Planning for surgery in Patients Who Are Jehovah’s Witnesses

Hospital Liaison Committee for Jehovah’s Witnesses
“Personal beliefs and cultural practices are central to the lives of doctors and patients”

GMC: Personal beliefs and values in medical practice, 2013
“Jehovah’s Witnesses love and cherish life… They consider blood as holy as life itself.”

Law, Ethics, Religion, and Blood Management

PETRA SEEBER | ARYEH SHANDER

BASICS OF BLOOD MANAGEMENT
SECOND EDITION
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):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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

7. Signature: ____________________________ NHS No. __________ Date __________
   Address: __________________________________________________________
   ____________________________
   ____________________________
   ____________________________

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

   Signature of Witness: ____________________________ Signature of Witness: ____________________________
   Name: ____________________________ Occupation: ____________________________
   Address: ____________________________
   ____________________________
   ____________________________
   ____________________________

9. EMERGENCY CONTACT:
   Name: ____________________________
   Address: ____________________________
   Telephone: ____________________________
   ____________________________

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: ____________________________
    ____________________________
    ____________________________
    ____________________________
    ____________________________

HLC  Hospital Liaison Committee
Children

“Surgeons have a legal & ethical responsibility to ensure the wellbeing of the child... this must always be their first consideration.”

“..however, every effort must be made to respect the beliefs of the family and avoid the use of blood ... wherever possible.”

Royal College of Surgeons of England – Caring for patients who refuse blood. 2016
Patient Blood Management

Maximise Erythropoiesis
- IV Iron
- ESAs

Minimise Blood Loss
- Haemostasis
- Cell Salvage

Manage Anaemia
- Tolerate lower Hb
Maximise Erythropoiesis

Erythropoietin
Minimise Blood Loss

Tranexamic Acid

CRASH2
Clinical Randomisation of an Antifibrinolytic in Significant Haemorrhage

40 Countries
274 Hospitals
20,211 Patients

32% Mortality Reduction

HLC Hospital Liaison Committee
Medical Information for Clinicians

The medical literature contains numerous reports of complex medical and surgical procedures performed successfully without transfusion of allogeneic whole blood or its primary components. Avoiding blood transfusion involves the optimal use of clinical strategies to minimize blood loss, conserve autologous blood, enhance hematopoiesis, and augment tolerance of anemia. This section contains citations of peer-reviewed articles from leading medical journals, presenting evidence in support of the use of autologous blood conservation and alternatives to blood transfusion.

Medicine and Surgery
Clinical strategies for managing hemorrhage and anemia without allogeneic blood transfusion.

Pediatrics
Clinical strategies for managing neonatal and pediatric patients without allogeneic blood transfusion.

Diseases and Conditions
Clinical strategies for managing specific diseases or conditions without allogeneic blood transfusion.

Bioethics and Law
Ethical, legal, and social factors for health-care professionals to consider when treating Jehovah’s Witnesses.
COST-EFFECTIVENESS OF BLOOD TRANSFUSION ALTERNATIVES

Blood Cell Salvage

Intra-operative cell salvage in South Africa: feasible, beneficial and economical.
Solomon L, von Rahden RP, Allorio NL.
Indexed: PubMed 24079629
DOI: 10.7196/samj.7555

Clinical efficacy and cost effectiveness of intraoperative cell salvage in pelvic trauma surgery.
Odak S, Raza A, Shah N, Clayson A.
Indexed: PubMed 23838500
DOI: 10.1308/003588413X13529960045715

The use of blood cell salvage in acetabular fracture internal fixation surgery.
Bigsby E, Acharya MR, Ward AJ, Chesser TJ.
Indexed: PubMed 23360908
DOI: 10.1097/BOT.0b013e3182877684

The economic benefits of cell salvage in obstetric haemorrhage.
Breamon C, Bhalla A, Mallaiah S, Barclay P.
“[HLCs] are very helpful and excellent arbitrators. Without them many relationships between doctor and patient would have been destroyed.”

Professor Martin Elliott
Co-Medical Director at Great Ormond Street Hospital; Professor of Paediatric Cardiothoracic Surgery at University College London.