Should informed consent be based on rational beliefs?

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Abstract

Our aim is to expand the regulative ideal governing consent. We argue that consent should not only be informed but also based on rational beliefs. We argue that holding true beliefs promotes autonomy. Information is important insofar as it helps a person to hold the relevant true beliefs. But in order to hold the relevant true beliefs, competent people must also think rationally. Insofar as information is important, rational deliberation is important. Just as physicians should aim to provide relevant information regarding the medical procedures prior to patients consenting to have those procedures, they should also assist patients to think more rationally. We distinguish between rational choice/action and rational belief. While autonomous choice need not necessarily be rational, it should be based on rational belief. The implication for the doctrine of informed consent and the practice of medicine is that, if physicians are to respect patient autonomy and help patients to choose and act more rationally, not only must they provide information, but they should care more about the theoretical rationality of their patients. They should not abandon their patients to irrationality. They should help their patients to deliberate more effectively and to care more about thinking rationally. We illustrate these arguments in the context of Jehovah's Witnesses refusing life-saving blood transfusions. Insofar as Jehovah's Witnesses should be informed of the consequences of their actions, they should also deliberate rationally about these consequences.

I Introduction

Medical ethics places great emphasis on physicians respecting patient autonomy. It encourages tolerance even towards harmful choices patients make on the basis of their own values. This ethic has been defended by consequentialists and deontologists.

Respect for autonomy finds expression in the doctrine of informed consent. According to that doctrine, no medical procedure may be performed

upon a competent patient unless that patient has consented to have that procedure, after having been provided with the relevant facts.

We have no quarrel with these principles. We do, however, question their interpretation and application. Our contention is that being autonomous requires that a person hold rational beliefs. We distinguish between rational choice and rational belief. Being autonomous may not require that one's choices and actions are rational. But it does require that one's beliefs which ground those choices are rational. If this is right, what passes for respecting autonomy sometimes consists of little more than providing information, and stops short of assessing whether this information is rationally processed. Some of what purports to be medical deference to a patient's values is not this at all: rather, it is acquiescence to irrationality. Some of what passes for respecting patient autonomy may turn out to be less respect than abandonment. Abandonment of patients has never been regarded as a morally admirable practice.

We will outline three ways in which patients hold irrational beliefs: (1) ignorance, (2) not caring enough about rational deliberation, and (3) making mistakes in deliberation. We argue that it is the responsibility of physicians not only to provide relevant information (which addresses 1), but to improve the rationality of belief that grounds consent (2 and 3).

II Rationality and autonomy

II.I TRUE BELIEF AND AUTONOMY

The word, "autonomy", comes from the Greek *autos* (self) and *nomos* (rule or law).¹ Autonomy is self-government or self-determination. Being autonomous involves freely and actively making one's own evaluative choices about how one's life should go.

It is a familiar idea that it is necessary to hold true beliefs if we are to get what we want. For example, John loves Northern Indian dishes and loathes Southern Indian dishes. Yet he is very confused about which dishes belong to which area. He consistently orders Southern Indian dishes thinking he is

Key words

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ordering Northern Indian dishes. His false beliefs cause him to fail to get what he wants.

However, true beliefs are important for evaluative choice in a more fundamental way: we cannot form an idea of *what* we want without knowing what the options on offer are *like*. Consider a person with gangrene of the foot. She is offered an amputation. In evaluating "having an amputation" she is attempting to evaluate a complete state of affairs: how much pain she will experience, whether she will be able to live by herself, visit her grandchildren, and so on. (Importantly, knowing the name of one's disease and the nature of the operation are less important facts.)

II.II TRUE BELIEF AND PRACTICAL RATIONALITY

Practical rationality is concerned with what we have reason to care about and do. Let's distinguish between what there is good reason to do and what it is rational to do. Paul sits down after work to have a relaxing evening with his wife. She gives him a glass of what he believes is wine, but is in fact poison. There is a good reason for Paul not to drink it, even if this is not known to Paul. However, if he believes that it is wine, it is rational for him to drink it.² Thus:

It is rational for a person to perform some act if there would be a good reason to perform that act if the facts were as he/she believes them to be.

Thus holding true beliefs is important in two ways: (1) it promotes our autonomy and (2) allows us to see what there is good reason to do. This does not collapse autonomous choice with rational choice. Even holding all the relevant true beliefs, a person may autonomously choose some course which he or she has no good reason to choose. For example, assume that the harms of smoking outweigh the benefits. Jim has good reason to give up smoking. However, he may choose to smoke knowing all the good and bad effects of smoking. His choice is then irrational but his beliefs may be rational and he may be autonomous. His choice is not an expression of his autonomy if he believes that smoking is not only pleasurable, but good for your health.

II.III COMING TO HOLD TRUE BELIEFS

One important way to hold true beliefs is via access to relevant information. For example, one way to get Paul to believe that the wine is poisoned is to provide him with evidence that it is poisoned.

We can never know for certain that our beliefs are true. We can only be confident of their truth. Confidence is the likelihood that a belief is true. Beliefs which are based on evidence (rational beliefs) are more likely to be true than unfounded (irrational) beliefs. The likelihood that our beliefs are true is a function both of how informed they are and of how we think about that information.

Theoretical rationality is concerned with what it is rational to believe.

It is rational for a person to believe some proposition if he/she ought to believe that proposition if he/she were deliberating rationally about the evidence available and his/her present beliefs, and those beliefs are not themselves irrational.

Let's say that a person is "deliberating rationally" if³:

1. She holds a degree of belief in a proposition which is responsive to the evidence supporting that proposition. For example, the firmer the evidence, the greater the degree of belief ought to be.
2. She examines her beliefs for consistency. If she detects inconsistency, she ought appropriately to contract her set of beliefs or adjust her degree of belief in the relevantly inconsistent beliefs.
3. She exposes her reasoning to the norms of inductive and deductive logic. Valid logic is important because it helps us to have the broadest range of true beliefs.

Consider the following example. Peter is trying to decide whether to have an operation. Suppose that he is provided with certain information and reasons in the following way.

- (1) There is a risk of dying from anaesthesia. (true)
 - (2) I will require an anaesthetic if I am to have this operation. (true)
- Therefore, if I have this operation, I will probably die.

The conclusion does not follow from the premises. Peter comes to hold an irrational belief because he commits a logical error. Irrational beliefs are less likely to be true than rational beliefs. Since knowledge of truth is elusive for subjective beings like us, the best we can hope for is informed, rational belief.

If we are right that information is important to evaluative choice because of its contribution to a person holding the relevant true beliefs necessary for evaluation, then deliberating rationally is as important as being informed, since this also affects the likelihood that one's beliefs are true. Being fully autonomous requires not only that we are informed, but that we exercise our theoretical rationality.

III An example of irrational belief: Jehovah's Witnesses and blood

Jehovah's Witnesses (JWs) who refuse life-saving blood transfusions for themselves are often taken to be paradigm cases of autonomous, informed choice based on different (non-medically shared) values that require respect and deference.

Jehovah's Witnessess refuse life-saving blood

transfusions because they believe that if they die and have received blood, they will turn to dust. But if they refuse blood (and keep Jehovah's other laws) and die, they will enjoy eternal life in Paradise.⁴

Jehovah's Witnesses interpret *The Bible* as forbidding the sustaining of life with blood in any manner. They base this belief on passages such as:

"Every creature that lives and moves shall be food for you . . . But you must not eat the flesh with the life, which is the blood, still in it".⁵

Anyone eating the blood of an animal would be "cut off" or executed.⁶ The only legitimate use of animal blood was as a sacrifice to God. Leviticus 17: 11 states:

"... the life of the creature is the blood, and I appoint it to make expiation on the altar for yourselves: it is the blood, that is the life, that makes expiation".⁷

Jehovah's Witnesses believe these views concerning blood were important to the early Christian Church. At a meeting of the apostles and older men of Jerusalem to determine which laws would continue to be upheld in the new Church, blood was again proscribed:

"... you are to abstain from meat that has been offered to idols, from blood, from anything that has been strangled, and from fornication".⁸

Jehovah's Witnesses believe that these passages imply more than a dietary proscription. They attach great symbolic significance to blood: it represents the life or soul. Thus they claim that the exhortation "abstain from blood" applies to all forms of blood, at all times. They argue that there is no moral difference between sustaining life by taking blood by mouth ("eating blood") and taking blood directly into the veins.

Relative to their beliefs, JW's are practically rational. Any (practically) rational person would choose to forgo earthly life if this ensured that one would enjoy a blissful eternal existence in the presence of God. If JW's are irrational, it is because their beliefs are irrational. A failure of theoretical rationality causes them to do what there is good reason not to do and frustrates their autonomy.

We believe that the beliefs of JW's are irrational. One way to show this is to question the rationality of belief in the existence of God or in the truth of some religious version of morality. For argument's sake, we will accept theism. However, the vast majority of those in the Judaeo-Christian tradition have not interpreted these passages from *The Bible* as proscribing blood transfusion. The beliefs of JW's are irrational on at least two counts: their particular beliefs are not responsive to evidence nor are their interpretations of

Biblical text consistent. These failures of rationality are shared with other forms of religious "fundamentalism" and so-called "literal" interpretations of religious texts. It is worth noting that many JW's are also Creationists, believing all of Genesis to be literally true. Ignorance of historical context, the diverse intentions and circumstances of Biblical peoples and authors, oral and written traditions in the Middle East, other religious traditions and interpretations of Biblical texts, inconsistencies between different canonised works and the like all help ground an unduly simplistic interpretation of *The Bible*.

Mere ignorance, however, is not to be equated with irrationality. Wilful ignorance is. And wilful ignorance is what lies behind grounding understanding of *The Bible* on faith rather than the kinds of knowledge suggested above. This sort of wilful ignorance cuts across educational levels as it is rooted in dogmatism and closed-mindedness rather than degrees of education.

However, we believe that JW's' beliefs are irrational even in terms that should be acceptable to JW's.

Firstly, their interpretation is inconsistent with other passages of *The Bible* and Christian practices. It is inconsistent with the Christian practice of communion. Communion is the holy ceremony of the Last Supper. At the Last Supper

"Jesus took bread, and having said the blessing he broke it . . . with these words: 'Take this and eat; this is my body.' Then he took a cup [of wine] and having offered thanks to God ... [said] ... 'Drink from it . . . For this is my blood, the blood of the covenant, shed for many, for the forgiveness of sins'".⁹

Secondly, Paul warns against slavish obedience to law:

"... those who rely on obedience to the law are under a curse ...".¹⁰

"Christ bought us freedom from the curse of the law by becoming ... an accursed thing".¹¹

The answer is not obedience to law but faith.

"... the law was a kind of tutor in charge of us until Christ should come, when we should be justified through faith; and now that faith has come, the tutor's charge is at an end".¹²

Paul himself does not understand *The Bible* to be literally true, as evidenced when he speaks of the story of the origin of Abraham's sons being "an allegory".¹³ He goes on to say:

"Mark my words: I, Paul, say to you that if you receive circumcision Christ will do you no good at all ... [E]very man who receives circumcision is under

obligation to keep the entire law. When you seek to be justified by way of law, your relation with Christ is completely severed ... [O]ur hope of attaining that righteousness ... is the work of the Spirit through faith ... the only thing that counts is faith active in love".¹⁴

If the beliefs of JW's are irrational, why are they are irrational?

IV Three examples of holding a false belief

In all three of the following cases, the person lacks a true belief which is relevant to choice. We describe how to help a person come to hold true beliefs, drawing out the parallels with patients and JW's.

CASE 1. LACK OF INFORMATION

Arthur 1 is burning rubbish in the garden. The fire grows rapidly. It begins to threaten surrounding buildings. They are not in imminent danger but Arthur wants to douse the fire with water before it gets out of hand. He goes to the shed where he keeps a jerry can of water for just such a situation. He has a high degree of belief that this can contains water. Unbeknownst to him, someone has substituted petrol for water in the can. He throws the liquid on the fire and the petrol ignites, causing an explosion. He is badly burnt. Was Arthur irrational?

We need a more complete description of the state of affairs.

Arthur always locks the shed. There had been no signs of forced entry. There was only one jerry can in the shed. It was in the position where Arthur always kept it, next to the shovel. He had only the previous weekend refilled it with water after using it to put out another garden fire. If Arthur simply had no reason to suspect that the can contained anything but water, it was rational to believe that it contained water. A person who unavoidably lacks relevant information is neither theoretically nor practically irrational.

What should we do if we see Arthur about to throw the liquid onto the fire?

Arthur is rational, but he lacks a relevant true belief that he could have. In this case, the solution is simple. Provide information. Tell him, "Stop. The can contains petrol." If there were no time to provide this information, we ought to grab the can from his hands.

Many patients who hold false beliefs are like Arthur 1: uninformed. What we ought to do is provide them with information. If this is not possible, we should do what is best for them.

Are there any JW's like Arthur 1? Jehovah's Witnesses are remarkably well informed about blood transfusion, the effects of refusing it, and the Biblical context of their belief. But some may be unaware of the conflicting Biblical passages. These ought to be treated like Arthur 1. However, many are not like

him. The provision of information is not alone an adequate response. What is required is rational argument.

CASE 2. NOT ENGAGING IN RATIONAL DELIBERATION

Arthur 2 is the same as Arthur 1, but in this case Arthur goes to the shed and finds it unlocked. He is not sure whether he left it locked last weekend. He thinks he probably did. The jerry can is next to the lawn mower. Arthur thinks that he normally keeps it next to the shovel. But, again, he is not sure. Is he irrational if he believes the can contains water?

Arthur clearly ought to believe that the door is open and the can is next to the lawnmower. But for these propositions to constitute evidence for the conclusion that the contents of the can are not water, Arthur must believe that the position of the can and door have changed. Should Arthur believe that he left the jerry can next to the shovel? This depends on the degree of belief Arthur has in his recollection of how things were. If he is vague, then there is no evidence.

Arthur may not lack information as much as a context for that information because he fails to remember relevant facts. This may be beyond control. In this case, Arthur 2 is like Arthur 1. But in some cases, a person fails to remember because he fails to think about the issue. And he may fail to think about the issue because he fails to care enough about the truth of his beliefs or the consequences of his actions.

Arthur could be directed to think more carefully about what he sees and of the possible implications of his actions. There may be other evidence he would find, if he looked, for believing the propositions that the door was locked and the can was next to the shovel. He may notice other items in the shed have been moved.

It is often thought that consultation in medicine involves presenting information so that it is understood. But even understanding is not enough. Facts must be assembled to tell a story or to construct an argument which stands in the foreground of deliberation. The arrangement and form of the facts is as important as their content.

Are there any JW's who are like Arthur 2? There is, we are assuming, evidence that their beliefs are false. However, being informed of these facts is not sufficient to cause them to hold the relevant true beliefs. They also need to care about thinking about that information in a rational way. The hallmark of faith is a stubbornness to respond to the evidence for a proposition. While this may be necessary for belief in God, it cannot be the appropriate paradigm for interpretation of God's word. *The Bible*, as a guide to how to live, aims to sanction some ways of living and proscribe others. Faith in any interpretation of God's word cannot be acceptable.¹⁵ When interpreting Biblical text, the appropriate paradigm for theists is rationality and not faith. Indeed, the efforts of JW's to

argue for their interpretation of *The Bible* indicates that they subscribe to this paradigm. What they are required to do by that paradigm is to care more about the proper exercise of rationality.

Intervention in this case would include trying to persuade JW's to care more about rationality by showing how they themselves appeal to rational argument and why *The Bible* must be interpreted rationally.

We are often like Arthur 2 and some JW's: we fail to care enough about what we believe and what we commit to memory. This failing is at the interface of practical and theoretical rationality: we fail to care enough (a practical failing) about the rationality of our beliefs (a theoretical failing).

CASE 3. THEORETICAL IRRATIONALITY

Arthur 3 is the same as Arthur 2 but in this case, Arthur is sure he left the door to the shed locked and sure that the jerry can is in a different position from where he left it. On entering the shed, he smells petrol. He doesn't normally keep petrol in the shed. None the less, he throws the fluid on the fire.

As the evidence mounts up, Arthur becomes more theoretically irrational if he fails to consider the possibility that the can contains petrol. At the limit, if the evidence is overwhelming, he is like a person who believes that *p*, and that if *p* then *q*, but fails to believe that *q*.

Why might Arthur be theoretically irrational?

He may simply fail to believe that what he smells is petrol. This would be an error of perception.

He may fail to examine his beliefs for inconsistency. He may fail to compare what he believes to what the evidence suggests is the case.

Most importantly of all, Arthur may not be very talented at theoretical reasoning. He may not be good at assembling the evidence and drawing conclusions from it. It is not enough for a person to throw up *any* explanation for evidence presented to him. To move from "I saw a light on the water" to "I saw a ghost at Dead Man's Bluff" is to make an unjustified and irrational leap. Ideally, we should infer to the best explanation.¹⁶

Physicians, concerned to promote theoretical rationality, may assemble facts in a way which together suggest a conclusion. But patients may still fail to draw the right conclusion. Telling a patient that he has "advanced cancer" may imply that he will die. But the patient may not conclude this. Indeed, even telling a patient that he will die may not convey "the message" that the physician intends to give: perhaps that the patient ought to sort out his affairs, that he will not offer any more curative treatments, and so on.

How would a person who is in a similar epistemic position to Arthur, but who is more theoretically rational than Arthur 3, convince him that the can contains petrol? He would engage Arthur in argument. He would provide reasons. He might say

something like, "The can seems to be in a different position from how you left it. That might suggest that someone has used it. I can smell petrol. Perhaps someone has used the can to carry petrol."

The reason why most JW's hold an irrational belief is because they make mistakes in their theoretical reasoning. What is the best way to correct these mistakes? For many, it is a matter of someone versed in the relevant texts taking them through the argument.

In other cases, the route may be more indirect. A JW may be presented with some information, call it *I*, which should or would cause him to conclude that *C* if he also held other beliefs, *B*. However, he may fail to believe *B* or utilise *B*. He may have forgotten *B* in the urgent search for salvation, or had it drummed out of his head, or failed to see any longer its relevance. Intervention requires that we tap into these other beliefs. For an argument to be convincing for him may require the construction of the appropriate context: to show him that his belief should be rejected in his own terms.

Our object is the beliefs of JW's, not necessarily their choices. In some circumstances, JW's might autonomously choose to reject blood. We can autonomously adopt a course of action with a low probability of success, provided that we hold relevant rational beliefs. Neither risk-takers nor the exceedingly cautious are necessarily not autonomous, nor are they necessarily doing what there is good reason not to do.¹⁷

If JW's were to hold the relevant informed, rational beliefs, they might then autonomously choose to reject blood. But from their revised epistemic position, many would no doubt accept blood.

V Summary and implications

Where most rational agents differ from JW's is that they do not hold all of the following beliefs:

1. There is a God.
2. Divinely conferred immortality is possible for human beings after death.
3. God forbids eating blood.
4. Accepting a blood transfusion is no different from eating blood.
5. If one eats blood when alive, one turns to dust upon death.
6. We know 3–5 to be true based on faith that (selectively) literal interpretation of *The Bible* reveals God's will.
7. If one lives a faithful life in accord with Jehovah's laws, eternal life is assured.

Many health care workers no doubt believe 1 and and some variation on 7; it is 3, 4, 5, or especially that is rejected. But this is a difference not in moral beliefs or values but about the structure of reality. This is a difference of opinion about metaphysics.

Hence if we are to respect JW's' refusals of life-prolonging blood transfusions, it is not on the grounds that we are obliged to respect decision-making that is based on a different value system from ours. Their values are the same as many other theists and atheists. They value earthly life and immortality as much as others do.

We often hear that we should allow people to do what there is no good reason to do out of respect for their nature as autonomous beings, as ends in themselves. But many such instances are something else entirely. They are cases in which people hold irrational beliefs. They are cases of theoretical irrationality. We do not respect autonomy when we encourage people to act on irrational beliefs. Rather, such beliefs limit a person's autonomy.

Rational deliberation

Our aim has been to expand the regulative ideal governing consent. We have argued that true beliefs are necessary for evaluation. Information is important to choice insofar as it helps a person to hold the relevant true beliefs. But in order to hold the relevant true beliefs, competent people must also think rationally. Insofar as information is important, rational deliberation is important. Just as physicians should aim to provide relevant information regarding the medical procedures prior to patients consenting to have those procedures, they should also assist patients to think more clearly and rationally. They should care more about the rationality of patients' beliefs.

Since holding true beliefs is necessary to be autonomous, we do not respect autonomy when we allow patients to act on irrational beliefs. Should physicians override choices based on irrational beliefs? Should life-saving blood transfusions be given to JW's against their wishes?

When we look at to how informed medical decisions must be, we see that a requirement of informedness functions as an ideal to be striven for, and not as a requirement to be enforced. Society generally accepts that patients should be informed of all the relevant facts, but not that they must be compelled to accept information which they do not want. To force information on a person would be coercive.

The requirements of theoretical rationality should be on a par with requirements of informedness. This raises the question whether we should override both choices made in ignorance of relevant information or on the basis of irrational beliefs. We believe that there are reasons against taking this radical departure from the notion of informed consent as a regulative ideal.

The first reason is consequentialist: if we allow doctors to override choices based on some species of irrationality, then other JW's will be distressed at the thought their decisions will be overridden. The general misery and distrust of medicine that would

result would reduce the value of such a policy. In the vast majority of cases, JW's' refusal of blood does not compromise their care. In fact, many may receive better care. Given the small numbers of people who would be saved by such a policy, it is not clear that it would be for the best. As is usually the case, education is better than compulsion.

Secondly, though a practice of allowing people to act out of wilful ignorance or irrationality may not promote their autonomy in the short term, respect for autonomy is not the only ground for non-interference in another person's life. It is surely enough that it is his life, and that he ought to be allowed to do what there is no good reason to do, if he chooses. Respect for persons is not restricted to respect for wholly rational persons.

In some cases, irrationality is so gross that it calls into question a person's competence. In these cases, intervention may be justified. But at lesser degrees of irrationality, we encourage the development of autonomy for all people in the long term by adopting a policy of empowering people to make their own choices.

Thirdly, *requiring* that choice be grounded on rational beliefs before it is respected is fraught with dangers. Those who claim to know Truth with certainty are at least as dangerous as those who claim to know Right and Good with certainty. Dogmatic ideologues of either sort show a lamentable propensity to use their "knowledge" to oppress others, sometimes "benignly" as paternalists, more often tyrannically as authoritarians. Hence a measure of epistemic scepticism about our own rationality or the lack of rationality in others is highly desirable.

In the end, deferral to irrationality, to partial autonomy, to imperfect consent and to unexplored values and metaphysical beliefs in patients may be necessary, even morally required. But before reaching this point, a physician committed to the highest standard of care will exercise her talents as an educator to promote greater rationality in patients. Not to make the effort to promote rational, critical deliberation is to risk a very contemporary form of patient abandonment: abandonment to human irrationality.

Duties as educators

In important ways, physicians have always been expected to be educators: about how bodies work, do not work, and go awry; about how to care for our bodies in sickness and health; about, in the end, how to live a mortal embodied existence. Our discussion suggests, however, that physician duties as educators are more extensive. For in order genuinely to respect autonomy and patients' values, physicians must be prepared to do more than provide patients with information relevant to making evaluative choices. They must attend to how that information is received, understood and used. Good education is

not restricted to providing information. It requires encouraging in others the requisite skills for dealing with information rationally.

If an ethic of respect for persons in contemporary medicine rules out – except in the most extreme cases – coercion as a response to patient irrationality, it also makes more imperative a “critical educator” response to patient irrationality. One caveat, however: effective educators know when to promote critical enquiry. Physicians, whose primary obligations are to the medical wellbeing of patients, will do well to resist the secondary obligation to promote rational criticism of deeply held beliefs at a time when their patients are impaired and suffering greatly. Thus the time to engage a hypothetically irrational JW in a critical enquiry about her convictions on “eating blood” is not the time at which she might benefit from an immediate blood transfusion because her life is in jeopardy.

It may be a very contemporary form of physician abandonment of patients in need to accept wilfulness as autonomy, the mere provision of information as adequate for informed consent, and acceptance of any morally or metaphysically bizarre view held by patients as grounds for not pursuing a medically beneficial course of treatment. But if physicians are to promote autonomy, if they are to respect patients as persons, if they are to help patients to choose and do what there is good reason to do, they should care more about the rationality of their patients’ beliefs. Physicians must concern themselves with helping patients to deliberate more effectively and, ultimately, must themselves learn to care more about theoretical rationality. To do any less is to abandon patients to autonomy-destroying theoretical irrationality.

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- 8 *The new English Bible*: Acts 15: 29.
- 9 *The new English Bible*: Matthew 26: 26–9.
- 10 *The new English Bible*: Galatians 3: 10.
- 11 *The new English Bible*: Galatians 3: 13.
- 12 *The new English Bible*: Galatians 3: 24–5.
- 13 *The new English Bible*: Galatians 4: 24.
- 14 *The new English Bible*: Galatians 5: 2–6.
- 15 Belief in God may be a basic belief: a belief which does not rest on other beliefs. (Swinburne R. *Faith and reason*. Oxford: Clarendon Press, 1981: 34). A basic rational belief is a belief in a proposition that is (1) self-evident or fundamental, (2) evident to the senses or memory, or (3) defensible by argument, inquiry or performance (Kenny A. *Faith and reason*. New York: Columbia University Press, 1983: 27). Beliefs about eating blood are secondary beliefs. They must be justified in terms of other beliefs. It is precisely this that cannot be rationally done.
- 16 Armstrong DM. *What is a law of nature?* Cambridge: Cambridge University Press, 1983: 59.
- 17 Pascal gave a rationalist argument for belief in God: we have more to lose if we do not believe in God, and we are wrong (eternal torment), than we have to lose if we do believe in God, and we are wrong (living under an illusion). So we ought to believe that God exists (Pascal B. *Pensées*. Geneva: Pierre Cailler, 1947: fragment 223). Theoretically rational JWs could give a similar justification for refusing blood.

News and notes

28th British Congress of Obstetrics and Gynaecology

The congress will be held from 30 June–3 July 1998 at the Harrogate International Centre.

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