Refusal of Blood Transfusion

Advance Decision to Refuse Specified Medical Treatment
(signed document inside)

NO BLOOD

Why do we take this view?
“Keep abstaining from . . . BLOOD . . . if you carefully keep yourselves from these things, you will prosper. Good health to you!”

Acts 15:28,29
Witness patients will uniformly apply this Bible Law to:

- Whole blood
- Packed Red cells
- White blood cells
- Platelets
- Plasma
Use of Blood Derivatives
Patient’s Individual Choice

- Immunoglobulin's (including Anti-D)
- Albumin
- Clotting Factors (e.g. Fibrinogen, Factor VIII)
- Serums, etc.
Autologous Procedures

(Patient’s Individual Choice)

- Cell salvage
- Heart bypass
- Epidural autologous blood patch
Options when blood is refused.

“The inherent risks of blood, along with the continued rise in blood costs are likely to favour the continued development and use of alternatives to blood transfusion.” *The Lancet* May 25, 2013
Advance Decision Document

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(signed document inside)

NO BLOOD
Advance Decision to Refuse Specified Medical Treatment

1. ___________ (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 even if those medically responsible for my welfare and/or any other persons believe that such treatments are necessary to sustain my life.

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. Regarding minor fractions of blood (for example: albumin, coagulation factors, immunoglobulins): [Initial one of the three choices below.]
   (a) ___ I refuse all
   (b) ___ I accept all
   (c) ___ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

4. Regarding autologous procedures (involving my own blood, for example: haemodilution, heart bypass, dialysis, intra-operative and post-operative blood salvage): [Initial one of the three choices below.]
   (a) ___ I refuse all such procedures or therapies
   (b) ___ I am prepared to accept any such procedure
   (c) ___ I accept only the following procedures:

   [space provided for details]

   I am prepared to accept diagnostic procedures, such as blood samples for testing.

6. I consent to my 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. ___________ 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
   ___________ Name
   ___________ Occupation
   ___________ Address
   ___________ Telephone
   ___________ Mobile

   Signature of witness
   ___________ Name
   ___________ Occupation
   ___________ Address
   ___________ 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)
“You must respect a competent patient’s decision to refuse an investigation or treatment, even if you think their decision is wrong or irrational. You may advise the patient of your clinical opinion, but you must not put pressure on them to accept your advice. You must be careful that your words and actions do not imply judgement of the patient or their beliefs or values”

GMC: Personal beliefs and medical practice. April 22nd 2013
Further information

Hospital Information Services for Jehovah’s Witnesses. 24 hr. 02089 062211

Local Hospital Liaison Committee 07942 919140

Local Trust Policy

JW.ORG
Click on: ‘Find Resources For’ ‘Medical Professionals’
...and finally

Jehovah’s Witnesses very much appreciate the cooperation and support we continue to receive from members of the medical profession in developing strategies which respect our beliefs.

We are pleased to have had the opportunity to explain our views today.
ANY QUESTIONS?