

## *Who decides for a teenager? Jehovah's Witness refusal of life-saving treatment*

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The Bible forbids blood transfusions. In Acts 15:28, 29, God admonishes us to “keep abstaining from blood”. This is the passage cited by Witnesses to justify both their own refusal of blood transfusions and their insistence that their children not be transfused.

Well, you may be thinking, that phrase – “keep abstaining from blood” – makes no mention of blood transfusions. Indeed, it could more plausibly be interpreted to mean any number of things: e.g., that God forbids us to eat meat or that God doesn't want us to become cannibals, to drink blood, or to shed our neighbour's blood.

You might conclude that Witnesses are interpreting the Bible in an unreasonable and arbitrary manner. If you then discovered that adherents of this group would rather die than have a blood-transfusion, you might think that their willingness to forfeit their life for their religious faith shows admirable dedication but questionable wisdom. It is prudent, of course, to seek protection for one's immortal soul, if such a thing exists; but it's scarcely rational to believe that one endangers one's immortal soul by choosing to have a life-saving blood transfusion.

Rational or not, wise or not, it's what Jehovah's Witnesses believe and they are willing to die for their belief.

Canadian courts have decided that if you are a competent adult then you have a fundamental legal right to refuse any medical treatment whatsoever, including life-saving treatment. A doctor in Hamilton who transfused a Witness patient against that patient's explicit wishes was charged with criminal assault and was convicted. That's because competent adults are entitled to have their autonomy respected, even when their doctors and their neighbours believe that they are making wrong-headed decisions. In the words of an American judge: “Every human being of adult years and sound mind has a right to determine what shall be done with his own body.”

The situation is different, however, when it comes to children. If there is a safe and effective treatment that would save a child's life and if the family refuses to give its consent, then Canadian courts usually feel obliged to intervene. A guardian is appointed and the guardian decides whether it is in the best interests of the child to have the treatment. In this manner, many Witness children have been forced to have blood transfusions even though they and their families object strenuously.

As a society we respect religious freedom, within broad limits; but we won't allow parents to refuse safe and effective life-saving treatment for their child, even on religious

grounds. We respect and value the integrity of the family, but the family's wishes will be overridden if the family makes a decision for their child which the courts believe is either unloving or unreasonable or both. Competent adults can decide for themselves; but society will intervene when the life or health of a child seems to be threatened by the family's decisions.

A recent Winnipeg case, however, raises a somewhat different question: What if the child refusing treatment is an adolescent who understands the risks and consequences of her decision not to have a blood transfusion? Her lawyer argues that she possesses the requisite mental capacity. Since she is a "mature minor", the court is bound to respect her decision even if it profoundly disagrees with the outcome of that decision.

It's important to note, however, that competence is not like an on/off switch: you either have it or you don't. Rather, competence varies according to the task at hand. A person may be found competent to make some decisions but incompetent to make others. When the stakes are high and the cost of misjudgement is death, children will seldom be competent to decide their own fate.

Keep in mind that teenagers haven't yet had much opportunity to gain a mature understanding of life and death. Keep in mind, also, that in this Winnipeg case we are talking about a fifteen year old who has not yet had the opportunity to live independently of her parents. They are devout Witnesses and, unsurprisingly, she is, too. She is bound to be heavily influenced by their religious convictions and by the similar beliefs and convictions of her peers. Her friends and family are all part of the same faith community.

This line of reasoning suggests that cognitive understanding by itself is not enough to qualify her as a "mature minor". Until she also has emotional maturity and social independence – which come only with opportunities to experience the world independently of one's family – she is not yet capable of risking her life for her religious faith.

Any adolescent in her situation would be under tremendous pressure. If she voluntarily accepts a blood transfusion she will alienate herself from the parents she loves and from her Witness community. She will become an outcast, shunned by all the people to whom she was emotionally closest. She may fear, also, that she will bring discredit upon her parents.

It is difficult to believe that most adolescents, however intellectually mature, could withstand such emotional coercion.

Does this mean that treatment refusal by an adolescent should never be respected? It does not. Where the risks of treatment are high and the chance of benefit is low, patients and their families should be allowed to decide for themselves whether the benefits outweigh the risks. In a high risk-low benefit scenario it seems wrong to force treatment on a patient. By contrast, where a safe and effective treatment exists, the courts tend to act in what society sees as the best interests of the child. When she crosses the threshold of

adulthood, she can choose to die for her faith. Before then, society should act paternalistically.

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