UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

January 23, 2024

Re: Statement of Experience Concerning Treatment of Jehovah's Witness Patients in Canada

I've been asked by the National Office of the Jehovah's Witnesses in Canada to provide a letter concerning my perspectives related to the treatment of patients in their faith by cardiac surgeons in Canada. It has been brought to my attention that there is potential discrimination targeting this group in other international jurisdictions based on what I believe are incorrect assumptions related to their position regarding the use of allogeneic blood transfusion and its impact on health care services.

For context, I am a professor of surgery at the University of Ottawa. I have been a faculty cardiac surgeon since January 1995 with an active practice in adult cardiac surgery. I am trained in general, thoracic, and cardiac surgery. I currently sit as the chairman of the cardiac surgery committee at the Royal College of Physicians and Surgeons of Canada (RCPSC), a body that accredits university programs that train resident physicians to become certified specialists in this country. I have also been extensively involved in resident and fellow training in adult cardiac surgery having served as a program and fellowship director for over 12 years. I was involved in the development of the RCPSC's Competence by Design training program for cardiac surgery. I have an extensive career in academic research in both basic and clinical science and additional training in biostatistics and clinical research methodology. I sit as an associate editor on the Journal of Thoracic and Cardiovascular Surgery, the premier surgical journal for our specialty. Much of my clinical research, particularly in the early years of my practice, was related to blood conservation technologies and the impacts of cardiopulmonary bypass on the hematological system.

Considering my research interest, for many years I've had a close association with the Jehovah's Witnesses, and I've served as a consultant regarding patients who have been turned down for cardiac surgery in other centres. I have operated upon many patients providing bloodless surgery for people of their faith.

I am not a member of the Jehovah's Witness faith. I personally do not agree with many of the tenets of this faith however I have strong respect for their right as consenting adults, to stand by their beliefs regarding refusal of blood products.

As I stated, over almost 30 years, I have operated upon many Jehovah's Witness patients. I have committed to bloodless surgery for this group and have respected their wishes in every case. Many Witness patients are well versed in the technologies related to blood conservation and in most cases, we can successfully get them through with excellent outcomes. Most adult cardiac surgical cases can be completed in a bloodless fashion. I would estimate that one can commit to bloodless surgery in probably 85% of the more complex types of cases that present to a quaternary care center such as ours. With attention to operative detail and preoperative optimization, most patients can be successfully operated upon with excellent results. We have had some patients that we have been quite sure that we could not

40, RUE RUSKIN STREET, OTTAWA, ON K1Y 4W7
T 613.696.7000 WWW.OTTAWAHEART.CA

upon with excellent results. We have had some patients that we have been quite sure that we could not operate on, and we have refused surgery. But the patients are extremely well informed, and they have been understanding in our decision to ultimately not proceed with surgery.

I believe that the most important point that I can bring to this discussion relates to my experience in the blood conservation field in cardiac surgery. When I started my practice, surgeons were very liberal with blood, frequently transfusing patients who were perfectly well who had a hemoglobin less than some target numbers such as 10 grams per deciliter. It was the experiences with the Jehovah's Witnesses that taught us that we could drop our target quite significantly with no jeopardy to patient health. In fact, there is data to suggest that our liberal strategy of the provision of blood may have likely hurt patients by impacting their immune system. It was the sacrifices of the Jehovah's Witness patients that taught us the value of the wide use of blood conservation strategies including cell salvage, judicious use of volume replacement, technologies such as retrograde autologous priming, and others. If we had not had the opportunity to develop and refine these strategies in Witness patients, we would never have been able to apply these simple and beneficial technologies to the non-Witness population. I strongly believe that millions of patients worldwide have benefited from the contribution that Witness patients have made to medical knowledge, which has led to a dramatic drop in the average blood usage in patients undergoing cardiac surgery.

One of the most important aspects of the active practice of treating patients of the Jehovah's Witness faith is in resident training. Residents have the opportunity to see unique blood conservation strategies in action. They witness skillful techniques with attention to detail to minimize blood loss that they would not otherwise have experienced. It is obvious that these skills will translate to improved quality of care to the rest of the population in Canada.

As in the United States and other countries, our blood system is at times tenuous, and we all know that there is a potential that a novel "prion" or other blood-borne infectious disease could be discovered that will completely jeopardize blood availability. All surgeons have lived through critical crises of blood shortages, and we turn to our extensive experience in blood conservation that we have learned from the treatment of the Witness population to address this potential crisis.

It is my opinion that our health care system has been improved significantly by embracing the treatment of the patients of Jehovah's Witness faith. Our trainees have benefited, and they are better surgeons as a result of this experience. Sanctioning this group and limiting their access to medical care will hurt the broader population in the end.

Fraser D. Rubens, MD, MSc, FACS, FRCSC
Chair – Section of Cardiac Surgery, Royal College of Physicians & Surgeons of Canada
Professor of Surgery
Division of Cardiac Surgery
613.696.7290