

WATCHTOWER

BIBLE AND TRACT SOCIETY OF AUSTRALIA

CABLE WATCHTOWER
SYDNEY

BOX 280, INGLEBURN, N.S.W. AUSTRALIA 2565

PHONE (02) 6051099

December 7, 1987

TO ALL CONGREGATIONS

Dear Brothers:

Beginning in 1988, and at the start of each year thereafter, TWO cards involving our stand on blood will be distributed through the congregations. These will be sent with the annual supplies.

The cards will be discussed in a Service Meeting and distributed thereafter. Samples of how to fill out the cards are on the reverse, which should be displayed on the information board for some weeks after the Service Meeting part. Retain this letter in the congregation file for future use.

The "Medical Document" card is to be given to baptized Witnesses in the congregation. If unbaptized ones who share in the field service request a card, it can be explained that since the card identifies the bearer as one of Jehovah's Witnesses it is given only to baptized ones. Unbaptized associates may be encouraged to move on toward baptism. Meanwhile, they may write out their own statement to carry with them; perhaps someone could help them to do this. The "Identity Card" is for minor, unbaptized children of a Witness parent or parents. Some parents may want their son or daughter to continue to carry this card even after baptism. Until a young Witness reaches the middle or upper teens, the "Identity Card" is in a form that medical personnel may more likely act on. So baptized youths may carry both cards.

MEDICAL DOCUMENT

The text of the "Medical Directive/Release" provides information for health care providers. For example, it mentions fluids that in many cases can be alternatives to blood. The card relieves physicians and hospital personnel of responsibility for not administering blood, while they provide other competent care.

There are three blanks in the text. Filling these in will make it clear that the person signing and carrying the card understands the document. The information filled in will also help to show that the bearer was competent to make this decision and it was not an impetuous act. Baptized ones who are under the age of legal adulthood may still be given the "Medical Document" to carry. Though a worldly person may argue that their situation differs from that of a legal adult, their carrying a card is evidence of their convictions and it could make the difference in a legal case.

NAME: On the first line, type or clearly *print* your full name. Then sign your name on the line "Signature," and fill in the "Date".

OTHER BLANKS: Within the body of text, on the left, there is a blank for your age. Five lines below is a blank for the number of years that you have been a baptized Witness. If the time is under a year, indicate the number of months and strike out "years".

WITNESSES: At the bottom there is space for two legal witnesses to your having signed the "Medical Directive/Release" and to the fact that it states your firm position. The witnesses should be responsible *adults* who assure you that they will firmly back your stand in the event that you are hospitalized or unconscious. If possible, one witness should be your nearest of kin, such as husband, wife, father, mother, adult son or daughter. The second witness can be a close relative or another responsible person who agrees to back your position fully, such as an elder in the congregation or your family lawyer. If you have no close relatives who agree to support your stand, then both of the witnesses can be non-relatives. Each witness should sign his (or her) name, then print the relationship (Husband, Son, etc.), and fill in the space for the telephone number where he most likely can be reached.

The "Medical Document" is designed to be folded on the dotted line, so the words "Medical Document" and "No Blood" are most visible when carried in a wallet or purse. On the back are additional things to be filled out.

ALLERGIES: List drugs or medicines to which you know you are allergic or sensitive, such as penicillin, codine, aspirin.

CURRENT MEDICATION: List medication that you take regularly, such as digitalis, insulin, nitroglycerin.

MEDICAL PROBLEMS: Include any significant medical conditions that affect your general health, particularly those for which you have been or are being treated.

NAME, PHONE, ADDRESS: Print clearly the complete information about one of the witnesses who signed the front side. Strive to keep this information current.

IDENTITY CARD

The Witness parent(s) should complete this card. Type or print clearly so that medical personnel will have no difficulty in obtaining information from it. On the back side with the text there is a blank in which to print the child's name. The parents should sign and date the card. In a single-parent family, the one parent may fill out and sign the card.

As new ones are baptized during the year, the Secretary should provide a "Medical Document" card and explain how to fill it out. He also can provide an "Identity Card" to a Witness parent who requests such for a child. The elders will want to be conscientious in explaining and distributing these two cards, which can be very important to the brothers. Help all to appreciate that the cards can do good only if they are filled out and carried at all times.

Your brothers,

Watchtower B.S.J. Society
OF AUSTRALIA


Below are samples of how the "Medical Document" and "Identity Card" should be filled out. Please make sure that they are completed legibly.

Allergies: _____
 Current medication: Insulin NPH 30 u.
 Medical problems: Diabetes

IN CASE OF EMERGENCY, PLEASE CONTACT:
Gloria Samson (045) 924-112
Name Phone
89 Salisbury Rd.
Address
Watertown, NSW 2180

MEDICAL DOCUMENT
 (see inside)

NO BLOOD



MEDICAL DIRECTIVE/RELEASE

I, Benjamin Samson, direct that no blood transfusions be given to me, even though physicians deem such vital to my health or my life. I accept non-blood expanders (such as Dextran, saline or Ringer's solution, hetastarch). I am 37 years old and execute this document of my own initiative. It accords with my rights as a patient and my beliefs as one of Jehovah's Witnesses. The Bible commands: "Keep abstaining . . . from blood." (Acts 15:28, 29) This is, and has been, my religious stand for 12 years. I direct that I be given no blood transfusions. I accept any added risk this may bring. I release doctors, anaesthetists, hospitals and their personnel from responsibility for any untoward results caused by my refusal, despite their competent care. In the event that I lose consciousness, I authorize either witness below to see that my decision is upheld.

Benjamin Samson 1-1-88
Signature Date

Gloria Samson WIFE (045)924-112
Witness Relationship Phone

Russell Mendorca MINISTER (045)924-001
Witness Relationship Phone

IDENTITY CARD
 LYNN SAMSON

Child's Name
 Parents: Benjamin + Gloria Samson
89 Salisbury Rd.
Address
Watertown, NSW (045) 924-112
Telephone

**IMPORTANT MEDICAL INFORMATION
 ON OTHER SIDE**

As parents we are deeply interested in the welfare of our child LYNN SAMSON. Because of our family's convictions as Jehovah's Witnesses we do not accept blood transfusions. We do accept non-blood expanders and other medical treatment. In case of accident, please contact us immediately. We likely can provide information as to physicians who respect our religious convictions and may already have provided medical care for us.

Gloria Samson 1-1-88
Signature Date

Benjamin Samson 1-1-88
Signature Date