Derby Teaching Hospitals NHS
NHS Foundation Trust

Trust Policy and Procedures for Managing Requests of Exclusion from Treatment with Blood Components/Products.

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	V1	July 2007	Kay Fawcett	Original Policy
	V2	May 2011	Pam Twine	Reformatted to NHSLA Standard-No changes to content
	V3	Oct 2015	Heather Rankin	Review and update of policy Addition of HLC Contacts
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To be read in conjunction with: Trust policy and Procedures for the Transfusion of Blood and Blood Components CL-RM/2007/10 Trust Policy and Procedures for the Implementation of the Mental Capacity Act CL-LP/2010/013 Trust Policy and Procedures for Consent CL/2008/042 Advanced Decisions to Refuse Treatment Specialist Guidance (Adult) CL-LP/2011/002 Available from Trust intranet click here for policies				
In consultation with and Date: Local Jehovah's Witness Liaison Committee, Transfusion Committee				

EIRA stage One Completed Yes Stage Two Completed No	
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Contact for Review	Transfusion Practitioner
Executive Lead Signature	Chair of Clinical Effectiveness Committee
Approving Executive Signature	Chief Executive

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Trust Policy and Procedures for Managing Requests for Exclusion from Treatment with Blood Components/Products.

1. Introduction

Every competent adult patient is entitled to refuse to consent to medical treatment for good reason, bad reason or no reason (1).
Patients who decline treatment using blood components or products remain entitled to the highest standards of medical care and full use of modern medical technology (2). In order to ensure a high standard of medical care it is essential that individual cases are reviewed in a timely way by consultant leads for the speciality, haematology and anaesthesia.

2. Clinical Management

2.1 Outpatient Departments

The patient's views about blood and blood components/products should be sought as soon as the need for a procedure with an attendant risk of blood loss is identified. A full and frank discussion of the proposed treatment and its risks and benefits should take place. This must include the possibility that declining blood components/products could result in a threat to life or even death itself. Those patients who wish to be excluded from treatment with blood components/products should be identified as soon as possible (at the time of consent).

The patient should be discussed with a consultant haematologist.

The treating Consultant must be made aware of the patient's decision and the risks and benefits of the proposed intervention should be carefully evaluated. Non-surgical or less invasive treatment options should be considered. The patient should be given the opportunity to read the National Blood Service patient information booklets (Will I need a Blood Transfusion / Patient Blood Management) and also the DTHFT Cell Salvage Patient Information Leaflet (appendix 8).

2.2 Pre - Operative Assessment Clinic

Pre-operative assessment and relevant investigations should be carried out as early as possible. The patient's condition should be optimised, especially with regard to haemoglobin level and cardio respiratory fitness (appendix 2). Drugs with an adverse effect on coagulation or platelet function (such as aspirin or clopidogrel) may need to be stopped.

Consultants for the specialty and anaesthesia and haematology should be involved with the formulation of a multi-disciplinary patient management plan. This plan should include strategies to reduce the requirements for blood components/products including intra-operative cell salvage. This plan must be recorded in the patient's records and on the Operating Theatre Lists (including ORMIS).

The patient's relatives and/or religious advisor should not be allowed to coerce or pressurise the patient in to a particular course of action, or to impede discussion about the acceptability of certain treatments (1).

3. Documentation of treatment discussions

It is essential that treatment discussions are recorded in order that clear instructions are available in the event of an emergency situation where life sustaining treatment is required.

The DHFT Checklist for patients refusing blood components/products (appendix 1) must be completed along with the DHFT consent form (WPH0056 or WPH0341). Original copies must then be stored in the patient's medical record and a copy given to the patient. It is essential that patients complete the checklist and consent form with the speciality consultant in charge of their care.

3.1 Advance Decisions

If presented by the patient, the Advance Decision to Refuse Treatment (ADTR) (Appendix 4) should be reviewed by the consultant in charge of care and a copy placed in medical records along with a completed Checklist for patients refusing blood components/products and NHS consent form. Any additional information should be recorded in the medical records and signed by the patient and speciality consultant in charge of care (3).

3.2 On admission to hospital

It is essential that the speciality consultant in charge of care re-confirms the treatment plan with the patient and makes a contemporaneous entry, signed, timed and dated on both the Checklist for patients refusing blood components/products and NHS Consent form.

The patient should have the opportunity to reconsider their treatment decision(s) (1).

Should a patient disclose on the day of admission that they would decline blood components/ products, prior to a procedure where there is a risk of bleeding; consideration should be given to rescheduling the procedure in order to allow adequate preparation and discussion.

3.3 Intra operative management

Early pre-operative consideration should be given by consultants for the speciality, haematology and anaesthesia to one or more of a number of techniques to reduce intra operative blood loss (1).
The treatment or intervention should be supervised by the specialty consultant / anaesthetist in charge of the patient's care. In the event of heavy bleeding, immediate guidance from a consultant haematologist should be sought.

3.4 Post-Operative Management

Management must include;

- Regular routine post-operative observations and action taken appropriately.
- Careful, close monitoring and documentation of post-operative blood loss. Abnormal bleeding must be reported immediately to the surgical team.

- Adherence to any additional surgical, anaesthetic or haematological instructions (appendix 3).

4 Paediatric Consent Considerations

Young adults of sound mind aged 16-18 years have a statutory right in England and Wales to consent to procedures on their own account and there is no legal requirement to obtain additional consent from a parent or guardian. The patient's consent takes precedence over parental objections; however, the law expressly states that this does not invalidate the right of others to consent on their behalf. If the patient is in an acute emergency situation it will be lawful to proceed on the basis of the consent of either parent. Where time permits, the court should be asked to resolve the position (1, 4, 7).

In England and Wales children younger than 16 years may be competent to give their own consent if they demonstrate a clear grasp of the proposed treatment and the risks, benefits or consequences of acceptance or rejection of a proposed treatment. This is referred to as 'Gillick-competence'. However, this is likely only to apply to children above the age of 12 years, but could for more minor procedures apply much younger.

4.1 Refusal of treatment

Even though a child of 16 or 17 may give consent to medical treatment, his refusal will not be binding. If the treatment is in the child's 'best interests' such a refusal may be over-ridden by someone with parental responsibility or by the Court. Should a child under 16 refuse to consent this may still be over-ridden by anyone with parental responsibility. However practitioners will often wish to obtain a court order before seeking to impose medical treatment on an unwilling teenager solely on the basis of parental consent (8).

4.2. Parental Opposition

A situation could be envisaged where a child under the age of 16 years consented to an elective blood transfusion in the face of parental opposition. Consent in this situation would be sound provided that the child could show evidence of 'Gillick competence'.
Although those with parental responsibility can give consent to treatment on a child's behalf they cannot veto treatment if it is in the child's best interests.
It may be necessary to treat a child against his parents' wishes.
In such circumstances, and if time permits, a Court declaration should be sought as to the child's best interests (8).
In an emergency situation where there is no time to apply to Court any doubts should be resolved in favour of the preservation of life (5,6,8).

5. Key Responsibilities/Duties

5.1 Blood Bank, Hospital Transfusion Team, Transfusion Practitioner

Blood bank staff are available over 24 hours to give advice with regard to exclusion to blood transfusion.

All investigated incidents and IR1s relating to Exclusion from Transfusion will be discussed at the monthly Hospital Transfusion Team meetings and where relevant will be escalated to the Transfusion Committee.
The Transfusion Practitioner (TP) is responsible for reporting to the Hospital Transfusion Committee and Patient Safety Group. The TP will also advise on any issues relating to exclusion from transfusion.

5.2 Hospital Transfusion Committee

The Hospital Transfusion Committee is responsible for the development and management of the Policy and Procedures for Managing Requests for Exclusion from Treatment with Blood Components/Products policy.

5.3 Patient Safety Group

The Hospital Transfusion Committee will report to the Patient Safety Group annually. The report will highlight relevant issues and incidents regarding exclusion from transfusion

5.4 Medical Staff

Medical staff are responsible for discussing the care and treatment options and transfusion alternatives with the patient. Medical staffs are responsible for obtaining consent where the patient has capacity. This should involve the most senior doctor available, preferably a Consultant and ideally the Consultant responsible for the patient's care. The discussion and consent must be recorded in the patient health record. This must in turn be communicated to those delivering care to the patient especially in the Operating Theatre or similar environment. Where the patient does not have capacity, but has an ADRT, this must be respected and communicated to all members of the care team and documented in the patient health record.
Medical staff have a responsibility to ensure that the Local Hospital Liaison Group (HLC,) where relevant, is involved in all discussions and documentation.
Medical staff have the right to refuse to treat patients in elective situations, but should attempt to refer to suitably qualified colleagues who are prepared to undertake treatment. In an emergency medical staff are obliged to provide care and must respect the patient's competently expressed views (1).

5.5 Nursing Staff

Nursing staff are responsible for ensuring that details of a patient who is a Jehovah's Witness or requests exclusion from transfusion is communicated to all relevant staff & recorded in the patient's health records and can provide information and contact details of local HLC. This is particularly important when transferring patients for invasive procedures (e.g. Operating Theatres).

5.6 Trust Legal Advisor

The Trust Legal Advisor can be contacted over 24/7 via switchboard and will advise regarding treatment decisions, where there are issues regarding consent, particularly with the care of children.

5.7 The Hospital Liaison Committee

The Local Hospital Liaison Committee (HLC) will give advice regarding transfusion issues for Jehovah's Witness patients.

6. Implementing the Policy and Procedures for Managing requests for Exclusion from Treatment with Blood Components/Products

6.1 Advanced Decisions to Refuse Treatment

Adults with capacity to make their own decisions have always had the right to refuse treatment for a physical illness by withholding their consent. (See DHFT Consent Policy).

The Mental Capacity Act (2005) formalises, in law, the right of people with capacity to define in advance which medical treatments that they will and will not consent to at a time when they have become incapable of making and communicating a decision.

An ADRT must be valid and applicable to specific circumstances and only becomes active when the person loses capacity.

In an emergency where there is no evidence of an ADRT, care must be given in the patients best interests.

Most Jehovah's Witnesses carry an ADRT that must be respected even if they are unconscious.

6.2 Care Planning

When a patient requesting exclusion to blood components or products presents for treatment, the staff responsible will discuss with them their treatment choices. This will include a plan of care and treatment by consultants and nursing/midwifery staff, which, in line with Caldicott requirements, will be communicated to all clinical staff likely to be involved in the treatment of the patient.

Discussions will need to occur with service planners i.e. medical and theatre staff when alternatives and cell salvage are to be used. This must be documented and communicated to all members of the Multi-Disciplinary Team.

The decision of individual Jehovah's Witnesses to refuse blood components/products is a matter of personal choice. They will accept full legal responsibility for their decision and will release those treating them from any liability for any adverse consequences directly arising from the curtailment of management options by the exclusion of blood components/products. They must accept that the decision to refuse blood components/products may endanger their life or even result in death.

In elective and urgent cases, when blood transfusions may be considered to be standard treatment, the following actions will be considered:

- Review of non-blood transfusion alternatives
- Consultation with other doctors experienced in non-blood management and treatment without using allogeneic (homologous) blood.
- Transfer of the patient's care to a doctor or to a facility willing to treat the patient without blood before the patient's condition deteriorates.
- Given the difficulties which may arise during surgical or other invasive procedures, consideration should be given to such procedures being performed by Consultant grade staff.
- Consult the local Hospital Liaison Committee of Jehovah's Witnesses.

6.3 Contacting the Local Hospital Liaison Committee

The Local Hospital Liaison Committee is contactable over 24 hours and will advise on all issues relating to the care and treatment of a patient who is a Jehovah's Witness.

Medical staff should contact the Chairman at the number below. If there is no reply the 24-hour emergency mobile number must be used.

Additional telephone numbers are available in the Jehovah's Witnesses' information packs in wards/departments.

HLC Derby Contact

Paul Cutts
Telephone: 01332 755434
Mobile: 07711 771091
Email: paul.cutts@hlcnottm.co.uk

Mr Alan Cunningham (HLC Chairman)
Telephone: 0115 9233242
Mobile: 07931 732932
Email: hlcnottm@aol.com

24 hour Emergency Mobile: 07860 115211

6.4 Documentation

All discussions and decisions regarding treatment/procedures must be clearly and contemporaneously documented in the patient's health record. Where blood products/components transfusion is to be excluded, a specific consent form must be completed (appendix 1 or 8).

6.5 Caring for Children

If a child is judged to be of sufficient legal age, i.e. 16 years, or to have capacity to fully understand the implication of their beliefs, they will be treated as previously described. If

elective or urgent treatment of any other child is felt essential by medical staff, against the wishes of parents or guardian, the following options will be considered:

- Request assistance from the Hospital Liaison Committee (if appropriate).
- Explore all non-blood medical management options.
- Consider the risks of using blood.
- Transfer patient to another Hospital willing to treat without the use of blood.

If treatment is still felt to be essential, a Specific Issue Order must be sought from the High Court with the support of a minimum of two medical practitioners of consultant status, one of whom must be a Paediatrician. The parents or guardians must be notified immediately of this and invited to any case conference. The Specific Issue Order must be limited to the immediate medical incident.

The Chief Executive and Trust Legal Advisor must be informed of the intention to apply for a Specific Issue Order.

If, in exceptional and imminently life sustaining circumstances, it is felt that a delay in treatment with blood or blood products might be fatal, a decision to proceed with treatment against the wishes of parents or guardians may be made. This decision must be made by two medical practitioners of Consultant status who are fully informed of the situation and appropriately aware of alternative forms of treatment. These Consultants must accept accountability for their decision, and the Director of Nursing, Head of Midwifery and/or the Medical Director must be informed

7 Other Considerations

7.1. Stress and anxiety for staff

Doctors, nurses and midwives have an obligation to do the best for their patients. It can be difficult and stressful when the use of treatments which could reduce morbidity or even save the patient's life is limited because of conflict with the patient's wishes or religious beliefs. It can be especially difficult when these limitations contribute to a death which would otherwise have been avoidable.

A clinician may refuse to participate in an elective procedure if he or she feels that the patient's request is unreasonable or inappropriate. The reasons should be explained to the patient. An attempt should be made to refer the patient to a suitably qualified colleague

When a patient death or near death occurs, the effect on staff members may be profound. Full briefing of all members of the expanded team can avoid feelings of frustration and anger which may be directed at the patient, their relatives or representatives. Counselling may be required for staff who may feel that, because of adhering to the patients expressed wishes, they have been unable to provide an optimal level of care that has resulted in a significant morbidity or even death during their care (1).

7.2 Emergency situations

In an emergency, the clinician is obliged to provide care and must respect the patient's competently expressed views.

Where adult patients lack capacity to decide for themselves, an assessment of the benefits, burdens and risks, and the acceptability of proposed treatment must be made in their behalf by the doctor, taking into account of their wishes, where they are known. Where a patient's wishes are not known it is the doctors responsibility to decide what is in the patients best interests. However this cannot be done effectively without information about the patient which those close to the patient will be best placed to know (9).

A previously completed, DHFT Checklist for patients refusing blood components/products may be used only to help identify the patient's wishes depending upon the circumstances, such as time interval, but would not be binding.

If healthcare staff are satisfied that an advance decision is valid and applies to the proposed treatment, they are not protected from liability if they give any treatment that goes against it. But they are protected from liability if they did not know about an advance decision or they are not satisfied that the advance decision is valid and applies in the current circumstances (3)

7.3 Ethical Dilemmas

Working within restrictions imposed by patients who refuse blood or blood products can result in diversion of hospital resources from other patients who have a medically indicated need for them. Examples are significant periods in ITU or HDU, the use of a hyperbaric chamber or temporary dialysis. (1)

8 Definitions

Blood components:

- Red cells
- Fresh frozen plasma
- Platelets
- Cryoprecipitate

Blood Products (plasma derivatives):

- Human albumin solution
- Plasma-derived clotting factors such as coagulation factor concentrate
- Immunoglobulins

Non-blood products:

- Recombinant clotting factors such as Novoseven®.
- Erythropoietin

Additional treatments:

- Acute normovolaemic haemodilution
- Intra-operative cell salvage
- Post-operative cell salvage

8.1 Notes

Autologous pre donation is not routinely offered. It is not cost effective and not supported by NHS Blood and Transplant.

Recombinant factor VII is made from cell cultures, not human plasma. It is sometimes used in the treatment of life –threatening haemorrhage. It is not licensed for this purpose and may be ineffective if other factors such as platelet and fibrinogen levels have not been corrected.

Some tissue sealants and adhesives such as Tisseel © and Floseal © all contain human plasma.

9 Monitoring Compliance and Effectiveness

Monitoring Requirement :	That the policy is utilised for all patients who request exemption from transfusion
Monitoring Method:	Monitoring of any IR1s relating to exclusion from transfusion. All issues will be discussed at the Transfusion Team monthly meetings and issues escalated to the Hospital Transfusion Committee meetings. Annually reports to the Patient Safety Group.
Report Prepared by:	Transfusion Practitioner
Monitoring Reports presented to:	Hospital Transfusion Committee, Patient Safety Group
Frequency of Report	Annually

10. References

(1) The Association of Anaesthetists of Great Britain and Ireland (2005)

Management of Anaesthesia for Jehovah's Witnesses

The Association of Anaesthetists of Great Britain and Ireland Nov 2005:

2nd Edition

(2) Bevan.D.H. (2002) Haematological Care of a Jehovah's Witness Patient

British Journal of Haematology, 119, 25-37

(3) Department of Constitutional Affairs Mental Capacity Act 2005

Crown Copyright 2005

Available from http://www.dca.gov.uk/menincap/legis.htm

(4) Department of Health (2003) Reference Guide to Consent for Examination or Treatment

Crown Copyright

Available from www.doh.gov.uk/consent

(5) Department of Health (2001) Consent –what you have a right to expect. A guide for parents

Crown Copyright

Available from www.doh.gov.uk/consent

(6) Department of Health (2001) Seeking Consent – Working with children

Crown Copyright

Available from www.doh.gov.uk/consent

(7) Derby Hospitals Foundation Trust Policy and Procedures for Obtaining Consent

(8) Hempsons (2007) Consent to treatment –A brief guide for the NHS

Second Edition 2007

(9) GMC (2009) Withholding and withdrawing life-prolonging treatments: Good practice in decision-making

General Medical Council

Available from www.gmc.uk.org

Appendix 1.

Checklist for patients refusing blood component/product support (including Jehovah's Witnesses).

Patients' name: _____

Hospital Number: _____

Date of birth: _____

Consultant: _____

Department: _____

	I accept				I accept		
	YES	NO	Not Discussed		YES	NO	Not Discussed
Red Blood Cells				Acute Normovolaemic Haemodilution			
Platelets				Intra-op Cell Salvage			
Fresh Frozen Plasma				Post-op Cell Salvage			
Cryoprecipitate				Fibrin glues and sealants (human)			
Albumin				Fibrin glues and sealants (non-human)			
Recombinant clotting factors (rVIIa)				Other treatment (Specify):			
Prothrombin Complex Concentrate (PCC)							
Fibrinogen concentrate							

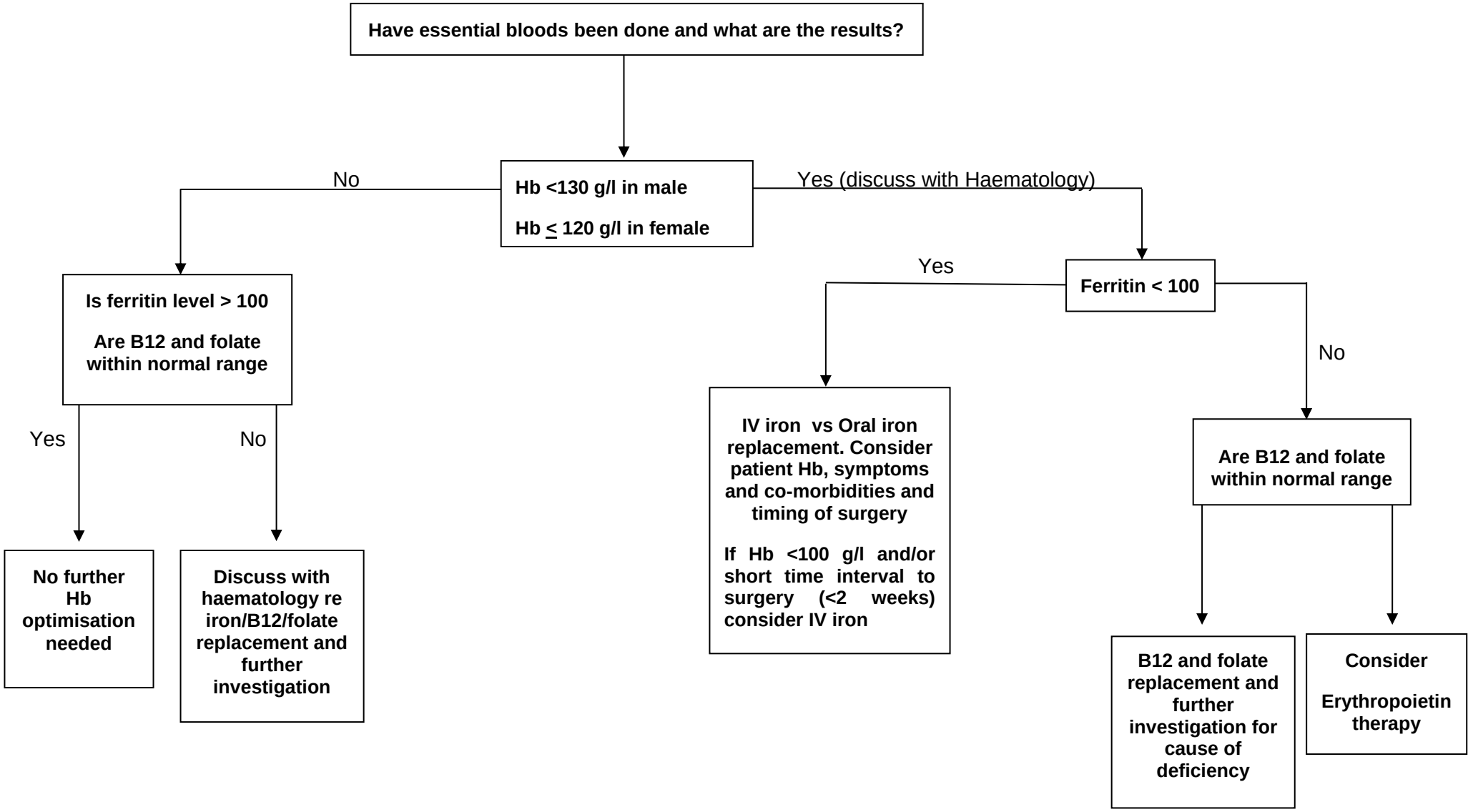
If required to save my life:	
Red Cells:	**YES / NO**
Platelets:	**YES / NO**
Fresh Frozen Plasma (FFP):	**YES / NO**
Cryoprecipitate	**YES / NO**

- The patient (parent/guardian) has confirmed understanding and agreement with all the statements made above.
- The patient (parent/guardian) has also confirmed understanding that this document will remain in force and binding to all those involved in his/her care until he/she personally revokes it either verbally or in writing.
- The patient (parent/guardian) is signing the relevant document of his/her own free will.

Patient (parent/guardian) signature _____ **Date**_____

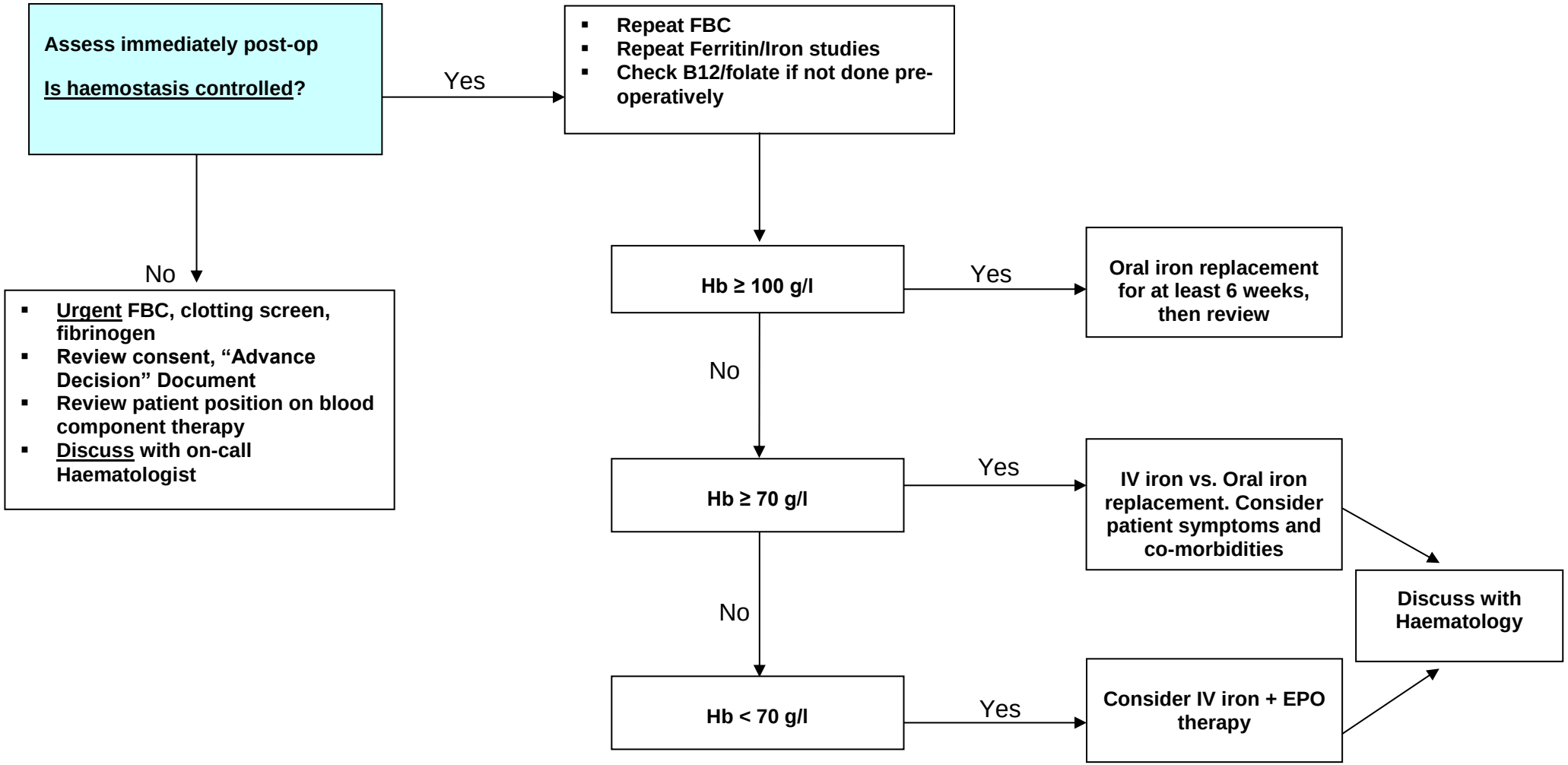
Appendix 2.

Care Pathway for pre-op anaemia management of adults refusing blood components/products.



Appendix 3.

Care pathway for post-op anaemia management of adults refusing blood components/products.



Appendix 4. Advanced Decision to Refuse Specified Medical Treatment

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print or type full name), born _____ (date) complete this document to set forth my treatment instructions in case of my incapacity. **The refusal of specified treatment(s) contained herein continues to apply to that/those treatment(s) even if those medically responsible for my welfare and/or any other persons believe that my life is at risk.**
2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position I direct that **NO TRANSFUSIONS OF BLOOD or primary blood components (red cells, white cells, plasma or platelets)** be administered to me in any circumstances. I also refuse to predonate my blood for later infusion.
3. **Regarding minor fractions of blood** (for example: albumin, coagulation factors, immunoglobulins): [Initial **one** of the three choices below.]
   (a) _____ I refuse all
   (b) _____ I accept all
   (c) _____ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:
   _____
   _____
4. **Regarding autologous procedures** (involving my own blood, for example: haemodilution, heart bypass, dialysis, intraoperative and postoperative blood salvage): [Initial **one** of the three choices below.]
   (a) _____ I refuse all such procedures or therapies
   (b) _____ I am prepared to accept any such procedure
   (c) _____ I want to qualify either (4a) or (4b) above and my treatment choices are as follows:
   _____
   _____
   I am prepared to accept diagnostic procedures, such as blood samples for testing.
5. **Regarding other welfare instructions** (such as current medications, allergies, and medical problems):
   _____
   _____
   _____

6. I consent to my relevant medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

7. _____ _____
Signature Date

_____
Address

8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

_____ _____
Signature of witness Signature of witness

_____ _____
Name Occupation Name Occupation

_____ _____
Address Address

_____ _____

_____ _____
Telephone Mobile Telephone Mobile

9. **EMERGENCY CONTACT:**

_____
Name

_____
Address

_____

_____
Telephone Mobile

10. **GENERAL PRACTITIONER CONTACT DETAILS:** A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

_____
Name

_____
Address

_____

_____
Telephone Number(s)

NO BLOOD

(signed document inside)

Advance Decision to Refuse
Specified Medical Treatment

Advance Decision to Refuse Specified Medical Treatment

(signed document inside)

NO BLOOD

Appendix 5. HLC Network Information Leaflet

HOSPITAL LIAISON COMMITTEE NETWORK

Who We Are

- We understand the challenge that our decisions can sometimes pose for doctors and nurses when they are treating us. In an effort to alleviate these situations we have established a network of Hospital Liaison Committees throughout Britain.
- Members of these groups are trained to facilitate communication between medical staff and Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient.

How We Can Help

- We can share information regarding blood conservation techniques, including teaching videos featuring transfusion alternative strategies.
- We can put doctors in touch with hundreds of specialists in Britain, over 100,000 worldwide, many with extensive experience in treating Witness patients.
- We maintain a specialised database of relevant medical papers and articles, researched from the world's medical literature, dealing with non-blood management strategies.
- We are available to make presentations and answer questions regarding the treatment of Jehovah's Witnesses to doctors, nurses, midwives, and groups studying medicine at all levels.
- We can facilitate the transfer of patients to experienced specialists or hospitals.
- We have expertise in the application of informed consent policy development.
- We have international contacts with 'bloodless' medicine and surgery programmes worldwide.

"Jehovah's Witnesses maintain a network of Hospital Liaison Committees who are available at any time to assist with the management of individual Jehovah's Witness patients. These maintain lists of clinicians prepared in principle to accept Jehovah's Witnesses, and will provide names on request on a case-by-case basis."
—The Royal College of Surgeons of England, Code of Practice for the Surgical Management of Jehovah's Witnesses, 2002, p. 12.

"The local Hospital Liaison Committee . . . are generally aware of up to date research and clinical practice in the area of bloodless surgery and have access to a great deal of reference material and information. . . . [They] also hold a schedule of clinicians experienced in treating patients in accordance with the wishes of Jehovah's Witnesses."
—The Association of Anaesthetists of Great Britain and Ireland, Management of Anaesthesia for Jehovah's Witnesses, 3rd Edition, 2008, p. 1, 2.1.1.2.12.

"Units of centres of excellence in bloodless surgery and of doctors experienced in working constructively with Jehovah's Witnesses are held by the Jehovah's Witness hospital liaison committees."
"[Children and Young People] It is essential that doctors make every effort to accommodate beliefs rather than resorting to the most obvious medical option that is contrary to the patient's wish or looking to the courts as a first option."
—British Medical Association, Medical Ethics Today, 2004, pp. 88, 140.

AN INFORMATION AND REFERRAL SERVICE

How to contact your local Hospital Liaison Committee for Jehovah's Witnesses:

Hospital Information Services
for Jehovah's Witnesses
[illegible]

24-Hour Contact No:
020 8906 2211

Hospital Liaison Committee Network

for

Jehovah's Witnesses

AN INFORMATION AND REFERRAL SERVICE

Hospital Liaison Committees in major cities across Britain

Aberdeen	Luton
Birmingham	Maidstone
Brighton	Manchester
Bristol	Middlesbrough
Cambridge	Newcastle Upon Tyne
Cardiff	Northampton
Channel Islands	Norwich
Dundee	Nottingham
Edinburgh	Oxford
Exeter	Plymouth
Glasgow	Preston
Hull	Sheffield
Ipswich	Southampton
Leeds	Southend
Leicester	Stoke-On-Trent
Liverpool	Swansea
London North	
London South	

Jehovah's Witnesses Seek Medical Treatment

Acceptable Medical Treatment

- Jehovah's Witnesses accept most medical treatments, including anaesthetic and surgical procedures, devices, and techniques; non-blood therapeutic agents that control haemorrhage and stimulate the production of red blood cells; as well as volume expanders and all other non-blood management.

Unacceptable Medical Treatment

- Transfusions of whole blood, packed red cells, white cells, plasma, and platelets.
- Preoperative autologous blood donation for later reinfusion (pre-deposit).

Matters of Patient Choice

Each patient who is a Jehovah's Witness will, as a matter of personal, individual choice, decide whether he/she wishes to accept the following. It is therefore important to discuss with each patient whether or not these are acceptable.

- **Autologous Transfusion Procedures**
  While machines, systems, and developments vary, each patient will make a personal decision as to whether or not to accept preoperative/intraoperative blood salvage (cell saver), postoperative blood salvage (wound drains), haemodilution, haemodialysis, and heart bypass (pumps must be primed with non-blood fluids).
- **Blood Products**
  Derivatives of primary blood components (albumin, coagulation factors, immunoglobulins, etc.).
  Some patients who are Jehovah's Witnesses will refuse all blood derivatives, others may consent to all such, still others may accept some, but refuse others.
- **Transplants**
  Solid organ, bone, tissue, etc.

Hospital Protocol For Treating Jehovah's Witnesses

- PURSUE non-blood medical alternatives and treat the patient without using allogeneic blood.
- CONSULT with other doctors experienced in non-blood medical management at the same facility and treat without using allogeneic blood.
- CONTACT local Hospital Liaison Committee of Jehovah's Witnesses to locate co-operative doctors at other facilities for consultation on alternative medical care.
- TRANSFER patient, if necessary, to co-operative doctor or facility **BEFORE** patient's condition deteriorates.
- WITH MINORS, if the above steps have been exhausted and court action is proposed. The parents, or the guardian, should be notified as soon as possible of such intended action.

Informed Choice and Jehovah's Witnesses

"The majority of Jehovah's Witnesses carry on their person a signed and witnessed advance directive card absolutely refusing blood."—The Royal College of Surgeons of England, Code of Practice for the Surgical Management of Jehovah's Witnesses, 2002, p. 7.

Appendix 6. HLC Contact List (Nottingham)

A Health Care Practitioner and Patient Support Service

"available to assist at any time at the request of either the treating team or the patient"

Education

"we are available to make presentations, facilitate workshops and answer questions regarding treatment of Jehovah's Witnesses…blood conservation techniques and transfusion alternative strategies"

(Free Service)

Information Resource

"we maintain a specialised database of relevant medical papers…dealing with non-blood management strategies, researched from the world's medical literature"

HOSPITAL LIAISON COMMITTEE

for
Jehovah's Witnesses

NOTTINGHAM

Alan Cunningham
Chairman
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M: 07931 732932
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Appendix 7.

DERBY HOSPITALS NHS FOUNDATION TRUST

Patient Label

EXCLUSION OF BLOOD TRANSFUSION

(to be used in conjunction with Trust Consent form)

I, ... *(the patient)*, being one of Jehovah's Witnesses with firm religious convictions have resolutely decided to obey the Bible command: "Keep abstaining from.....blood" (Acts 15:28,29). I have full realisation of the implications of this position, and am exercising my own choice, free from any external influence.

I HEREBY:

1. **CONSENT** to undergo the operation/treatment of

   .....

   The nature and purpose of which have been explained to me by Dr/Mr .....

2. **FURTHER CONSENT** (subject to the **exclusion of the transfusing of blood or blood components**) to such further or alternative operative measures or treatment as may be found necessary during the course of the operation or treatment and to the administration of general or other anaesthetics for any of these purposes.

3. **DIRECT**

   a) that such consent **EXCLUDES** the transfusion of blood or blood components but **INCLUDES** the administration of non-blood volume expanders such as Saline, Dextran, Gelofusin, Hetastarch Ringer's solution

   b) **that my express refusal of blood or blood components is absolute and is not to be overridden in ANY circumstance by a purported consent of a relative or other person or body. Such refusal remains irrevocably in force even though I may be unconscious and/or affected by medication, stroke or other condition rendering me incapable of expressing my wishes and consent to treatment options and the doctor(s) treating me consider that SUCH REFUSAL MAY BE LIFE THREATENING**

   c) that this limitation of treatment shall remain in force and bind all those treating me unless and until I expressly revoke it in writing.

4. **ACKNOWLEDGE** that no assurance has been given to me that the operation/treatment will be performed or administered by any particular practitioner but **FURTHER DIRECT** that such consent as I have hereby given and the express exclusion of the transfusion of blood or blood components is binding on **ALL** practitioners treating me.

5. **ACCEPT** full legal responsibility for this decision and **RELEASE** all those treating me from any liability for any adverse consequences directly arising from their management options being curtailed by the exclusion of blood or blood components.

Date: ..... Signature: ..... *(Patient)*

I, ... a Registered Medical Practitioner of Derby Hospitals NHS Foundation Trust confirm:

a) that I have explained the nature and purpose of this operation/treatment and explained the potential risks to the person who signed the form of consent;

b) acknowledge and agree on behalf of Derby Hospitals NHS Foundation Trust that the treatment of this patient will under no circumstances whatsoever include the transfusion of blood or blood components.

Date: ..... Signature: ..... *(Registered Medical Practitioner)*

Appendix 8.

Derby Teaching Hospitals NHS
NHS Foundation Trust

Cell Salvage Information

Taking pride in caring

What is cell salvage?

Cell salvage is a way of collecting the blood that is lost during or just after your operation, so that it can be given back to you. It is sometimes called autologous blood transfusion (using your own blood).

How is it done?

There are two different types of cell salvage:

Intraoperative cell salvage

Blood collected during your operation. This is called 'intraoperative cell salvage'.

Blood lost during your operation is collected using a cell salvage machine. This machine separates the different parts of your blood and collects just the red cells (which carry oxygen). These red cells can then be given back to you during or just after your operation. Your red cells will only ever be given to you and will never be used for someone else. Please see the diagram on the reverse of this leaflet which shows how this process works.

This type of cell salvage is only suitable for some operations. Ask your surgeon, anaesthetist or nurse if it may be suitable for you. Intraoperative cell salvage will, however, be used in some **general surgery, urology, vascular, orthopaedic, gynaecology, obstetrics, paediatrics and emergency cases.**

Taking pride in caring

Postoperative cell salvage

Blood collected after your operation. This is called 'postoperative cell salvage'.

Sometimes blood that is lost immediately after your operation can also be collected and returned to you (usually when you are back on the ward). This is called postoperative cell salvage and is usually used after certain operations e.g. knee surgery.

What are the benefits of cell salvage?

During certain operations you may lose some blood. Cell salvage can reduce the chance that you will need a transfusion of blood donated by a blood donor. This reduces the very small risks associated with receiving a blood transfusion.

Jeff underwent hip resurfacing surgery and received autologous cell salvaged blood. He did not require donor blood and recovered remarkably quickly returning to his managerial position at the head of a busy accident repair centre. He also continues with his active lifestyle golfing, fishing and looking after his grandchildren.

Benefits for blood donors

If you are a blood donor and have received only salvaged blood and no donor blood, it may be possible for you to continue as a blood donor if you wish to, once you have recovered from surgery. (Patients who have received donor blood since January 1st 1980 cannot be blood donors as a precaution against the spread of vCJD).

Which patients could benefit from cell salvage?

Patients having certain operations e.g. aortic aneurysm repair, bladder/prostate surgery, spine and joint surgery. Cell salvage may reduce the amount of donor blood they need.

Patients who do not wish to receive blood from a blood donor.

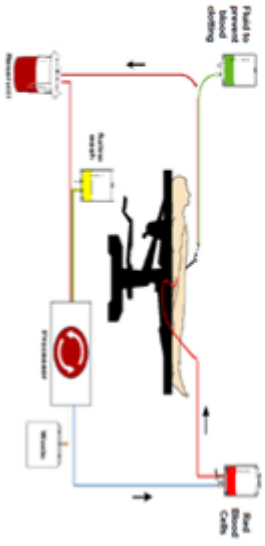
Why isn't it suitable for everyone?

Not all operations result in enough blood loss to enable cell salvage to be used. For some operations cell salvage is not recommended e.g. some bowel surgery.

Where can I get more information?

The Royal Derby Hospital provides an intra-operative cell salvage service. It is available to all relevant specialities, for both elective and emergency procedures. Your surgeon, anaesthetist, pre assessment nurse, ward nurse or transfusion practitioner will be able to advise if it is suitable for you and the operation you are having.

Diagram to show process used in 'intraoperative cell salvage'



Derby Teaching Hospitals NHS
NHS Foundation Trust

www.derbyhospitals.nhs.uk

The Royal Derby Hospital,
Uttoxeter Rd ,
Derby
DE22 3NE.

Royal Derby Hospital switchboard
01332 340131

Transfusion Practitioner
01332 788500 or 788540

If you have access to the internet and want to find out more, you may find the following website useful;

http://www.transfusionguidelines.org.uk/transfusion-handbook/6-alternatives-and-adjuncts-to-blood-transfusion

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Adapted from:

The UK Cell Salvage Action Group leaflet