University Hospitals of Leicester NHS
NHS Trust

Management of Individuals Declining Blood and Blood Products

Policy and Procedures

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Review dates and details of changes made during review:

May 2023:

- Contact telephone numbers changed for Assistant Director, Head of Legal Services and for Corporate and Committee Services.
- Remove Pre-autologous donation as an alternative as it is no longer available.
- Hyperlink in Appendix 4 updated; Developing blood conservation care plan for Jehovah's Witness patients with malignant disease.

KEY WORDS

This policy is associated with the following key words:

Jehovah's Witnesses, Blood Transfusion, declining/refusing blood/blood components.

1 INTRODUCTION

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the management of individuals declining blood and blood products.

1.2 The main group of individuals who decline blood and blood products are Jehovah's Witnesses, and reference to their specific requirements as a group is made throughout this policy. Section 6.7 deals with their specific treatment choices. Jehovah's Witnesses are a well-informed group of people and have often made decisions regarding their treatment in advance. Declining transfusion of blood and primary blood components is a deeply held core value and a sign of respect for life. Jehovah's Witness' choice of non-blood management may require that, in some cases, the threshold for surgical intervention is altered.

1.3 Most Jehovah's Witnesses patients carry an "Advanced Decision to Refuse Specified Medical Treatment" document, which directs that blood transfusions should not be given under any circumstances. They may be also encouraged to clarify their own personal choices regarding blood components, transplants and autologous products and other healthcare matters.

1.4 However other individuals may also decline blood and blood products for religious or other reasons.

1.5 This policy takes into account the provision of the Mental Capacity Act 2005 which came into force in 2007 and should be considered alongside other relevant Trust policies, including:

a. Policy for Consent to Examination or Treatment (Trust Ref. A16/2002)

b. Policy for Advance Decisions and lasting Power of Attorney (Trust Ref. B20/2004)

2 POLICY AIMS

2.1 The aim of this policy is to provide an approach to treatment of individuals declining blood and blood components and to maximise co-operation and understanding between individuals declining blood and blood components and the UHL NHS Trust in order to:

a. Ensure that patients' beliefs are acknowledged and respected.

b. Facilitate and expedite appropriate alternative management.

c. Provide clinicians with information on acceptable treatment for these patients, (However, it should be noted that there can be no generalisation about what is or is not acceptable to individual Jehovah's Witnesses and other patients declining transfusion. This is a matter for each individual to decide.)

d. Reduce clinical risk and to standardise practice.

2.2 This policy is not designed to cover all eventualities but to be used for guidance.

3 POLICY SCOPE

3.1 This policy applies to ALL patients who are treated within UHL who decline transfusion of blood and blood components. Although there are specific references to Jehovah's Witnesses the principles and procedures discussed in this policy apply to any individual who decline treatment with blood or blood components. See 'Management of Anaesthesia for Jehovah's Witnesses 2nd Edition 2018 (section 7.2)' as referred to in Section 10.1 of this policy.

3.2 The policy applies to both adults and children under the age of 16, recognising the different legal issues for these groups of patients.

3.3 This policy applies to all staff employed by or seconded to the University Hospitals of Leicester NHS Trust, including (not a definitive list):

a. Medical Staff

b. Registered Nurses / Midwives

c. Operating Department Practitioners

d. Pharmacy

e. Blood Transfusion Laboratory

f. Hospital Transfusion Team (HTT)

g. UHL Corporate Legal Team

3.4 There are specific UHL Guidelines for Women Declining Blood and Blood Products in Maternity (Trust Ref. C98/2006), which should be used in conjunction with this policy.

4 DEFINITIONS

4.1 A full list of definitions used within this document can be found in Appendix Seven.

4.2 For the purposes of this document, where the wording 'Advance Decision' is used, this should also be taken to mean Living Will, Advance Directive, or Advance Statement. Good practice is now to refer to all advance statements to refuse treatment as 'Advance Decisions' in line with the terminology of the Mental Capacity Act 2005.

5 ROLES AND RESPONSIBILITIES

5.1 The Medical Director has executive responsibility for this policy.

5.2 The patient's consultant in charge is responsible for:

a. Establishing exactly what type of blood components are being declined, and ascertain if there are any types of blood components or products acceptable to the individual patient.

b. Appropriate and timely discussion with such patients ensuring that patients/parents are fully aware of the consequences of their decision to decline blood products and that the patients are fully appraised about the risks associated with receiving a blood transfusion. This discussion must include an explanation of the suitable alternative treatment options available.

c. Documenting discussions with patients/parents and their informed consent in the medical notes and completing all accompanying paperwork.

d. Seeking advice where appropriate from the Trust Legal Team (See section 5.6)

e. Inform the Hospital Transfusion Team of any patient who declines blood transfusion (please note that the HTT does not provide out of hours on-call service, but can be informed on the next working day).

f. Taking appropriate action in any adverse events.

5.3 Corporate and Clinical Directors for Clinical Management Groups (CMGs) and for individual Clinical Services will be responsible for disseminating this policy to appropriate staff in their areas.

5.4 Each Clinical Management Group Audit Lead and/or Quality and Safety Manager will be responsible for ensuring regular annual audits are carried out within their CMG and for providing feedback to relevant clinical teams and managers.

5.5 The Transfusion Practitioners' Team are responsible for:

a. Providing advice and support during normal working hours (Monday to Friday 9am to 5pm) and can be contacted on the following numbers:

LRI – ext. 17876 **GH –** ext. 13985 **LGH –** ext. 14557

Out of hours and during weekends, clinical advice is provided by the on call haematology SpR (or consultant on the blood transfusion / haemostasis on call rota) who can be contacted via switch board.

b. Reviewing the policy, related procedures and guidelines as required to ascertain changes, additions or deletions deemed necessary due to changes in local or national guidelines.

5.6 The Directorate of Corporate and Legal Affairs team are responsible for providing legal advice and can be contacted during normal working hours (Monday to Friday 9am to 5pm) as follows:

- Assistant Director (Head of Legal Service), Tel. Number: 0116 502 7079
- Corporate and Committee Services, Tel. Number: 0116 502 7137

Outside normal working hours, including weekends, please contact the Hospital Duty Manager.

5.7 The Hospital Liaison Committee for Jehovah's Witnesses is also available 24 hours a day, 7 days a week, as an information and support service for patients and healthcare practitioners, via the telephone number shown below:

Emergency Tel Number 07894 984493

6 POLICY STATEMENTS AND PROCEDURES

6.1 Healthcare professionals, on learning that a patient or a parent (in case of a minor) wishes to decline blood products, should enquire fully as to the beliefs of the individual patient and identify how those beliefs will affect the patient's treatment whether immediate or planned. Any difficulties should be discussed with the patient and their specific requirements should be established and clearly documented.

6.2 The implications of the patient's / parents decision to refuse blood transfusion and consequential risks to their health must be clearly explained and fully documented. Healthcare professionals must also review the need for further discussions with the patient should their condition change. For example, if the patient's clinical condition deteriorates and it becomes clear the patient may not survive if he/she declines a blood transfusion such decisions must be clearly documented.

6.3 It is very important that all such discussions and decisions take place with the patient in confidence, ensuring that the patient is under no pressure from their family, friends or any other person, including Trust healthcare practitioners and the Jehovah's Witnesses' Hospital Liaison Committee. Consideration should be given to using an interpreter if there is a need for one.

6.4 It is important at all times to avoid a confrontational approach with the patient, the patient's relatives or any other person acting in an advisory capacity.

6.5 Having established that the patient wishes to be treated without the use of blood and blood components, consider all suitable alternatives to Blood Transfusion, and plan appropriate surgical, anesthetic and pharmacological techniques to minimise blood loss during surgery, and to **optimise the patients Hb at the earliest opportunity**.

In an actively bleeding situation the priority is to:

Avoid delay and act promptly to stop any bleeding,

Plan in advance for any possible blood loss,

Pro-actively prepare to use acceptable alternatives to allogeneic blood

For example, where a patient is suffering from severe anaemia or has experienced (or is experiencing) serious blood loss, (where normally allogeneic blood would be used), appropriate and acceptable alternative treatment strategies, as referred to above, should be mobilised and implemented without delay.

In emergency situations, alternative treatments may still be available and will need to be applied without delay.

6.6 Minimise further blood loss by using, where appropriate:

Medical equipment such as cell salvage (this would need to be made available well in advance of surgery).

Surgical techniques, such as electrocautery,

Anaesthetic techniques such as hypotensive anaesthesia, where appropriate,

Pharmacological agents which may help reduce peri-operative bleeding, such as Tranexamic Acid,

Other blood conservation strategies, such as micro-sampling, sample multi-testing and full near-patient monitoring (TEG, HemoCue) should be employed whenever possible

Treatment Choices for Jehovah's Witnesses

6.7 Each individual patient may decide whether he or she wishes to accept the following as a matter of personal choice. Hence it is essential to discuss with each patient whether or not

a proposed treatment procedure is acceptable. Jehovah's Witness patients should carry a signed Advanced Decision Document outlining their individual wishes.

6.7.1 **Acceptable Medical Treatment**

Jehovah's Witnesses generally 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 the following:-

Non-blood volume expanders such as crystalloids (e.g. Sodium Chloride 0.9%, Hartmanns, Dextrose) and colloids (e.g.Gelatin, Dextran, Hetastarch),

Meticulous Haemostasis and Diathermy

Desmopressin, Vasoconstrictors

Recombinant Erythropoietin (rHuEPO)

Iron therapy and haematinic support (Intravenous Iron, Folic acid, Vitamin B12)

Medical Treatment Which May Be Acceptable to Jehovah's Witnesses

6.7.2 Each Jehovah's Witness patient 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 individual whether or not these are acceptable.

- Autologous Transfusion Procedures

  While equipment, systems and arrangements vary, each patient will make a personal decision as to whether or not to accept perioperative/intraoperative red cell salvage (cell saver), postoperative cell salvage (wound drains), acute normovolaemic haemodilution (ANH), and heart bypass (pumps must be primed with non-blood fluids). Cell Salvage Technical Factsheets ICS, dated July 2018, concerning *Cell Salvage in Jehovah's Witness patients*, are available on www.transfusionguidelines.org.uk

- Plasma Derivatives

  Derivatives of primary blood components (albumin, coagulation factors, immunoglobulins (for example: Anti-D), toxoids and vaccines).

  Blood patches and platelet gels if these are generated and used intra-operatively and using the patient's own blood or platelets.

  Cryoprecipitate

  Prothrombin Complex Concentrates (PCC) such as Beriplex or Octoplex.

  Recombinant activated factor V11a, i.e. NovoSeven

  Clotting factor (concentrate) replacement therapy: factors V11a, V111, 1X

- Tissue Donation

  Solid organ, bone, tissue, stem cell transplantation

Some Jehovah's Witnesses will decline all blood derivatives, whereas others may accept some, but refuse others, it is therefore important to ensure that all patients are treated as individuals.

6.8 Different treatment considerations apply depending on whether or not the treatment proposed is elective or emergency, the patient is conscious or unconscious or the patient

is an adult or a child (under 16 years of age). However, the basic rule remains that a patient, whatever his or her condition, may not be treated without his or her informed consent, except where emergency treatment is required and the patient is unable to give informed consent and where no valid advance directive signed by the patient is available to the healthcare professional caring for the patient.

6.9 The patient's relatives should be contacted in the normal way. It should be remembered that relatives of a patient declining blood products have no special rights compared to relatives of any other patient.

6.10 **Keeping written records**

The quality of the written records in this sensitive area is critical. Whilst the signature of the patient or guardian signifying consent or refusal is important, a clearly written account of what advice the patient was given and the patient's reaction to that advice is even more important as it will be this information which determines the validity of the consent or refusal. As with all clinical and nursing records, these should be completed as soon as is reasonably possible after any dealings with the patient and / or their relatives. Names, times and dates must be clearly written. Preparation of notes should not compromise the care of the patient but should be given as high a priority as circumstances allow.

6.11 **Consent Forms**

The Standard UHL Consent Forms as defined in the UHL Trust policy for Consent to Examination or Treatment (Ref. A16/2002) must always be used. In addition, a patient declining blood products may request the use of a General Consent Form Excluding Blood Transfusion (see Appendix 5). In this case, the General Consent Form Excluding Blood Transfusion may also be used, but always in conjunction with the Standard UHL Consent Forms. Whenever the General Consent Form is used in conjunction with the standard UHL Consent Form, make a suitable cross reference on each form. Care should be taken to ensure compatibility of information on the two consent forms.

6.12 **Seeking Legal Advice and Making an Application to the Court**

6.12.1 A decision to decline medical treatment from an informed, competent adult patient must be respected by the healthcare practitioners. Declining of blood components may conflict with medical responsibilities for preserving life. In elective surgery this should rarely be an issue, providing decisions have been made clearly in advance.

6.12.2 If there is any doubt concerning a patient who has declined blood components, appropriate advice should always be sought from the Directorate of Corporate and Legal Affairs**,** who can also be contacted out of normal working hours via the switchboard.

6.12.3 If appropriate the Directorate of Corporate and Legal Affairs will take the necessary action to make an application to the Court. If the patient is a child it is likely that the Local Authority will wish to play a major role in any application to the High Court.

6.12.4 For further information on when and how to seek a court declaration please contact the Legal Department within office hours or the Duty Manager outside, who will notify the legal representative on call.

This policy is supported by the following processes and procedures which must be used in conjunction with this policy:

Procedure / Process	Appendix

Process for the Management of the Adult with Capacity to Give Informed Consent who Declines Blood / Blood Products	**One**
Process for the Management of the Adult without Capacity to Give Informed Consent who Declines Blood / Blood Products	**Two**
Process for the Management of a Child who Declines Blood / Blood Products	**Three**
General Principles to Guide Treatment of Malignancies in patients who decline blood transfusion	**Four**
General Consent Form for Patients who Decline a Blood Transfusion	**Five**
Definitions Used in the Management of Individuals Declining Blood and Blood Products Policy	**Six**
Flowchart and Checklist for the Management of Patients Declining Blood Component Transfusion	**Seven**

7 EDUCATION AND TRAINING REQUIREMENTS

7.1 All relevant staff must have read and understood this policy and procedures therein. Training on Transfusion is provided by the HTT during Trust induction and thereafter through the UHL Mandatory Training Programme and via e-learning.

7.2 All staff groups involved in the care of patients who require transfusion must be trained and assessed in line with UHL Blood Transfusion Training Policy for Clinical and Support Staff (Trust Ref: B39/2009)

8 PROCESS FOR MONITORING COMPLIANCE

The following table lists the monitoring arrangements for this policy:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Lead(s) for acting on recommendations	Change in practice and lessons to be shared
Audit of medical records regarding the treatment proposed	Ward managers CASE Team HTT	Standard audit tool	Annually	HTC Quality and Safety managers CMGs leads	CMGs Clinical Directors	To be shared through CMGs
Audit of consent	Ward managers CASE Team HTT	DATIX reporting process	Regular review of the incidents	HTC	CMGs Lead Nurse, Clinical Director	Quality and safety Boards HTC
Reporting to SHOT/ SABRE Incidents where appropriate	Blood Transfusion Quality manager	SHOT/ SABRE reporting process	Weekly review	HTC	HTT HTC Quality and safety Boards	Quality and safety Boards HTC

9 EQUALITY IMPACT ASSESSMENT

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

10.1 References specific to the treatment of Jehovah's Witnesses

When treating Jehovah's Witnesses patients, reference should be made to the following documents :-

Documents published by Jehovah's Witnesses (containing current clinical and scientific knowledge on non-blood management, directing clinicians to the search engine PubMed.Gov using the PMID number)**:**

Clinical Strategies for avoiding and controlling Haemorrhage and Anaemia Without Blood Transfusions in Obstetrics and Gynaecology (2011) Hospital Information Services

Clinical Strategies for Managing Acute Gastrointestinal Haemorrhage and Anaemia Without Blood Transfusions (2012) Hospital Information Services

Clinical Strategies for Managing Haemorrhage and Anaemia Without Blood Transfusion in Critically Ill patients (2012) Hospital Information Services

Clinical Strategies for Avoiding and Controlling Haemorrhage and Anaemia Without Blood Transfusion in Surgical Patients (2010) Hospital Information Services

Care Plan - Surgery and Medical Treatment for Jehovah's Witnesses jw.org/en/medical-library

Documents from other sources (still specific to Jehovah's Witnesses):

Caring for Patients Who Refuse Blood –A Guide to Good Practice for the Surgical Management of Jehovah's Witnesses and Other Patients Who Decline Transfusion November 2016 The Royal College of Surgeons of London

www.rcseng.ac.uk

Management of Anaesthesia for Jehovah's Witnesses (July 2018) The Association of Anaesthetists of Great Britain and Ireland

How to approach major surgery where patients refuse blood transfusion (including Jehovah's Witnesses) 87:3-14 (2005) Gohel et al (Cheltenham General Hospital)

London Regional Transfusion Committee. Care Pathways for adult patients refusing blood (including Jehovah's Witnesses) May 2012

10.2 References applicable to all patients who refuse blood transfusion

Blood Conservation in Elective Orthopaedic Surgery (2005) British Orthopaedic Association

Consent, Rights and Choices in Health Care for Children and Young People - BMA 2001

Department of Health (2001) Reference Guide to Consent for Examination or Treatment

Department of Health *Better Blood Transfusion Toolkit* which can be accessed at www.transfusionguidelines.org.uk

Jabbour (ed) *Transfusion-Free Medicine and Surgery* (2005) Blackwell Publishing

Handbook of Transfusion Medicine 5th Edition United Kingdom Blood Services

Mental Capacity Act 2005 *Code of Practice* Department for Constitutional Affairs London:TSO

Seeber and Shander *Basics of Blood Management* (2007) Blackwell Publishing

Thomas, Thompson and Ridler *A Manual for Blood Conservation* (2005)

The use of blood components and their alternatives 2016 (AAGBI)

General Medical Council (GMC) : *Personal beliefs and medical practice (March 25 2013)*

11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This document will be uploaded and available through INsite Documents and the Trust's externally–accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.

The policy will be reviewed every three years, or sooner in response to any incidents or risks.

1. Introduction / Scope

This process is for use by all healthcare staff and sets out the management of conscious adults who have declined blood or blood components due to their belief or other reasons. It is to be used in conjunction with the main policy.

2. The Adult with Capacity to Give Informed Consent - Elective Treatment

2.1 If a patient produces an Advance Decision document (Ref: *Caring for Patients who refuse Blood*, Royal College of Surgeons, Professional and Clinical Standards, November 2016) or informs a member of staff that he or she is a Jehovah's Witness, or inform the staff that he /she declines blood /blood products for whatever reason, then in the case of non-urgent treatment, nursing or medical staff should consider taking one or more of the following steps:

a. Review and consider appropriate alternatives treatment strategies without the use of allogeneic blood or blood products (see section 6 regarding Treatment Choices of Jehovah's Witnesses). Some Jehovah's Witnesses, however, may conscientiously accept the use of intra- or post operative autologous blood salvage equipment. This should be checked with each Jehovah's Witness.

b. Consider seeking advice from other clinicians or clinical colleagues who may be experienced in the treatment of patients without recourse to allogeneic blood or blood products.

c. Consider the potential for transferring the patient to another site more familiar or able to comply with the alternative treatment strategies, providing that the patient's clinical condition is stable and is fit for transfer to another healthcare facility. This should take place at an early stage to avoid difficulties. An appropriate treatment centre can usually be found after discussion with a member of the Leicester Hospital Liaison Committee for Jehovah's Witnesses whose contact details are given in section 5.7 of the main policy.

d. Explain the potential implications when a patient declines any particular treatment.

e. The above list is not exhaustive, and other suitable options may need to be considered in individual cases.

2.2 The consent or refusal of the patient must relate to the treatment proposed in the particular circumstances which exist at the time that the consent is sought; beware of a subsequent change in circumstances, which may invalidate previous consent.

2.3 It is important to ensure that any record of consent or refusal is completed immediately after the patient has made his/her decision, following specific advice, of what is acceptable or unacceptable. It is also important not to rely solely upon documents created earlier by the patient, but to use these as a starting point for establishing the patient's beliefs and individual requirements.

3. The Conscious Adult - Emergency Treatment

3.1 If the patient is conscious and has the capacity to understand what is being proposed, then the patient's wishes must be respected.

3.2 If the patient directs that during general anaesthetic or unconsciousness certain procedures must not be pursued or blood products must not be used, and the patient fully understands the consequences of his/her decision, then the patient's wishes must be respected.

3.3 No other individual has the authority to consent to or refuse treatment on behalf of the conscious adult patient who has capacity to provide informed consent. If the patient having refused blood products, gives a reliable indication at any point that he/she has subsequently changed his/her mind, then he/she may be treated in accordance with that wider consent despite the dissent of the patient's relatives. Wherever possible the patient's consent should be expressly given in writing in order to prevent any misunderstanding on the part of the patient's healthcare team which may be challenged subsequently. (See 6.11 and the Trust's Consent Policy)

4. Acceptable medical treatment

For full details concerning treatments / Interventions which are generally acceptable to Jehovah's Witnesses see section 6 from the main policy.

5. Unacceptable Medical Treatment

For full details concerning treatments / Interventions which are generally not acceptable to Jehovah's Witnesses see section 6 from the main policy.

6. Matters of Patient Choice

For full details concerning treatments / Interventions which are generally not acceptable to Jehovah's Witnesses see section 6 from the main policy.

1. Introduction / Scope

This process is for use by all healthcare staff and sets out the management of unconscious adults who have declined blood or blood products due to their belief or other reasons. It is to be used in conjunction with the main policy.

2. The Adult without Capacity to Give Informed Consent - Elective Treatment

2.1 By its nature, elective treatment will afford healthcare staff an opportunity to investigate any suggestion that the patient is a Jehovah's Witness and make enquiry as to any restrictions in treatment that this may dictate. Documents found with the patient or produced by the patient's relatives or information as to the patient's beliefs notified by the relatives must be carefully noted.

2.2 When Advance Decision documents are received in advance of relevant treatment, reasonable steps must be taken to ensure such documents are recorded and kept in the patient's notes at all time. For further information, refer to the UHL Advance Decisions and Lasting powers of Attorney Policy (Trust Ref: B20/2004).

2.3 If documents clearly indicate that the patient has adopted particular views with regard to treatment (particularly the use of blood products); and it is clear that the patient intended that those restrictions should apply in particular circumstances of the treatment proposed, then those restrictions must be observed.

2.4 If the only evidence of the patient's beliefs are the views expressed by relatives, enquiries should be made as to whether any written record of the patient's beliefs has in fact been made. If none can be found, then follow the basic principle that, in the absence of a Lasting Power of Attorney no one else can consent to or refuse treatment on behalf of the patient. Treatment must be provided on the basis of what is necessary and in the best interests of the patient, as decided by the doctor in charge of the patient's care, in conjunction with the Mental Capacity Policy (Ref. Mental Capacity Act – UHL Policy – B23/2007)

2.5 Do not delay treatment if this puts the patient at risk. If in doubt, obtain advice from a senior colleague or a member of UHL Legal Affairs Team (see section 5.6 for contact details).

3. The Unconscious Adult - Emergency Treatment

3.1 The documentation contained in Appendix 5 is designed to cover admission to hospital in an emergency. If an advance medical directive is signed, dated and the signature is witnessed then it may be difficult to challenge its validity (Refer to the UHL Advance Decisions and Lasting powers of Attorney Policy (Trust Ref: B20/2004).

3.2 If there is obvious doubt as to the validity or application of the documents, the patient should receive such treatment as is immediately necessary and in his or her best interests. This is particularly the case if such treatment will facilitate the recovery of consciousness allowing the patient to give further directions as to his or her treatment. In these circumstances it is important not to delay the necessary treatment if this put the patient at risk.

3.3 In the absence of a registered Lasting Power of Attorney another person cannot consent

to or decline treatment on behalf of the patient; therefore in the absence of a direct expression from the patient of his or her views treatment should proceed without restriction from others. However, documents found with the patient or produced by the patient's relatives, or information as to the patient's beliefs notified by relatives, must be noted. Such relatives or associates may be invited, with the patient's knowledge and consent, to produce evidence of the patient's Jehovah's Witness status in the form of an applicable advance decision directive.

4. Adult without Capacity to provide Informed Consent

In an emergency apply the principles relating to Adults set out in section 3 above. In all other cases senior medical and /or legal guidance should be sought where it is suggested by relatives that there should be limitations imposed on the treatment options.

5. Acceptable Medical treatments

For full details concerning treatments / Interventions which are generally acceptable to Jehovah's Witnesses see section 6 from the main policy.

6. Unacceptable Medical treatments

For full details concerning treatments / Interventions which are generally not acceptable to Jehovah's Witnesses see section 6 from the main policy.

7. Matters of patient's choice

For full details concerning treatments / Interventions which are generally not acceptable to Jehovah's Witnesses see section 6 from the main policy.

1. Introduction / Scope

This process is for use by all healthcare staff and sets out the management of a child who has declined blood or blood products due to their belief or other reasons. It is to be used in conjunction with the main policy.

2. Consent issues with a child

2.1 If a child / young person is assessed as being 'Gillick competent' they will be competent to give consent to medical treatment. However, even if a child / young person is assessed as being Gillick competent, a refusal to consent to treatment can be overridden by a person with Parental Responsibility who is acting in their best interests. This power to override the competent child's wishes should be treated with caution and advice should be sought in all cases before accepting the wishes of the parents over those of the competent child.

2.2 Parents should be kept informed of all intended action by medical practitioners and given the opportunity to discuss their views on the use of alternatives to transfusion.

2.3 For further information on parental responsibility, see Policy for Consent to Examination or Treatment (Trust Ref. A16/2002)

NB: This situation should very rarely happen in practice as it should be possible to anticipate these situations and plan for them accordingly. It must be remembered that if necessary, a Court Order can be obtained at very short notice (i.e. within an hour).

3. The Conscious Child - Elective Treatment

3.1 When seeking consent for the conscious child, UHL employees should adhere to the express provisions of the Trust's Consent Policy (Trust Ref: A16/2002). Whenever consent is refused either by the child or by those with parental responsibility, further advice should be sought from the Directorate of Corporate and Legal Affairs.

3.2 If the child by virtue of his/her age, or with regard to the implications and complexity of the treatment being proposed cannot be deemed to have sufficient appreciation to be able to validly give or withhold consent, then the views of the parent(s) must be sought. If the parent(s) dictate the withholding of certain treatment these views should be respected as far as possible. If it is clear to the healthcare staff that the parent(s) wishes are not in the child's best interest, legal advice (via the Directorate of Corporate and Legal Affairs) must immediately be sought, as an application to the Court may be necessary.

3.3 If during the course of elective treatment an emergency arises threatening the life of the child or serious harm, treat the child on the basis of what is immediately necessary and in his/her best interests regardless of the views of the parents.

4. The Conscious Child - Emergency Treatment

4.1 If the child is capable of a valid consent then proceed as described above.

4.2 If the child is not capable of a valid consent then the parents should be consulted. If the parent(s) wishes could result in death or serious harm to the patient, then provide such treatment as is immediately necessary to preserve the life of the patient or to prevent deterioration (assuming that there is no time for an application to the Court).

4.3 If, without endangering the patient's life or health, there is time to seek advice from the Directorate of Corporate and Legal Affairs by telephone, this should be done.

4.4 If treatment proceeds against the parent(s) wishes it should wherever possible be in accordance with the documented views of two Consultants who should each make an appropriate entry in the patient's records.

5. The Unconscious Child - Elective Treatment

5.1 Here no judgment can be made as to whether the child would have been capable of understanding and thus giving a valid consent or refusal in respect of the treatment.

5.2 Proceed on the assumption that the child would not have had that capacity. Any document produced or signed by or on behalf of the child purporting to refuse particular forms of treatment or blood products should not be relied upon. In a non-urgent situation legal advice should be sought, as an application to the Court may be necessary.

5.3 If an unexpected emergency arises then the child should be given such treatment as is immediately necessary for the preservation of life or prevention of serious harm or deterioration.

6. The Unconscious Child - Emergency Treatment

6.1 As there is likely to be no time to make application to the Court should the parent's wishes conflict with the requirements of treatment for the preservation of the child's life or the prevention of serious harm, then proceed to give such treatment as is necessary notwithstanding the wishes of the parents.

6.2 As above, the views of two Consultants supporting the proposed treatment should be obtained and recorded in the patient's records.

1. Introduction / Scope

This process is for use by all healthcare staff and sets out the Treatment of haematological malignancies in patients who decline a blood transfusion due to their belief or other reasons.

The guidance given in this section must be used in conjunction with the main policy for management of individuals, both adults and children, who decline treatments with blood and/or blood products.

This section outlines general principles only and is not intended to provide comprehensive guideline for managing haematological or non-haematological malignancy in these patients.

It is possible to treat some haematological malignancies without primary blood component support. Frequently this will require a multidisciplinary team and the design of a patient specific care plan.

a) Blood sampling must be kept to minimum but careful monitoring of the patient's haematological status must not be neglected.

b) Correction of anaemia should be commenced promptly with special consideration being given to the use of intravenous iron, oral Folic Acid and Erythropoietin.

c) Prompt consideration should be given to the use of intensive therapies such as high dose chemotherapy and stem cell transplantation (if acceptable to the patient in question), before the patient becomes excessively debilitated or anaemic.

d) Recalculate the normal risk/benefit equation without the use of primary blood component support, which may affect decisions with regard to, for example, the use of blood salvage equipment in solid tumour surgery or the administration of Erythropoietin.

e) For more detailed suggestions and supporting references see *Developing a Blood Conservation Care Plan for Jehovah's Witness Patients with Malignant Disease* presented at the BSH Annual Scientific Meeting, April 2007, updated August 2014.

https://www.transfusionguidelines.org/document-library/documents/developing-a-blood-conservation-care-plan-for-jehovah-s-witness-patients-with-malignant-disease

This document was prepared and is recommended by the Royal College of Surgeons for use with Jehovah's Witness patients and can be used in addition to the UHL Consent form (but not instead of).

See: *http://www.rcseng.ac.uk (Code of practice for the surgical management of Jehovah's Witness patients)*

The General Consent Form for Patients Who Refuse Blood Transfusion

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 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 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 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.

Signature _____ Date _____

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(Front)

The General Consent Form for Patients Who Refuse Blood Transfusion (Back)

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 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 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 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.

1. 'Advance Decision' (also known as Advance Directive / Living Will)

This is a document stating the patient's wishes regarding the use of blood products or in relation to any other treatment and a copy may have been given to the GP.

This is a decision made by a person after they have reached the age of 18 years and when they have capacity to do so. A copy must be kept within the hospital notes.

For further information on Advance Decisions, please refer to the Trust's Policy for Advance Decisions (Trust Ref: B24/2004).

2. Patient's Best Interests

Healthcare professionals have an ethical obligation to make their patients' best interests their first concern. The Mental Capacity Act does not actually define 'best interests' but is clear that in deciding what is in the best interests of a person lacking capacity, decision makers must take into account all relevant factors it would be reasonable to consider. As a starting point the Mental Capacity Act sets out a checklist of common factors that must always be considered, and these include:

- Considering all relevant circumstances, and making every effort to encourage and enable the person lacking capacity to take part in making the decision,
- Taking into account any evidence of the patient's current and previously expressed preferences and wishes, including an advance decision,
- Considering the beliefs and values that would be likely to influence the individual's decision if he had capacity, and any other factors he would be likely to consider if able to do so.
- If practical and appropriate, taking into consideration the views of anyone named by the individual as someone to be consulted on matters of this kind, any carers or other people interested in the individual's welfare, any donee (appointer) of a Lasting Power of Attorney appointed by the individual or any Deputy appointed by the Court, as to what would be in the individual's best interests.
- What is in a person's best interests may change over time and a proper and objective assessment must always be carried out, even in an emergency situation and reassessed as appropriate.

3. Mental Capacity

This is the ability to make a decision, and the starting point must always be to assume that an adult and young person (aged 16 and 17) has capacity unless it is established that he or she lacks capacity.

4. Children – Gillick Competence

If a child of under 16 years of age has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed" in relation to a particular intervention or procedure, they are said to be Gillick competent in relation to that procedure and are able to give consent.

The child should have an understanding and appreciation of the consequences of having the treatment, not having the treatment, any alternative courses of action, and inaction. There is no specific age when a child becomes competent to consent to treatment; it will depend on the individual child, and the treatment or procedure being proposed.

Even if a child is assessed as being Gillick competent, it is still good practice to involve their family in decision making, unless the child specifically asks you not to. A request from a competent child under 16 to keep information confidential must be respected, unless disclosure can be justified on the grounds that there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm and the disclosure would be necessary and proportionate to reduce the risk of that harm.

5. Lasting Power of Attorney (LPA):

Where an adult patient does not have the capacity to give or withhold consent to treatment, clinicians should consider whether the patient had appointed an attorney under a Lasting Power of Attorney (LPA) to consent or refuse the proposed treatment on their behalf (or whether anyone else is appointed to make treatment decisions on their behalf such as a court deputy).

6. Independent Mental Capacity Advocates (IMCAs):

In most situations, people who lack capacity will have a network of support from family members or friends who are engaged in their care or interested in their welfare, or there may be a court appointed deputy or an attorney appointed under a Lasting Power of Attorney who can be consulted about best interests. Some people who lack capacity however may have no one who can be consulted so the Mental Capacity Act 2005 provides for an Independent Mental Capacity Advocate (IMCA) to represent and support them in their best interests. An IMCA is a specific type of advocate that will only have to be involved if there is no-one other than a person engaged in care or treatment in a professional capacity. An IMCA will not make the decision in question but the person who will make that decision must take into account any of the information given or submissions made by the IMCA.

The Trust has a legal duty to involve an IMCA if the decision relates to:

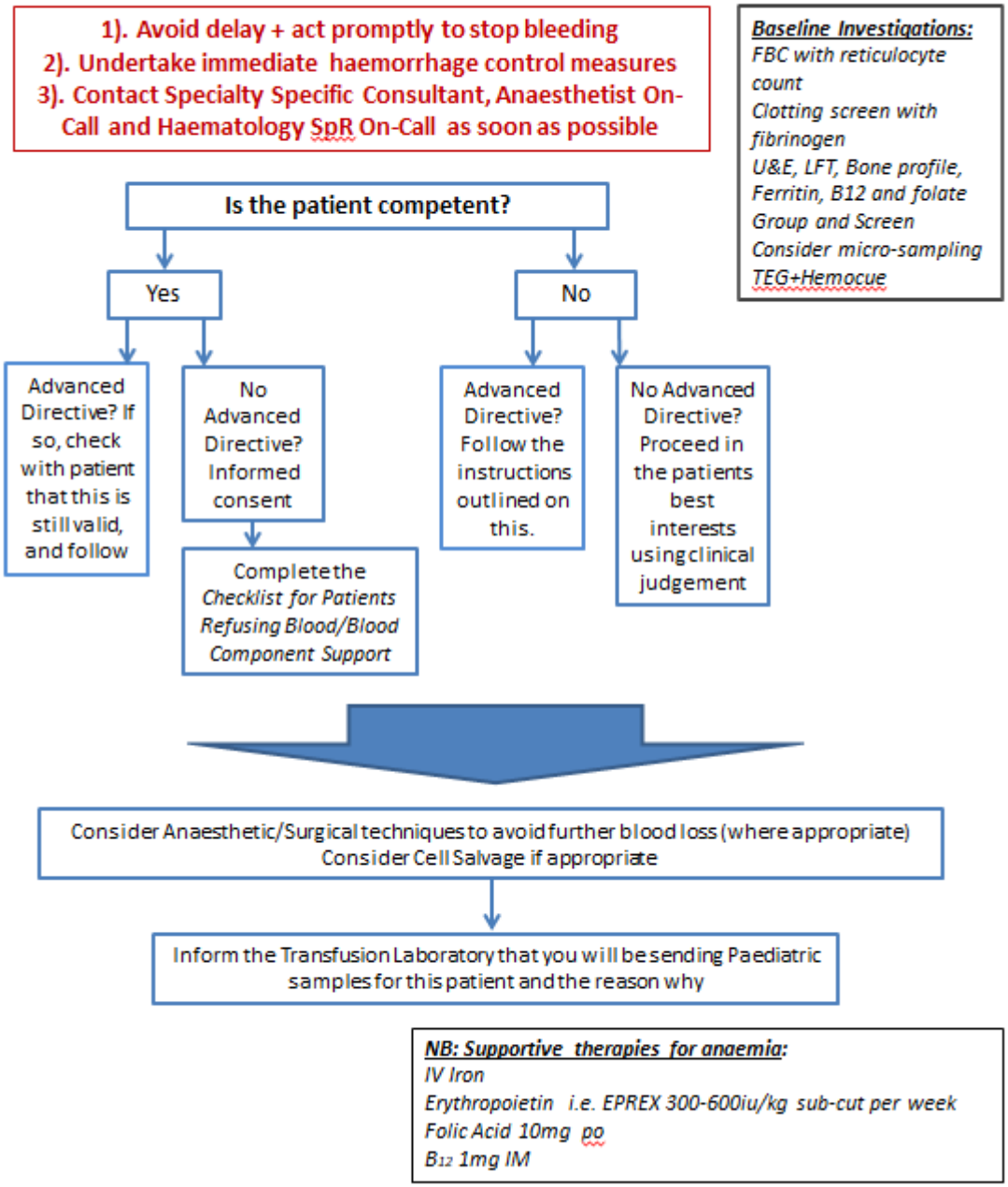
- Serious medical treatment provided by the NHS, or
- The provision of, or any change in, accommodation in hospital or care home which is likely to last more than 28 days in a hospital or 8 weeks in a care home.

1. This Flowchart has been designed to aid clinical decision making when treating patients who decline Blood and Blood Components.

2.

Care pathway for Adult patients refusing blood/blood components (including Jehovah's Witnesses) with

acute blood loss and/or requiring emergency surgery



SSapare/FWaller/UHL/2020/V1

3.

Checklist for Surgical Patients Declining Blood Components

	I Will Accept:				I Will Accept:		
	YES	NO	NOT DISCUSSED		YES	NO	NOT DISCUSSED
Red Blood Cells				Intra-Operative Cell Salvage (Open Circuit – OC, or Closed Circuit – CC, please state)	OC CC		
Platelets				Fibrin Glues and Sealants (Human)			
Fresh Frozen Plasma				Fibrin glues and Sealants (Non-Human)			
Cryoprecipitate				Other Treatment (Please Specify):			
HAS (Human Albumin Solution)							
Recombinant Clotting Factors (rVIIa)							
Prothrombin Complex Concentrate (PCC)							
Fibrinogen Concentrate							

If Required to Save My Life…	
Red Cells	Yes / No
Platelets	Yes / No
Fresh Frozen Plasma	Yes / No
Cryoprecipitate	Yes / No