12: Management of patients who do not accept transfusion

Essentials

- Respect the values, beliefs and cultural backgrounds of all patients.
- Anxiety about the risks of transfusion can be allayed by frank and sympathetic discussion with a well-informed clinician.
- Blood Transfusion Services provide a range of quality assured information resources for patients, parents and their families.
- Jehovah's Witnesses decline transfusion of specific blood products, usually whole blood and primary blood components. Individuals vary in their choice and it is important to clearly establish the preference of each patient.
- Advance Decision Documents must be respected.
- No one can give consent on behalf of a patient with mental capacity.
- Emergency or critically ill patients with temporary incapacity must be given life-saving transfusion unless there is clear evidence of prior refusal such as a valid Advance Decision Document.
- Where the parents or legal guardians of a child under 16 refuse essential blood transfusion a Specific Issue Order (or national equivalent) can be rapidly obtained from a court.

Every patient has the right to be treated with respect and staff must be sensitive to their individual needs, acknowledging their values, beliefs and cultural background.

Some patients, their family members or friends are very worried about the risks of blood transfusion, especially transfusion-transmitted infection, based on reports in the media or anecdotal experience. Others decline transfusion of certain blood products based on their religious beliefs.

Please note the Transfusion Handbook has not been updated since 2014 and requires review. Guidance within the Handbook may therefore be out of date with other current guidelines.
12.1: Anxiety about the risks of blood transfusion

A frank and sympathetic discussion with a well-informed doctor, nurse or transfusion practitioner may be successful in allaying concern. Provision of clear, balanced information on the risks and benefits of transfusion and, where appropriate, alternatives to transfusion, is a key component of obtaining informed consent (see Chapter 4). The UK Blood Transfusion Services provide a range of quality assured information resources for patients, parents and their families (http://hospital.blood.co.uk/library/patient_information_leaflets/leaflets/ and http://www.scotblood.co.uk/media/11442/receiving_a_transfusion_v12.pdf).

Please note the Transfusion Handbook has not been updated since 2014 and requires review. Guidance within the Handbook may therefore be out of date with other current guidelines.

Contact JPACOffice@nhsbt.nhs.uk for more information.

12.2: Jehovah’s Witnesses and blood transfusion

Jehovah’s Witnesses, with at least 7.5 million active members worldwide and around 130 000 in the UK, are the most well-known religious community who decline transfusion of specific blood components. Their decision is not related to perceived risks of transfusion but is a scriptural stand based on biblical texts, such as ‘the life of all flesh is the blood thereof: whoever eat it shall be cut off’ (Lev. 17:10–16) and ‘abstain from the meats offered to idols and from blood’ (Acts 15:28–29) (1–3).

Individuals vary in their choice and it is important to clearly establish the preference of each patient.

Nearly all Jehovah’s Witnesses refuse transfusions of whole blood (including preoperative autologous donation) and the primary blood components – red cells, platelets, white cells and unfractionated plasma. Many Witnesses accept the transfusion of derivatives of primary blood components such as albumin solutions, cryoprecipitate, clotting factor concentrates (including fibrinogen concentrate) and immunoglobulins. There is usually no objection to intraoperative cell salvage (ICS), apheresis, haemodialysis, cardiac bypass or normovolaemic haemodilution providing the equipment is primed with non-blood fluids. Recombinant products, such as erythropoiesis stimulating agents (e.g. RHuEpo) and granulocyte colony stimulating factors (e.g. G-CSF or GM-CSF) are acceptable, as are pharmacological agents such as intravenous iron or tranexamic acid.

Jehovah’s Witnesses frequently carry a signed and witnessed Advance Decision Document listing the blood products and autologous procedures that are, or are not, acceptable to them. A copy of this should be placed in the patient record and the limitations on treatment made clear to all members of the clinical team. It is appropriate to have a frank, confidential discussion with the patient about the potential risks of their decision and the possible alternatives to transfusion, but the freely expressed wish of a competent adult must always be respected. Where appropriate, the patient and clinical team may find it helpful to contact the
local Hospital Liaison Committee for Jehovah’s Witnesses (contact details should be in the relevant local hospital policy document but can be obtained through the UK central coordinating office, Hospital Information Services – tel 02089062211 [24 hours] or via hid.gb@jw.org).

Useful resources to assist in the management of patients who refuse blood transfusions include:

- London Regional Transfusion Committee – Care Pathways for the Management of Adult Patients Refusing Blood (including Jehovah’s Witnesses patients)
- Developing a Blood Conservation Care Plan for Jehovah’s Witness Patients with Malignant Disease

12.3: Mental competence and refusal of transfusion

‘… an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made’ (Mental Capacity Act, 2005 [England and Wales]). The legal situation varies slightly between the UK Devolved Authorities, but all specify the tests to be met to define mental incapacity and which individuals or bodies may be appointed as the incapacitated patient’s best interests decision maker. No one can give consent on behalf of a patient with mental capacity.

In the case of critically ill patients with temporary incapacity, for example altered consciousness after trauma, clinicians must give life-saving treatment, including blood transfusion, unless there is clear evidence of prior refusal such as an Advance Decision Document. The patient record should document the indication for transfusion and the patient should be informed of the transfusion when mental capacity is regained (and their future wishes should be respected).

Where the parents or legal guardians of a child under 16 refuse blood transfusion (or other medical intervention) that, in the opinion of the treating clinician, is life-saving or essential for the well-being of the child, a Specific Issue Order (or national equivalent) can be rapidly obtained from a court. All hospitals should have policies that describe how to do this, without delay, 24 hours a day.