Appendix 4

EMERGENCY PROTOCOL FOR TREATING JEHOVAH'S WITNESSES

Jehovah's Witnesses carry an Advance Medical Directive that directs that no donor blood be administered under any circumstances, and releases doctors and hospitals from liability for any damages that might be caused by the patient's refusal of blood. The card is also carried by Witness children. The card contains other pertinent information that may be helpful to an emergency team. In an emergency, if information is required regarding consent issues, treatment alternatives etc, please telephone the number below:

EMERGENCY PHONE NUMBER (24 HOUR)

07831 343 895

If a Jehovah's Witness patient comes into the Trust for emergency treatment the following is advised:

1. Ask for/look for an Advance Medical Directive or in the case of a child an identity card. Information is available on the reverse of the card.

2. Review non-blood medical alternatives and treat the patient without using homologous blood.

3. Consult with colleagues experienced in non-blood alternative management at the same facility and treat without using homologous blood.

4. Contact local Hospital Liaison Committee of Jehovah's Witnesses for co-operative consultants at other facilities to confer with regarding alternative care (see above for emergency phone number).

5. If necessary, transfer the patient to a co-operative consultant or facility before the patient's condition deteriorates.

6. In a rare situation, if court assistance is deemed necessary, the patient, or parents, should be notified as soon as possible of such intended action. This is in harmony with natural justice and enables the court to hear both sides, including alternative non-blood medical management of the case, so as to weigh all the factors before reaching a decision.

7. Consent Form: The East Cheshire Trust ‘General Consent Form Excluding Blood Transfusion’ (print code number CPY 734 2/05) is a supplementary form to be used alongside the trust consent forms and may also be used for any patient refusing a blood transfusion regardless of their spiritual beliefs.


CHILDREN - LEGAL AND CONSENT ISSUES.

- The children of Jehovah's Witnesses requiring blood transfusion present the most difficult management problem. The wellbeing of the child is paramount and if, after full parental consultation, blood is refused, the surgeon should make use of the law to protect the child's interests.

- In England and Wales, a Specific Issue Order may be applied for to provide legal sanction for a specific action, such as the administration of blood, without removing all parental authority. The order should be limited to the specific medical condition requiring treatment, and the parents
should be kept informed at each stage of the application. Advice and assistance in obtaining this action should be sought from a medical social worker.

- If a child needs blood in an emergency, despite the surgeon's best efforts to contain haemorrhage, it should be given. The surgeon who stands by and allows a 'minor' patient to die in circumstances where blood might have avoided death may be vulnerable to criminal prosecution.

- Children of 16 can give legally valid consent for medical treatment and children under this age can consent if they understand the issues involved. However, the courts have proved willing to overrule the refusal of specific procedures by children.

- The High Court is the most appropriate forum to achieve a fair and impartial hearing when conflict arises between religious, medical and ethical opinions.

**PREOPERATIVE CONSIDERATIONS**

- For elective surgery in children, a full and frank discussion should take place between the surgeon and the parents of the child; the relevant anaesthetist may also need to be directly involved at this stage. Either parent may sign a consent form permitting a transfusion.

- Most operations on children do not require or involve blood transfusion. If, in the opinion of the surgeon, the child is extremely unlikely to need transfusion as a result of the procedure, the usual arrangements should be made to proceed with the operation. The parents should be invited to sign the appropriate forms signifying their objection to blood transfusion.

- Recognising that misjudgements will occur and that occasionally a transfusion will unexpectedly become necessary, the surgeon may choose to say to the parents, 'I will not allow your child to die for want of a blood transfusion'; unless it is, indeed, an intention to withhold blood under all circumstances. Most parents find this acceptable.

- Some operations carry a significant risk of needing blood transfusion. These can be divided into three groups:
  - Group 1 - Those which are absolutely indicated and urgent.
  - Group 2 - Those which are absolutely indicated and non-urgent.
  - Group 3 - Those which are not absolutely indicated.

- In group 1, if the surgeon feels it would be unreasonable to proceed without the freedom to transfuse, the help of the medical social worker should be sought in obtaining a Specific Issue Order from the courts. In an emergency, when there is no time to obtain a Specific Issue Order, the use of blood components and blood products in life-threatening situations should be based on the judgement of the clinician in charge of the patient.

- In group 2, the patient could be transferred to the care of a surgeon who is prepared to operate even under these constraints.

- In group 3, a non-operative choice may be appropriate.

- In groups 2 and 3, if these alternatives are not clinically appropriate, the surgeon should proceed as in group 1.
At times, it may be judged that the patient is competent to make the necessary decisions, in which his/her wishes must be respected. A child may not be competent to make the necessary independent decisions if unduly influenced by another person.

At all times, the surgeon must respect the beliefs of the family. Every effort should be made to avoid the perioperative use of blood components or blood products. Nevertheless, the wellbeing of the child is paramount.

References:
- Medical Management for Jehovah’s Witnesses, Hospital Liaison Committee (documents held by Nursing and Quality)
- Code of Practice for the Surgical Management of Jehovah’s Witness (2002), RCS (attached to this protocol)
- The Law of Consent to Medical Treatment (2002), Hockton, A,
GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

Patient’s Full Name ..................................................................................................................

Date of Birth ........................................ Male □  Female □
Unit Number ..........................................................

____________________________

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 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 non-the-less understood and imposed the limitation of consent listed 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:
□ to what is proposed, which has been explained by the doctor, named above
□ 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:

(Subject to the exclusions below)

I have told the doctor:
□ I am / am not 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 WITHOLD MY CONSENT to the transfusion of ALLOGENEIC BLOOD OR PRIMARY BLOOD COMPONENTS (RED CELLS, WHITE CELLS, PLASMA & 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.
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** circumstances 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 be 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>...........................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>.................................................................................</td>
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</tbody>
</table>

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**

This form is a supplementary form to be used alongside the trust consent forms.

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be 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 be recorded on this form.

Further guidance is given in HC (90)22 A Guides to Consent for Examination or Treatment and the trust policy for consent to 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 under 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.

FORMS

Blank copies of this form are available from the Print Room, code CPY734 2/05.

Blood Transfusion Policy
Transfusion Practitioner

Action Checklist

Action for treating team:
- Discuss patient’s treatment choices
- If it is decided to proceed with the operation, arrange for a blood screen and optimization of patient’s haematological condition
- Is Advance Decision document secured prominently within patient’s notes?

As soon as possible before the operation ensure that necessary information about the patient’s treatment choices have been passed to:
- Preoperative Assessment Team
- Anaesthetic Department
- Haematology Department
- Transfusion Practitioner
- Operating Department

Checklist for patient/patient advocate:
- Booked in for early blood and haematinics screen?

Are the following fully aware of my treatment choices?
- Surgical Department
- Anaesthetic Department
- Haematology Department
- Transfusion Practitioner
- Operating Department

- Is there a clear way of identifying me in Recovery to prevent me being transfused (e.g. a No Blood wristband)?

Treatment Choices

Acceptable medical treatment

- Jehovah’s Witnesses accept most medical treatments, surgical and anaesthetic procedures, devices and techniques, as well as haematostatic and therapeutic agents that do not contain blood. They accept non-blood volume expanders, pharmaceuticals that control haemorrhage and stimulate the production of red blood cells, and all other non-blood management strategies.

Unacceptable Medical Treatment

- Transfusions of whole blood and its primary components (red cells, white cells, platelets and plasma).
- Pre-operative autologous blood collection and storage for later reinfusion (pro-deposit).

Matters of patient choice

a) Minor fractions/derivatives of blood
(derivatives: e.g. albumin, coagulation factors, immunoglobulins)

b) Procedures that make use of the patient’s own blood (autologous)
(e.g. haemodilution, intraoperative and postoperative blood salvage)

Medical resource: www.jw.org/en/medical-library

Care Plan

Surgery and Medical Treatment for Jehovah’s Witnesses

To assist in communicating the patient’s choices to the clinical team

Name ________________________________
Date of birth _____/______/______
NHS number ____________

For any additional information, please contact:

GP’s: 11th Dec 2016
Printed in Britain
# Planning Surgery

“In view of the range of individual choice displayed by patients who are Jehovah’s Witnesses, it is essential to establish ahead of time their personal views regarding the use of blood, blood products, and autologous transfusion procedures, for any of these that might be applicable in their treatment/surgery,” (Blood Transfusion Toolkit, Appropriate Use of Blood, www.transfusioq-guidelines.org.uk)

<table>
<thead>
<tr>
<th>Correct anaemia</th>
<th>Techniques to minimize blood loss</th>
<th>Blood Salvage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral or IV iron</td>
<td>Haemostatic: dissecting devices (such as laser, argon beam, microwave, ultrasonic, etc.)</td>
<td>Wound drainage and irrigation after filtration (postoperative salvage)*</td>
</tr>
<tr>
<td>Folie acid</td>
<td>Radiology guided arterial occlusion</td>
<td>Anaemia</td>
</tr>
<tr>
<td>Minimize blood sampling</td>
<td>(pre- or intraoperative)</td>
<td>Oxygen support</td>
</tr>
<tr>
<td>Treat neomorphia</td>
<td>Minimally invasive procedures</td>
<td>Erythropoiesis Stimulating Agents (ESAs)</td>
</tr>
<tr>
<td>Exythropoiesis Stimulating Agents (ESAs)</td>
<td>Stereotactic radiosurgery</td>
<td>IV iron</td>
</tr>
<tr>
<td></td>
<td>Enlarged surgical team—shorter operation</td>
<td>Folic acid</td>
</tr>
<tr>
<td></td>
<td>Surgical positioning</td>
<td>Vitamin B12</td>
</tr>
<tr>
<td></td>
<td>Intravenous blood salvage → Staging of complex procedures</td>
<td>Prophylaxis of infection</td>
</tr>
<tr>
<td></td>
<td>Anaesthetic</td>
<td>Minimal phlebotomy — microsampling, sample multi-testing</td>
</tr>
<tr>
<td></td>
<td>Hypotensive anaesthesia</td>
<td>Hyperoxic oxygen</td>
</tr>
<tr>
<td></td>
<td>Normovolemic/hypovolemic haemodilution →</td>
<td>For Bleeding</td>
</tr>
<tr>
<td></td>
<td>Full near-patient monitoring (TEG, HemoCue)</td>
<td>Radiology guided arterial occlusion</td>
</tr>
<tr>
<td></td>
<td>Tolerance of anaemia</td>
<td>Prompt surgical bleeding</td>
</tr>
<tr>
<td></td>
<td>Maintain normothermia</td>
<td>Direct pressure</td>
</tr>
<tr>
<td></td>
<td>Haemostatic agents</td>
<td>Elevate body part above level of heart</td>
</tr>
<tr>
<td></td>
<td>Topical — surgical adhesives, tissue sealants*:</td>
<td>Haemostatic agents</td>
</tr>
<tr>
<td></td>
<td>Injectable — Tranexamic acid, desmopressin, vitamin K</td>
<td>Tourniquet</td>
</tr>
<tr>
<td></td>
<td>Other — cryoprecipitate, fibrinogen concentrate, prothrombin complex concentrates:</td>
<td>Controlled hypotension</td>
</tr>
<tr>
<td></td>
<td>recombinant factor VIII:</td>
<td>For Shock</td>
</tr>
<tr>
<td></td>
<td>vasopressin</td>
<td>Trendelenburg, shock position (patient supine with head lower than legs)</td>
</tr>
</tbody>
</table>

* Please see Code of Practice for the Surgical Management of Jehovah’s Witnesses (www.jw.org), points 8 and 17.

+ Please see Management of Anaesthesia for Jehovah’s Witnesses (www.jw.orj), points 4.1, 2 and 4.10.

* Please see “Matters of patient choice,” under “Treatment Choices” over page.

* Please see National Patient Safety Agency.

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**Patient’s Medical History**
- Examine patient’s notes
- Ask patient about bleeding abnormalities
- Ask patient about circulatory problems

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**During Surgery**
Not all of these options may be available, or acceptable to the patient. However, the treating team should be satisfied before agreeing to perform an elective procedure, that they can handle predictable blood loss, or they should refer to a more specialized centre. (As per guidelines of Royal College of Surgeons and Association of Anaesthetists.)

**After Surgery**
In addition to the relevant intraoperative strategies, consider, as appropriate, the following.