TREATING THE JEHOVAH’S WITNESS PATIENT

Hospital Liaison Committee
For
Jehovah’s Witnesses
A true Liaison and resource for clinicians and Witness patients and their families

Supply informative material

Aid the Witness to be an informed patient and often facilitate treatment commencement

Make presentations to all grades of Hospital personnel
THE WITNESS VIEW OF LIFE & MEDICINE

Jehovah’s Witnesses position in connection with blood is NOT a medical stand but a scriptural stand

Jehovah’s Witnesses love and respect life

They seek and greatly appreciate your professional care
JEHOVAH’S WITNESSES STAND ON . . . . BLOOD

<table>
<thead>
<tr>
<th>UNACCEPTABLE</th>
<th>WHOLE BLOOD</th>
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<tr>
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<td>Red Cells</td>
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<tr>
<td>Christian To Decide</td>
<td>Derivatives From Red Cells</td>
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<td>White Cells</td>
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<td>Derivatives From White Cells</td>
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<td>Platelets</td>
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<td>Derivatives From Platelets</td>
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<td>Plasma</td>
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<td>Derivatives From Plasma</td>
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Derivative Examples: Clotting Factors (non-recombinant)  
Anti-D  
Other Immunoglobulins  
Cryoprecipitate  
Fibrinogen Concentrate  
PCC’s
# Jehovah’s Witnesses Stand On . . . . Medical Procedures

<table>
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<tr>
<th>UNACCEPTABLE</th>
<th>PRE-OPERATIVE AUTOLOGOUS DONATION</th>
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<tr>
<td>Christian To Decide</td>
<td>Acute Normovolemic Haemodilution</td>
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<td>Dialysis</td>
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<td>Heart Lung Machine</td>
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<td>Intra-Operative Cell Salvage Machines</td>
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<td>Organ Transplants</td>
<td>Organ Donation</td>
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<td>Apheresis Procedures</td>
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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. 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: haemodialysis, heart bypass, dialysis, intraoperative and postoperative 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 want to qualify either (4a) or (4b) above and my treatment choices are as follows:

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

5. Regarding other welfare instructions (such as current medications, allergies, and medical problems):

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. ______________________
   ______________________
   ______________________

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.

   ______________________
   ______________________
   ______________________

9. EMERGENCY CONTACT:
   ______________________
   ______________________

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

    ______________________
    ______________________

    Telephone: ______________________
    Mobile: ______________________

    Telephone: ______________________
    Mobile: ______________________

    Telephone: ______________________
    Mobile: ______________________

Hospital Liaison Committee for Jehovah’s Witnesses
PATIENT BLOOD MANAGEMENT STRATEGIES
VALUABLE TO JEHOVAH’S WITNESSES

Pharmaceutical: ESA’s, Tranexamic Acid, GCSF’s etc
Microsampling
Modified Transfusion Triggers
Point of Care Testing
Minimally Invasive Procedures
We readily accept that the law does not give parents unlimited medical decision making authority.

However......

We greatly appreciate clinicians who sympathetically address parents and young person’s concerns and thoroughly seek out all appropriate alternative strategies.
Mental Capacity and Competency

A properly executed Advance Directive cannot be overridden.

In the absence of a Directive, Clinicians are directed to act in the patient’s “best interests”.

“Best interests” include their general well being and spiritual and religious welfare.

Where the need arises, the ‘principle of necessity’ is respected.
The introduction of Artificial Oxygen Carriers into general practice does not look imminent

Pharmacy – TPO mimetics for thrombocytopenia and new versions of ESAs

New developments in Cell Salvage allowing recycling of platelets and other factors
TREATING THE JEHOVAH’S WITNESS PATIENT

We still appreciate that our stand can be life-threatening and raises challenges for conscientious clinicians and support staff

WE GREATLY VALUE THE EFFORTS AND SYMPATHETIC CARE EXPENDED ON OUR BEHALF