Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

BLOOD TRANSFUSION POLICY
Jehovah's Witnesses and Refusal of Transfusion

This procedural document supersedes: PAT/T 2 v.6 – Blood Transfusion Policy

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor:	Medical Director
Author/reviewer:	Gill Bell - Chief Biomedical Scientist
Date revised:	May 2021
Authorised by:	Atchuta Bobbili – Chair Hospital Transfusion Committee (HTC)
Approved by:	Hospital Transfusion Committee
Approval date:	14 June 2021
Date issued:	25 June 2021
Next review date:	June 2024
Target Audience:	Trust wide; all staff involved in the transfusion process

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 1	25 June 2021	• This is a new procedural document, please read in full.	Gill Bell – Chief Biomedical Scientist

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1. INTRODUCTION

A patient may refuse blood transfusion for a variety of reasons e.g. Jehovah's Witness. We need to ensure that individual's beliefs / preferences are acknowledged and respected and that relevant information is provided for the management of these patients.

2. PURPOSE

This policy is based on recognised guidelines and provides the Trust with local procedures for the management of patients refusing a blood transfusion.

3. DUTIES AND RESPONSIBILITIES

- All staff involved in the management of these patients must be aware of this policy.
- All staff involved should understand their role and responsibilities.
- Ensure alternatives have been explored.

4. PROCEDURE

Key Recommendations:

- A patient may refuse blood transfusion for a variety of reasons e.g. Jehovah's Witness (JW). We need to ensure that individual's beliefs / preferences are acknowledged and respected and that relevant information is provided for the management of these patients.
- The majority of JW's carry a "No Blood" card which is an "Advance Directive" absolutely refusing blood, which also releases clinicians from any liability arising from this refusal.

- It is the responsibility of the patient or attending relative to make sure their decision is drawn to the attention of healthcare professionals. If a patient decides to refuse blood products this should be clearly noted in the case notes. If an Advanced Decision is presented, a copy should be prominently placed in the patient's notes.

- If refusal is by a non-Jehovah's Witness is based on fear of transfusion transmitted infection, the risks should be clearly explained.

4.1. Jehovah's Witnesses (JW)

A patient may refuse blood transfusion for a variety of reasons e.g. Jehovah's Witness. We need to ensure that individual's beliefs / preferences are acknowledged and respected and that relevant information is provided for the management of these patients.
If refusal is by a non-Jehovah's Witness is based on fear of transfusion transmitted infection, the risks should be clearly explained.
Refusal of blood transfusion should be carefully documented in the patient's medical notes by the consultant / most senior doctor present, with the reasons given together with date, time and signature.

The use of whole blood and its four primary components, Red Cells, White Cells, Platelets and Plasma (FFP) are refused on religious grounds.

However there are no specific rules regarding the derivatives or fractions of primary blood components. Anti-D immunoglobulin and Cryoprecipitate may be accepted and should be offered where appropriate.
Each JW must "conscientiously decide for him/herself" (Watchtower, June 2000) if treatments offered are acceptable. The Jehovah's Witness Hospital Liaison Committee (HLC) is available 24 hours to help staff and patients with advice and guidance and clarification on these matters.

4.2. JW Acceptance / Non acceptance of blood products:

Not acceptable	**May or may not be accepted** (matter of personal choice)	**Acceptable**
Primary Blood Components: • White Cells • Red Cells • Platelets • Fresh Frozen Plasma (FFP)	**Derivatives of Primary Blood Components:** • Albumin • Immunoglobulin (Anti-D) • Coagulation Factors • Cryoprecipitate • Recombinant Clotting Factors e.g. FV11a or Beriplax (PCC)	**Crystalloids, Synthetic Colloids etc:** • Dextrans • Hydroxyethylstarch • Gelatins • EPO
Pre-deposited Autologous blood component donations	• All forms of intraoperative blood salvage (cell saver) • Acute normovolaemic haemodilution • Haemodialysis • Epidural Blood Patch • Diagnostic Procedures involving the patient's Own Blood • Stem Cell / Organ Transplant / Donation	

4.3. Advanced Decision to Refuse Specified Medical Treatment

It is a general principle of law and medical practice that people have a right to consent to or refuse treatment. The Courts have recognised that adults have the right to say in advance that they want to refuse treatment if they lose capacity in the future – even if this results in their death.

There is not a set form for written advance decisions. However, such a decision should be put in writing and it should include the following information:

- Full details of the person making the advanced decision including name, date of birth and home address.
- The name and address of the person's G.P.
- A clear statement of the decision, identifying the treatment to be refused and the circumstances in which the decision will apply, explicitly stating: even if life is at risk.
- The date the document was written (or reviewed).
- Signatures of the patient/patient advocate **and** the person witnessing the signature.

The majority of JW carry a "No Blood" card which is an "Advance Directive" absolutely refusing blood, which also releases clinicians from any liability arising from this refusal.

It is the responsibility of the patient or attending relative to make sure their decision is drawn to the attention of healthcare professionals. If a patient decides to refuse blood products this should be clearly noted in the case notes. If an Advanced Decision is presented, a copy should be prominently placed in the patient's notes.

4.4. Prior to Major elective surgery

In cases where blood loss of **more than 500 mL** is likely:

- Pre-assessment clinic at least 4 weeks prior to surgery, at this visit the FBC, Reticulocytes, Ferritin, B12 & folate must be checked.

- Liaison between surgeon, anaesthetist and consultant haematologist to consider strategies and get approval from the patient.

- It is important that the potential consequences of not receiving blood products and the risks associated with massive haemorrhage are explained to the patient. This discussion should be documented in the case notes.

- Clarify with the patient what forms of treatment they will actually accept, does the refusal include all types of blood product or specific types, will the patient accept cell salvage etc. Be quite clear as to what the patient's wishes are in the event of them being unconscious and suffering life threatening blood loss. A detailed record of the discussion must be documented in the case notes.

- Where appropriate the possible use of alternative blood conservation strategies should be discussed:
    - Tourniquets
    - Haemodilution
    - Antifibrinolytics - Tranexamic acid
    - Topical Haemostatic agents - Tissue sealants / adhesives

- Check what medication the patient is taking, especially aspirin, Clopidogrel, Warfarin and non-steroidal anti-inflammatory drugs; decide when / if these should be stopped / replaced.

- Make sure all clinical staff likely to be involved in the patient's treatment and Blood Bank is made aware of the patient's position with regard to refusal of blood products.

- **Pre-operative Optimisation**

In many cases without prior anaemia pre-operative Erythropoietin (EPO) therapy is unnecessary unless blood loss is likely to be in excess of 1000ml. In such patients post-operative iron and folate supplement will restore the lost red cells over a few weeks.
However, in cases where blood loss of **more than 500 ml is likely,** the following actions should be considered:

Pre-operative treatment with Erythropoietin

This will depend on obtaining funding for a specific case. It may take a significant amount of time to get approval.

- Preoperative Erythropoietin 40,000 units subcutaneously weekly for 3 weeks + 40,000 units post op day 1. This dosage is for an adult (55-80Kg), outside this range discuss with Consultant Haematologist.
- Start Erythropoietin 4 weeks prior to planned surgery – this date should not be changed once pre op treatment started due to its expense.
- Check FBC, reticulocytes & ferritin after 2 weeks of Erythropoietin therapy Iron & folate supplementation pre op and post op.
- Use of IV Iron may be preferable to oral iron. Folic acid should also be given orally at 5 mg daily.

Intra-operative cell salvage or Post-operative salvage

- Consider the use of intra-operative cell salvage or post-operative salvage from wound drains if **acceptable to the patient.** This should be documented on the patient consent form.

- Preoperative haemodilution is often acceptable to the JW patients and this possibility should be explored.

Tranexamic acid & Prothrombin Complex Concentrate (e.g. Beriplex)

- May be suitable interventions, and should be explored. Appropriate consent would be required. All plasma derivatives can be considered and consent to transfuse is a matter of personal choice for the individual patient.

Sampling

- Consider the impact of blood sampling; are all the tests requested indicated? Could microtainers be used?

4.5. Jehovah's Witness Liaison Committee Contacts

Jehovah's Witnesses maintain a network of Hospital Liaison Committees that are available at any time to assist with the management of patients, either at the request of the patient or on behalf of the treating team.

Local Liaison Team Contact Details:

Richard Colley
Sheffield HLC
Mobile: 07598957852
richardcolley@sheffield-hlc.org.uk

Joe Nadin
Sheffield HLC
Mobile: 07984196169
joenadin@sheffield-hlc.org.uk

Alternatively contact:
Hospital Information Services for Jehovah's Witnesses
IBSA House,
The Ridgeway,
London
NW7 1RN

his@uk.jw.org

24-Hour Contact Number: (020) 8906 2211

Medical Website for the latest medical papers
www.jw.org/en/medical-library/

4.6. Treatment of Jehovah's Witnesses

Emergency Admissions

- **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.

- **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 to the patient's notes. A clear signed, dated and timed entry outlining the patient's wishes must be documented in the notes accordingly.

  If no such advanced 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. It would be advisable to contact the local HLC as they may be able to get access to the patients advanced decision.

  Relatives or associates have no legal right to decline treatment on the patient's

behalf in the absence or a signed advanced decision. If a patient is unable to give an informed, rational opinion, and when an applicable advanced decision does not exist, the clinical judgement of a doctor should take precedence over the opinion of relatives or associates.
In the case of emergency patients identified as Jehovah's Witnesses but without documentation, every effort should be made to avoid the use of blood and blood products in the Perioperative period. However, in serious or life-threatening situations the use of blood and blood products should be based on the judgement of the clinician responsible for the patient. GMC [2013} guidance on patients who refuse treatment affirms this stating that: 'In an emergency, you can provide treatment that is immediately necessary to save life or prevent deterioration in health without consent'.

- **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.

If somebody tells a healthcare professional that an advance decision exists for a patient who now lacks capacity to consent, they should make every reasonable effort to find out what the decision is. Reasonable efforts might include having discussions with relatives of the patient, looking in the patient's clinical notes held in the hospital or contacting the patient's GP.

- **Children**
  If a child is judged to be of sufficient age and maturity to fully understand the implications of their beliefs, they should be treated as previously stated.
  If however elective or emergency treatment of a child is required and this is against the parents or guardians wishes then the following questions should be addressed:

    - Has the Hospital Liaison Team been contacted and asked for assistance?
    - Have the parents / guardians been given the full details regarding the need for treatment?
    - Have ALL non-blood medical management options been fully explored?
    - Is there another hospital willing to treat without blood?

Once all these questions have been addressed and it is still felt that treatment is essential then a court order should be sought. The parents or guardians should be immediately notified of the intent to obtain such an order and invited to attend any case conference, which takes place. The support of a minimum of two practitioners of consultant status is required to seek the order and it should be limited to the immediate medical incident.

In an emergency situation the doctor can give lifesaving 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.

Surgeons have a legal and ethical responsibility to ensure the wellbeing of the child under their care and this must always be their first consideration; however, every effort must be made to respect the beliefs of the family and avoid the use of blood or blood products wherever possible. [RCS, 2016]

Obstetric cases

Early risk assessments and management plans regarding the refusal of blood transfusion or blood products is essential, all discussions with the woman will be clearly documented in the woman's hospital and hand held records.
A care plan for women in labour refusing a blood transfusion will be completed in the antenatal period and filed in the woman's hospital records.

Note: For further information please refer to MSG 96 Guideline for Women who Refuse Blood Transfusion.

Medical Treatment:

- **Abortion**
  Deliberate abortion is unacceptable. If, at the time of birth a choice has to be made between the life of the mother and that of the child, it is up to the individuals concerned to make that decision.

- **Cell Salvage**
  Many Jehovah's Witnesses will accept cell salvage, providing the system used is constantly linked to the patient's circulatory system and there is no storage of the patient's blood. See AAGBI guidelines for treatment of witnesses 2018.
- **Sampling**
  Consider the impact of blood sampling; are all the tests requested indicated? Could microtainers be used?

- **Proactive Patient Management**
  Planning, good communication and documentation are essential. Proactive and responsive management of bleeds is critical.

- **Blood Transfusion**
  Jehovah's Witnesses believe that blood transfusion is forbidden by Biblical commands and therefore will refuse the transfusion of blood, FFP, white cells and platelets.
  However, these beliefs do not absolutely rule out the use of products plasma derivatives such as albumin, immunoglobulins and anti-haemophilic preparations. Each Witness will decide whether he / she will accept these products.

- **Heart Bypass**
  Some Witness patients permit the use of heart-lung machines when the pump is primed with non-blood fluids and blood is not stored in the process.

- **Haemodialysis**
  This is a matter for each witness patient to decide for him or herself. A closed circuit should be used with no blood prime or storage.

- **Haemodilution**
  Induced haemodilution is a matter for the witness patient to decide according to his / her conscience when a closed circuit is used and no blood storage is involved. Jehovah's Witnesses do not accept preoperative collection and storage of blood and its later transfusion (autologous).

- **Plasma Derivatives**
  Such as albumin, Anti-D immunoglobulin, Cryoprecipitate and anti-haemophilic preparations are not forbidden and should be offered, although some witnesses may conscientiously refuse them.

- **Expanders**
  Plasma volume expanders are acceptable e.g. Sodium Chloride 0.9%.

5. TRAINING/ SUPPORT

Support is available from the Hospital Team and the Jehovah's Witness Liaison Committee Contacts (see 4.5)

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Hospital Transfusion Committee will review all adverse incidents reported to the Trust's incident reporting system; Datix.

7. DEFINITIONS

All defined within the document.

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- PAT/PA 19 Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
- PAT/PA 28 Privacy and Dignity Policy
- PAT/PA 2 Consent to Examination or Treatment Policy

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

11. REFERENCES

- JW Medical Website for the latest medical papers www.jw.org/en/medical-library/
- Royal College of Surgeons (2016) Caring for patients refuse blood: a guide to good practice for surgical management of Jehovah's Witness and other patients who decline transfusion. https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/caring-for-patientswho-refuse-blood/
- Care Plan for Women in Labour who Refuse a Blood Transfusion (2013) Hospital information services for Jehovah's Witnesses HID.GB@jw.org
- Children Act 1989 (c.41), ISBN 0105441899. HMSO, London 1989
- Mental Capacity Act 2005 Code of Practice.
- Care Plan for Surgery in Jehovah's Witnesses (2015) Hospital information services for Jehovah's Witnesses HID.GB@jw.org
- Handbook of Transfusion Medicine (2015) 5th Edition.
- Clinical strategies for avoiding and controlling haemorrhage and anaemia without blood transfusion in obstetrics and Gynaecology (2013). Hospital information services for Jehovah's witnesses HID.GB@jw.org
- Caring for patients who refuse blood – A guide to surgical management of Jehovah's witnesses and other patient who decline transfusion (2016) Royal College of Surgeons
- GMC, 2013, Personal Beliefs and Medical Practice
- RCS, 2016, A Guide to Good Practice - Consent: Supported Decision-Making

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	**Division**	**Assessor (s)**	**New or Existing Service or Policy?**	**Date of Assessment**
Blood Transfusion Policy – Jehovah's Witnesses and the Refusal of Transfusion	Pathology	Gill Bell	New Policy	14.06.2021

1) Who is responsible for this policy? Name of Division/Directorate: Pathology

2) Describe the purpose of the service / function / policy / project/ strategy? The policy provides the Trust with local procedures for pre-administration of blood products.

3) Are there any associated objectives? Legislation, targets national expectation, standards – Yes compliance with BSQR 2005, BSH & NICE guidelines.

4) What factors contribute or detract from achieving intended outcomes? Lack of compliance

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

. **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	**Affected?**	**Impact**
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	**Outcome 2**	**Outcome 3**	**Outcome 4**	

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form - see CORP/EMP 27.

Date for next review: June 2024

Checked by: Atchuta Bobbili **Date: 14.06.2021**