

Ethical Challenges in Life-Saving Medical Interventions:

Balancing Religious Beliefs and Healthcare Ethics

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Life-saving medical procedures such as abortions, blood transfusions, and organ transplantations may be considered a "no-brainer" for some individuals, however, there are also several patients for whom the decision is not as simple, especially for those from a particular religious background. Every day, many providers come across conflicts between a religious belief and a medical intervention, and the healthcare principles of beneficence, nonmaleficence, and autonomy come into question. Cultural competence is indeed a crucial skill for healthcare providers, including physician assistants (PAs). It involves having the knowledge, beliefs, and ability to provide effective healthcare to patients from diverse cultural backgrounds. By being culturally competent, PAs can enhance healthcare outcomes and promote better communication and understanding between patients and the healthcare team. Throughout this essay, independent views and beliefs varying from different spiritualities are analyzed regarding several medical practices. In essence, we intend to shed light on the many different perspectives patients have when it pertains to their health care and religious views, with hopes that it will help providers navigate these ethical dilemmas to provide patient-centered care that best meets the patient's needs while respecting their religious beliefs.

Blood transfusion is a common treatment for various health problems such as anemia, major blood loss from injury, child birth or post surgery and hemophilia among many other related conditions. This type of treatment is often used when patients are in critical or life threatening conditions. However, there are some people who find this type of treatment to be against their religion. Jehovah's Witnesses typically refuse the transfusion of whole blood and other blood components. Jehovah's Witnesses believe that if a member of their religion were to 'wilfully and unrepentantly' accept a blood transfusion, it would be considered as if they have left the faith (Conti et al., 2018). Religious beliefs like these tend to put great strain on healthcare

providers and their primary goal of treating and healing those who come before them. Though providers are here to help patients they must also be mindful of the cultural and spiritual needs and beliefs of those in their care.

With the development of modern medicine there have been many ethical dilemmas when a patient who is in need of a blood transfusion refuses treatment. Every competent patient has the right to refuse a blood transfusion or more so any type of medication, procedure or treatment. A patient's right to the refusal of care is founded upon one of the basic ethical principles of medicine, autonomy. Autonomy in healthcare indicates that individuals in care have the right to make decisions about their medical care without their health care provider trying to influence the decision. Cases where minors are involved and Jehovah's witness parents are left to make decisions on their child's behalf have often led to chaos and legal actions. Healthcare providers must act with the ethical principle of beneficence which is to act with the responsibility to promote the health and wellbeing of patients through research and evidence based practice with an end goal of achieving positive patient outcomes. Healthcare providers are usually placed in a position where they must ask for ordinance from judicial authorities to make decisions like performing a blood transfusion for minors who belong to Jehovah's Witness. These providers do this with guidance of a simple point that states, "nobody can be deprived of life by their own parents" (Conti et al., 2018).

While blood transfusions are at times the treatment required to treat a patient, in other cases, patients require more invasive medical intervention. In the case of a woman whose pregnancy is either unintended, the result of rape, or putting the mother's life in danger, abortion may be necessary. Abortion is a very controversial issue for many people coming from many different walks of life. At times, it can be very divisive, and it becomes even more complex

considering it in the medical setting. Today, providers not only have to consider the scientific perspective but also must acknowledge the diverse and religious outlook since it can directly influence a patient's decision in their level of care. Many dilemmas can arise from this conflict of sciences vs religion, and it is important that we still practice the principles of autonomy, beneficence, and nonmaleficence. A common example of this dilemma between these factors is whether a patient can decide to abort a pregnancy in the event of a life-threatening scenario, rape or incest, and any other factors that may reduce the quality of life of the mother or infant (Swihart et al. 2022). As a provider, it is important to be culturally aware of these perspectives in order to adequately provide the best care to the patient that meets their preferences.

Some religions are stricter than others when it comes to whether abortion is considered "justifiable". The Catholic religion believes abortion is forbidden under any circumstance, however, some exceptions can be made (Stephens et al., 2010). Knowing the patient's creed can be very useful in the context of providing the patient information in the event of life-threatening pregnancy or the event of pregnancy due to rape or incest. In the event of pregnancy due to rape, incest, or financial struggles, the Catholic Church opposes the option of abortion and instead promotes positive support from organizations or families in similar circumstances (Stephens et al., 2010). However, it is interesting to note that a study conducted by the Pew Research Center in 2014, found that 48% of Catholics were in favor of legalizing abortion in all states as opposed to 47% opposing the legalization of abortion in all states (Pew Research Center, 2023). In the event of a life-threatening pregnancy, the mother is not morally required to continue the abortion if it is deemed that the procedure will inevitably terminate the fetus. Interestingly, it has been noted that some mothers have taken the risk in some circumstances.

From a Jewish perspective, abortion is a much more lenient option when compared to the Catholic religion. The mother's "already-existing" life is prioritized over the fetus in a life-threatening pregnancy (Stephens et al., 2010). According to the same study conducted by the Pew Research Center, 83% of Jewish individuals were in favor of legalizing abortion in all states, which is a significant finding (Pew Research Center, 2023). Even in the case of financial constraints, an abortion may be morally justifiable if it is likely that the pregnancy may result in severe depression or suicide to the mother (Stephens et al., 2010). While the Jewish perspective has an open view when it comes to abortion in emergent scenarios, it is also worth noting that the religion strongly opposes the procedure for the matter of inconvenience (Seltzer et al., 2022). The issue then becomes whether certain situations can be interpreted as life-threatening or not. In some cases, many providers encourage collaborating with rabbis or experts for further assistance and insight when attempting to counsel a patient (Seltzer et al., 2022).

In more extreme cases, when organ donation is the only medically indicated treatment, this can arouse many ethical dilemmas, particularly amongst varying religious groups. The issue of defining death, particularly brain death, and cultural challenges surrounding organ donation in a diverse society like the United States are significant factors in the field of transplantation. Sociological and anthropological studies have highlighted the role of symbolic aspects in transplantation medicine, shedding light on the concept of "cultural resistance." While transplantation itself is not a subject of organized disputes or social speeches questioning its validity, there may not be as clear a consensus on organ donation as some experts suggest. Despite the public consensus and favorable positions of major religions toward organ donation, the persistent shortage of organs suggests social resistance or a lack of complete integration of organ donation into societal norms. The concept of the "compatibility culture" of transplantation,

according to doctor and philosopher Anne-Marie Moulin, has been overlooked and represents a major obstacle to its development.

Transplantation challenges traditional conceptions of self, bodily integrity, and death by presenting a mechanistic view of the body as repairable, with organs serving as replaceable parts. While Western medical ideology may perceive organs as mere biological entities, the lived experiences of patients, living donors, and their relatives often assign a deeper significance to the organs. Transplant patients may question their identity and draw connections between the characteristics of the donor and their newfound vigor, interests, or tastes, as if the transplanted organ carries the imprint of the donor's personality. In the case of deceased donors, recipients may struggle with integrating the new organ into their body schema, temporarily impacting their sense of identity. These difficulties go beyond the individual patient and relate to the unfamiliarity of the situation itself. Organ transplantation is not a neutral process but an experience that resonates with the recipient's identity and creates complex social relationships, real or imagined, between donors or their relatives and the transplant recipients.

The symbolic value of the body is also evident in the phenomenon of the "tyranny of the gift," where recipients perceive the gift as a psychological and moral weight, resulting in a sense of indebtedness that cannot be repaid. Similarly, relatives who authorize organ removal may find solace in the belief that part of the deceased "survives" through the transplanted organs. On the other hand, the association of the person with their organs can lead to resistance towards organ donation, as it may be seen as fragmenting the integrity of the deceased's body. The persistent symbolism attached to organs reveals a disconnect between the medical perspective and the intimate beliefs of people involved. Despite healthcare providers' efforts to present a purely biological and functional view of the graft, it is often perceived as emotionally and symbolically

significant. This cultural difference in perspective of the medical world and some patients can lead to moral distress of clinicians. By adopting, recognizing and promoting values of diversity through cultural competence and awareness, clinicians and PAs can simultaneously decrease their moral distress and the resistance towards organ donation within certain cultures.

Organ donation is also often complicated by the lack of clarity amongst religions regarding what is considered to be irreversible death. Oftentimes, brain dead patients in a hospital would be candidates for organ donation. However, certain religions do not recognize brain death as irreversible, and would therefore not allow the patient's organs to be removed for donation. For example, Islam believes that death is separation from body and soul defined in the Quran as the disintegration of the body. From this definition, brain death is not simply understood. In one study, an estimated 37% of Muslims supported the idea that brain death is irreversible, while 63% contended it (Alhawari, et al., 2019) Many Islamic ethical and medical scholars have written on this topic. While there is not one consensus, one significant approach states that a patient can be pronounced dead if three clinicians confirm that the patient is brain dead and there is no chance for recovery (Sajjad, et al., 2020). Because the donation of a vital organ from a living donor is forbidden in Islam, it is imperative that brain death be defined according to Muslim law (Padela, Auda, 2020).

Judaism similarly prohibits the donation of vital organs from a living donor. Therefore, brain death must be defined according to Jewish law. In the study referred to above, it was found that 71% of Jews reported that they believed in the certainty of brain death (Alhawari, et al., 2019). However, many religious Jews object to treating brain death as the complete cessation of life (Gabbay, Fins, 2019). Since brain death is not explicitly described in the Bible, the interpretation and therefore application of the text to modern medicine is in the hands of the

Rabbis, Jewish spiritual leaders. Therefore, the acknowledgement of brain death and its certainty as well as members of a family permitting organ donation from a brain dead patient will depend upon the guidance of one's personal Rabbi. Fundamental to Judaism is the belief that preserving a life is of utmost importance and all efforts must be exerted in doing so (Steinberg, 2015). Organ donation is forbidden if it will hasten a person's life in any manner. Therefore, the patient must be confirmed deceased before organs may be harvested.

The integration of medicine and religion present ethical dilemmas, particularly in cases which involve life-saving medical interventions. To navigate these complex decisions, the patient's beliefs and religious associations must be identified and respected in order to maintain patient autonomy. However, a clinician may feel that this conflicts with their responsibility to act with beneficence and provide healthcare. To mitigate this challenge, involving religious and spiritual leaders can bridge gaps in understanding between parties involved (Weiner, Sheer, 2020). Engaging Rabbis, Sheikhs, and Priests provides patients with both spiritual and medical advocates to allow for the fusing of religion and modern day medicine to optimize patient's care. Lastly and most importantly, training hospital staff to be culturally competent and aware is essential in building therapeutic provider-patient relationships. PAs should strive to collaborate respectfully with individuals from diverse backgrounds, seeking their input and involving them in decision-making processes. This can enable PAs to lead their team in reducing the strain of cultural and religious conflicts in healthcare.

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