**Transfusion Handbook**

**12.2: Jehovah’s Witnesses and blood transfusion**


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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 Guidance within the Handbook may therefore be out of date with other current guidelines.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.

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**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)
• The Royal College of Surgeons of England – Code of Practice for the Surgical Management of Jehovah’s Witnesses – http://www.rcseng.ac.uk/publications/docs/jehovahs_witness.html
• Developing a Blood Conservation Care Plan for Jehovah’s Witness Patients with Malignant Disease