The Newcastle upon Tyne Hospitals NHS Foundation Trust

The Medical Treatment of Jehovah’s Witnesses Policy

Version No.: 5.3
Effective From: 15 June 2017
Expiry Date: 01 March 2019
Date Ratified: 26 May 2017
Ratified By: Clinical Risk Group

1 Introduction

The ethos of the Trust is to respect individual autonomy. Jehovah’s Witnesses welcome medical treatment however their beliefs lead them to refuse the administration of whole blood and primary blood components (red blood cells, white cells, plasma and platelets). Subsequent references in this policy to blood transfusion relate also to these primary blood components.

Individual beliefs may vary so a Jehovah’s Witness patient may wish to consult with the Elders of the community before arriving at a personal decision regarding the use of blood products. Many Jehovah’s Witnesses will accept blood salvage techniques and the use of plasma derivatives (such as albumin, clotting factors and immunoglobulins). These are a matter of patient choice. However, Jehovah’s Witnesses will not accept preoperative autologous blood donation for later reinfusion (pre-deposit).

Most active communities maintain a committee of Elders, known as the Hospital Liaison Committee for Jehovah’s Witnesses (HLC). This committee can also act as a source for local information regarding the beliefs and practices for Jehovah’s Witnesses. A list of contacts for the Hospital Liaison Committee can be found in Appendix A.

Practising Jehovah’s Witnesses often carry an Advance Decision Document prohibiting blood transfusion (see Appendix B). This document outlines the patient’s instructions regarding blood transfusion, derivatives of blood and procedures involving the patient’s own blood. Many will have provided copies to their GP, family and friends and to the Hospital Liaison Committee for Jehovah’s Witnesses.

It is important to realise that individual Jehovah’s Witnesses may have different views and it is the obligation of the clinical team to respect the wishes of the individual patient.

2 Policy scope

This document contains directions as to the policy to be followed in cases where treatment decisions may be affected by the fact that the patient is a Jehovah’s Witness, or is a minor with Jehovah’s Witness parents.

This policy should be read in conjunction with the policies/guidelines listed in section 12 and 13.
3 **Aim of policy**

- To protect the rights of individuals - in respect of their acceptance or refusal to be treated with blood or blood products.
- 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.
- To facilitate and expedite non-blood medical management for these patients

4 **Duties (Roles and responsibilities)**

- Trust Board - Must ensure that staff have access to the relevant guidance and training in relation to the management of Jehovah’s Witnesses.
- Directorate Managers /Clinical Directors and Heads of Department - Must ensure that staff receive up to date information and training in relation to the management of Jehovah’s Witnesses
- All staff - Must be non-judgemental and respect the rights of patients to make their own decisions.

5 **Definitions**

The Hospital Liaison Committee is a committee of Elders, known as the Hospital Liaison Committee for Jehovah’s Witnesses (HLC). It is a support service for both patients and health care practitioners. They maintain a specialised database of relevant medical papers, articles and abstracts dealing with non blood management strategies, researched from the world’s medical literature. They can put doctors in touch with specialists in Britain with extensive experience of treating patients who seek alternatives to blood transfusion.

6 **Main Body of the policy/procedure**

6.1 **Legal Position**

6.1.1 To administer blood to a patient who has steadfastly refused to accept it either by the provision of an Advance Decision document or by its exclusion in a consent form is unlawful, ethically unacceptable and may lead to criminal and/or civil proceedings. Specifics to this legal position are highlighted in the points below.

6.1.2 **Adult Patients**

Competent adult patients of sound mind have the right to refuse medical treatment (however irrational this may be perceived to be) even if the consequences of such refusal may lead to the patient's death or serious injury.
6.1.3 Children

Parents have the right to consent to medical treatment in the interests of their children. Refusal by the parents may be overridden by legal process where this is considered necessary in the interests of the child. An application can be made to the High Court by the Trust or by Social Services for an Order that the child receive a blood transfusion or other necessary medical treatment. If such steps are thought to be necessary, the parents must be kept fully informed and involved. Although children of 16 years of age and over may consent to treatment, as can mature children under 16 years of age (Gillick competence), this does not give such children the right to refuse treatment which is required in their best interests. However it is always necessary to ascertain the views of the child so that they may be taken into account.

6.2 Management of Jehovah's Witness Adult Patients

6.2.1 There should be early identification of patient's religion and whether or not the patient has any objections to receiving a blood transfusion, or has an Advance-Decision Document or Consent Form for specific blood components.

6.2.3 Early assessment of a patient’s capacity to consent to or refuse treatment should be ascertained. “You must not assume that a patient lacks capacity to make a decision solely because of their age, disability, appearance, behaviour, medical condition (including mental illness), beliefs, apparent inability to communicate or because they make a decision that others disagree with or consider unwise.” GMC (2010) Guidance for Doctors: Treatment and care towards end of life pp12.

6.2.4 Where the patient is likely to refuse a blood transfusion this must be recorded in the patient's medical notes. If the patient is competent, the patient's refusal must be accepted. Care should be taken to ensure that the patient is not under duress or undue influence from relatives or others. No member of staff should put the patient under duress to accept a transfusion.

6.2.5 An assessment of the patient’s mental capacity should be carried out on admission. Such assessment must remain under review. Please refer to Trust Policy on “Mental Capacity Act 2005 including the Deprivation of Liberty Amendment 2009”.

6.2.6 It is the responsibility of the clinical staff that are reviewing the patient, to ensure that an alert sticker is placed clearly on the front of the patient’s notes and that the alert sheet on the inside of the notes is completed with the relevant information.

6.2.7 Consideration must be given to the alternatives to blood transfusion that are acceptable to the patient.
6.2.8 With the patient’s permission, early contact should be made with the Newcastle upon Tyne Hospital Liaison Committee for Jehovah’s Witnesses (Appendix A).

6.2.9 Where a patient refuses whole blood or primary blood products, the following should apply:

i) A suitably qualified doctor must explain to the patient the risk and consequences of there being no blood transfusion and the risks and consequences of any alternative treatment. Any relevant documentation/information should also be provided. This should be recorded in the patient’s medical notes.

ii) An individualised care plan should be developed taking into account acceptable procedures involving the patient’s own blood or blood derivatives acceptable to the patient. The patient may bring with them a form to consent on acceptable procedures; “Consent form to specific Blood Components and Procedures for Jehovah’s Witnesses and other patients who refuse blood transfusion” (Appendix C). This should be added into the patient’s medical notes. Referral for pre-operative optimisation of haemoglobin possibly using erythropoietin and of coagulation may be considered.

iii) Ensure that the patient understands the implications of their decisions.

iv) Record in the medical notes unequivocal assurance from the patient that the refusal represents an informed decision that the patient understands the nature of any reasons for the proposed treatment and blood transfusion, and the risks and likely prognosis involved in the decision to refuse or accept it.

v) The patient should sign a disclaimer. This is in addition to entry in notes (i and ii) above.

vi) The consent form must be explicit as to the treatment to be undertaken and must make specific reference to any departure from named management that is contemplated for Jehovah’s Witness patients.

vii) If the patient has completed a clear Advance Decision Document, this should be followed unless there is good reason to doubt its validity. This may take the form of a card carried by the Jehovah’s Witness indicating that the blood transfusion is not to be given. The Advance Decision Document should be placed prominently in the patient’s medical record (Appendix B). A highly visible alert to its existence should be made on the patient’s file.

viii) All relevant clinical personnel must be made aware of the position regarding the patient’s refusal and the medical and nursing record should be clearly marked.
6.2.10 The Clinician should determine whether they are willing to accept these limitations in management. If not, they should refuse to operate or treat medically and the patient should be referred for a further opinion.

6.3 Children (Minors who are Jehovah’s Witnesses or Children of Jehovah’s Witnesses)

6.3.1 There should be early identification that the parent or child is a Jehovah’s Witness.

6.3.2 With the patient’s parents’ permission, or the permission of the child (if deemed competent under the Gillick competence) early contact should be made with the Hospital Liaison Committee for Jehovah’s Witnesses. (Appendix A).

6.3.3 Early assessment as to whether blood transfusion is or will become an issue. Most surgical procedures do not require or involve blood transfusions. If in the opinion of the Consultant, the child is unlikely to need transfusion as a result of the procedure, then the usual arrangements can be made to proceed with the operation or treatment. In the case of a child who requires a surgical operation the parents will be required to sign the appropriate forms indicating their objection to blood transfusion.

6.3.4 Some procedures carry a significant risk of requiring blood transfusion and there is recognition that occasionally a transfusion will unexpectedly become necessary. In such cases, should the Consultant feel it would be unreasonable to proceed without the flexibility to transfuse in such a situation, then a Specific Issue Order from the courts should be sought. Discussion with parents/carer should continue even if legal action is being sought.

6.3.5 In an emergency situation where there is no time to obtain a Specific Issue Order, the use of blood and blood products in life-threatening situations should be based on the judgement of the Consultant in charge of the patient.

6.3.6 Parents can consent to treatment (Trust Consent Form 2) but have no absolute right to refuse treatment for their child. In the case of a child who has been assessed as competent under the Gillick competence rule, then that child can consent to treatment (Trust Consent Form 1). Please refer to the Trust Policy on Consent to Examination and Treatment (with reference to Mental Capacity Act 2005)

6.3.7 At times it may be judged that the patient is competent to make the necessary decisions, in which case their wishes must be respected. However, a child may not be competent to make the necessary independent decisions if unduly influenced by another person.

6.3.8 A full record of any discussion, wishes and intention of the parents and child should be documented in the medical notes.
7 Training

The Hospital Liaison Committee freely supplements the medical training in various fields of health care with presentations on non-blood treatment. These presentations educate on both the efficacy of such treatments and the beliefs of those who choose to accept them.

Training can be delivered at department level as part of clinical governance arrangements.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9 Monitoring compliance with the policy

This policy will be reviewed on a two yearly basis or sooner if relevant issues change which could affect this patient group. This policy will be monitored by the Head of Patient Safety and Risk.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
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<tr>
<td></td>
<td>By</td>
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<tr>
<td></td>
<td>Committee</td>
</tr>
<tr>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td>All Jehovah’s Witness patients are treated with respect</td>
<td>Annual review of complaints to identify if any refer to Jehovah’s Witnesses</td>
</tr>
</tbody>
</table>

10 Consultation and review

This policy has been reviewed by the Head of Patient Safety and Risk in conjunction with the Hospital Liaison Committee. Comments were also sought from the Haematology department and Transfusion Practitioners and members of the Clinical Risk Group.

11 Implementation of policy (including raising awareness)

Awareness of the policy will be via the Trust Newsletter and via staff briefings and training as applicable.
12 References

- Handbook of Transfusion Medicine, 5th Edition, Chapter 12, Pages 135 – 137.
- Department of Health transfusion guidelines link
- Code of practice for the surgical management of Jehovah’s Witnesses (RCSENG)
- Guidelines for the use of fresh-frozen plasma, cryoprecipitate and cryosupernatant (BCSH)
- Management of anaesthesia for Jehovah’s Witnesses – 2nd Edition (AAGBI)
- Cell Salvage in Jehovah’s Witness Patients
- www.jw.org/en/medical-library (Resource)

13 Associated documentation

- Policy for Advance Decisions (Living Wills / Advanced Refusal of Treatment) Incorporating the Mental Capacity Act 2005
- Consent to Examination and Treatment (with reference to Mental Capacity Act 2005)
- Delivery Suite Guidelines (NUTH)
- Freeman Hospital Protocol for use of Erythropoietin in patients due for blood losing surgery
Useful Contact Numbers

Contacts for any Blood Related Issues

<table>
<thead>
<tr>
<th>Hospital Liaison Committee:</th>
<th><a href="mailto:office@newcastle-hlc.org.uk">office@newcastle-hlc.org.uk</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Philp (Chairman)</td>
<td>0191 266 4482 07982 235 366</td>
</tr>
<tr>
<td>Jeffrey Baker</td>
<td>0191 266 2983 07952 724 061</td>
</tr>
<tr>
<td>Ken Murr</td>
<td>0191 258 6804 07940 893 794</td>
</tr>
<tr>
<td>Alan Sanderson</td>
<td>0191 428 5845 07992 725 284</td>
</tr>
<tr>
<td>Jonathan Nelson</td>
<td>0191 266 5417 07745 644 614</td>
</tr>
<tr>
<td>Alex Oliver</td>
<td>0191 413 2959 07709 821 550</td>
</tr>
<tr>
<td>Emergency 24-hour</td>
<td>07889 733 798</td>
</tr>
</tbody>
</table>

Contacts for Pastoral Visiting

Patient Support Group:

Freeman Hospital:

| George Bulman             | 0191 266 8932 07572 231 088 |
| Simon Bennet              | 0191 285 8626 07917 032 727 |
| Andrew Oakes              | 0191 236 8517 07969 740 932 |

Royal Victoria Infirmary:

| James Kostalas            | 0191 281 4922 07769 697 802 |
| Tony Jackson              | 0191 281 7450 07861 386 387 |
| Duncan Brown              | 0191 274 3476 07816 266 201 |
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: haemodilution, 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. 

<table>
<thead>
<tr>
<th>Signature</th>
<th>NHS No.</th>
<th>Date</th>
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<tr>
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</table>

Address

Signature of witness

Name | Occupation
--- | ---

Address

Telephone | Mobile
--- | ---

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

Name | Occupation
--- | ---

Address

Signature of witness

Name | Occupation
--- | ---

Address

Signature of witness

Name | Occupation
--- | ---

Address

Signature of witness

Name | Occupation
--- | ---

Address

9. **EMERGENCY CONTACT:**

Name

Address

Telephone | Mobile
--- | ---

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

Name

Address

Telephone Number(s)
Consent Form for Specific Blood Components and Procedures for Jehovah's Witnesses and other patients who refuse blood transfusion

| Patient name |  |
| Hosp./CHI No. |  |
| Date of birth | (or affix patient label) |

Please complete list by ticking appropriate boxes -:

<table>
<thead>
<tr>
<th>Products containing a Blood component</th>
<th>Acceptable</th>
<th>Not acceptable</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td>Red cells (leucodepleted)</td>
<td></td>
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<td></td>
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<tr>
<td>White cells</td>
<td></td>
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<tr>
<td>Platelets (leucodepleted)</td>
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<tr>
<td>Plasma (leucodepleted) – Single donor FFP</td>
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<tr>
<td>Plasma – Pooled solvent detergent treated FFP</td>
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<tr>
<th>Products containing Plasma derivatives (Blood fractions)</th>
<th>Acceptable</th>
<th>Not acceptable</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Cryoprecipitate</td>
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<tr>
<td>Fibrinogen concentrate</td>
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<td>Albumin</td>
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<tr>
<td>Coagulation Factors</td>
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<tr>
<td>Prothrombin complex concentrates</td>
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<tr>
<td>Intravenous immunoglobulin</td>
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<tr>
<td>Anti-D immunoglobulin</td>
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<tr>
<td>Other immunoglobulins e.g. tetanus</td>
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<tr>
<th>Recombinant products - not blood sourced</th>
<th>Acceptable</th>
<th>Not acceptable</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Recombinant factor VIII</td>
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<tr>
<td>RFVIIa (novoseven) – NB: Contains trace amounts of serum protein</td>
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<tr>
<td>Erythropoietin</td>
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<table>
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<tr>
<th>Procedures involving my own blood</th>
<th>Acceptable</th>
<th>Not acceptable</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Intra-operative cell salvage</td>
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<tr>
<td>Intra-operative cell salvage (continuous circuit)</td>
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<tr>
<td>Post operative cell salvage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Acute normovolaemic haemodilution</td>
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<tr>
<td>Renal Dialysis</td>
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<tr>
<td>Plasmapheresis</td>
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<tr>
<td>Blood radio-labelling</td>
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</table>

| Other Components/Procedures (please specify)              |            |                |                |

**Patient** - I confirm that I do/do not accept the blood components & procedures as detailed above.

Signature: ___________  Print name: ___________  Date: ___________

**Doctor**

Signature: ___________  Print name: ___________  Date: ___________
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: 01/03/16

2. Name of policy / strategy / service:
The Medical Treatment of Jehovah’s Witnesses Policy

3. Name and designation of Author:
Jackie Moon, Head of Patient Safety and Risk

4. Names & designations of those involved in the impact analysis screening process:
Jackie Moon, Head of Patient Safety and Risk

5. Is this a: Policy x Strategy Service
   Is this: New Revised x
   Who is affected Employees Service Users x Wider Community

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   • To protect the rights of individuals - in respect of their acceptance or refusal to be treated with blood or blood products.
   • 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.
   • To facilitate and expedite non-blood medical management for these patients

7. Does this policy, strategy, or service have any equality implications? Yes x No
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>N/A</td>
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<tr>
<td>Sex (male/ female)</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Policy was written with members of Jehovah’s Witness community</td>
<td>No the policy has clear aims that were defined by the Hospital Liaison Committee for Jehovah’s Witnesses</td>
<td>The HLC are always consulted whenever the policy is due for renewal.</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>N/A</td>
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<tr>
<td>Age</td>
<td>N/A</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>N/A</td>
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<tr>
<td>Gender Re-assignment</td>
<td>N/A</td>
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<tr>
<td>Marriage and Civil Partnership</td>
<td>N/A</td>
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<tr>
<td>Maternity / Pregnancy</td>
<td>N/A</td>
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9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No
PART 2

Name: Jackie Moon

Date of completion: 01/03/16

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)