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# Treating the full humanity of our patients by acknowledging our limitations

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## REFLECTION:

# Treating the full humanity of our patients by acknowledging our limitations

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The ethical dilemma of Jehovah's Witness patients refusing blood transfusion on religious grounds is commonly discussed in medical schools. While I had heard about this scenario in class, I did not fully understand what it would be like to be a provider facing such a challenge until one of my patients was in this situation. She was a 47-year-old Jehovah's Witness woman who presented to the Emergency Department after a routine blood panel at her primary care physician's office showed that she had a hemoglobin of 3.9 g/dL due to a uterine fibroid. She underwent fibroid embolization, but this can take months to effectively regulate menstrual cycles. The patient refused a blood transfusion because of her religious beliefs. I experienced first hand the medical, ethical, and legal challenges that providers face when caring for these patients and the process that patients must go through to refuse treatment.

I wanted to learn more about the available treatments for my patient. After reviewing guidelines and primary literature on the topic, I was disappointed to find that the effective therapeutic options for patients who refuse blood transfusion are limited. Standard treatment available for acutely anemic Jehovah's Witness patients is largely supportive with transfusion of IV iron and erythropoietin (EPO). However, treatment with low-dose EPO- $\beta$  has not been associated with either shorter duration of severe anemia or a reduction in mortality.<sup>1</sup>

Blood substitutes, such as hemoglobin-based oxygen carriers from bovine sources are currently in development. HBOC-201 is one such substitute, which has been associated with improved survival of acutely bleeding and hemolyzing anemic patients.<sup>2</sup> However, all of the data we have on the use HBOC-201 has been from individual case studies of patients who were approved for compassionate use of the product. While we do not yet have strong data supporting the use of blood substitutes, a major clinical trial is currently underway in the US that is using HBOC-201 in patients with life-threatening anemia for whom blood is not an option.<sup>3</sup>

The bottom line is that we do not yet have an effective, evidence-based alternative treatment for patients who refuse blood transfusion. In order for us as physicians to effectively do our work, we must take the entire person into consideration, including their religious beliefs. While it may leave us feeling like our hands are tied behind our backs, I am glad that our profession acknowledges there is more to medicine than preserving life at all costs. Potential treatments are on the horizon, but until they are proven to be safe and effective, we must be comfortable withholding treatments from our patients in order to respect what is most important to them.

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