

**Prognosis for the comprehensive care of Jehovah's Witnesses patients:
right to life or respect for religious freedom?**

*Pronóstico para la atención integral de los pacientes Testigos de Jehová:
¿derecho a la vida o respeto a la libertad religiosa?*

*Prognóstico para a assistência integral de pacientes Testemunhas de Jeová:
direito à vida ou respeito à liberdade religiosa?*

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Abstract

Jehovah's Witnesses - the fastest growing religious group in the Western Hemisphere - present a great impasse in relation to the non-acceptance of blood transfusion for certain health treatments, in which, in Brazil, this dilemma often generates a mismatch between health professionals' health in relation to the ethical impasse, as the religious freedom and autonomy of these believers guarantee the refusal of these procedures. Therefore, the study aims to guide health professionals about this religious conflict and which legal provisions are used to prevent and resolve this issue. In this sense, it should be noted that this scientific work is an integrative literature review. Thus, the study used a qualitative methodology, of a descriptive and exploratory nature. As a result, therapeutic alternatives were presented for the treatment of these patients and means that protect health professionals. Finally, these measures aim to give greater dignity to these patients, guaranteeing their religious freedom, reducing ethical conflicts and seeking the best treatment for these people.

Descriptors: Therapeutic Proposal; Blood Transfusion; Jehovah's Witness; Right to Life; Religious Freedom.

Resumen

Los Testigos de Jehová - el grupo religioso de más rápido crecimiento en el Hemisferio Occidental - presentan un gran impasse en relación a la no aceptación de la transfusión de sangre para ciertos tratamientos de salud, en el que, en Brasil, este dilema genera a menudo un desajuste entre los profesionales de la salud en relación al impasse ético, ya que la libertad religiosa y la autonomía de estos creyentes garantizan la negativa a estos procedimientos. Por lo tanto, el estudio tiene como objetivo orientar a los profesionales de la salud sobre este conflicto religioso y qué disposiciones legales se utilizan para prevenir y resolver este problema. En este sentido, cabe señalar que este trabajo científico es una revisión integrativa de la literatura. Así, el estudio utilizó una metodología cualitativa, de carácter descriptivo y exploratorio. Como resultado, se presentaron alternativas terapéuticas para el tratamiento de estos pacientes y medios que protegen a los profesionales de la salud. Finalmente, estas medidas pretenden dignificar más a estos pacientes, garantizando su libertad religiosa, reduciendo los conflictos éticos y buscando el mejor trato para estas personas.

Descriptores: Propuesta Terapéutica; Transfusión de Sangre; Testigo de Jehová; Derecho a la Vida; Libertad Religiosa.

Resumo

As Testemunhas de Jeová - grupo religioso que mais cresce no hemisfério ocidental - apresentam um grande impasse em relação à não aceitação da transfusão sanguínea para determinados tratamentos de saúde, em que, no Brasil, esse dilema, muitas vezes, gera um descompasso entre profissionais da saúde em relação ao impasse ético, pois a liberdade religiosa e a autonomia desses fiéis garantem a recusa desses procedimentos. Diante disso, o estudo tem como objetivo orientar os profissionais da área da saúde sobre esse conflito religioso e quais os dispositivos legais são usados para impedir e resolver essa questão. Nesse sentido, convém ressaltar que esta obra científica trata-se de uma revisão integrativa de literatura. Desse modo, o estudo utilizou-se de metodologia qualitativa, de natureza descritiva e exploratória. Como resultado foram apresentadas alternativas terapêuticas para o tratamento desses pacientes e meios que resguardam profissionais da saúde. Por fim, essas medidas têm como escopo dar uma maior dignidade a esses pacientes, garantindo sua liberdade religiosa, reduzindo conflitos éticos e buscando o melhor tratamento para essas pessoas.

Descriptores: Proposta Terapêutica; Transfusão Sanguínea; Testemunha de Jeová; Direito à Vida; Liberdade Religiosa.



Introduction

In the 18th century, the Prussian philosopher Immanuel Kant ratified that "the human being is what education makes him". In this perspective and more than 200 years later, such reflection becomes extremely current, insofar as it corroborates the premise that the precariousness and absence of rational, coherent, moderate dialogues, as well as the imposition of limits, can compromise the behavior of individuals. A clear example of this reality is not only the religious intolerance against Jehovah's Witnesses as a result of their refusal to undergo blood transfusion, but also the lack of ethics, humanization and communication on the part of the multiprofessional health team towards patients and family members of this religion, the which, in turn, expands legal debates, makes it difficult to resolve alternative prognoses to blood transfusion as long as it is not an "imminent risk of death" in these patients, which may negatively affect the health-disease process of these patients¹.

Initially, it is worth noting that the religious group called Jehovah's Witnesses originated in the US state of Pennsylvania, near the city of Pittsburgh around the 1870s. Since then, in addition to being considered the fastest growing religion worldwide, in Today, it already has more than 8.5 million faithful in 240 different countries^{2,3}.

At first, it is worth noting that adherents of the Jehovah's Witness belief act according to a literal interpretation of the commandments of the Bible. Proof of this is that the religious restriction on blood transfusion is mentioned, primarily in the passages of Genesis 9:3-4, Leviticus 17:10-14, Acts of the Apostles 15:28-29, Deuteronomy 12:23-25, Samuel 14: 32-34. Of these, it is understood that, according to the conceptions of Jehovah's Witnesses, the soul, or life, is in the blood and belongs to God. Therefore, since the first Christians' blood was not consumed even for medicinal purposes.

In view of this, nowadays, it is known that in Brazil, Jehovah's Witnesses already form more than 800,000 people with more than 12,000 congregations spread across the country. Therefore, it becomes irrefutable that the nerve center of this growth of the members of this belief and the impasse in the face of the refusal to blood transfusion is the elaboration of an adequate therapeutic proposal for the integral care of these patients, respecting their autonomy of thought and their religious freedom, but also the duty of the health professional to intervene in favor of the greater right to life. A clear example of this reality occurs when individuals who practice this religion suffer multiple trauma and severe hemorrhagic shock, thus needing a prognosis that involves blood transfusion to save them, however, the patient, the guardian and the family do not agree with this blood transfusion, now the multiprofessional health team does not know how to proceed³.

In this light, it is worth noting that the following legal frameworks: Article XVIII of the Universal Declaration of Human Rights and Article 5 of the Federal Constitution, which ensure freedom of thought, conscience and religion. At the same time, Article 1510 of the Civil Code must also

be considered, which provides that no one can be compelled to undergo, at the risk of their lives, medical treatment or surgical intervention. From another perspective, according to Articles 135 and 146 of the Penal Code, respectively, the crimes of omission of help and illegal constraint are added to these. On the other hand, it is imperative that Articles 22 and 31 of the Code of Medical Ethics establish that in cases of imminent risk of death, the physician has an obligation to save the patient's life, even if it is necessary to fail to obtain consent for diagnostic practices and therapeutics⁴⁻⁸.

Given the above, it is clear that this problem is not current either in health care environments or in the courts of justice. Simultaneously, the precariousness and scarcity of information regarding the measures to be used or not by institutions and health professionals becomes remarkable. Therefore, this article aimed to analyze and mitigate the ethical and legal conflict regarding blood transfusion in relation to this religious group, proposing effective and resolute mechanisms and strategies, either to protect the autonomy and religious freedom of the patient, or to comply with the physician's bioethical principle of non-maleficence - help whenever necessary and not cause harm whenever possible. For this, this study aimed to correlate Brazilian and international legislation regarding the impasse between religious freedom and the greater right to life, with the aim of stimulating a good prognosis for Jehovah's Witnesses.

Methodology

At first, it should be noted that this study consists of an integrative literature review. In this context, the methodological course of this scientific work has a qualitative character, of the descriptive type, which will report the knowledge disseminated and validated holistically by society as a whole, sometimes based on scientific evidence and constitutional rights, sometimes based on religious freedom and the right to choice of patients, family members and guardians who are Jehovah's Witnesses. It should be noted that arguments discussed from the beginning of the debate about blood transfusion in this situation to the current developments will be studied, analyzed and reflected, including information learned from the theoretical aspects worked during the courses of medicine and law.

For the collection of information, scientific research collected on the Google Scholar website was used. This was possible through a search and a meticulous selection of scientific productions with the following descriptors: "blood transfusion", "Jehovah's witnesses", "right to life" and "prognosis" associated through the term bobbing "AND" with temporal cut from January 2013 to the current month of April 2022 and with limited Portuguese language, totaling 52 texts. Of these, 10 were selected for reading, but only 7 were included in this study because they were more suited to the guiding question of understanding and justifying the reason for the prognosis of adequate blood transfusion in Jehovah's Witnesses. At the same time, data from the federal government portal, the Federal

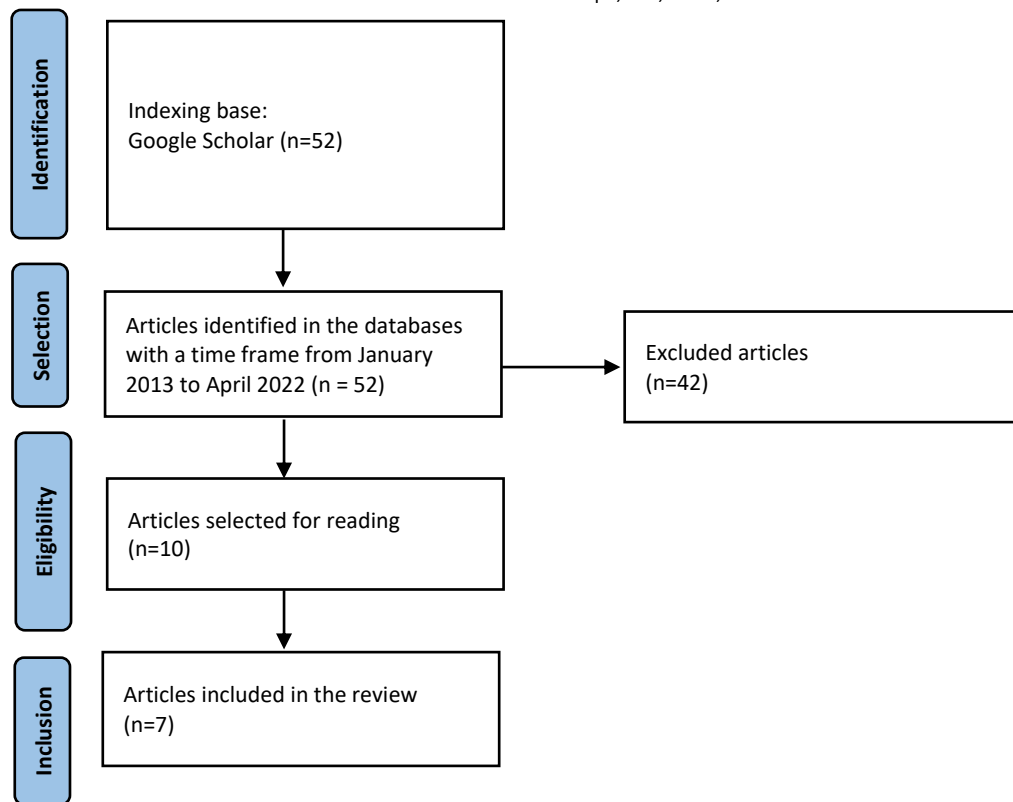


Council of Medicine portal and the unified jurisprudence portal of the Federal Justice Council were also used. In addition, theoretical references learned in the subjects of Comprehensive Care Practices, Bioethics, Good Practices, Scientific Methodology and Medical Informatics of the Medicine course and in the field of Law and Medical Ethics of the Law course were used throughout the scientific work.

The information was compiled and organized, later, the qualitative analysis of the data was carried out. In

accordance with Bardin⁹, the following units of analysis were listed: i) Presentation of the legal, bioethical, clinical-procedures adopted and validated in the Magna Carta and in other foreign legislation regarding blood transfusion in Jehovah's Witness patients; ii) Elucidation of the blood transfusion process in the national and world territory; iii) Clarification and Encouragement of Therapeutic Proposals for medical actions in blood transfusions in Jehovah's Witnesses and iv) Explanation and Instigation of Therapeutic Proposals in the legal scope.

Figure 1. Flowchart adapted from Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) of the article search and selection process. Matipó, MG, Brazil, 2017-2021



Results

Initially, it becomes lawful to postulate that 10 academic articles and 3 jurisprudence portals were selected.

Chart 1. Variables. Matipó, MG, Brazil, 2022

Title	Year of publication	Objectives
BOAS PRÁTICAS NO ATENDIMENTO DE PACIENTES COM RESTRIÇÕES RELIGIOSAS À TRANSFUSÃO SANGUÍNEA	2021	Propose good practices that dialogically and systematically cover medical and ethical legal knowledge in order to prevent or resolve conflicts in this field.
A TRANSFUSÃO DE SANGUE E A TESTEMUNHA DE JEOVÁ UMA COLISÃO DE DIREITOS FUNDAMENTAIS ENTRE A VIDA E A LIBERDADE RELIGIOSA PUC GOIÂNIA GOIÁS	2021	Analyze how the Brazilian justice has decided the collision of these fundamental rights.
DIREITO À VIDA X LIBERDADE DE CRENÇA RELIGIOSA	2017	Show and discuss the normative conflicts between the two fundamental rights: the right to life and the right to religious freedom, contextualized in the refusal of blood transfusion by the patient who follows the Jehovah's Witnesses religion against the doctor who is committed to saving lives.



O DIREITO À LIBERDADE DE CRENÇA E A IMPOSSIBILIDADE DE TRANSFUÇÃO DE SANGUE EM TESTEMUNHAS DE JEOVÁ	2018	Analyze the collision between the right to life and freedom of belief, two rights guaranteed by the Federal Constitution.
TRAUMA E TRANSFUÇÃO SANGUÍNEA PRECOZE: O DESAFIANTE MANEJO DE HEMORRAGIAS EM TESTEMUNHAS DE JEOVÁ	2018	Explore the reasons for this conflict between the physician's duty of care and respect for the patient's autonomy, and draw an overview of the majority understandings of the Judiciary on the subject.
REDE DE ENSINO DOCTUM TRANSFUÇÃO SANGUÍNEA EM TESTEMUNHA DE JEOVÁ E A RESPONSABILIDADE CIVIL DO MÉDICO	2018	Demonstrate the existing questioning of whether the Jehovah's Witness can decide whether to perform the blood transfusion procedure and the physician's civil liability in this case.
LEIS <i>VERSUS</i> CRENÇAS: A PROBLEMÁTICA DA HEMOTRANSFUÇÃO EM TESTEMUNHAS DE JEOVÁ	2013	Understand the attitude of Jehovah's Witnesses in relation to health care and the attitude of always seeking the most varied advances in non-transfusional medicine, which are in full development.

In the foreground, regarding the position of other countries regarding blood transfusion in Jehovah's Witnesses, it appears that in the United States, the patient's autonomy and freedom to refuse certain treatment even involving minors are respected. In addition, it is noteworthy that some authors understand the refusal of blood transfusion by parents as child abuse, child neglect or inattention to the rights of the child. Contrary to the position of the United States. Furthermore, in the UK, adults - with the proper intellectual capacity - can refuse any form of treatment that a doctor can, and it is therefore the sovereign patient's decision³.

Still from this point of view, in India, anyone, except when they have a reduced decision-making capacity, can refuse medical treatment and even blood transfusion. Furthermore, in Germany, a prior written declaration is required, expressing the willingness to refuse a blood transfusion. If the patient does not have the intellectual capacity to make decisions, the patient's well-being must be maintained and, thus, the transfusion performed. On the other hand, in Russia in 2017 the Russian Supreme Court ordered the banning of Jehovah's Witnesses in the country, arguing that this religious group violated Russian health laws regarding blood transfusions. Finally, it should be noted that in Brazil, the right to life prevails and, therefore, the will and religious freedom are respected and accepted until there is an imminent danger of death^{3,10}.

In the background, it is highlighted that blood transfusion aims to restore oxygen transport, thus guaranteeing the patient's homeostasis. However, even with due care, this procedure still involves risks, such as infectious diseases, immunosuppression and alloimmunization, and should therefore be performed only when there is a precise indication and lack of alternative therapeutic options. Thus, today's hemotherapy is protected by rational and restrictive transfusion, with the aim of minimally and exclusively transfusing the blood component that the patient needs, based on clinical and laboratory assessments. In this context, the international program Patient Blood Management (PBM) is highlighted, which covers various medical procedures and techniques adopted to delimit the indispensability of allogeneic blood transfusion in all risk patients⁴.

On a third level, according to the World Health Organization (WHO), it is irrefutable that adequate therapeutic proposals consist of measures that, in addition to designating bioethical and scientific quality standards in clinical medical practice, ensure safety, well-being and respect for patients' rights, as well as mitigating conflicts between the multiprofessional health team and the patient and family, but also representing effective solutions to the demand¹¹.

Discussion

In view of this, it is worth noting, as the first clinical therapeutic proposal, the inevitability of applying objective parameters to designate a state of "imminent risk of death", which must be based on evidence-based medicine and adapted to the epidemiological and social reality of Brazil. In the meantime, it is suggested as another way to legitimize the state of "imminent risk of death" the formation of a medical board, composed of the clinical management of the health establishment, the person responsible for the hemotherapy sector, the representative of the intravascular transfusion committee, -hospital and the ethics committee of the institution⁴.

At the same time, it is proposed a legal and written formalization, in an institutional document, of the blood components and blood products available. After all, before performing the blood transfusion, the following should be taken into account: treatments with whole blood; therapy with blood components (plasma, platelets, red blood cells); treatments with blood products (fibrin, serum, vaccine, volume expanders, clotting factor) and even other treatments (hemodialysis, intraoperative cell recovery, cardiopulmonary bypass, cell-free oxygen carriers, hemodilution). This attention is important, as each of these items has a meaning for Jehovah's Witness patients⁴.

In addition, a legal and written formalization, in an institutional document, of alternative measures to blood transfusion is encouraged, such as: acute normovolemic hemodilution and intraoperative blood recovery/auto-transfusion cell-free oxygen carriers and plasma expanders administration of erythropoietin (EPO); intraoperative autotransfusion prepared in a closed circuit, cardiopulmonary bypass and hemodilution, provided there



is no blood storage. These data provide confidence in professional decision-making and confidence in the patient, who comes to know exactly which service options are available for medical indications, avoiding pressure and fruitless confrontations with the technical teams. In the light of this perspective, it is legitimate to mention that, in cases with limited resources, the possibility of transferring the Jehovah's Witness patient to an establishment that has options for transfusion must be strongly considered (Article 3, § 5 of the MS Consolidation Ordinance /GM No. 1, of September 28, 2017, source: PRT MS/GM 1820/2009)¹².

Concomitantly, in accordance with the Federal Council of Medicine, it is up to the physician to formalize the patient's religion in the medical record and the alternative therapeutic proposals to blood transfusion, tried or not, proposed with the corresponding technical justification. Such a procedure becomes indispensable to avoid insecurities of patients and families, to give legitimacy to the process, to protect health professionals from ethical, civil and criminal demands and, above all, to ensure guarantees of autonomy, freedom and dignity to patients⁸.

In addition, it is suggested to make permanent legal support available to health professionals to support decisions related to the transfusion of blood elements in Jehovah's Witnesses. This proposal becomes inexcusable, especially based on data from a survey of Jehovah's Witness patients and physicians at a public hospital in São Paulo. A real example of this is that according to the aforementioned survey, approximately 45% of physicians claimed not to be aware of the legal aspects that ratify the legality of the patient's right to autonomy. Therefore, it is evident a fertile ground for doubts of health professionals about the prognosis to be made with patients of this religious group due to a precarious and/or absent communication and legal support of the health establishment in which they are located¹³.

From this perspective, it should be noted that Jehovah's Witnesses can count on the support of the Hospital Liaison Commission (COLIH), that is, on an international network that provides free technical support to these patients in cases involving medical recommendation for transfusion. Despite this, it is worth mentioning that as the contact of COLIH occurs directly with the doctor responsible for the care, it sometimes causes insecurity in the decision-making of health professionals who are pressured in the face of a context they are not used to facing. Even so, if there is institutional legal support available to these professionals, the tendency is to reduce this discomfort⁴.

In view of the above, it is worth mentioning that, in line with COLIH Brazil, Jehovah's Witnesses reject red blood cells, white blood cells, platelets and plasma (allogeneic blood), in addition to autologous blood if the material is collected and stored for later reinfusion. On the other hand, they confirm that, with regard to allogeneic blood fractions, acute normovolemic hemodilution, hemodialysis, cardiopulmonary bypass and intraoperative blood recovery, the decision regarding acceptance is a personal one. In this way, the importance of talking in

advance with each patient about which products or procedures are acceptable for them is concluded¹⁴.

Furthermore, it is imperative to fill in the transfusion refusal/acceptance term, containing a breakdown of the components that the patient accepts and those that he rejects. In addition, the risks of transfusion, risks of non-transfusion and the list of alternative measures already implemented or not recommended in the specific case must be included. The informed consent must be dated and signed by the patient or his/her representative. It is worth noting, especially in prolonged hospitalizations, that the manifestation of will can change in the course of events, being recommended, in this case, to make a new term in order to rectify the previous desire. In addition, in the case of an informed consent form, the health team must be aware of its content, attach a copy to the medical record and consider how much is expressed for decision making⁴.

A clear example of this indispensability is that, according to COLIH, Jehovah's Witnesses carry a document called "Advance Directives and Power of Attorney for Health Treatment", considered as an "identification card" by the members of this community. It contains information on non-acceptance of transfusions involving whole blood and end-of-life choices (extension/non-extension in the terminal phase), instructions on other medical treatments (drugs in use, allergies, past morbid history) and appointment of a proxy and alternate attorney¹⁴.

Conclusion

Thus, based on its legislation, Brazil considers that the right to life is sovereign when the patient has an imminent risk of death, requiring the doctor to carry out a blood transfusion to save that person's life. However, the Doctor must opt for other alternative therapies, when there is no imminent risk of death, with the aim of giving greater dignity to these faithful, thus guaranteeing their right to choose and their religious freedom. Thus, health professionals should consider treatment with blood components such as plasma, platelets and red blood cells before performing blood transfusion. In addition, treatments with blood products, hemodialysis, free oxygen carriers and hemodialysis should be used, for example.

However, many times, the doctor does not have the necessary equipment, in his work environment, to guarantee these alternative procedures are performed and it will be necessary to decide whether or not to perform blood transfusion in these patients. Thus, it is suggested that the doctor transfers the patient to a hospital that has a greater infrastructure to give greater dignity to that individual or, in case of imminent risk of death, a medical board is formed, composed of five members, including, for example, the person responsible for the hemotherapy sector and the person responsible for the clinical management of the health establishment, formalizing, in writing, in an institutional document, the appropriate decisions that led to carrying out the blood transfusion.

In addition, it is extremely important that the doctor asks the patient, in the anamnesis, about his



religion, since many of the patients are identified as Jehovah's Witnesses only at the time of admission, which often makes it difficult for the team to prepare for the treatment of these people. In addition, blood transfusion also generates many risks for the patient, in which the physician must take into account whether or not to carry out the transfusion.

Given the above, it is suggested that future studies also carry out field research, aiming to corroborate the data found in the scientific literature with the reality

experienced by health professionals in the care of patients, family members, guardians who are Jehovah's Witnesses. In summary, it is clear that without an elementary humanistic, bioethical and legal understanding on the part of health professionals and without a minimum technical understanding on the part of patients and family members, the prevention or dissolution of these conflicts (indication of blood transfusion versus rejection of blood transfusion by religious restriction) becomes very arduous.

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