Cardiac Surgery in a Child with Jehovah’s Witness Faith
- A Case Report

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Jehovah’s witness faith means that accepting transfusion of blood or blood products (RBCs, WBCs platelets, plasma) is sinful. Hence, those having Jehovah’s witness usually refuse to accept blood / blood product transfusion, even if they face life-threatening medical conditions. Herein we describe a transfusionless cardiac surgery in a child born to Jehovah’s witness parents.

Case Report
A 16-month-old child weighing 8.5 kg was admitted to our hospital and was diagnosed to have complete atrio-ventricular canal defect. Since the parents of the child belonged to Jehovah’s witness faith, they wished that the child’s surgery be performed without transfusing any blood or blood products. After explaining the risks involved and obtaining a special consent, the child’s cardiac defect was repaired on cardiopulmonary bypass without transfusing any blood or blood products.

Restricting the peri-op-

Nursing Implications
• A thorough understanding of the rationale behind the Jehovah’s witness belief system is necessary to provide ethical, legal and evidence-based nursing care.
• The nursing staff should be in a position to support these patients through many potentially stressful clinical and emotional situations.
• When children of Jehovah’s witness are in need of blood transfusion, the rights of the parents and the responsibility of the state may be in conflict. In countries where the state has a final say in childcare, blood transfusion can be given after obtaining judiciary approval.
• In general, when these patients are scheduled for elective surgeries, measures will be taken to boost their preoperative Hb level (iron, erythropoetin, good nutrition).
• Perioperative blood investigations are performed judiciously so that unnecessary blood loss is avoided. If and when a blood sample is drawn from central venous or arterial lines, the dead space volume (saline +ve blood in the catheter) should not be re-injected into the patient as it is not acceptable to these patients.

Conclusion
Management of patients belonging to Jehovah’s witness faith especially in children and those involving potential or actual blood loss is very challenging. Proper communication with the patient, patient relatives and their community liaison officers is essential to provide effective care for these patients.

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Chief Editor