University Hospitals of Derby and Burton
NHS Foundation Trust

Trust Policy and Procedures for Managing Requests of Exclusion from Treatment with Blood Components / Products (Royal Derby Hospital Site)

Reference Number CL –RM / 2011 / 026	**Version:** V5		**Status** Final	**Author:** Katarina Kacinova **Job Title:** Transfusion Practitioner
Version / Amendment History	**Version**	**Date**	**Author**	**Reason**
	V1	July 2007	Kay Fawcett	Original Policy
	V2	May 2011	Pam Twine	Reformatted to NHSLA Standard-No changes to content
	V3	Oct 2015	Heather Clarke	Review and update of with addition of HLC Contacts
	V4	Oct 2018	Heather Clarke	Review and update with new Cell Salvage PIL, consent and updated HLC contacts
	V5	April 2022	Katarina Kacinova	Reviewed and updated with all national and regional recommendations
Intended Recipients: All Staff Groups				
Training and Dissemination: Dissemination via the Trust Intranet, Blood Components Training				
To be read in conjunction with: Trust Policy and Procedures for the Transfusion of Blood and Blood Components POL-CL/1776/05 Trust Policy and Procedures for Consent - Including the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment) POL-CL/1903/02 Trust policy for Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) For Adults POL-CL/2294/2018 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				
Procedural Documentation Review Group Assurance and Date	Hospital Transfusion Committee			

Approving Body and Date Approved	Trust Delivery Group - 28 November 2022
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Contact for Review	Transfusion Practitioner
Executive Lead Signature	Executive Medical Director
Approving Executive Signature	 Dr James Crampton, Interim Executive Medical Director

Contents

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 UHDB NHS FT 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 cardiorespiratory 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 into 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 Trust Checklist for patients refusing blood components / products (Appendix 1) must be completed along with the Patient Agreement to Investigation or Treatment form (WPH0056). 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 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 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 based on parental consent.

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.

In an emergency where there is no time to apply to Court any doubts should be resolved in favour of the preservation of life (5,6).

5. Key Responsibilities / Duties

5.1 Blood Bank, Hospital Transfusion Team, Transfusion Practitioner (TP).

Blood bank staff is available 24 / 7 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 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 is 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 has a responsibility to ensure that the local Hospital Liaison Group (HLC), where relevant, is involved in all discussions and documentation.

Medical staff has 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 who requests exclusion from transfusion is communicated to all relevant staff and recorded in the patient's health records and can provide information and contact details of the 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 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 Local Hospital Liaison Committee

The local 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.

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 patient's 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 HLC of Jehovah's Witnesses.

6.3 Contacting the local Hospital Liaison Committee

The Local HLC is contactable 24 / 7 and will advise on all issues relating to the care and treatment of a patient who is a Jehovah's Witness (Appendix 5).

Medical staff should contact the Chairman. If there is no reply the 24 / 7 emergency mobile number must be used (Appendix 6).

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

6.4 Documentation

All discussions and decisions regarding treatment / procedures must be clearly and contemporaneously documented in the patient's health record. Where a blood product /component transfusion is to be excluded, a checklist and specific consent form must be completed (Appendix 1 and 7).

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 local HLC (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 Chief Nurse, Head of Midwifery and / or the Executive 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 clinician, taking into account of their wishes, where they are known. Where a patient's wishes are not known it is the clinician's 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, Trust Checklist for patients refusing blood components / products (Appendix 1) 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. Annual 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. Association of Anaesthetists: anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood (2019). Anaesthesia 2019, 74, 74–82.

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

4. Department of Health (2003) Reference Guide to Consent for Examination or Treatment Published 4 August 2009

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

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

7. Trust Policy and Procedures for Consent - Including the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment) POL-CL/1903/02

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

Appendix 1

Checklist for patients refusing blood components / products (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**			
Prothrombin Complex Concentrate (PCC)				**(Specify):**			
Fibrinogen concentrate							

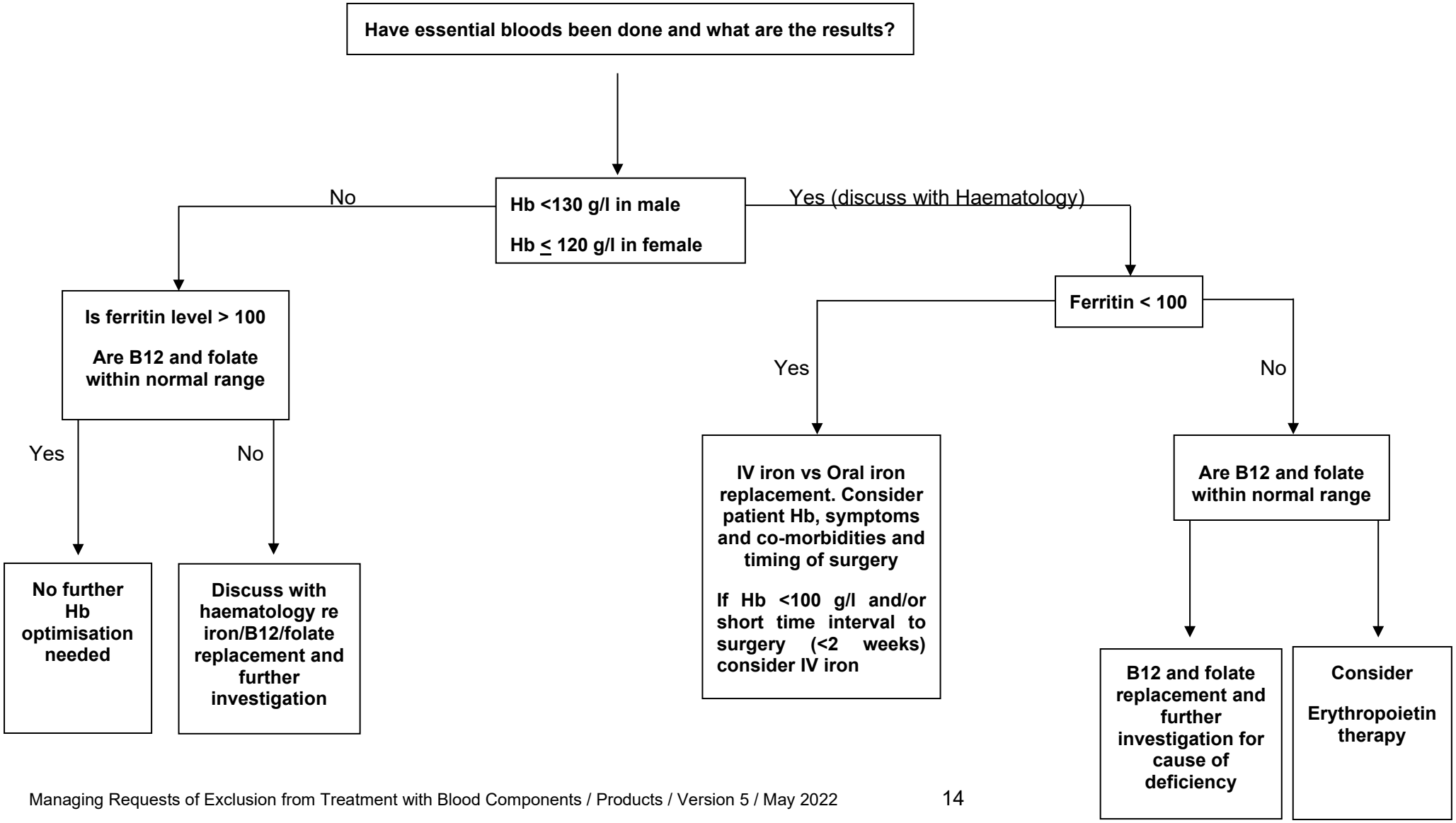
If required to save my life:	
Red Cells:	**YES / NO**
Platelets:	**YES / NO**
Fresh Frozen Plasma (FFP):	**YES / NO**
Cryoprecipitate	**YES / NO**

- 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**_____

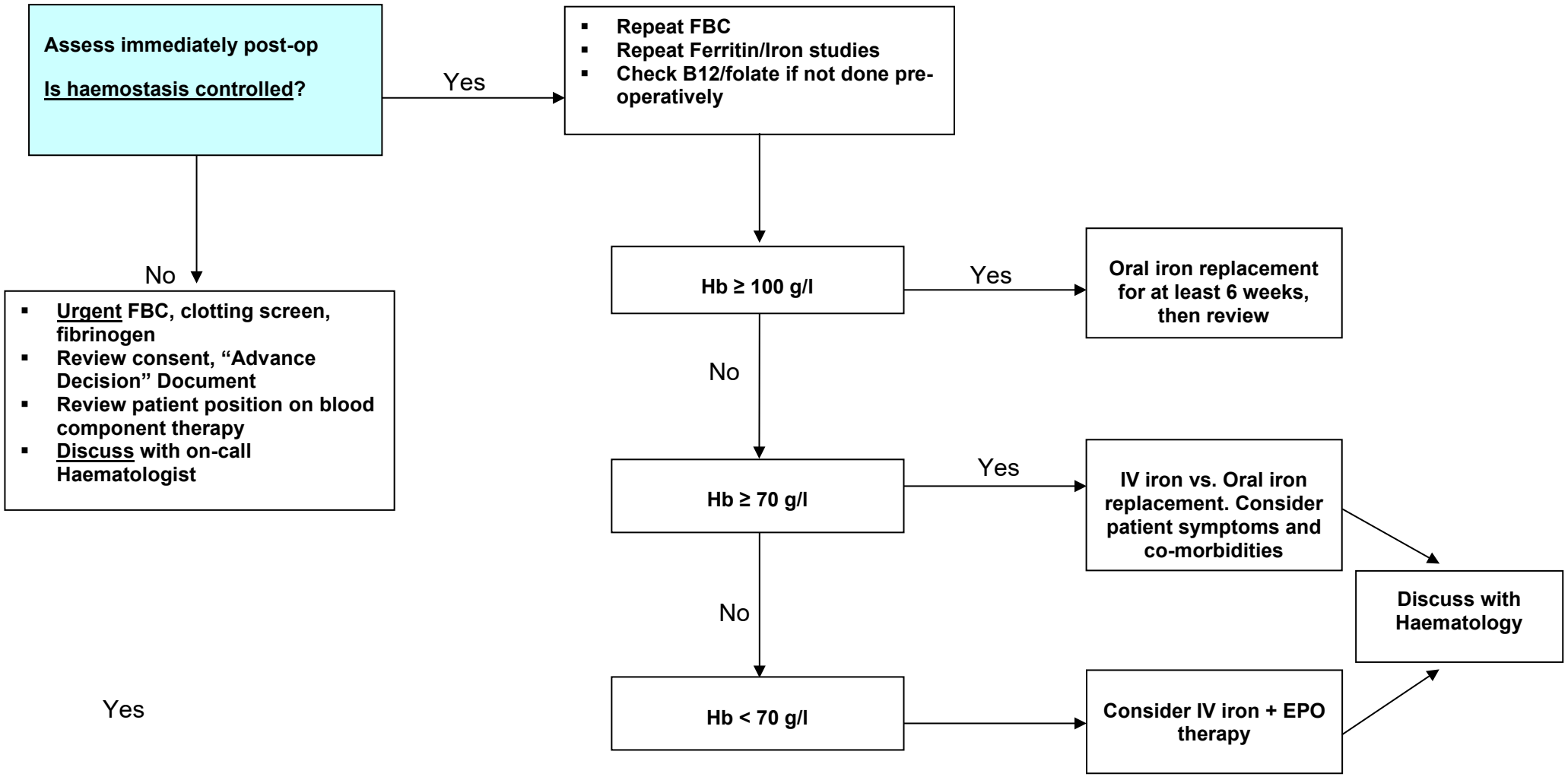
Appendix 2

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



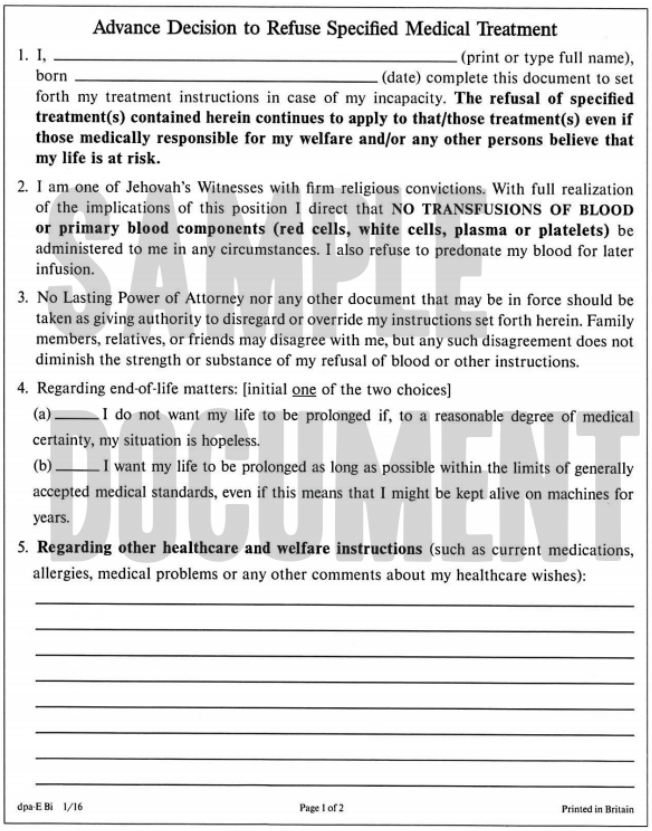
Appendix 3.

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



Appendix 4

Advanced Decision to Refuse Specified Medical Treatment



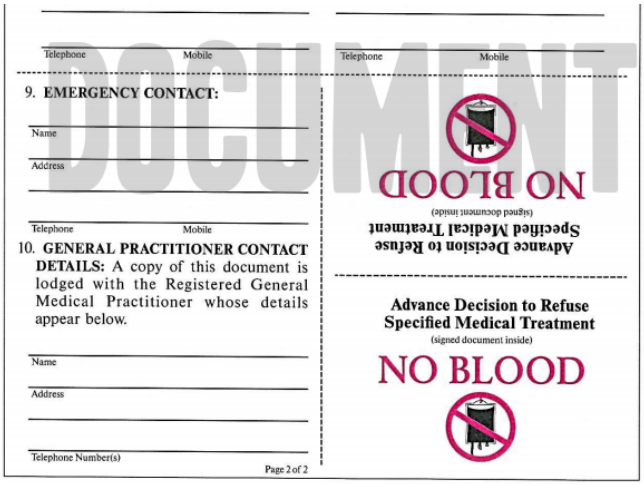
Advance Decision to Refuse Specified Medical Treatment

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. No Lasting Power of Attorney nor any other document that may be in force should be taken as giving authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
4. Regarding end-of-life matters: [initial one of the two choices]

   (a) ____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.

   (b) ____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.
5. **Regarding other healthcare and welfare instructions** (such as current medications, allergies, medical problems or any other comments about my healthcare wishes):

dpa-E Bi 1/16 Page 1 of 2 Printed in Britain



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)

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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, 2nd Edition, 2005, p. 1, 2.1.1-2.1.2.

"Lists 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 leading to the courts as a first option."
– British Medical Association, Medical Ethics Today, 2004, pp. 98, 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
Birmingham
Brighton
Bristol
Cambridge
Cardiff
Channel Islands
Dundee
Edinburgh
Exeter
Glasgow
Hull
Ipswich
Leeds
Leicester
Liverpool
London North
London South
Luton
Maidstone
Manchester
Middlesbrough
Newcastle Upon Tyne
Northampton
Norwich
Nottingham
Oxford
Plymouth
Preston
Sheffield
Southampton
Southend
Stoke-On-Trent
Swansea

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 arrangements vary, each patient will make a personal decision as to whether or not to accept perioperative/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)

HLC

Hospital Liaison Committee
for Jehovah's Witnesses

NOTTINGHAM

info@hlcnottm.co.uk

www.jw.org/en/medical-library/

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 of charge)

Information Resource

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

ROYAL DERBY HOSPITAL

Paul Cutts
T: 01332 755434
M: 07711 771091
E: paul.cutts@hlcnottm.co.uk

James Fraser
T: 01332 583550
M: 07578 120596
E: james.fraser@hlcnottm.co.uk

Michael Deans
T: 01773 853926
M: 07967 563565
E: michael.deans@hlcnottm.co.uk

Gerald Thoburn
T: 01623 407561
M: 07810 753445
E: gerald.thoburn@hlcnottm.co.uk

Alain Follis
T: 01332 405523
M: 07904 119220
E: alain.follis@hlcnottm.co.uk

Simon Etches
M: 07736 109561
E: simon.etches@hlcnottm.co.uk

Richard Crovini
M: 07941 083578
E: richard.crovini@hlcnottm.co.uk

Appendix 7

Exclusion of Blood Transfusion Form (Patient)

GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

Trust or Authority _____ Patient's Surname _____

Hospital _____ Other Name (s) _____

Unit Number _____ Date of Birth _____ Male ☐ Female ☐

DOCTOR — Please See Overleaf (this part to be completed by Registered Medical Practitioner)

TYPE 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 judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient. I further confirm that I have emphasised my clinical judgement of the potential risks to the patient and/or person who none-the-less understood and imposed the limitation of consent expressed below.

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

Signature _____ Date _____

Name of Registered Medical Practitioner _____

PATIENT /PARENT /GUARDIAN — Please See Overleaf

I am	■ the patient / parent/ guardian (delete as necessary)
I agree (subject to the exclusions below)	■ to what is proposed, which has been explained to me by the doctor named on this form, ■ to the use of the type of anaesthetic that I have been told about. ■ to the use of non-blood volume expanders; pharmaceuticals that control haemorrhage and/or stimulate the production of red blood cells.
I have told the doctor	■ that I am one of Jehovah's Witnesses with firm religious convictions and that I have decided resolutely to obey the Bible command "keep abstaining from ... blood" (Acts 15:28, 29). With full realisation of the implications of this position, and exercising my own choice, free from any external influence, I expressly WITHHOLD MY CONCENT to the transfusion of ALLOGENIC BLOOD OR PRIMARY BLOOD COMPONENTS (RED CELLS, WHITE CELLS, PLASMA AND PLATELETS), and to the use of any sample of my blood for cross-matching. ■ that this limitation of consent shall remain in force and bind all those treating me unless and until I expressly revoke it in writing. ■ about any additional procedures I would NOT wish to be carried out straightaway without my having the opportunity to consider them first. ■ about the existence of an applicable Advance Decision document that remains fully representative of my wishes.
I understand	■ that the procedure might not be done by the doctor who has been treating me so far. ■ that my express refusal of allogeneic blood or primary blood components will be regarded as absolute and will NOT be over-ridden in ANY circumstance by a purported consent of a relative or other person or body. Such refusal will be regarded as remaining 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. ■ that any procedure in addition to the investigation or treatment described on this form, but with the exclusion of the transfusion of allogeneic blood or primary blood components, will only he carried out if it is necessary and in my best interests and can be justified for medical reasons. ■ that details of my treatment, and any consequences resulting, will not be disclosed to any source without my express consent or that of my instructed agent(s), unless required by law.

Signature _____ Date _____

1. Please read this form and the notes below very carefully.
2. If there is anything that you don't understand about the explanation, or if you want more information you should ask the doctor.
3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

NOTES To:

Doctors

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should he given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent at any time. A Jehovah's Witness patient's limited consent to treatment should he recorded on this form. Further guidance is given in HC(90)22 A Guide to Consent for Examination or Treatment.

Patients

- The doctor is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, or friend, or Hospital Liaison Committee member, or a nurse to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary tinder the careful supervision of a senior doctor. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.

Appendix 8
Cell Salvage Patient Information Leaflet

Patient Information

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Cell Salvage

Giving you back your own blood

What is cell salvage?

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

How is it done?

- **Blood collected during your operation (intraoperative cell salvage)**
  Blood lost during your operation is collected using a cell salvage machine. The red cells (the part which carries oxygen around the body) are separated out and given back to you during or just after your operation. Your red cells will never be given to someone else.
  This type of cell salvage is only suitable for some operations.

What are the benefits of cell salvage?

- **Your own blood is given back to you**. This reduces the need for a transfusion using blood from a donor and the small risks linked with this.
- **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 1 January 1980 cannot be blood donors as a precaution against the spread of vCJD).

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?

Your doctor, nurse, or transfusion practitioner will discuss with you if intraoperative cell salvage is suitable for you and the operation you are having.

Useful contacts

Transfusion Practitioners Royal Derby Hospital: 01332 788530 or 788296

Pre-operative assessment clinic: 01332 785087 or 01332 787120

Website: https://www.transfusionguidelines.org/transfusion-practice/uk-cell-salvage-action-group/patient-factsheet

Adapted from: The UK Cell Salvage Action Group leaflet

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