

## PURPOSE

It is the BOPDHBs aim that care of all patients is provided whenever possible in accordance with their personal and religious beliefs. Competent patients, who are fully informed, have the right to refuse blood products. The following details represent the general position Jehovah's Witnesses have on allogenic and autologous blood. Other individual patients may also refuse various blood products for a variety of reasons and may take a different position. Care should be taken to ensure patients understand the implications of not accepting various blood components or products. Patients should be encouraged to have a support person present during these discussions.

## STANDARDS TO BE MET

When possible it is important to verbally establish the refusal of blood transfusion directly with the patient, preferably backed up with a signed copy of FM.B2.3 Blood - Medical Directive for Patients who Refuse Blood Transfusions (including Jehovah's Witnesses), written directive or even a brief note in the medical record written by the patient. Jehovah's Witnesses may carry a healthcare directive to ensure their wishes regarding transfusion are clear to healthcare professionals.

While there are rare instances where patients have changed their personal religious objection to blood when faced with death, no patient should be coerced or repeatedly asked regarding this.

Taking the time to elicit the patient's exact beliefs on minor blood components could prove life-saving. If the consent is for 'no blood products' or 'no allogeneic blood', no blood component, even fractionated products such as anti-thrombin can be given unless the patient overturns it. Relatives cannot further define the patient's wishes later as they cannot alter the patient's direct consent.

### 1. Legal position on refusal of blood components and products

#### 1.1 Competent patients aged 16 years and older

Are entitled to refuse any medical treatment, including blood transfusions, even if it means they will die as per their consumer rights under the Code of Rights - Health and Disability Commissioner. Administration of any blood products against such patients' express wishes (even to save their life) violates Right 7.1 of the Code and may constitute assault.

1.2 Where such patients refuse blood components or products before undergoing planned or elective major or moderate surgery, FM.B2.3 Blood - Medical Directive for Patients who Refuse Blood Transfusions (including Jehovah's Witnesses) should be completed as it may give clinicians a wider range of treatment options to better control bleeding. In emergency situations verbal or pre-existing healthcare directives may suffice (see counselling and consent in the 'Refusing Blood' Section 1.) Please provide the pamphlet Patient Information for Jehovah's Witnesses.

#### 1.3 Children under the age of 16 years,

BOPDHB staff will attempt to honour the patient and parent/guardians desire to avoid blood transfusion where possible. Responsible Senior Medical Officer should be alerted to the situation as soon as possible. If during the treatment of an individual under the age of 16, transfusion becomes necessary to avoid death, permanent disability or prolonged suffering, the Auckland Newborn Services Clinical Guideline - Blood Product Transfusion for Jehovah's Witnesses should be followed, with urgent

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Review Date: Feb 2021	Version No: 1	
Protocol Steward: Senior Advisor, Governance & Quality	Authorised by: Medical Director	

advice from the BOPDHB legal services (in the Starship policy, references to section 126B of the Health Act 1956 should be read as references to section 37 of the Care of Children Act 2004). Please ensure parents or caregivers are aware of the document Blood Products – Refusal – Understanding Regarding Refusal for Minors. Ideally this should be signed by the parent or guardian to document their understanding of its contents but if they refuse to sign then this should be documented in the clinical record and every attempt made to ensure they are aware of the content. In a true emergency the terms of this understanding will apply and the minor patient will be transfused. BOPDHB will support clinicians in their decision if this occurs. Every possible assistance will be offered to the family and patient in this scenario

#### 1.4 Unconscious or Incompetent Adult Patients

- a) For these patients clinicians will try their best to ascertain the patient's wishes and to uphold any existing advanced directive. Where there is legitimate doubt as to what the unconscious patient would have wished, the individual clinician should seek urgent legal advice from the BOPDHB legal services and the hospital liaison committee who may have a copy of the individual's advance directive if one has ever been done. Junior staff should alert their Senior Medical Officer to the situation as soon as possible.
- b) In an emergency, where there is legitimate doubt regarding the use of blood products it may be reasonable under common law to give a life-saving transfusion to a patient believed to be a Jehovah's Witness. But where transfusion takes place against the patient's clear wishes, the court and HDC may censure the clinician, even if it saves the patient's life.

## 2. Refusal to Treat

2.1 Where a specialist is not able to provide treatment with an acceptable level of safety without having access to transfusions of blood components or other products that the patient has declined to receive, the following steps are appropriate:

- a) Management options should be discussed with relevant colleagues to identify any available treatment options or colleagues who are willing to treat the patient using usual or modified techniques. This may require transfer to a tertiary centre.
- b) Where an intended treatment cannot be provided this must be discussed with the patient and appropriate supportive treatment provided. The patient should have access to family or other support people during this process.
- c) The decision to undertake an elective procedure in the absence of consent to transfuse blood products is at the discretion of the members of the treatment team.

## 3. Completing the medical directive for use in theatre and other areas

3.1 The process should include an explanation regarding blood products and certain procedures listed in the medical directive to assist the patient in deciding which ones they are prepared to accept and under which circumstances. Where acceptable to the Jehovah's Witness patient, it can be useful to involve the Jehovah's Witness Hospital Liaison Committee. This is especially important in cases where major blood loss is likely during the procedure or operation or when a Jehovah's Witness patient is refusing all blood products. The Jehovah's Witness Hospital Liaison can ensure Jehovah's Witness patients understand the Jehovah's Witness doctrine allows personal conscience on the acceptability of many plasma fractions and other derivatives. An

Issue Date: Feb 2019	Page 2 of 4	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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appointment with them can be arranged for the patient before the consent process. Moreover, the completed medical directive may be used for areas outside the theatre.

3.2 Further, it is vital the Anaesthetist is made aware the patient is a Jehovah's Witness well in advance of the procedure. In particular the Anaesthetist may choose to use different techniques which may influence the anaesthetic agents they use and the equipment they require. Interventional Radiologists may occasionally be required for arterial embolisation or patient may be best served by having their elective surgery at a tertiary centre with options which are unavailable at BOPDHB.

#### **4. Hospital Liaison Committee for Jehovah's Witnesses**

4.1 These are a team of Jehovah's Witness elders, who are available 24 / 7 to provide patient support and to promote patient / medical practitioner cooperation. They may assist the patient in determining what may be acceptable or not acceptable to them based on their personal decisions as outlined in their individual healthcare directives. They can be contacted at any time, via Telephony. They are approachable and very realistic, and they have built up knowledge on the products and techniques used in a modern hospital.

#### **5. Perioperative management**

##### 5.1 Pre-operative Work-up

- a) Stop anticoagulants: as per BOPDHB protocol ANAESTH.P1.2 Perioperative Anticoagulation Guideline for Elective Surgery
- b) Stop health supplements including fish and other supplementary oils.
- c) Check haemoglobin when first considered for procedure (eg, in outpatients when booking or considering surgery), and aim to optimise (to at least Hb > 130). If anaemic, check for and stop blood loss; measure ferritin, B12 and folate; and replace if deficient. Consider IV iron if meets guidelines BOPDHB protocol ANAESTH.P1.4 Iron Deficiency / Anaemia – Preoperative Detection and Investigation. If not deficient, consider trial of oral iron, folic acid and monthly B12 injections to see if clinically responsive. Moreover, consider EPO use in consultation with a Haematologist.

5.2 Take a personal and family bleeding history: excessive bruising, haematoma formation, nose bleeds, bleeding with extractions, menorrhagia, spontaneous bleeding and bleeding with surgery or delivery. If concerned regarding this, seek Haematology advice urgently by phone or refer if elective (please check CBC, coagulation screen, factor VIII, vWF, PFA-100 and in men also a factor IX at the time of referral if history suggests bleeding disorder).

5.3 Document the proposed plan in the patient's notes including an estimation of blood loss. Consider discussing patient with Intensivist and / or Hematologist or transfusion medicine specialist. Consider if tertiary hospital level care will be required.

5.4 Employ appropriate surgical blood sparing techniques. Restrict phlebotomy where possible.

5.5 In acute bleeding / trauma consider- direct pressure, tranexamic acid, topical hemostatic agents, controlled hypotension to reduce blood loss, prompt return to OT if active bleeding, cell salvage, emergency arterial embolisation, appropriate IV fluid replacement, maximising oxygenation, and maintaining normothermia. Discuss with clinical

Issue Date: Feb 2019	Page 3 of 4	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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Haematologist with regard to rFVIIa, desmopressin etc. if clinically indicated.

- 5.6 Cell salvage - Many Jehovah's Witnesses will allow reinfusion of their own blood collected at surgery by cell salvage. Usually they will not wish the blood to leave the room and for it to be returned as soon as possible. Cell salvage should be available in theatre for Jehovah's Witnesses, who consent to its use, having a surgical or obstetric procedure and who are at risk of significant blood loss. The procedure should be explained in advance to the patient for elective procedures. Some patients may have principles regarding how long the blood can be held before being reinfused, what the priming solution is, and the planned process. It is sensible to reach agreement on this with the patient in advance in the elective setting.
- 5.7 Where dialysis, cardiac bypass and other extracorporeal circulation is required or may become necessary, it is sensible to explain and agree the procedure(s) in advance. Cardiac bypass and ECMO are not available at BOPDHB so patient would require transfer to a tertiary centre that offers this if these are necessary.
- 5.8 If heavy blood loss consult with clinical Haematologist to consider rFVIIa, desmopressin. Consider interventional radiology if appropriate.

## REFERENCES

- [Health and Disability Commissioner – The Code and your rights](#)
- [Auckland Newborn Services Clinical Guideline - Blood Product Transfusion for Jehovah's Witnesses](#)
- [NZ Bill of Rights Act 1990](#)
- [Care of Children Act 2004 \(Section 37 – Immunity of Health Practitioners administering certain blood transfusions without consent\)](#)
- [Medicines Act 1981](#)

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board Policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board Policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board Policy 1.2.6 Refusal of Blood Products
- Bay of Plenty District Health Board Informed Consent form (7752) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Form FM.B2.1 Blood Products - Understanding Regarding Refusal of Blood Products for Minors
- Bay of Plenty District Health Board Form FM.B2.3 Blood - Medical Directive for Patients who Refuse Blood Transfusions (including Jehovah's Witnesses)
- Bay of Plenty District Health Board Form FM.J1.1 Jehovah's Witness Patients - Providing Care Information Sheet
- Bay of Plenty District Health Board Protocol ANAESTH.P1.2 Perioperative Anticoagulation Guideline for Elective Surgery
- Bay of Plenty District Health Board Protocol ANAESTH.P1.4 Iron Deficiency / Anaemia – Preoperative Detection and Investigation

Issue Date: Feb 2019	Page 4 of 4	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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