Guidelines for the clinical management of Jehovah’s Witness patients and others who refuse Blood Transfusions

Introduction

This policy relates mainly to Jehovah’s Witnesses (JW’s). However there are also a growing number of patients who, for a variety of reasons, will be resistant to transfusions. The Trust will ensure the individuals beliefs / preferences are acknowledged and respected and that relevant information is provided for the management of these patients

Jehovah’s witnesses are Christians. They refuse blood transfusions as they feel it violates God’s law as expressed in a number of biblical passages. (Genesis 9:3,4. Acts 15:19-21) The use of whole blood is generally refused. However, the bible contains no specific rules regarding the derivatives or fractions of any primary blood component. Each JW must “conscientiously decide for him/herself” (Watchtower, June 2000) if treatments offered are acceptable.

The refusal of non-JW patients is generally based on the fear of transfusion-transmitted infection; the risk should be clearly explained.

Acceptability of blood products:

<table>
<thead>
<tr>
<th>Not acceptable</th>
<th>May or may not be accepted (matter of personal choice)</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary blood components</td>
<td>Derivatives of primary blood components</td>
<td>Crystalloids, Synthetic colloids</td>
</tr>
<tr>
<td>• Whole blood</td>
<td>• Albumin</td>
<td>• Dextran</td>
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<tr>
<td>• Red cells</td>
<td>• Immunoglobulin (Anti D)</td>
<td>• Hydroxyethylstarch</td>
</tr>
<tr>
<td>• Platelets</td>
<td>• Vaccines</td>
<td>• Gelatins (haemacel)</td>
</tr>
<tr>
<td>• Plasma (FFP/cryoprecipitate)</td>
<td>• Coagulation factors</td>
<td></td>
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<tr>
<td>Pre-deposited Autologous blood components donations</td>
<td>Haemodilution</td>
<td>Recombinant factors eg</td>
</tr>
<tr>
<td></td>
<td>intraoperative cell salvage</td>
<td>FV11a</td>
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<td></td>
<td>post operative cell salvage</td>
<td>(EPO, coagulation factors)</td>
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<tr>
<td></td>
<td>Epidural blood patch</td>
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</tbody>
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Consideration required:

1.1 Prior to elective surgery or invasive procedures:

- Careful advanced planning the pre assessment team should alert both the Surgical and Anaesthetic departments as soon as possible.
- Wherever possible Consultant staff, both Surgical and Anaesthetics should be involved throughout the case.
- The potential risks of bleeding during the procedure and the possible consequence of refusing blood should be explained to the patient in a one to one discussion and clearly documented in the patients’ notes. (The patient may prefer to have a witness to the discussion)
• Determine what blood products / blood salvage techniques the patient is willing to accept and document accordingly.
• The patient must sign a “Consent to Operative Treatment by a Patient Who Refuses to have a Blood Transfusion” form absolving the physician from any associated liability. This should be witnessed and secured in the patient’s notes.
• Even if the patient accepts the increased risk, for a planned procedure, individual surgeons and anaesthetists may decline to undertake the case. If so they must be referred to a suitable and agreeable colleague or hospital
• Pre operative anaemia’s should be investigated and treated.

1.2 Perioperative Management
Where appropriate consider the use of
• Tourniquets
• Haemodilution
• Antifibrinolytics
• “Cell saver” systems

2 Emergency Admissions

2.1 A conscious competent adult has the right to refuse, or choose alternative medical treatments.
• In an emergency clinicians are obliged to provide care whilst respecting the patient’s competently expressed views.
• In this case, obtain written declaration of the refusal of blood / blood components as for patients prior to elective surgery / invasive procedure

2.2 For the unconscious patient – a signed and witnessed advanced decision card absolutely refusing blood / blood components and releasing the clinician from any liability for the possible consequences of refusal if found on the patient or produced by relatives must be respected.
• If an advanced decision is available a copy should be secured in the patients notes. A clear signed, dated and timed entry outlining the patients wishes must be documented in the notes accordingly.
• If no such advance decision is readily available, the doctor must act in the best interest of the patient. Treatment necessary to preserve life, health or well-being may be given without consent, which may involve giving blood.
• Relatives or associates have no legal right to decline treatment on the patient’s behalf in the absence or a signed advanced decision.

2.3 Conscious patients with diminished mental capacities – should be treated in a similar manner to the unconscious patient in line with the Mental Capacity Act 2005. Reasonable efforts should be made to determine if an advance decision exists, this includes discussions with relatives and or the individuals GP.

2.4 Children / young people
• Children over the age of 16years have a statutory right to consent to treatment (inc. blood transfusions)
• Any child over the age of 12years judged to be of sufficient age and maturity to fully understand the implications of their beliefs; should be treated as previously stated. (Fraser Guidelines 2004)
• Such consent cannot be over-ridden by the parents without a court order.
• The parents and the child must receive comprehensive counselling by the medical staff concerning the immediate or anticipated transfusion requirement. All communication should be clearly documented in the case notes.

• If the person with parental responsibility of an incompetent child is firmly opposed to the giving of blood or blood products and the clinical team believes that giving the blood or blood products is necessary in the child’s best interests, the Trust should give consideration to seeking Court authorization via the legal department. (To start this process out of hours contact the Hospital Manager Bleep 219)

• In an emergency situation the doctor can give life saving transfusions after taking a second opinion to a child despite parental refusal. He/she may face criminal prosecution if a child comes to harm because treatment was deliberately withheld.

Jehovah’s Witness Liaison Committee Contact

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Reference
- Clinical strategies for managing haemorrhage and anaemia without blood transfusion (2003) Hospital information services for Jehovah’s Witnesses