

POLICY FOR TREATMENT OF JEHOVAH'S WITNESSES ADULTS & CHILDREN

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POLICY FOR CONSENT TO TREATMENT OF JEHOVAH'S WITNESSES : ADULTS

Introduction

One of the most basic human rights is freedom from physical interference. A person of sufficient maturity and mental capacity can choose whether or not to undergo medical treatment

A fundamental belief of The Jehovah's Witness Christian movement is the rejection of transfusions of whole blood, or any of its four primary components, namely, red cells, plasma, platelets and white cells.

Fractions of any of the above four primary components may be acceptable but are a matter of individual patient choice.

The Church organisation, the Watchtower Society, first introduced a policy on refusal of blood in 1945. Since 1961 the Church has enforced it by "disfellowshipping" or expelling un-repentant members who willfully accept prohibited blood components. Disfellowshipping would also result in the social exclusion of a member from the group.

In June 2000, a change in this policy was announced by the headquarters of the Church, the Watchtower and Bible Tract Society. A Jehovah's Witness who accepts a blood transfusion would, through their actions, indicate that they no longer wish to be a Jehovah's Witness resulting in their disassociation from the Church. It would be for the individual to revoke his or her membership through self-disclosure rather than the congregation initiating disfellowshipping through a judicial committee. This subtle change has created an important difference in a Jehovah's Witness's autonomy as a patient. Disassociation is initiated by the member's own admitted action, whereas disfellowshipping would have been initiated by each congregation through a judicial committee. It means it is possible for an individual Jehovah's Witness to accept a blood transfusion and choose to remain silent thereby avoiding exclusion from the congregation. It is, therefore, essential that medical confidentiality be maintained should a Jehovah's Witness choose to receive a blood transfusion.

Aims of the Guidelines

1. To protect the rights of individuals' - in respect of their acceptance or refusal to be treated with blood or blood products.
2. To provide advice to clinical practitioners to protect them and the hospital from unnecessary confrontation and perhaps costly litigation by outlining the procedures to be followed.
3. To enable clinicians to feel as confident in their approach to treating patients as is clinically necessary, unless there is specific and clear refusal of consent.

Management of patients for elective surgical procedures

Ideally, a preoperative consultation should occur, well in advance of the date of surgery, to allow for any necessary preparations and optimization of the patient's condition. A reasonable effort should be exercised to provide the individual Jehovah's Witness with ample opportunity to express their own wishes without undue influence from family or members of the religious order.

Once a patient has made it known that he/she will not consent to the use of blood products and has confirmed their choice relating to fractions of the previously mentioned four primary components, it is the doctor's responsibility to give a full explanation of the risks associated with the procedure should these products not be given. If the patient still refuses to have blood products given, but wishes the procedure to be carried out and the clinician agrees to operate, then the consent form must include this information and be signed by the patient and the clinician. The doctor must fully document in the patient's records details of all such discussions.

Whenever possible, consultant staff (anaesthetists and surgeons) should be directly involved throughout the care of Jehovah's Witness patients. It is essential that surgeons responsible for elective Jehovah's Witness patients inform the anaesthetic department as soon as possible in order to ensure a consultant anaesthetist is available and prepared to manage the patient's care. The surgeon should be informed as soon as possible if any difficulty arises.

If the clinician is unwilling to operate without the use of blood or blood products, he should refer the patient back to the GP. The patient can be advised that The Birmingham Hospital Liaison Committee for Jehovah's Witnesses can be contacted to assist with finding another suitably qualified person who is prepared to take over the case. (Appendix 3).

All the alternatives to allogeneic blood transfusion should be considered and discussed with the patient as appropriate. At the patient's request, members of the Hospital Liaison Committee may be invited in order to clarify issues for both parties. It is recommended that clinicians involve a consultant haematologist in planning for "bloodless surgery" in these patients.

It should also be remembered that Jehovah's Witnesses have the same right as any other person who makes an advance refusal – i.e. to withdraw or alter it at any time they have the capacity to do so. Any change of heart should be documented and witnessed.

Jehovah's Witnesses who have accepted blood transfusions should receive them outside visiting times and care should be taken to maintain patient confidentiality. Medical records, prescription sheets, blood transfusion record sheets and fluid documentation should be stored away from the bedside.

Management of Emergency Admissions

If a patient presents as an emergency admission requiring a blood transfusion:

- a) If they are conscious and able to indicate verbally that they do not wish to have blood products, then their wishes must be respected and alternatives to allogeneic blood should be used. The consultant must be informed and, if the patient is able, the General Consent Form (Appendix 1) should be signed, which limits the doctors liability.
- b) If the clinician feels unable to successfully treat the patient without the use of blood products, then the patient should be notified of this fact immediately and of the fact that he/she may die. If the patient specifically consents the next of kin may be contacted and it may be appropriate for the patient/ relatives to be referred to the Birmingham Hospital Liaison Committee for Jehovah's Witnesses and for them to make contact. The patient may if possible be transferred to the care of another consultant who can provide alternative cover before his/her condition deteriorates. In an emergency a clinician is obliged to care for a patient in accordance with the patient's wishes.
- c) If an unconscious patient presents requiring a blood transfusion and is found to carry a card confirming that he/she specifically refuses consent to the use of blood products, then blood products should not be used. The procedure should be carried out as if they were a conscious patient.
- d) If a patient is unconscious and has no written material on him/her to suggest that he/she specifically refuses consent to the use of blood products, then guidance should be taken from the dictum of Lord Donaldson of Lymington : "If (the practitioner) learnt that the patient was a Jehovah's Witness, but had no evidence of a refusal to accept blood transfusions, he would avoid or postpone any blood transfusion so long as possible." (1992 court of appeal 3 W.L.R.782 at 787G). The doctor should ask those claiming that the patient is one of the Jehovah's Witnesses to use the time during which the blood transfusion can be postponed to furnish documentary evidence of the patient's refusal of blood transfusion, if such exists. It is not uncommon for Jehovah's Witnesses to lodge a copy of their advance directives with their General Practitioner who should be contacted.

POLICY FOR CONSENT TO TREATMENT OF CHILDREN OF PARENTS WHO ARE JEHOVAH'S WITNESSES

Introduction

It is a matter fundamental to the beliefs held by Jehovah's Witnesses that they, and the children for whom they are responsible, should not receive transfusions of blood products. A request for consent to blood product administration is therefore likely to be refused in any circumstance.

A refusal of consent by an adult patient should be respected even if the clinical circumstances are known to be life threatening. A doctor may be entitled to decline to accept a patient for elective treatment (usually but not exclusively a surgical procedure) if there was a likelihood that blood product support would be required and that consent for this would be withheld. Under such circumstances, referral to a colleague who might be prepared to undertake the procedure would be expected.

The position of children in such a situation is less clear and in the past individual doctors and their hospitals have sought legal advice. Usually this has taken the form of a Specific Issue Order to sanction the use of blood products without removing all parental authority.

More recently there have been efforts to adopt a less adversarial stance, both by the medical profession and by Jehovah's Witnesses, often through the work of the Jehovah's Witnesses Hospital Liaison Committees. Doctors are more frequently prepared to make balanced judgements about risk in undertaking procedures and treatments and to consider alternatives to the use of blood products.

It has nevertheless become accepted within the legal framework applied in the United Kingdom that transfusion is justified without consent. This is in circumstances in which a child's life is acutely threatened, whether this is in the context of acute illness or trauma, or in the setting of an elective treatment or procedure in which serious complications arise. Under such circumstances the law permits doctors to administer blood transfusion notwithstanding any previously stated refusal by the parents to consent to this. There has been a parallel increase in the acceptance of this position amongst the community of Jehovah's Witnesses.

Children under the age of 16 years can give consent if they are believed to have sufficient maturity (competence) to understand the issues concerned. This ruling enables a child of suitable age and maturity to give consent for elective treatment in the absence of parental consent, or even if parents object or where they may, at the request of the child, have not been involved in the debate at all. However, the ruling does not empower a child to withhold consent for necessary or life saving treatment and it is clear that the attitude of the courts is that where there is an immediate necessity (notwithstanding any objection by child or parents or guardians) the treatment should be given, including blood transfusions if required.

The Royal College of Surgeons has published a helpful Code of Practice, which provides additional detailed guidance in relation to surgical practice. The Association of Anaesthetists of Great Britain and Ireland have published recommendations for the Management Anaesthesia for Jehovah's Witnesses that includes a helpful procedure for applying for a "Specific Issue Order" (see appendix 5).

The Principles

Despite the fact that the medical team and Jehovah's Witnesses parents may have different value systems, each should respect the other party for having the best interests of the child at heart within the context of their value system.

The senior doctor taking the decision must be clinically credible to the family and should be a consultant.

The process involved in negotiating consent must make it clear to the family that the doctor has a professional responsibility to use blood products if judged necessary to save the life of the child.

The family and the doctor must be clear of the collective and individual responsibilities they carry in caring for the child. It is of the utmost importance that the process of consent, and the dialogue which proceeds it, should always seek to avoid confrontation.

The Process of Consent

Elective Surgery

A Jehovah's Witness family whose child requires elective surgery should make their belief and concerns clear to the surgical team at the earliest possible opportunity after receiving the advice that their child requires surgery.

The consultant in charge of the child's care should arrange to meet the family to discuss the issue of consent, with particular reference to the need for blood transfusion. This should be undertaken before any arrangements are made for the child's admission and particularly when the procedure in question has significant risk of blood product support being needed. The consultant anaesthetist concerned should be invited to participate in the discussion.

The family must be given reasonable notice of this meeting so that they can obtain advice from the local Jehovah's Witness Hospital Liaison Committee if they wish. Furthermore, it should be made clear to the family that a member of the Hospital Liaison Committee may attend the meeting with the medical staff if the family wish.

The discussion with the family should include the following points :

- A clear assessment of the likely need for blood product support during or after surgery and of the urgency and importance of the surgical procedure itself.
- The medical staff must reassure the family that they will do their best to honour the family's beliefs yet it must be made clear to them that the consultant(s) in charge may find it necessary to administer blood products if they judge the situation to have become life threatening. Every effort should be made to employ non-blood management and to explore bloodless alternatives before using blood products against the wishes of the parents.
- The family should be reassured that such a decision would normally be taken jointly by the consultant surgeon and the consultant anaesthetist involved unless clinical circumstances preclude time for such dialogue.
- It would be particularly important to reassure the family that the use of blood products under such circumstances would always be disclosed to them.

Emergency treatment and life threatening disease

The most common circumstances in which concerns about the use of blood products are likely to arise are encountered in the A & E department and in the Neonatal Unit. The primary responsibility of the staff involved is to safeguard the child's life and in circumstances of greatest urgency it may be necessary to transfuse without prior discussion with the parents. In most situations, however, it will still be possible to meet the family to clarify the responsibilities of the medical staff in relation to the treatment required, and to follow the process of consent described below.

In children with life threatening illness, for example acute leukaemia, the decision to treat should be based (as for any other child) on the likely benefit and on the prognosis. The implications of the proposed treatment plan on the need for the use of blood products must then be defined for the family. Reassurance should be offered that blood product support would be utilised only if, in the view of the consultant in charge or another appropriately experienced member of staff, there was a significant threat to life.

The Consent Form

The aim of the discussion with the family is to achieve sufficient understanding and trust between the medical staff and the family that consent to the procedure is obtained using the standard medical procedure consent form used within the Trust.

Any amendment of the consent form to indicate that consent is not given for the use of blood products serves no purpose in the context of the doctor's duties in an emergency situation. If however the family require an amendment to the consent before they are prepared to give consent to the procedure or treatment itself, a suitable form of words is provided on a supplementary statement (Appendix 2) entitled 'Understanding regarding refusal of blood transfusion' which the family should be invited to sign in addition to a standard medical procedure consent form.

It is important to recognise that in relation to the role of the parents, one adult cannot give or withhold consent for another. Overall it is the responsibility of the clinician in charge to make an objective decision and based on judgement which is made in good faith and with adequate reason. It should not normally be necessary to obtain legal advice except in circumstances in which parents or child refuse to consent to a procedure or treatment necessary for the future health of the child on the grounds that they fear that blood products may be required. If the objections are strong, and particularly if the objections come from the child him/herself, then it may be appropriate to seek an application for a "Specific Order Issue". The consultant(s) involved should normally seek advice from their Clinical Director, or in their absence the Medical Director, or from the Trust's legal adviser before taking such a decision. In all such situations the family should always be kept informed of the details and progress of legal advice provided to the Trust and any subsequent proceedings.

Record keeping

Details of the discussions with the family should be recorded in detail in the case notes and the consultant in charge should offer to provide the family with a written summary of such notes.

The child's notes must be clearly marked to indicate that blood product transfusion is acceptable only in circumstances of genuine emergency and that if this becomes necessary the consultant in charge of the child's care should be informed as soon as is reasonable (if not present at the time).

The circumstances under which any blood products are administered must be documented in the case notes, indicating exactly why the decision was made and by whom it was taken. A further note should record when the parents were informed of the decision, by whom, and with details of the explanation provided.

Appendix 1

**GENERAL CONSENT FORM
EXCLUDING BLOOD TRANSFUSION**

I,of
..... Date of Birth

Being one of Jehovah's Witnesses with firm religious convictions have resolutely decided to obey the Bible commands: "Keep abstaining from ... blood" (Acts 15:28, 29). With full realisation of the implications of this position, and exercising my own choice, free from any external influence, I HEREBY:

1. **CONSENT** to undergo the operation/treatment of.....

the nature and purpose of which have been explained to me by Dr/Mr

2. **FURTHER CONSENT** (subject to the exclusion of the transfusion of blood or blood components) to such further or alternative operative measures or treatment as may be found necessary during the course of the operation or treatment and to the administration of general or other anaesthetics for any of these purposes.

3. **DIRECT**

a) that such consent EXCLUDES the transfusion of blood or blood components but INCLUDES the administration of non-blood volume expanders such as saline, dextran, haemaccel, hetastarch and Ringer's solution,

b) That my express refusal of blood or blood components is absolute and is not to be overridden in ANY circumstance by a purported consent of a relative or other person or body or by Court Order. Such refusal remains irrevocably in force even though I may be affected by medication and/or be unconscious, and the doctor(s) treating me consider THAT SUCH REFUSAL MAY BE LIFE THREATENING.

4. **ACKNOWLEDGE** that no assurance has been given to me that the operation/treatment will be performed or administered by any particular practitioner but FURTHER DIRECT that such consent as I hereby give and the express exclusion of the transfusion of blood or blood components is binding on ALL practitioners treating me; including surgeons, anaesthetists, perfusionists, operating theatre technicians, nurses, paramedical technicians, recovery and intensive care teams and the Health Authority or Governing Trustees of any hospital in which my treatment is undertaken.

ACCEPT full legal responsibility for this decision and RELEASE all those treating me from any liability for any adverse consequences directly arising from their management options being curtailed by the exclusion of blood or blood components.

Date Signature(Patient)

I, a Registered Medical Practitioner

ofHospital CONFIRM :

a) That I have explained the nature and purpose of this operation/treatment and emphasised my clinical judgement of the potential risks to the person who nonetheless signed the above form of consent and refusal,

b) Acknowledge and agree on behalf of all practitioners and other persons and Authorities referred to in Clause 4 above that the treatment of this patient will under no circumstances whatsoever include the transfusion of blood or blood components.

Date.....Signature

Registered Medical Practitioner

Print Name

Appendix 2

UNDERSTANDING REGARDING REFUSAL OF BLOOD TRANSFUSION

From: (Name of Hospital)
To: Parent(s)/Guardian(s)
Of: (Child)

1. Another Hospital NHS Trust acknowledges your directive that no blood transfusions be administered to your child under any circumstances. If you have not already done so, please immediately inform the Consultant in charge of your child's care. Your directive will be placed on your child's medical record for the medical team's attention.

2. In the elective treatment where the consultant in charge believes blood transfusion is likely to be necessary, your refusal to permit blood transfusion may result in the cancellation of treatment.

3. In urgent/necessary medical care when the consultant in charge believes blood transfusion is necessary, he or she may report your refusal to the local child protection authorities. Doctors may be required to do so by law. However, you will be notified immediately if any such report is contemplated, assuming that you wish to be represented before any court or other authority involved.

4. If, on rare occasions during the course of treatment, a true emergency suddenly arises which allows no time to report the matter to the child protection authorities or to seek court intervention, the medical team will still do its best to honour your refusal and treat your child without blood or blood products. However, if in such a situation the medical staff believe that blood transfusion is immediately necessary to save your child's life the law permits them to administer blood notwithstanding your refusal. If blood is administered in such an emergency, the medical team and hospital are responsible for the consequences of their actions.

Signed:

(For Medical Team)

(Date)

I/We have read and understand what is stated above. Regarding point 4, my/our signing of this statement should be understood only as acknowledgement of my/our rights by law to decide and control what medical care should not be administered to my/our child.

Signed:

.....

(Parent/Guardian)

(Relationship to Patient)

.....

(Parent/Guardian)

(Relationship to Patient)

.....

...

(Witness)

(Date)

Date:

Signature

Registered Medical Practitioner

Appendix 3

USEFUL CONTACTS

Jehovah's Witness Hospital Liaison Committee

Further Means of Communication:

Appendix 4

JEHOVAH'S WITNESSES' POSITION ON MEDICAL TREATMENT

The decision of individual Jehovah's Witnesses to refuse blood and blood components is a matter of personal choice. They will accept full legal responsibility for their decision and will release those treating them from any liability for any adverse consequences directly arising from the curtailment of management options by the exclusion of blood products.

ABORTION

Deliberately induced abortion is unacceptable. If, at the time of childbirth, a choice must be made between the life of the mother and the child, it is up to the individuals concerned to make that decision.

AUTO TRANSFUSION

Immediate intra-operative autotransfusion is permitted by many Witnesses provided the circuit is linked to the patients' circulatory system and there is no storage. However, preoperative collection and subsequent reinfusion is not permitted.

BLOOD TESTS

No objections

BLOOD TRANSFUSIONS

Transfusions of whole blood, packed red cells, plasma, white cell and platelets are rejected. For blood proteins see below

FRACTIONS

Each Witness will decide individually whether to accept such fractions as albumin, immunoglobulins, anti-D and haemophiliac preparations.

HAEMODIALYSIS

Permitted by many Witnesses provided non-blood prime is used.

HAEMODILUTION

Intraoperative haemodilution is permitted by many Witnesses when the equipment is arranged so as to keep the blood in a constant link to the patients' circulatory system.

HEART BYPASS

Permitted by many Witnesses provided non-blood prime is used.

SERUMS

Not forbidden, although some Witnesses conscientiously refuse them.

EXPANDERS

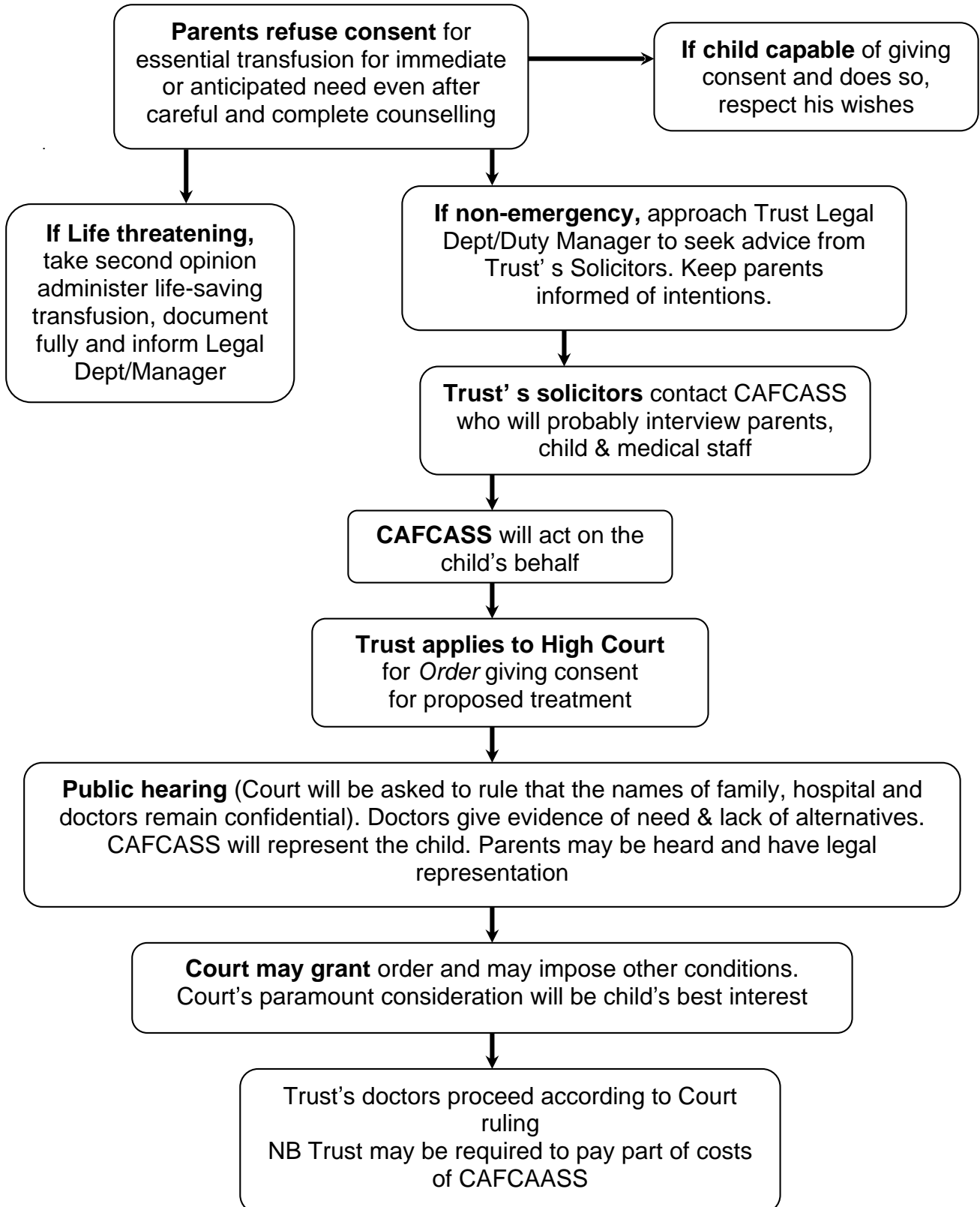
Non-blood volume expanders are acceptable. Examples include : saline, dextran, gelatin, Ringer's Solution, haemaccel and hetastarch.

Appendix 5

SIMPLIFIED PROCEDURE FOR APPLICATION TO COURTS FOR A 'SPECIFIC ISSUE ORDER'

- 1) Child and parents refuse consent to treatment. Doctors believe treatment must be given, in the best interests of the child. This would not be an emergency situation - if it is, the doctor should act in the best interests of the child, having taken a second opinion, and record his actions carefully in the medical records.
- 2) Doctors seek advice from their Trust Legal Department or Chief Executive who in turn seeks solicitors' advice. Parents should be kept informed and invited to case conferences.
- 3) If solicitors advise proceeding, they will involve CAFCASS whose function is to represent the interests of minors or others who are 'incompetent'. A member of the CAFCASS staff, or a solicitor appointed by them, will probably wish to see the parents and the child, to discuss the situation. CAFCASS may then instruct solicitors and counsel to act on the child's behalf.
- 4) The Trust applies to the High Court (in Scotland the Court of Session or Sheriff Court) for an order giving consent to the proposed treatment. The terms of the proposed order should be discussed in advance with the CAFCASS representative.
- 5) A hearing might be held in public, but with the names of the family, the hospital and the doctors directly involved kept confidential, when the doctor(s) recommending treatment would give evidence, based on a previously prepared affidavit. The Court will wish the doctor to state the reasons for the recommended treatment, together with other options considered and the reasons for discarding those options. Independent expert advice may also be required. CAFCASS may call their own experts to give evidence. The parents may wish to have separate legal representation.
- 6) The Court may grant the order and may impose further conditions. The Court's paramount consideration will be the welfare of the child.
- 7) The Trust and the doctors then consider how best to proceed in accordance with the Court's ruling.
- 8) The Trust may be required to pay a proportion of the legal costs of CAFCASS, as well as its own.

PROCEDURE FOR CASES INVOLVING CHILDREN UNDER 18



Appendix 6

SUMMARY

Please consider the following in the treatment of Jehovah's Witnesses :

In elective and urgent cases, when blood transfusion might be possible or likely, the following actions should be considered:

- a) Review non-blood medical alternatives and treat without using allogeneic blood.
- b) Consult with other doctors experienced in non-blood management and treat without using homologous blood.
- c) If necessary, transfer patient to another doctor or facility before the patient's condition deteriorates.
- d) Consult local Hospital Liaison Committee of Jehovah's Witnesses regarding alternative care and/or locating doctors at other facilities.