

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

The Medical Treatment of Jehovah's Witnesses Policy

Effective: July 2010

Review Date: July 2012

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 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 Witnesses will accept blood salvage techniques and the use of minor blood fractions (such as albumin, clotting factors and immunoglobulins). These are perceived to be a matter of patient choice.

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 Witnesses. A list of contacts for the Hospital Liaison Committee can be found in Appendix A.

Practising Jehovah Witnesses often carry an Advance Directive 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, as well as other welfare instructions. Many will have provided copies to their GP, family and friends and to the Hospital Liaison Committee for Jehovah Witnesses.

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

2. Scope of Policy

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, or relatives of those involved with a patient that is a Jehovah Witness.

This policy should be read in conjunction with the following policies/guidelines:

[Code of practice for the surgical management of Jehovah's Witnesses \(RCSENG\)](#)

[Delivery Suite Guidelines \(NUTH\)](#)

3. Legal Position

To administer blood to a patient who has steadfastly refused to accept it either by the provision of an Advanced Directive 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.

3.1 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.

3.2 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.

4. Management of Jehovah Witness Patients

4.1 Adults

4.1.1 There should be early identification of patient's religious beliefs and whether or not the patient has any objections to receiving a blood transfusion, or has an Advanced Directive or Consent Form for specific blood components.

4.1.2 Early assessment of patient's competence to accept or refuse treatment should be ascertained and 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.

4.1.3 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](#)".

- 4.1.4 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.
- 4.1.5 Consideration must be given to the alternatives to blood transfusion that are acceptable to the patient.
- 4.1.6 With the patient's permission, early contact should be made with the Newcastle upon Tyne Hospital Liaison Committee for Jehovah Witnesses (Appendix A).
- 4.1.7 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 risks 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 and minor blood components 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 Witnesses and other patients who refuse blood transfusion" (Appendix C). This should be added into the patients medical notes.
 - 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 requests 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 Witness patients.
 - vii) If the patient has made a clear Advance Directive, 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 Witness indicating that the blood transfusion is not to be given. The Advance Directive 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.

- 4.1.8 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.

4.2 Children (to be taken In Case of Jehovah Witness Children or Children of Jehovah Witnesses)

- 4.2.1 There should be early identification that the parent or child is a Jehovah Witness.
- 4.2.2 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 Witnesses. (Appendix A).
- 4.2.3 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 Surgeon, 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. 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.
- 4.2.4 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.
- 4.2.5 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.
- 4.2.6 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 \(with reference to Mental Capacity Act 2005\)](#)
- 4.2.7 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.
- 4.2.8 A full record of any discussion, wishes and intention of the parents and child should be documented in the medical notes.

5. Monitoring

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 Risk Manager.

Author: Risk Manager

USEFUL CONTACT NUMBERS**CONTACTS FOR ANY BLOOD RELATED ISSUES****Hospital Liaison Committee**

Ian Philp (Chairman)	0191 266 4482 + fax
Jeffrey Baker	0191 266 2983
John Barber	01207 542123
Jack Marshall	0191 420 5370
Ken Murr	0191 258 6804 + fax
Alan Sanderson	0191 428 5845 + fax

Emergency 24-hour	07790 311576
	07889 733798

**70 Sandringham Ave
Newcastle upon Tyne
NE12 8JX
iphilp@hotmail.com**

CONTACTS FOR PASTORAL VISITING**Patient Support Group**

FREEMAN HOSPITAL		RVI		NEWCASTLE GENERAL	
George Bulman	0191 2668932	James Kostalas	0191 2814922	Duncan Brown	0191 4143405
Thomas Embleton	0191 2151321	Tony Jackson	0191 2817450	Chris Davey	01207 543653
Jonathan Nelson	0191 2661754				

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 even if those medically responsible
for my welfare and/or any other persons believe that such treatments are necessary
to sustain my life.**

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, intra-operative and post-operative 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 accept only the following procedures:

- 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 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. _____
Signature Date

Address

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

Telephone

Mobile

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)



Advance Decision to Refuse Specified Medical Treatment (signed document inside)



For Information Only

Appendix C
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	
<i>(or affix patient label)</i>	

Please complete list by ticking appropriate boxes -:

	Acceptable	Not acceptable	Not applicable
Products containing a Blood component			
Red cells			
White cells			
Platelets			
Plasma			
Products containing a minor blood fraction			
Cryoprecipitate			
Albumin			
Coagulation Factors			
Prothrombin complex concentrates			
Intravenous immunoglobulin			
Anti-D immunoglobulin			
Other immunoglobulins e.g. tetanus			
Procedures involving my own blood			
Intra-operative cell salvage (continuous circuit)			
Post operative cell salvage			
Acute normovolaemic haemodilution			
Renal Dialysis			
Plasmapheresis			
Blood radio-labelling			
Recombinant products – not blood sourced			
rFVIIa (Novoseven)			
Erythropoietin			
Others e.g. FVIII			
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
IMPACT ASSESSMENT – SCREENING FORM A**

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

Policy Title:	THE MEDICAL TREATMENT OF JEHOVAH'S WITNESSES	Policy Author:	Risk Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	Yes	See below
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?	No	

Comments: The beliefs of Jehovah's Witnesses involve their perception for the need of strict obedience to the Bible. 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.	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Nicolle Croft, Risk Manager Date: July 13th, 2010

Names & Designations of those involved in the impact assessment screening process:

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