturer said that it is unethical for a medical practitioner to give blood transfusion to a patient without getting consent². He stated that a patient is in a position to give consent if he is above twenty-one. And if he is below twenty-one, consent should be gotten from parents as is the case with vaccinating female pupils in Zambian primary schools against Human Papilloma Virus. The other two lecturers explained that the duty of medical practitioners is to explain to the patients about the advantages and disadvantages of blood transfusion. It is up to a patient, they said, to either accept or reject blood transfusion. One of the lecturers said that ethics is two-sided. By ‘two-sided’, he meant that a medical practitioner does not only have a duty to save life, but also a duty to respect patients. He further said that the Zambian law is silent on blood transfusion and this puts medical practitioners in an awkward situation when parents refuse blood transfusion on behalf of their children who are in need of it. Medical practitioners, he said, operate within the law. The only situation where a medical practitioner can give blood transfusion to a patient without any consent is in a case of emergency where a patient is unconscious after an accident and his

²*Interview on 08/05/2014*

next of kin is not available to either give consent to blood transfusion or not.). In such an emergency, he said that *blood 0* is given to a patient as it is a universal donor. The lecturer stated that although *blood 0* is a universal donor, it is not 100% perfect as it can cause cramping which can bring death.

5.1.4 Views of Some Officials in the M.o.H

The District Medical Officer in Charge for Mpika; the Chief Biomedical Scientist at Lusaka PHO; the Provincial Co-ordinator for Voluntary Medical Male Circumcision at Muchinga PHO and one official at Lusaka DHO stated that they respect the doctrinal position of the Jehovah's Witnesses on blood transfusion although they do not agree with it. They said that blood transfusion is important as it can save life and that it has done so many times. Although blood transfusion can save life, they explained that medical practitioners should not seek to override the patient's refusal of a blood transfusion on religious grounds as a patient has every right to refuse. The two officials at provincial level stated that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it as there is a law which states that before a medical practitioner can give a particular treatment to a child, consent should be gotten from the parents of a child.

The official at Mpika DHO totally agreed with what the two officials said at provincial level whereas the one at Lusaka DHO disagreed with them on one point. She stated that parents should not be allowed to refuse blood transfusion on behalf of their children who are in need of it because it is unfair to make children suffer because of the religious beliefs of their parents³. She further stated that blood transfusion is a good form of treatment as it improves the health of patients quickly unlike giving patients blood boosters such as recombinant EPO and iron which are too slow in increasing RBC production. However, she mentioned that blood transfusion can bring medical risks if the blood is not well screened and if it is not an appropriate blood group for the patient. The official at Mpika DHO stated that every blood

³Interview on 13/05/2014

that is given through blood transfusion is very safe.⁴ The official said that she agreed with the doctrinal position of the Jehovah's Witnesses on blood transfusion to some extent as there are instances where unsafe blood may be tested safe by a machine due to mechanical errors. She explained that medical practitioners should not seek to override a patient's refusal of a blood transfusion on religious grounds as the rights of patients should be respected. She stated that in the medical sphere there are no impositions and the Council is ready to discipline any medical practitioner who overrides the decision of a patient. Additionally, she stated that a charter for patient's right exists and should be respected. She further said that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it as they have the right to make a decision on behalf of their children. She then explained that blood transfusion where blood is taken from close relations is better than the one where blood is taken from a person who is not a close relative. Blood from blood banks, she said, may have some defects as the result of overstaying.

5.1.5 Views of an Official at LAZ

The Vice President of LAZ, stated that LAZ has no official position⁵ on the rejection of blood transfusion by the Jehovah's Witnesses in Zambia. However, she mentioned that she does not personally agree with the doctrinal position of the Jehovah's Witnesses on blood transfusion as life is a gift which should be preserved as far as possible. She said that the Hypocratic Oath should be the guiding principle for medical practitioners as it aims at saving life as far as possible. She mentioned that she did not agree with the idea of allowing parents to refuse blood transfusion on behalf of their children who are in need of it. She further said that the only decision to either accept or reject blood transfusion which should be respected is the one which comes from patients who are legally capable of giving consent. Examples of persons who are not legally capable of giving consent are minors and the mentally defective persons (Simbyakula,1998:39).

⁴*Interview on 03/06/2014*

⁵*Interview on 08/05/2014*

5.1.6 Views of Some Legal Practitioners in the Judiciary

The Assistant Registrar for Legal Affairs at the High Court in Lusaka and the Resident Magistrate at Mpika Magistrate Court stated that they do not encounter cases of Jehovah's Witnesses refusing life-saving blood transfusion before their courts. The latter said that the Health Practitioners' Act allows medical practitioners to save life with blood transfusion.⁶ The two legal practitioners said that they do not agree with the doctrinal position of the Jehovah's Witnesses on blood transfusion as there are situations whereby blood transfusion can be the only solution to save the life of a patient. They agreed that there are situations where a medical practitioner can seek to override the patient's refusal of a blood transfusion as he is protected by law. Although the Assistant Registrar for Legal Affairs explained that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it as they are the next of kin to those children, the Resident Magistrate said that parents should not be allowed to refuse blood transfusion on behalf of their children who are in need of it as children have the right to life. The latter stated that children should not suffer because of the faith of their parents. He further said that faith should be overridden by law so as to save life. However, he said that there are Witness parents who secretly agree with medical practitioners to transfuse their children so that other people cannot know about it.

5.1.7 Views of Some Christian Leaders

All the Christian leaders who were interviewed stated that they respect the doctrinal position of the Jehovah's Witnesses on blood transfusion although they do not agree with it. The National Pastoral Co-ordinator at ZEC, said that there is no moral quality in the argument raised by the Jehovah's Witnesses as blood does not necessarily constitute personality.⁷ Blood, he said, is different from organs which constitute personality. Examples of such organs are testicles and the brain. He clarified the difference between blood and body organs such as testicles

⁶*Interview on 08/05/2014*

⁷*Interview on 29/04/2014*

and the brain by stating that blood can be replaced or regenerated whereas testicles and the brain cannot be replaced or regenerated. He explained that a medical practitioner should not seek to override the patient's refusal of a blood transfusion on religious grounds as the patient should be respected. However, he mentioned that some Jehovah's Witnesses may be misinformed about blood transfusion. He said that parents should not be allowed to refuse blood transfusion on behalf of their children who are in need of it because blood transfusion is not poison but a good thing aimed at saving the life of a child, He described blood transfusion as life saving, regenerative, an act of charity by the donor and a well researched action in terms of safety.

The General Secretary at CCZ said that blood transfusion is important as it gives life. She stated that human beings belong to one family, and therefore, there is nothing wrong to take the blood of one person and put it in the body of another in order to save life.⁸ Like the National Pastoral Co-ordinator, she said that medical practitioners should not seek to override the patient's refusal of blood transfusion on religious grounds because faith is a deep issue which plays a role in the healing process. She said that the mind and the body work together for a patient to heal. She explained that the body rejects what the mind does not agree with, and therefore, blood transfusion cannot heal a person who does not have faith in it. She stated that what a person believes is what works. She indicated that if a patient believes that she can be healed by drinking water, the latter can be healed. Unlike the National Pastoral Co-ordinator, she mentioned that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it because the responsibility lies on the parents to make the decision on behalf of their children. Medical practitioners, she said, should only play the role of informing people about the advantages and disadvantages of blood transfusion and it is up to a parent to make a choice. She explained that the authority of the state has limits because even in a situation where a patient is unconscious, the state has a duty to ask for consent from the relatives of a patient before giving a patient a particular treatment. She said that consent forms are present in hospitals for relatives of a patient to sign. She mentioned that the parents of a child can sue the state if their child dies after giving him a blood transfusion without their

⁸*Interview on 02/05/2014*

consent. To avoid such complications, she noted that the state should ask for consent from the parents of a child before giving blood transfusion to that child. She stated that there are alternatives to blood transfusion and these include guava leaves and pawpaw leaves.

Another official at CCZ was interviewed. She said that she does not agree with the doctrinal position of the Jehovah's Witnesses on blood transfusion as people are there to save lives of other people. However, she indicated that a medical practitioner should not seek to override the patient's refusal of a blood transfusion on religious grounds because the medical practitioner has the duty to respect the decision of a patient if the patient is rational or in a good psychological state. She explained that parents should not be allowed to refuse blood transfusion on behalf of their children who are in need of it because the belief of parents is not the belief of their child.

the Education Co-ordinator at EFZ said that parents should always make decisions in the best interest of their children, and therefore, they should be allowed to refuse blood transfusion on behalf of their children who are in need of it.⁹ Like the former two interviewees, she said that medical practitioners should not seek to override the patient's refusal of blood transfusion on religious grounds.

5.1.8 Views of Some Medical Students at UNZA Ridgeway Campus

At UNZA Ridgeway Campus, medical students said that they did not agree with the doctrinal position of the Jehovah's Witnesses on blood transfusion. They indicated that blood transfusion is life saving and that was the reason why they wanted to become medical practitioners. However, the students said that a medical practitioner should not seek to override the patient's refusal of a blood transfusion on religious grounds as he has the duty to respect the decision of a patient. They said that the only exception where a medical practitioner can give blood transfusion to a patient is when the patient is unconscious and his relatives are not present. The students said that parents should be allowed to refuse blood transfusion on behalf of their children who are in need of it because parents have a duty to make decisions on behalf of their children.

⁹*Interview on 07/05/2014*

They stated that parents can sue a medical practitioner if their child dies after blood transfusion given without their consent. Students mentioned that people should be encouraged to donate blood so that anemic children can be helped. They also said that people should be sensitized about the advantages and disadvantage of blood transfusion before blood transfusion is done.

5.1.9 Views of Some Elders of Jehovah's Witnesses

5.1.9.1 Views of Some Elders of Jehovah's Witnesses in Lusaka District

Interviews held with three elders of Jehovah's Witnesses in Lusaka District revealed the official doctrinal position of Jehovah's Witnesses on blood transfusion which was given by the elder at Jehovah's Witnesses' National Headquarters . They stated that blood is sacred, and therefore, it should not be transfused. They explained that abstaining from blood is a command from Jehovah . One of the elders of Jehovah's Witnesses at Matero KH said that blood represents life and should not be used for any other thing .However, he indicated that alternatives to blood transfusion such as ANH and cell salvage are acceptable in his denomination.¹⁰ All the three elders said that they accept the position of their denomination on blood transfusion as it is biblical. They stated that although they are aware of the risks of rejecting blood transfusion such as prolonged illness and death, they mentioned that they are not willing to abrogate God's law for the sake of ending illness and preventing death. Their argument was that it is better to lose earthly life than to break God's law and end up losing eternal life eventually. Besides, they mentioned that blood transfusion is not the only solution to increase blood in a patient who needs it as there are alternatives to blood transfusion such as pawpaw leaves, guava leaves, fruits, drugs and so forth. Additionally, they said that it is not always that blood transfusion saves life as there are instances where blood transfusion stimulates death. One elder gave an example where a patient died immediately after being transfused with blood. The elder further stated that the donor blood even of the same group should not be transfused as blood of two different individuals can never be 100% compatible. He explained that to avoid medical complication, donor blood should not be transfused.

¹⁰*Interview on 07/05/2014*

5.1.9.2 Views of Some Elders of Jehovah's Witnesses in Mpika District

Like elders of Jehovah's Witnesses in Lusaka District, the four elders of Jehovah's Witnesses in Mpika District gave the official doctrinal position of Jehovah's Witnesses on blood transfusion which was given by the elder at Jehovah's Witnesses' National Headquarters. They stated that blood is sacred, and therefore, it should not be transfused. One of the elders of Jehovah's Witnesses at Mpika Boma KH gave an example of a real life situation where six children died immediately after being given blood transfusion with the consent of their parents and his own child survived after refusing to give consent to blood transfusion on his behalf.¹¹

5.1.10 Views of Some Witness Members

5.1.10.1 Views of Some Witness Members in Lusaka District

Interviews were held in Lusaka district with Witness members at the following worshipping centres: Mtendere South KH, Chelstone KH and Matero KH. Of the three Witness members who were interviewed, two said that they agreed with the doctrinal position of their denomination on blood transfusion whereas one said that she did not fully agree with the doctrine as there are instances where donor blood can be transfused to save the life of an anemic infant who cannot make a decision on his own. However, the three interviewees said that they were aware of the benefits and risks of rejecting blood transfusion. They mentioned being protected from contracting diseases and acquiring eternal life as some of the benefits. They cited prolonged illness and death as some of the risks of rejecting blood transfusion. A Witness member at Mtendere South KH said that God's law should not be violated in order to save earthly life which is temporal.¹² Blood transfusion, she said, cannot save life forever. For this reason, people should follow the word of God which can give them eternal life. To avoid violating God's law, she said that people should use alternatives to blood transfusion such as the use of drugs to stimulate the production of blood in the body. At each KH under study, a focus group discussion was

¹¹ Interviews on 25/05/2014

¹² Interviews on 03/05/2014

held with Witness members . The discussions revealed that the majority of the Jehovah's Witnesses agree with the doctrinal position of their denomination on blood transfusion. Of the three focus group discussions, two showed Witness members agreeing unanimously with the doctrinal position of their church on blood transfusion. Only the focus group discussion which was held in Matero was an exception as two members of the group said that they would donate blood to save their father if blood transfusion was the only option.

However, all the three groups stated that they were aware of the benefits and risks of rejecting blood transfusion. They mentioned being protected from contracting diseases and acquiring eternal life as some of the benefits. They cited prolonged illness and death as some of the risks of rejecting blood transfusion. During the focus group discussion which was held at Mtendere South KH, it was stated that prolonged illness and death should not be feared. Matthew 16:25 was quoted as it states that everyone who loses his life for the sake of God will find it and everyone who does not lose his life for the sake of God will lose it.

5.1.10.2 Views of Some Witness Members in Mpika District

Unlike Witness members in Lusaka District, Witness members in Mpika District unanimously agreed with the doctrinal position of their denomination both during in-depth interviews and focus group discussions stating that it is based on the Bible. Unlike Witness members in Lusaka District, Witness members in Mpika District. Like Witness members in Lusaka District, Witness members in Mpika District said that they were aware of the benefits and risks of rejecting blood transfusion. A Witness member at Mpika Boma KH said that it is difficult to detect HIV in early stages of infection.¹³ Witness members cited prolonged illness and death as some of the risks of rejecting blood transfusion .

5.2 Discussion and Analysis

There is no verse in the Bible which explicitly forbids blood transfusion. The debate on

¹³ *Interviews on 25/05/2014*

whether the Bible rejects blood transfusion or not comes in as a result of different ways of interpreting the Bible by different Christians. Jehovah's Witnesses use Bible verses such as *Genesis 9:4*; *Leviticus 17:10*; *Deuteronomy 12:23* and *Acts 15:28* to argue for their position against blood transfusion. Most of the Jehovah's Witnesses who were interviewed said that going against God's law presented in the above verses would deprive one the opportunity to acquire eternal life. However, Muramoto (1998) differs with the position of the Jehovah's Witnesses as he says that when the Bible prohibits eating blood orally it does not mean that it prohibits blood transfusion. He states that the two are different. Orally eaten blood is digested and does not enter the circulation as blood whereas blood introduced directly into the veins circulates and functions as blood and not as nutrition.

In an interview with an elder of Jehovah's Witnesses at National Headquarters, it was stated that all the individual components of RBCs, WBCs, Platelets and Plasma are acceptable if they are not taken at the same time. Table 1 in chapter 5 clearly demonstrates this. For example, fractions from RBCs such as Hemin and Hemoglobin are acceptable. Similarly, components from Plasma such as Albumen, Clotting factors and Fibrinogen are acceptable. Muramoto (1998) has questioned the position of Jehovah's Witnesses on this score and describes them as inconsistent. He has questioned why WBCs which form 1 percent of blood volume and Platelets which form 0.17 percent of blood volume are forbidden, yet Albumin which forms a bigger percent of blood volume is permitted. He has also questioned why donating blood and storing blood for autologous transfusion is deemed wrong, yet the Jehovah's Witnesses faith permits the use of blood components that must be donated and stored before Witnesses use them (ibid.:299). This position held by Muramoto is justifiable because there is no way blood components can be available for Jehovah's Witnesses to use them if there is no one who has donated blood. Muramoto has also wondered why Jehovah's Witnesses, although viewing blood as sacred and symbolizing life, are prepared to let a person die by placing more importance on the symbol than the reality it symbolizes (ibid.). The position which the Jehovah's Witnesses hold on this score is that there is no need to worry about Earthly life as it is temporal. Most of the Witness members who were interviewed said that people should worry more about Heavenly life as it is everlasting.

Most of the Witness members of Mpika and Lusaka districts said that blood transfusion is not safe as it is difficult to detect HIV and other diseases in early stages of infection. According to Farmer et al. (2000), diseases such as Hepatitis, AIDS, Syphilis and other blood borne infections are transmitted through blood transfusion. However, it should be noted that diseases cannot be transmitted if blood is carefully screened using modern technology. Modern technology is renowned for good screening of blood. Nevertheless, it should be noted that some diseases are difficult to detect even after careful screening of blood.

The General Secretary at CCZ as well as some members of Jehovah's Witnesses mentioned that blood transfusion can be replaced with alternatives such as guava leaves and pawpaw leaves. Other alternatives to blood transfusion include: administering oxygen to a patient at high concentration; giving synthetic erythropoietin to anemic patients to help them form replacement red cells quickly; use of hypertensive anesthesia and the use of DDAVP to shorten bleeding time (The Watch Tower Society, 1990:150). It should be noted, however, that it is not in all situations that blood transfusion can be replaced with alternatives. This means that in some situations such as during postpartum hemorrhage, there is no alternative to blood transfusion (Muramoto, 1998:301). The irreplaceability of blood transfusion is illustrated in two cases below. The first case is from Ghana whereas the second one is from UK. In Ghana, a lady by the name of Rebecca Dankwa refused blood transfusion after delivering her ninth child (Adams, 2015). Her refusal of blood transfusion led to her death as there was no alternative in that case. The other case is that of Adeline Keh of UK who died shortly after child birth as a result of refusing blood transfusion on religious grounds (Naija,2014). After giving birth through caesarean section, she was diagnosed with acute respiratory distress syndrome. Adeline informed doctors not to give her any blood products during the course of treatment. For this reason, she was put on a machine to re-oxygenate her blood. However, the process could not be conducted effectively without a blood transfusion. This resulted into her death.

This chapter aimed at presenting the findings, discussion and analysis of the study on blood transfusion from different perspectives. The main purpose of the presentation was to provide answers to the first four research questions posed in chapter one. The findings about views from different stakeholders were presented in the following order: an official

at HPCZ; an elder at Watchtower National Headquarters; some lecturers at UNZA Ridgeway Campus; some officials in the M.o.H; a lawyer at LAZ; some legal practitioners; some Christian leaders from church mother bodies ; medical students at UNZA Ridgeway Campus; elders of Jehovah's Witnesses in Lusaka District; elders of Jehovah's Witnesses in Mpika District; Witness members of Lusaka District and Witness members of Mpika District. In the context of the first objective, the study revealed that the doctrinal position of the Jehovah's Witnesses in Mpika and Lusaka districts on the rejection of blood transfusion is of the same nature as shown in Table 1 in the previous chapter. In both districts, Witnesses believe that Christians should not accept blood transfusions or donate or store their own blood for transfusion. With regard to the second objective, the study found out that although members of Jehovah's Witnesses in Mpika district unanimously agreed with the official doctrinal position of their denomination on blood transfusion, Witness members of Lusaka district showed a different picture as a minority among them did not agree with the official doctrinal position of their denomination. This state of affairs in Lusaka district confirms the findings of studies by Findley and Redstone (1982); Gyamfi and Berkowitz (2004) and Kaaron (1995) who stated that the majority of Jehovah's Witnesses agreed with the official doctrinal position of their denomination on blood transfusion. Witness members who agreed with the official doctrinal position of their denomination on blood transfusion stated that blood transfusion is unnecessary because there are alternatives such as ANH, induced hypotension, patient positioning, Recombinant erythropoietin and cell salvage. With regard to the third objective, the study showed that the Jehovah's Witnesses of Mpika and Lusaka district are aware of the benefits and burdens of rejecting blood transfusion. Benefits of rejecting blood transfusion which were cited include having clean conscience with God and being protected from medical risks such as diseases and thrombosis. Burdens of rejecting blood transfusion which were cited include prolonged illness and death. In the context of the fourth objective, the study revealed that the State has no position on the rejection of blood transfusion by Jehovah's Witnesses. However, the State through the Health Practitioners' Act mandates medical practitioners to save life with blood transfusion. In addition, the Hypocratic Oath taken by medical doctors aims to save life as far as possible as it indicates that medical doctors should exercise their profession to the best of their knowledge and ability for the safety and welfare of all persons entrusted to their care (Banda,1998: iv).The

fifth objective which has not been covered in this chapter will be handled in the next chapter.

CHAPTER SIX

ETHICAL ASSESSMENT

6.0 Introduction

The previous chapter presented the findings , discussion and analysis of the views of various stakeholders on the doctrinal position of Jehovah’s Witnesses on blood transfusion. The findings revealed that most of the key informants respected the position of the Jehovah’s Witnesses on blood transfusion. The present chapter gives an ethical assessment of blood transfusion among the Jehovah’s Witnesses by applying Rights Theory, the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence.

6.1 Blood Transfusion among Jehovah’s Witnesses from an Ethical Point of View

6.1.1 Blood Transfusion from the View Point of Rights Theory.

Being a signatory to the United Nations conventions and the African Charter on human rights, Zambia has a duty to ensure that its citizens are recipients of these rights. According to Article 5 of the European Convention of Human Rights and Biomedicine which was held on 4th April, 1997, “An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it.” This means that the decision of a competent patient should be respected. The idea of allowing competent adult patients to choose a particular medical treatment for themselves was supported by different stakeholders who include the DMO-in-Charge for Mpika district and the Chief Biomedical Scientist at Lusaka PHO. They mentioned that an adult competent patient has the right to either accept or reject blood transfusion on religious grounds. The elder at Jehovah’s Witnesses’ National Headquarters stated that a medical practitioner is not supposed to seek to override the patient’s decision because people are not supposed to violate God’s law in order to save life. In line with the same, a lecturer in the School of Medicine at UNZA Ridgeway Campus stated that it is unethical for a medical practitioner to go against the decision of a patient. This is in line with Article 5 of the European Convention on Human Rights and Biomedicine which states that “An intervention may only be carried out after the person concerned has given free and informed consent to it.”

The idea of great importance here is that the wishes of competent patients should be respected. Once this is done, cases of suing medical practitioners as stated by an elder of Jehovah's Witnesses at National Headquarters will end. Blood transfusion could be the only option in a particular situation. But before it can be administered, free and informed consent should be obtained from the patient. Some patients would prefer death to blood transfusion as the case was in Ghana where a lady by the name of Rebecca Dankwa refused blood transfusion after delivery and ended up dying (Adams, 2015). In such a situation, if a medical practitioner had given her blood transfusion by force and saved her, the latter would have sued the former and the former would have lost his job and faced other consequences. To avoid such consequences, the decision of competent patients should be respected.

6.1.2 Blood Transfusion from the View Point of the Principle of Autonomy

The word *autonomy* is derived from the Greek terms *autos* and *nomos*. *Autos* means 'self' whereas *nomos* means 'rule'. This means that *autonomy* referred to self-rule (Beauchamp et al., 2009: 99). Immanuel Kant is one of the key supporters of the principle of autonomy. He argued that respect for autonomy comes from the recognition that all persons have unconditional worth. This means that each person should treat other people as he would like to be treated himself (Sales, 1998:12). The implication of the principle of autonomy is that medical practitioners should comply with the expressed wishes of adult competent patients even if the predicted consequences of rejecting blood transfusion are unfavourable. The General Secretary at CCZ supported this idea during the interview. She explained that the position of Jehovah's Witnesses on blood transfusion should be respected because faith is a deep issue. The same position was also echoed by the Education Co-ordinator at EFZ. In a situation where a medical practitioner belongs to the Jehovah's Witnesses faith, he should not deny a patient an opportunity to be transfused as stated by an official at HPCZ. The official said that HPCZ expects every medical practitioner to give blood transfusion to every patient who asks for it and is in need of it. According to the official, it is a big offence for a medical practitioner to refuse to help a patient with blood transfusion as medical practitioners are trained to save life with blood. A medical practitioner should put himself in the shoes of a patient as suggested by Sales (1998:12) and ask himself would he like someone to deny him a medical procedure which is necessary to save his life? Most

medical practitioners would not like to be treated in this way, therefore they should not deny a medical procedure on someone else against their will.

6.1.3 Blood Transfusion from the View Point of the Principle of Paternalism

The principle of paternalism justifies restricting a patient's autonomy for the sake of preventing the patient from harming himself (Munson, 2008:780). The implication of the principle of paternalism is that medical practitioners should use modern medical science as an objective basis for protecting children against being denied a life-saving medical procedure of blood transfusion by their parents on religious grounds. Children are in a position where they cannot decide for themselves and have not yet developed their own religious beliefs. The only way to save them is by allowing medical practitioners decide for them using medical science. Allowing parents to decide on behalf of their children is dangerous as they would decide on the basis of their religious beliefs. The idea of avoiding allowing parents to refuse blood transfusion on behalf of their children who are in need of it was supported by different stakeholders who included the National Pastoral Co-ordinator at ZEC and an official at CCZ. The National Pastoral Co-ordinator mentioned that medical practitioners can override the decision of parents because blood transfusion is not poison but a good thing aimed at saving the life of a child. The official at CCZ stated that the belief of parents is not the belief of their child. Therefore, it is not good for parents to be allowed to refuse blood transfusion on behalf of their children who are in need of it. In Cameroon, UK and Australia, medical practitioners are allowed to override the decision of parents in order to prevent the loss of life. According to the Constitution of Cameroon, for example, Section 79 (1),(b) of the Criminal Offences Act of 1960 (Act 29) states that "A parent is under duty to give access to the necessities of health and life to the child who is not of age and capacity as to be able to obtain those basic necessities." Other stakeholders, however, had a different position. The General Secretary at CCZ, the Education Co-ordinator at EFZ and the elder at Watchtower National Headquarters supported the idea that parents should make decisions on the kind of medical treatment which their children should receive as they stated that parental responsibility falls on parents to decide on behalf of their children. The General Secretary justified her position by stating that there are situations where patients die immediately after being given a blood transfusion. In an event where an infant dies after being given a blood transfusion, parents

of the infant cannot blame anyone if consent came from them. The Education Co-ordinator defended her position by indicating that parents make decisions in the best interest of their children. Therefore, their decision should be respected.

6.1.4 Blood Transfusion from the View Point of the Principle of Nonmaleficence

The principle of nonmaleficence imposes an obligation not to inflict needless harm on others (Beauchamp et al.,2009:149). This principle implies that medical practitioners should use blood transfusion to treat children in order to avoid a likely increase in morbidity and mortality. The Resident Magistrate for Mpika district stated that children have a right to life and should not be allowed to suffer because of the faith of their parents. The National Pastoral Co-ordinator at ZEC echoed the same position. He said that blood transfusion is not poison but a good thing aimed at saving the life of a child. The number of children who are born with sickle cell is increasing. The blood count of such children sometimes go down drastically. To treat such children, blood transfusion is needed. When such children are not given blood transfusion, they tend to experience prolonged illnesses which sometimes lead to death. It should be noted that in some cases of sickle cell, there are no alternatives to blood transfusion. For this reason, the medical practitioner has no choice but to use blood transfusion to treat patients.

6.1.5 Blood Transfusion from the View Point of the Principle of Beneficence

The principle of beneficence refers to the moral obligation to act for the benefit of others (Beauchamp et al., 2009:197). The term *beneficence* connotes acts of kindness and charity (ibid.). For example, in a situation where blood transfusion is the only option which can save a child's life, it would be ideal to use it as doing so would be acting in the child's best interest. This position was supported by one lecturer in the School of Medicine at UNZA Ridgeway Campus as he stated that parents should not be allowed to refuse blood transfusion on religious grounds on behalf of their children who are in need of it. This position was echoed by the Vice President of LAZ who said that the Hypocratic Oath should be the guiding principle for medical practitioners as it aims at saving life as far as possible. The principle demands that medical practitioners should help patients by providing them with appropriate treatment. In addition, medical practitioners are expected to make reasonable sacrifice for the sake of their patients (Munson, 2008:771). For

example, a surgeon who is informed that her postoperative patient has started to bleed can cancel her plan to attend a concert so that she can attend to the patient. Taking such an action is reasonable.

6.2 Summary

This chapter has given an ethical assessment of blood transfusion among the Jehovah's Witnesses by applying Rights Theory, the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence. Under Rights theory, it has been suggested that competent adult patients should be allowed to choose a particular medical treatment for themselves. Under the principle of autonomy, it has been stated that medical practitioners should comply with the expressed wishes of adult competent patients even if the predicted consequences of rejecting blood transfusion are unfavourable. Under the principle of paternalism, it has been indicated that medical practitioners should use modern medical science as an objective basis for protecting children against being denied a life-saving medical procedure of blood transfusion by their parents on religious grounds. Under the principle of nonmaleficence, it has been stated that medical practitioners should use blood transfusion to treat children in order to avoid a likely increase in morbidity and mortality. Under the principle of beneficence, it has been indicated that in a situation where blood transfusion is the only option which can save a child's life, it should be used as doing so would be acting in the child's best interest.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.0 Introduction

This chapter begins with an overall summary of the official position of Jehovah's Witnesses on blood transfusion. It then proceeds with the debate for and against blood transfusion. After giving a summary of the ethical assessment, the conclusion is presented. Finally, the chapter makes some recommendations.

7.1 Summary of the Official Position of the Jehovah's Witnesses on Blood Transfusion

Blood transfusion refers to a medical procedure which involves transferring blood or blood based products from one person into the circulatory system of another. Jehovah's Witnesses believe that both the Old and New Testaments command them to abstain from blood (*Genesis 9:4; Leviticus 17:10; Deuteronomy 12:23; Acts 15:28,29*). Therefore, they believe that Christians should not accept blood transfusions or donate or store their own blood for transfusion (*The Watchtower, 2008:77*). The idea of prohibiting blood transfusion by Jehovah's Witnesses even when it is the only option remaining to save life is stated by the elder at Watchtower National Headquarters in Chapter 5. Witnesses also believe that God views blood as representing life (*Leviticus 17:14*). For this reason, they avoid taking blood not only in obedience to God but also out of respect for him as the Giver of life (*The Watchtower, 2014*). Witnesses refuse blood transfusions including autologous transfusions in which a person has their own blood stored to be used later in a medical procedure and the use of packed red blood cells (RBCs), white blood cells (WBCs), plasma and platelets (*Ethics News, 2009*). However, some Witnesses accept autologous procedures such as dialysis or cell salvage in which their blood is not stored. Many Jehovah's Witnesses carry a signed and witnessed advance directive card absolutely refusing blood and releasing doctors from any liability arising from such a refusal. Accepting a blood transfusion willingly and without regret is seen as a sin. However, if a Witness is transfused against their will, it is not regarded as a sin on the part of the

individual (ibid.). In addition, children who are transfused against their parents' wishes are not rejected or stigmatized in any way.

7.2 Summary of the Arguments For and Against Blood Transfusion

The debate for and against blood transfusion has been discussed at length in this dissertation. Some of the concerns which came out from those who oppose blood transfusion were that it is unbiblical. Others argued that blood transfusion can bring medical risks such as the transmission of diseases such as hepatitis, syphilis, AIDS, measles and so forth. Findings revealed that some people cannot accept any form of blood transfusion. Furthermore, some stated that quality alternatives such as cell salvage, ANH, EPO and so forth make blood transfusion unnecessary. However, the advocates of blood transfusion have indicated that blood transfusion does not contradict the Bible. They explained that blood transfusion is not the same as ingesting blood as orally eaten blood is digested and does not enter the circulation as blood whereas blood introduced directly into the veins circulates and functions as blood and not as nutrition. Others argued that blood transfusion cannot transmit diseases as blood is carefully screened before transfusion can take place. Moreover, some stated that blood transfusion saves life. Findings revealed that some people can only accept blood transfusion if the blood is coming from a close relative.

7.3 Summary of the Ethical Assessment

Findings on the issue of blood transfusion among the Jehovah's Witnesses suggest that Rights Theory, the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence should be used in order to maximize the benefits. It is for this reason that Rights Theory, the principle of autonomy, the principle of paternalism, the principle of nonmaleficence and the principle of beneficence were applied. Under Rights theory, it has been suggested that competent adult patients should be allowed to choose a particular medical treatment for themselves. Under the principle of autonomy, it has been stated that medical practitioners should comply with the expressed wishes of adult competent patients even if the predicted consequences of rejecting blood transfusion are unfavourable. Under the principle of paternalism, it has been indicated that medical practitioners should use modern medical science as an objective basis for protecting children against being denied a life-saving medical procedure of blood

transfusion by their parents on religious grounds. Under the principle of nonmaleficence, it has been stated that medical practitioners should use blood transfusion to treat children in order to avoid a likely increase in morbidity and mortality. Under the principle of beneficence, it has been indicated that in a situation where blood transfusion is the only option which can save a child's life, it should be used as doing so would be acting in the child's best interest.

7.4 Conclusion

It has been concluded that the decision of competent adult patients on blood transfusion should be respected. This means that it is morally unacceptable to either impose or deny blood transfusion on such patients. However, it is morally unacceptable for parents to refuse blood transfusion on behalf of their children on religious grounds. Moral considerations made in this study ought to be taken seriously when policies are made. Zambian law is silent on blood transfusion. For this reason, it is imperative that policies are put in place on this issue.

7.5 Recommendations

In view of the results of the study and the conclusions drawn, the following recommendations have been made:

- (i) The autonomy of a competent patient should be respected by medical practitioners if he refuses blood transfusion on religious grounds.
- (ii) The State should ensure that alternatives to blood transfusion are made available in hospitals and clinics so that patients have options to choose from. Alternatives to blood transfusion include: cell salvage, ANH, recombinant erythropoietin (EPO), Desmopressin (DDAVP) and so forth.
- (iii) The State should ensure that hospitals and clinics are provided with enough well trained personnel for the prevention and prompt control of hemorrhage.
- (iv) Medical practitioners should maintain frequent and close surveillance for signs and symptoms of postpartum to facilitate early intervention. Recognition of risk factors before and during delivery may help medical practitioners to identify women who require appropriate preventive measures and extra vigilance.

- (v) Medical practitioners should use modern medical science as an objective basis for protecting children against being denied a life-saving medical procedure of blood transfusion by their parents on religious ground.
- (vi) Further research is required to determine the extent to which lives of children are lost as a result of religious objection of their parents to blood transfusion. The major stakeholders should be M.o.H. and UNZA Ridgeway Campus-School of Medicine.

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APPENDICES
APPENDIX 1
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for Elders of Jehovah’s Witnesses

Name of Interviewee:

Name of Kingdom Hall:

Name of District:

Questions

1. When did you become a member of Jehovah’s Witnesses?

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2. For how long have you been working as an elder?

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3. What is the doctrinal position of your church on blood transfusion?

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4. Do you accept the position of your church on blood transfusion?.....

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5. If yes,for what reasons do you accept this position?.....

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6. Are you aware of the benefits of rejecting blood transfusion?.....

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7. What are some of the benefits of rejecting blood transfusion?

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8. Are you aware of the risks of rejecting blood transfusion?

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9. What are some of the risks of rejecting blood transfusion?

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10. Do you have anything more to say on blood transfusion?

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Thank the interviewee

APPENDIX 2
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for Members of Jehovah’s Witnesses

Name of Interviewee:

Name of Kingdom Hall:.....

Name of District:

Questions

1. When did you become a member of Jehovah’s Witnesses?

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2. Do you find Watchtower brochures interesting?

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3. Give reasons for your answer?.....

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4. Do you agree with the doctrinal position of your denomination on blood transfusion?

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5. Give reasons for your answer?

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6. Are you aware of the benefits of rejecting blood transfusion?.....
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7. If yes, what are some of the benefits of rejecting blood transfusion?
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8. Are you aware of the risks of rejecting blood transfusion?
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9. If yes, what are some of the risks of rejecting blood transfusion?
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10. Do you have anything more to say on blood transfusion?
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Thank the interviewee

APPENDIX 3
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Districts

Interview Schedule for Lecturers at UNZA Ridgeway Campus

Name of Interviewee:.....

Sex:.....

Name of District:.....

Questions

1. For how long have you been working at this institution?

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2. In which other institutions have you worked before?

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4. Which church do you belong to?

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5. Do you agree with the doctrinal position of the Jehovah’s witnesses on blood transfusion?

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6. Should a medical practitioner seek to override the patient’s refusal of a blood transfusion on religious grounds?

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7. Give reasons for your answer?

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8. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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9. Give reasons for your answer?

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10. Do you have anything more to say on blood transfusion?

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Thank the interviewee

APPENDIX 4
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka District

Interview Schedule for Medical Officers at Provincial and District Health Offices

Name of interviewee:.....

Sex:.....

Name of District:.....

Position held.....

Questions

1. For how long have you been working in your current position?

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2. To which church do you belong?

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3. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?

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4. Give reasons for your answer?

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5. Should a medical practitioner seek to override the patient’s refusal of a blood transfusion on religious grounds?

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6. Give reasons for your answer?

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7. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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8. Give reasons for your answer?

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9. Do you have anything more to say on blood transfusion?

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Thank the interviewee

APPENDIX 5
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for one Elder at Jehovah’s Witnesses’ National Headquarters

Questions

1. When did you become a member of Jehovah’s Witnesses?

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2. For how long have you been working as a brother at national level?

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3. What are some of the challenges do you face in your work as a brother?

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4. What is the doctrinal position of your church on blood transfusion?

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5. Do you agree with the doctrinal position of your church on blood transfusion?

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6. Give reasons for your answer.

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10. Are you aware of the benefits of rejecting blood transfusion?

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11. If yes, what are some of the benefits of rejecting blood transfusion?

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12. Are you aware of the risks of rejecting blood transfusion?

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13. If yes, what are some of the risks of rejecting blood transfusion?

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14. Do you agree with the doctrinal position of your church on blood transfusion?

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12. Give reasons for your answer.

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13. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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14. Give reasons for your answer.

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15. Should a medical practitioner seek to override the patient's refusal of a blood transfusion on religious grounds?

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16. Give reasons for your answer.

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15. Do you have anything more to say on blood transfusion?

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Thank the interviewee

APPENDIX 6
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for an Official at Health Professionals Council of Zambia

Name of Interviewee:.....

Sex:.....

Position held:.....

Questions

1. For how long have you been working at this institution?
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2. When did you start your work as a medical officer?
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3. To which church do you belong?
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4. What is the position of the Health Professionals Council of Zambia on the refusal of blood transfusion by Jehovah’s Witnesses?
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5. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?
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6. Give reasons for your answer.
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7. Should a medical practitioner seek to override the patient's refusal of a blood transfusion on religious grounds?

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8. Give reasons for your answer.

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9. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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10. Give reasons for your answer.

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11. Do you have anything more to say on blood transfusion?

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Thank the interviewee.

APPENDIX 7
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for an Official at Law Association of Zambia

Name of Interviewee:.....

Sex:.....

Position held:.....

QUESTIONS

1. For how long have you been working at this institution?

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2. In which other institutions have you worked before?

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3. To which church do you belong?

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4. What is the position of the Law Association of Zambia on the rejection of blood transfusion by Jehovah’s Witnesses?

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5. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?

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6. Give reasons for your answer.

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7. Should a medical practitioner seek to override the patient's refusal of a blood transfusion on religious grounds?

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8. Give reasons for your answer.

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9. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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10. Give reasons for your answer?

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11. Do you have anything more to say on blood transfusion?

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Thank the interviewee.

APPENDIX 8
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for Religious Leaders from Church Mother Bodies

Name of interviewee:.....

Sex:.....

Name of Church Mother Body:.....

Position held;.....

Questions

1. For how long have you been working at this institution?

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2. In which other institutions have you worked before?

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3. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?

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4. Give reasons for your answer.

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5. Should a medical practitioner seek to override the patient’s refusal of a blood transfusion on religious grounds?

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6. Give reasons for your answer.

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7. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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8. Give reasons for your answer.

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9. Do you have anything more to say on blood transfusion?

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Thank the interviewee

APPENDIX 9
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Focus Group Discussion for Medical Students

Questions

1. Do you find medicine interesting?

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2. Give reasons for your answer.

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3. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?

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4. Give reasons for your answer?

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5. Should a medical practitioner seek to override the patient’s refusal of a blood transfusion on religious grounds?

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6. Give reasons for your answer.

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7. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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8. Give reasons for your answer.

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9. Do you have anything more to say on blood transfusion?

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Thank the students

APPENDIX 10
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Focus Group Discussion for members of Jehovah’s Witnesses

Name of kingdom Hall:.....

Name of District:.....

Questions

1. Do you find Watchtower brochures interesting?

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2. Give reasons for your answer.

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3. Do you agree with the doctrinal position of your church on blood transfusion?

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4. Give reasons for your answer.

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5. Are you aware of the benefits of rejecting blood transfusion?

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6. If yes, what are some of the benefits of rejecting blood transfusion?

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7. Are you aware of the risks of rejecting blood transfusion?

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8. If yes, what are some of the risks of rejecting blood transfusion?

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9. Do you have anything more to say on blood transfusion?

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Thank the members

APPENDIX 11
The University of Zambia
School Humanities and Social Sciences
Department of Philosophy and Applied Ethics

An Ethical Assessment of the Relationship Between the Church and the State: A Case of Blood Transfusion among the Jehovah’s Witnesses of Mpika and Lusaka Districts

Interview Schedule for Court Judges and Magistrates

Name of Interviewee:.....

Name of Court:.....

Name of

District:.....

Position held:.....

QUESTIONS

1. For how long have you been working on your current position?

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2. To which church do you belong?

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3. Do you encounter cases of Jehovah’s Witnesses refusing lifesaving blood transfusion before your court?

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4. What is the existing legal position on the rejection of blood transfusion by Jehovah’s Witnesses?

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5. Do you agree with the doctrinal position of the Jehovah’s Witnesses on blood transfusion?

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6. Give reasons for your answer.

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7. Should a medical practitioner seek to override the patient's refusal of a blood transfusion on religious grounds?

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8. Give reasons for your answer.

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9. Should parents be allowed to refuse blood transfusion on behalf of their children who are in need of it?

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10. Give reasons for your answer?

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11. Do you have anything more to say on blood transfusion?

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Thank the interviewee.