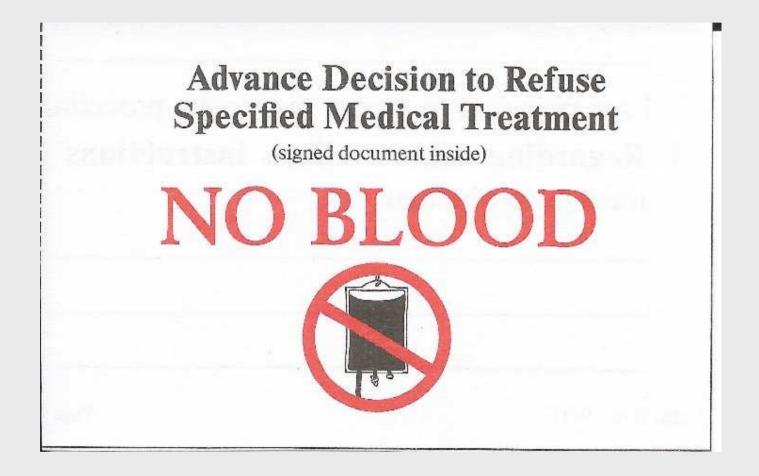
Jehovah's Witnesses Our Views on Health Care

Refusal of Blood Transfusion



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)

- Heart bypass
- Epidural autologous blood patch

Options when blood is refused..

Medical Alternatives to Blood Transfusion



Practical, Effective, Safe



DEVELOPING A BLOOD CONSERVATION CARE PLAN FOR JEHOVAH'S WITNESS PATIENTS WITH MALIGNANT DISEASE

CARE PLAN FOR WOMEN IN LABOUR REFUSING A BLOOD TRANSFUSION

(As referred to in the RCOG News of the Royal College of Obstetricians & Gynaecologists)

This document is an aid for medical staff and midwives managing a Jehovah's Witness or other patient who declines blood. Autologous procedures such as blood salvage and the use of plasma-derived products such as clotting agents are a matter of personal choice for each Witness. Most will carry an advance decision document expressing their wishes. Please check with the patient.

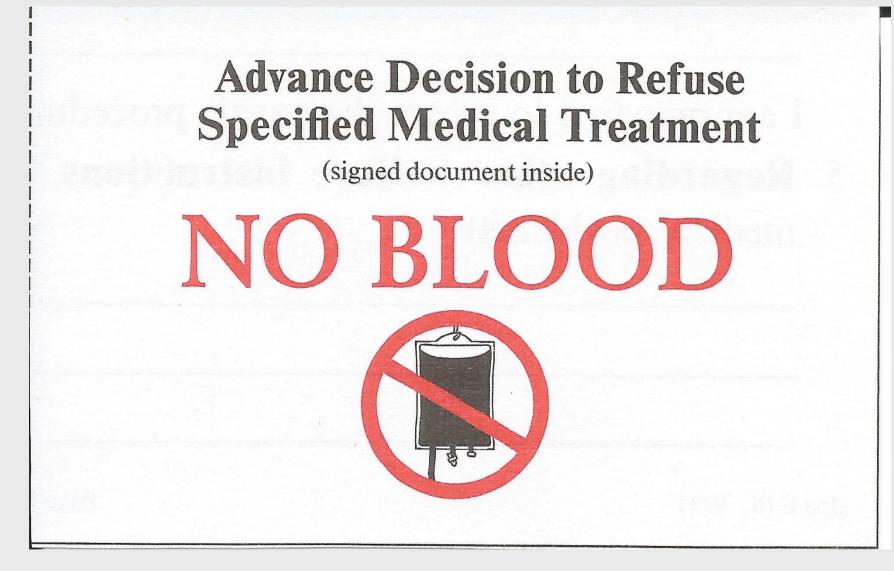
Dick management

We trust this document will be helpful to the clinical team treating one of Jehovah's Witnesses for a malignant condition where blood or blood component support would normally be part of the treatment plan.

Patients who are Jehovah's Witnesses understand the constraints their beliefs produce. They wish to work with their doctors to be effectively treated within these constraints and welcome frank open discussions at all stages.

> Presented at the British Society for Haematology 47th Annual Scientific Meeting Bournemouth, April 2007

"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**



Advance Decision to Refuse Specified Medical Treatment

- 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 even if those medically responsible for my welfare and/or any other persons believe that such treatments are necessary
- 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

to sustain my life.

- (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:

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.

Signature

Address

7.

9

N

Date

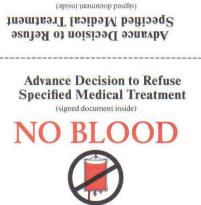
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8. **STATEMENT OF WITNESSES:** The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older.

Signature of witness	Signature of witness
Name Occupation	Name Occupation
Address	Address
Telephone	Telephone
Mobile	Mobile
EMERGENCY CONTACT:	
ame	
ldress	NO BLOOD
elephone Mobile	Specifical Measurement Inside)

10. GENERAL PRACTITIONER CONTACT DETAILS: A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

Address	
Telephone Number(s)	Page 2 of 2



"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 ?

