



**St. James's Hospital
Blood and Blood Product Usage Committee**

Jehovah's Witnesses Patients: Blood Transfusion Policy

Policy Number SJH: COR(P):035

Ownership:

Blood and Blood Product Usage Committee

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Signature: *on file, Haemovigilance Office*

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For Revision:

This policy replaces all existing policies from February 2010 onwards and is due for review in February 2012. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and organisational, professional or academic change.

Distributed to

Medical Board, Surgical Sub Group, Physician Sub Group, Consultants, Medical Manpower, Nursing Administration, Blood and Blood Products Usage Committee.

Posted: <http://www.stjames.ie/intranet/PoliciesGuidelines/CorporateDivision/Corporate/>

Policy Aim

The purpose of this summary is to give direction to clinical staff faced with the dilemma of a Jehovah's Witnesses Patient refusing blood or blood products. The policy is based on the references cited below in section 8.0.

Policy Statement

All patients of St James's Hospital are entitled to be treated with dignity, respect and honesty and to be involved in decisions about their health and wellbeing regardless of their religious background.

Scope

This protocol applies to all clinical staff caring for Jehovah's Witness patients.

1.0 Background

- The prohibition of blood transfusion is a deeply held core value of the Jehovah's Witnesses faith and it is a sign of respect for life. The tenets of the faith exclude the administration of a blood transfusion, but surgery is acceptable. Jehovah's Witnesses may carry a card detailing this refusal of blood.
- To administer blood to a mentally competent adult Patient who has steadfastly refused it, having been fully advised of the medical consequences and who has assimilated and believes this information and has weighed up the risks, **is unlawful and ethically unacceptable**.³
- The Patient's capacity may however be affected by extrinsic factors such as undue influence by relatives or religious advisers and /or the effects of pain, shock, anaesthesia, analgesia or other medication or there may be concerns about intrinsic capacity to make a decision where the Patient does not appear to assimilate or believe the information provided.³ The legal test for capacity to refuse medical treatment is whether the Patient has understood and retained/assimilated the information given about his/her condition, the proposed treatment or alternatives and risks of not having the treatment and believes the information provided and takes it into account in making the decision.³

This legal test for capacity to refuse medical treatment differentiates such refusal from a 'non rational/irrational' belief that taking blood is wrong but the patient does not believe that he/she will die without treatment.

- Jehovah's Witnesses will not accept a transfusion of blood or of fresh frozen plasma or platelets. In the June 2000 issue of the Jehovah's Witnesses' journal *The Watchtower*, the Society reiterated that Jehovah's Witnesses may not receive transfusions of whole blood but may make a personal decision to receive blood fractions in their medical treatment.⁴ The fractions are referred to as Red Cell Fractions, White Cell Fractions, Plasma Fractions and Platelet Fractions. Therefore some Witnesses may accept the use of:
 - Solvent Detergent Plasma which is a pooled plasma product prepared in a Fractionation Centre,
 - Platelets in Additive Solution which are manipulated to remove most of the plasma,
 - Albumin,
 - Immunoglobulin.

Recombinant products such as Factor VIII & IX & Nova 7 are generally acceptable as they do not contain human blood.

See **Appendix 1** which shows the blood components which are generally unacceptable and the ones which may be acceptable, depending on a personal decision for Patients of the Jehovah's Witnesses faith. This slide is adapted from *Meeting the Clinical Challenge of Care for Jehovah's Witnesses'*, Bodnaruk et al, *Transfusion Medicine Reviews April 2004*.⁵

2.0 Advising the Hospital Executive of a concern regarding a Patient refusing blood or blood products in an emergency setting

2.1 In the event of life threatening haemorrhage, advise the DCEO during working hours and the Site Manager/Night Nurse Manager outside of working hours.

2.2 If Legal advice required:

- In hours contact Muireann O Briain ext 2462
- Out of hours contact firstly Muireann O Briain Tel: 01-4960495 or secondly Eileen Roberts, Partner, A&L Goodbody Solicitors – 086 2327085.

3.0 Action for Emergency Admissions

- Where blood is considered essential to preserve life or prevent serious permanent harm, **and refusal of transfusion is unclear, or there are doubts about the Patient's capacity**, two doctors of consultant status should make an unambiguous, clear and signed entry in the clinical record that blood transfusion is essential. This statement must be explained to the Patient, if possible, to their next-of-kin and to any health care agent previously appointed by the Patient, if available. Urgent legal advice should be sought. Pending receipt of such advice, and where there is an on-going doubt as to the Patient's wishes, transfusion may proceed.
- **Advise:** The DCEO or Risk Manager during working hours and the Site Manager/Night Nurse Manager outside of working hours of such Patients.
- As emergency department staff are often the staff who initially encounter such Patients a check list has been developed to assist decision-making when dealing with a Jehovah's Witness Patient (particularly if unconscious with a time-critical pathology), see **Check list for Emergency Department Staff in Appendix 2.**

3.1 Trauma/Unconscious Patient

In the management of trauma or when dealing with an unconscious Patient whose status as a Jehovah's Witness may be unknown, the doctor caring for the Patient will be expected:

- To perform in this emergency situation to the best of her/his ability and this may include the administration of blood transfusion.
- There may be opinions put forward by relatives or associates of the Patient suggesting that the Patient would not accept a blood transfusion even if that resulted in death.
- As Jehovah's Witnesses may carry a card detailing their refusal of blood efforts should be made to look for such documentation and relatives must be invited to produce evidence of the Patient's status as a Jehovah's Witness and the Patient's instructions regarding the receipt of blood components or products. **If the blood refusal card is "up to date"** and there are no other factors which might cast doubt on its continuing validity such as evidence that the person had changed their views/ faith in the interim,⁸ then the instructions on the card should be followed.

In emergency situations if there is any doubt about the validity of the blood refusal card, urgent legal advice should be sought but blood components and products should be transfused,⁹ pending receipt of legal advice.

Note: Inability to obtain consent is not the same as a refusal of consent and failure to transfuse where there is no refusal may be considered failure of care.

3.2 Major Haemorrhage

- **Ensure that:**
 - Care is led by Consultant Surgeon/Anaesthetist/Haematologist,
 - Coagulation Specialist advice is obtained.
 - Transfusion Specialist advice is obtained
- **Consider:** Blood conservation e.g. Cell Salvage, Recombinant Coagulation Factors.
- **Check:** Guidelines for Blood and Blood Product Replacement in Acute Massive Blood Loss policy on the Intranet at intranet/PoliciesGuidelines/ClinicalSupportDirectorates/LabMedDirectorates/BloodTransfusion/Guidelines/GuidelinesforBloodandBloodProductReplacementinAcuteMassiveBloodlossinadults/

4.0 Action for Planned Admissions

4.1 It is essential that Consultant Surgeons & Anaesthetists are:

- Aware that the Patient is of the Jehovah's Witness faith and have detailed instructions on the Patient's attitude to the administration of blood components and products available.
- Prepared to manage the Patient's care in accordance with the Patient's instructions.
- Or to refer the case to surgeons & anaesthetist prepared to undertake it, without the use of blood products.

4.2 A pre operative assessment should include:

- Consultations with the Patient whenever possible, without relatives or church members, in order to ascertain the degree of limitation on intra-operative management.
- Consideration of alternatives to surgery.
- Coagulation Screen.
- Treatment of abnormal results particularly anaemia where possible.
- Discussion of blood conservation methods including intraoperative Cell Salvage.
- A transfusion treatment plan which is completed by the treating Doctor/Treatment Co-ordinator/Consultant Haematologist in consultation with the patient/parent/guardian and is retained in the Patient's notes. See **Appendix 3** for a copy of the Transfusion Treatment Plan.
- Provision of a copy of the Transfusion Treatment Plan to the Patient.

The assessment should also include addressing the items listed in the Medical Checklist as shown in **Appendix 4**.

- Where the Patient indicates that he/she refuses the treatment listed in the Transfusion Treatment Plan the Medical Practitioner and Patient must complete the General Consent Form Excluding Blood Transfusion, see **Appendix 5**.
- Where relatives or church members are present during the consultation and care plan discussion, and the Patient has refused blood, the Patient should then be seen privately to confirm what treatments they will accept and to ensure that they are not under pressure to refuse a blood transfusion.

4.3 The Consultant Haematologist in Coagulation, Haemovigilance Officer and Consultant in Transfusion Medicine should be informed of the planned procedure and asked for advice regarding alternatives for optimisation of Haemoglobin.

- The consent form for treatment must also be completed.
- Inform the Risk Manager of such planned admissions.

5.0 Children of Jehovah's Witnesses below the age of 16 years

5.1 The wellbeing of the child is the overriding concern.

5.2 If the parents refuse transfusion it may be necessary to apply for a Court Order in the High Court or a 'Child Care' Order in the District Court in order to legally administer a blood transfusion.

There may not be sufficient time for this application in an emergency situation and transfusion if considered necessary should proceed pending the application.⁸

5.3 Two doctors of consultant status should make an unambiguous, clear and signed entry in the clinical record that blood transfusion is essential, or likely to become so, to save life or prevent serious permanent harm.

5.4 In the event that a court order is sought, it is strongly recommended that the parents be given the opportunity to be properly represented and are kept fully informed of the practitioner's intention to apply for the order and the reasons why transfusion is required.

6.0 Minors [Age 16-18 years]

- 6.1** In the case of children over 16 years who are capable of understanding the issues and who consent for transfusion, the anaesthetist will be able to rely upon their consent. Where the child and parent refuse consent, the hospital should apply to the High Court for a direction before attempting to administer a blood transfusion.
- 6.2** While children over 16 are permitted by law to consent to their own medical treatment, there is uncertainty about their ability to refuse consent to life saving treatment. Children between the ages of 16 and 18 (who are legally ‘minors’) therefore may need to be the subject of a Court Order if they refuse life saving treatment and their parents do likewise. There may not be sufficient time for such application in an emergency situation and if transfusion is considered necessary then it should proceed pending such application.
- 6.3** See **Appendix 6** for a summary of initial action when a Jehovah’s Witnesses Patient presents at the hospital.

7.0 Hospital Liaison Committee for Jehovah’s Witnesses

It is common for a Witness Patient to wish to consult with the Elders of the community for assistance in finding doctors who respect their position on blood transfusion. The Irish community maintains a committee of Elders, known as the ‘Hospital Liaison Committee for Jehovah Witnesses’ (Tel: 01 840 3977 or 086-0854227). See **Appendix 7** for a list of the eight Hospital Liaison Committees in Ireland.

8.0 References:

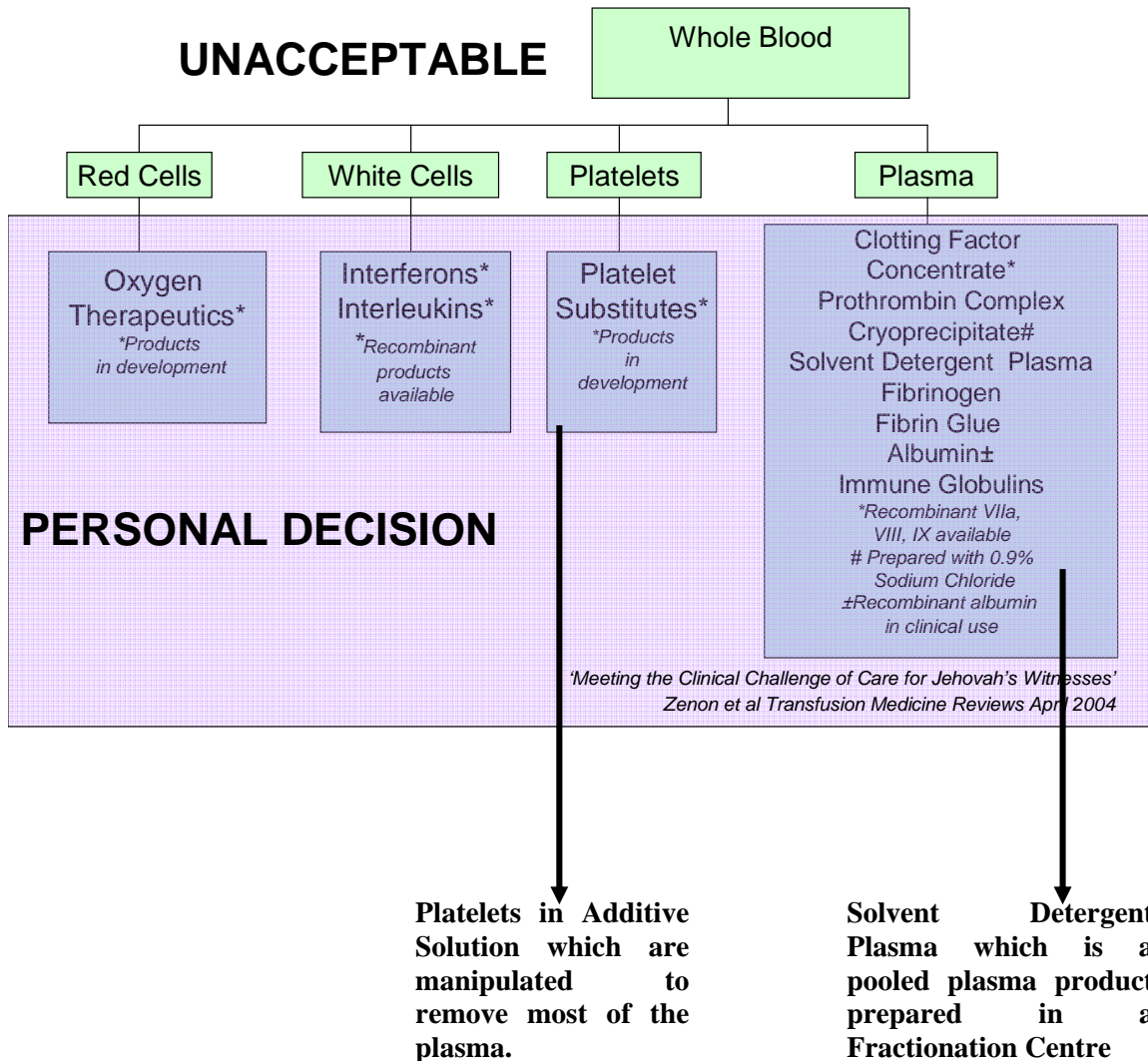
1. Management of Anaesthesia for Jehovah’s Witnesses (1999). The Association of Anaesthetists of Great Britain and Ireland.
1. Management of Anaesthesia for Jehovah’s Witnesses (2nd Edition 2005). The Association of Anaesthetists of Great Britain and Ireland. Web address <http://www.aagbi.org/publications/guidelines/docs/jehovah.pdf>
3. FitzPatrick & Anor v K & Anor [2008] IEHC 104.
4. Jehovah’s Witnesses reaffirm religious doctrine on blood transfusions, Jehovah’s Witnesses Office of Public Information. <http://www.jw-media.org/region/global/english/releases/health/000615.htm>
5. Bodnaruk, Z. et al, Meeting the Clinical Challenge of Care for Jehovah’s Witnesses’ April 2004, Transfusion Medicine Reviews Vol 18 (2) 105-116.6. In Re T (Adult: Refusal of Treatment) (C.A.) [1993] Fam. 95-122.
7. Code of Practice for The Surgical Management of Jehovah’s Witnesses (2002). The Royal College of Surgeons of England.
8. HE vA Hospital NHS Trust [2003]EWHC 1017(fam) [2003]2FLR 408[2003]Fam Law 733.
9. Woolley, S., Jehovah’s Witnesses in the emergency department: what are their rights? Emerg Med J 2005;22:869-871.

9.0 Appendices

- **Appendix 1** Slide indicating blood components which are generally unacceptable and those which may be acceptable, depending on a personal decision for Jehovah’s Witnesses patients.
- **Appendix 2** Check list for Emergency Department Staff
- **Appendix 3** Transfusion Treatment Plan
- **Appendix 4** Check list for Medical Staff
- **Appendix 5 General Consent Form Excluding Blood Transfusion.**
- **Appendix 6** Summary of initial action when a Jehovah’s Witnesses patient presents at the hospital.
- **Appendix 7** Irish Jehovah’s Witnesses Hospital Liaison Committees.

Appendix 1: Generally Acceptable Blood Components.

Appendix 1 shows the blood components which are generally unacceptable and the ones which depend on a personal decision by Jehovah's Witnesses patients. This slide is adapted from *Meeting the Clinical Challenge of Care for Jehovah's Witnesses' Bodnaruk et al Transfusion Medicine Reviews April 2004*



Appendix 2: Check list for Emergency Department Staff

Has the patient a signed No Blood Card	Yes*	No
Have you		
Initiated Blood conservation –		
To conserve blood, if applicable:		
<ul style="list-style-type: none"> ▪ Use Tourniquet, ▪ Minimise phlebotomy, as much as possible, ▪ Monitor arterial blood gases with transcutaneous monitors and oximeters as much as safely possible. ▪ Utilize paediatric blood tubes for laboratory studies. Inform the laboratory of the situation. ▪ If the patient has hypoxemia, respiratory distress, or tachypnea, consider intubation and mechanical ventilation to conserve patient's energy. ▪ Interventions performed by an expert practitioner to minimise blood loss, ▪ Cell salvage**. 		
Consider recombinant coagulation factors		
Have you Informed?		Date/Comment
Emergency Medicine Consultant	Yes	No
Consultant Haematologist	Yes	No
Blood Transfusion Lab	Yes	No
Consultant Surgeon	Yes	No
Consultant Anaesthetist	Yes	No
Ward Manager if relevant		
Theatre Manager if relevant	Yes	No
Risk Manager/Hospital Executive	Yes	No
Is your patient taking?	Yes	No
Warfarin	Yes	No
Aspirin	Yes	No
Clpidogrel	Yes	No
Other(Please specify)		

Make a copy of the patient's 'No Blood Card' for the medical record

**Re-infusion of their own blood is permitted by many Witnesses when the blood is not stored.

Note: Appendices 3 & 4 have been designed to serve as a Transfusion Treatment Plan and checklist for the multi-disciplinary team in preparation of patients requiring bloodless medical and surgical support. Patients differ in their acceptance of the different blood components and blood products and the list included here allows each patient to specify their wishes.

If additional advice is required urgently please refer to the on-call Haematologist.

Appendix 3 Transfusion Treatment Plan

I the patient/parent/guardian named below agree with the following treatment plan, before, during and after the operation, circle choice.

TREATMENT	ACCEPT		COMMENT
Primary Blood Components			
Red Cells	Yes	No	
Apheresis Platelets	Yes	No	
Minor Fractions			
Cryoprecipitate	Yes	No	
Solvent Detergent Plasma*	Yes	No	
Washed Platelets in Platelet Additive Solution**	Yes	No	
Blood products			
Fibrinogen	Yes	No	
Fibrin Glue	Yes	No	
Prothrombin Complex	Yes	No	
Immunoglobulin	Yes	No	
Other (Please specify)	Yes	No	
Recombinant clotting factors			
Factor VIIa	Yes	No	
Factor VIII, IX	Yes	No	
Autologous Red Cell options			
Intra- operative Cell Salvage	Yes	No	

Autologous predeposit blood

Yes	No
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Other (Please specify)

Yes	No
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*Solvent Detergent Plasma is a virally inactivated pooled plasma product prepared in a Fractionation Centre,

**Platelets in Additive Solution which are manipulated to remove most of the plasma.

Signature of Patient/parent/guardian.....

Date.....

Signature of Clinician.....

Date.....

Printed Name of Clinician.....

Position..... Contact/ bleep number.....

Appendix 4: Check list for Medical Staff

Have you completed the Transfusion Treatment Plan Appendix 3	Yes	No
Has the patient a signed No Blood Card	Yes*	No
Have you discussed other treatments which may be of use to improve blood counts:		
▪ Iron (oral,iv)		
▪ EPO,		
▪ GCSF,		
		Date to stop
Is your patient taking?	Yes	No
Warfarin	Yes	No
Aspirin	Yes	No
Clopidogrel	Yes	No
Other(Please specify)		

Have you Informed?			Date/Comment
Consultant Haematologist	Yes	No	
Blood Transfusion Lab	Yes	No	
Consultant Surgeon	Yes	No	
Consultant Anaesthetist	Yes	No	
Risk Manager/Hospital Executive	Yes	No	
Chief Perfusionist	Yes	No	
Ward Manager			
Theatre Manager	Yes	No	
Phlebotomy manager and ICU staff (minimise phlebotomy)	Yes	No	
Others (enter name)	Yes	No	
Jehovah's Witnesses Elders (at request of patient)	Yes	No	

***Make a copy of the patient's 'No Blood Card' for the medical records**

General Advice Notes

- Optimise Haemoglobin and general health pre-operatively.
- Minimise blood loss during surgery, procedures and phlebotomy.
- Utilize paediatric blood tubes for laboratory studies. Inform the laboratory of the situation.
- Monitor arterial blood gases with transcutaneous monitors and oximeters as much as safely possible.
- Reduce risk of bleeding.
- See individual surgical care plan.

Contacting Transfusion Medicine

Contact the Blood Transfusion Laboratory, St James's Hospital, to discuss possible cases as early as possible - aim for a minimum of 2 months prior to planned surgery if possible.

Contact details

Blood Transfusion Laboratory: 4162958/4162945, out of hours bleep 671.

Fax: 4103446

Haemovigilance 4162952 or at the Blood Transfusion Laboratory.

Email: dgough@stjames.ie legan@stjames.ie bloodtrans@stjames.ie

Appendix 5 : General Consent Form Excluding Blood Transfusion.

Patient Name: _____

Medical Record Number: _____

Date of Birth: _____

Consultant: _____

This part to be completed by Medical Practitioner

NATURE OF OPERATION, INVESTIGATION OR TREATMENT:

I confirm that I have explained the operation investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgment are suited to the understanding of the person named above. I further confirm that I have emphasised my clinical judgment of the potential risks to the patient and/or person who nonetheless understood and imposed the limitation expressed below.

I acknowledge that this limited consent will not be over-ridden unless revoked or modified.

Signature of doctor..... Date

Name of Registered Medical Practitioner.....

GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

PATIENT (this part to be completed by the patient)

I.....(name)

Confirm that I have read the words above and have consented to undergo the above named procedure. I understand that the procedure may not be done by the doctor who is treating me so far and that the express limitation of my consent to this procedure described above will be regarded as absolute by all the doctors who treat me, and will not be overridden in any circumstances by a purported consent of a relative or other person or body unless I have identified them to the hospital and appointed them in writing with authority to act as my proxy

I confirm that the doctor named on this form has explained to me the nature and purpose of the procedure and the type of anaesthetic that he proposes to use, and that I have consented to undergo both. I have also agreed to his using non blood volume expanders and pharmaceuticals that control haemorrhage and/or stimulate the production of red blood cells. I also consent to his using other drugs routinely used in the course of an anaesthetic.

However, I have told the doctor that I am one of Jehovah’s Witnesses with firm religious convictions. With full realization of the implications of this position and knowledge that it may pose additional risks to my health or life, I have decided to impose the following further restrictions on what the doctors may do in the course of the operation. I do so, exercising my own choice.

I expressly withhold my consent:

1. As I have listed in my Transfusion Treatment Plan.
To any sample of my blood being used for cross-matching.
2. I also object to the following: (please insert any other restrictions that you wish to impose):

I understand that I am free to delete any of the words which appear above in order to modify these restrictions, in which case I will initial the deletions.

I understand that this limitation of consent will remain in force and bind all those treating me unless and until I expressly revoke it.

I understand that such refusal will be regarded as remaining in force and binding upon those who care for me even though I may be unconscious or affected by medication or medical condition rendering me incapable of expressing my wishes and that doctors treating me will continue to be bound by my refusal even though they may believe that the treatment is immediately necessary in order to save my life.

I understand that my refusal to accept blood may lead to my death.

I further consent to any other procedure that may be immediately necessary to save my life or health, but I attach the same restrictions I have described above to the performance of that procedure.

I further understand that details of my treatment and any consequences resulting will not be disclosed to any other person without my express consent or that of my authorised proxy unless required by law.

Signature of patient Dated

Witnessed by Dated

Address of Witness

.....

Appendix 6: Summary of initial action when a Jehovah’s Witnesses patient presents at the hospital.

Patient or relatives indicate that they are concerned about receiving a blood transfusion

Person over 18		Person 16-18 yrs	Child under 16 years
Emergency	Planned	Planned & Emergency situations	Planned & Emergency situations
<p>Check for valid blood refusal card.</p> <p>In emergency situations if there is uncertainty about the validity of the blood refusal card blood components & products should be administered in life threatening situations.</p>	<p>Proceed with treatment plan and check list for medical staff, see Appendix 3&4</p>	<p>Person 16-18 yrs, Minors, are considered adult for purposes of consent, check for valid blood refusal card, however there is uncertainty about their ability to refuse consent to life saving treatment. If both minor & parents refuse blood seek legal advice.</p> <p>There may not be sufficient time to seek legal advice in an emergency situation and if the transfusion is considered necessary it should proceed pending legal advice</p>	<p>Consult with parents</p> <p>If parents refuse transfusion for their child seek legal advice</p>

Appendix 7: Irish Jehovah's Witnesses Hospital Liaison Committees.

In the event of an **emergency**, contact **any** committee member.

For chaplaincy service contact **Harry Homan**.

Richard Norman,

38 The Bawn Grove,
Malahide,
Co. Dublin.
ricnorman@gmail.com

Tel: 01 846 0353 Mob: 086 067 4800

Adrian Lawlor,

3 River Valley Rise,
Swords,
Co. Dublin.
alawlor@microaid.ie

Tel: 01-840 8144 Mob: 087 250 7492

Harry Homan
1 Cloonmore Park,
Jobstown,
Tallaght,
Dublin 24
harryhoman@yahoo.com

Tel: 01 452 2753 Mob: 086 388 3805

Kit Cummins
27 St. Begnets Villas,
Dalkey,
Co. Dublin.
kitcummins@hotmail.com

Tel: 01-285 2391 Mob: 086 812 5214

Mark Scully
2 Dargle Crescent,
Bray,
Co. Wicklow
scullhed@hotmail.com

Tel: 01 276 0754 Mob: 087 1209 019

Brian McGrath,

10 Rathminton Drive,
Tallaght,
Dublin 24

Tel: 01 452 6930 Mob: 087 230 6392

Mark Maguire,

8 Huntstown Woods,
Clonsilla,
Dublin 15.
Mogwa75@hotmail.com

Tel: 01 817 9979 Mob: 087 769 6864

Philip Jacob,

54 The Crescent,
Millbrook Lawns,
Tallaght,
Dublin 24.

Tel: 244 7557 Mob: 086 362 9365

thejacobhouse@hotmail.com

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Swords,
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Tel: 01 840 3977 Mob: 086 085 4227

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Title: Jehovah's Witnesses Patients: Blood Transfusion Policy			
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Document Status i.e. New, Revision , replaced etc	Version Number	Revision Date	Description of changes
Revision	2	Feb 2010	<ul style="list-style-type: none"> ➤ Addition of appendices to assist in decision making ➤ Included Jehovah's Witness Hospital Liaison personnel in the review process.