To the reader

This case gives rise to three possible conducts. Access http://www.arquivosonline.com.br/enquete/artigo2689.asp and mark your choice.

Sixty-eight-year-old woman, baptized as Jehovah’s Witness two years ago, was admitted by the Brazilian public health system (SUS, acronym in Portuguese) with cardiac insufficiency for a surgery of mitral biological prosthesis change due to an important dysfunction.

The patient presented a signed and registered term, with two witnesses, affirming that did not accepted any kind of blood-derived substances and exempting the medical team from any responsibility in case of blood transfusion indication.

The professional team talked to the patient and made clear that a third big surgery was deeply associated with a high probability of necessity of blood transfusion.

The patient required to be treated with alternative techniques, but not blood transfusion.

She also did not authorize blood transfusion in any occasion.

What conduct to take?

Option 1: To refuse taking care of the patient

To refuse surgical treatment may be an option for the physician to respect the patient’s autonomy, which may be defined as her capacity of ruling herself without extern interferences or pressure.

Option 2: To provide surgical treatment and to perform blood transfusion if there is evidence of death risk for the patient

To perform blood transfusion in the patient when there is an imminent risk of death is to direct the intervention for the benefit of the patient, considering that life has a superior value in relation to beliefs.

Option 3: To provide surgical treatment and not to perform blood transfusion in any occasion

The physician believes that the principle of autonomy has to be legitimated and respected, thus the patient has the right to refuse a medical treatment even in circumstances of imminent risk to life. The physician respects the patient’s convictions without imposing his ideas, hence respecting choices: a charitable act.

Key words

Behavior; jehovah’s witnesses; bioethics.