Children and Religious Objections to Treatment

We've all read the newspaper accounts: because of religious beliefs, some parent refuses to allow her sick child to be operated on, or to have a blood transfusion, or to undergo chemotherapy. The hospital staff becomes alarmed at the prospect of a child dying unnecessarily (in their eyes, anyway), and they ask the courts to intervene. A judge then must decide, but rancor and bewilderment often ensue. Both sides wind up understanding the other less than before the conflict. Looking at a few case studies may help clear up the legal issues.

Mrs. Jones, a Jehovah's Witness, was seven months pregnant when a truck smashed into her car, resulting in internal hemorrhaging. Her doctors insisted on giving her a blood transfusion to protect not only her health, but the health of her unborn child. Mrs. Jones refused.

Tom, a mature 15 year old Christian Scientist, was diagnosed with inoperative cancer. When physicians told him the best course of action was chemotherapy, Tom and his parents said they preferred to discontinue treatment and pursue therapy with a spiritual healer, believing that he could be cured by faith alone.

Should the doctors and nurses in these cases intervene and try to force these patients to accept treatment? These complex and morally ambiguous situations both feature religiously devout individuals relying on their faith to make a healthcare decision. The healthcare professionals in each case must decide whether to respect that decision or try to go against the believers' wishes and have a legal guardian appointed, someone who will ensure that the latest medical techniques will be brought to bear.

Millions of religious Americans, like Jehovah's Witnesses and Christian Scientists, eschew some or all forms of conventional medicine and have battled for the right to refuse treatment in life-threatening situations. Courts have nearly all agreed that any adult "of sound mind" can refuse medical treatment on religious grounds.

This does not mean religious belief represents an exception to the general rules of ethics and law. In fact, one of the fundamental principles of medical ethics is that a patient has the right to decide whether or not to consent to treatment. This is known as the
principle of autonomy, the bedrock principle of secular medical ethics, which includes the right to refuse treatment, so long as the patient is mentally capable of making the decision. An individual patient's particular reasons for refusing treatment, whether based on reason or revelation, are irrelevant.

As with the general principle, in the specific situations of Mrs. Jones and Tom, religion is not, in fact, a crucial issue. The real questions are: Who is empowered to make a healthcare decision affecting a minor? On what basis can they make it?

In the case of Mrs. Jones, the central issue is whether or not she is entitled to refuse medical treatment for herself and/or for her unborn child. Though still a source of widespread controversy, a woman's legal right to control her body trumps the interests (or potential interests) of her unborn fetus. Outside of a few states that mandate drug treatment for pregnant addicts, women have no legal obligation to accept treatment either for themselves or for their unborn child. Much as they might not like it, doctors and nurses are expected to accept Mrs. Jones' refusal of a blood transfusion, whether that refusal is based upon religious or non-religious grounds. The law is on her side.

Tom's case is a little more complex. If Tom were six or seven years old, he would be legally incapable of making a major life decision such as accepting or rejecting necessary medical treatment. Normally, parents in such cases make treatment decisions for their children. However, courts expect the parents to act in the "best interests of the child," a legal standard that does not allow rejecting medically necessary treatment on religious grounds.

When an adult makes a decision to risk her life or health because of her religious faith, society must ultimately respect that as a value judgment she has made with respect to the meaning of her life and faith. The state of her soul may be more important to her than the state of her body. However, the law does not accept a parent risking the life of a minor child for that belief. In a common phrase, the parents cannot make the child a martyr for their faith. The parents cannot refuse treatment to a very young child on religious grounds, and healthcare providers are expected to seek a legal guardian to authorize appropriate medical treatment.

The difficulty in Tom's case is that he is identified as a mature 15 year old. While he is still considered a legal minor, in most situations, healthcare providers allow mature, youthful patients to participate in their treatment plan. This may include allowing Tom to reject further medical treatment if the odds of success are low. The more mature Tom is, the more likely it is that the healthcare providers would defer to him and his preferences. The fact that Tom bases his decision on religious rather than secular grounds should not alter how his physicians treat him.

One last factor is the particular procedure's chances of success. The more likely a procedure will result in a cure, the more likely a court will mandate the treatment. If a treatment has only a small chance of success, the court is likely to defer to the parent.
Respecting a person's religious belief is simply one aspect of respecting the autonomy of that individual. Insofar as individuals are competent to make important life decisions for themselves, the principle of respecting autonomy requires that society honor patients' right to make such decisions.