

Code of Practice for
**The Surgical Management of
Jehovah's Witnesses**

2002



The Royal
College
of
Surgeons
of
England

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Jehovah's Witnesses**

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This code of practice has been prepared by the Council of The Royal College of Surgeons of England after consultation with interested parties including the Medical Defence Union, the Medical Protection Society and the Hospital Information Services for Jehovah's Witnesses. However, the views expressed are those of the College.

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Introduction

- 1 There are approximately 6,000,000 Jehovah's Witnesses worldwide. Of these, 150,000 reside in the UK and Ireland.
- 2 Jehovah's Witnesses have absolutely refused the transfusion of blood and primary blood components (red cells, white cells, plasma and platelets) ever since these techniques became universally available. This is a deeply-held core value, and they regard a non-consensual transfusion as a gross physical violation.^{1,2}
- 3 Organ transplantation is acceptable to many Jehovah's Witnesses.

Ethical considerations

- 4 The dangers of blood transfusion make it desirable to consider alternative measures whenever possible.³ Nevertheless, a number of conditions can only be successfully treated by homologous transfusion. These include some anaemias and excessive blood loss.

The transfusion threshold for anaemia is usually around 7g.dl⁻¹⁴ and anaemia may become life-threatening at levels below 5g.dl⁻¹.⁵

Major blood loss is most commonly encountered in trauma, surgery (eg cardiovascular and malignant conditions) and obstetric problems. Perioperative mortality increases if bleeding is in excess of 500ml regardless of the preoperative haemoglobin level.⁶ Clotting abnormalities are usually encountered when the blood loss exceeds the patient's circulating volume.⁷

- 5 Jehovah's Witnesses are usually well informed both doctrinally and regarding their right to determine their own treatment. It is not a doctor's job to question these principles, but they should discuss with Jehovah's Witness patients the medical consequences of non-transfusion in the management of their specific condition.
- 6 It is essential to establish the views held by each Jehovah's Witness patient as certain forms of autologous transfusion such as blood salvage techniques, haemodilution, haemodialysis, cardiopulmonary bypass, and the use of fractions such as albumin, immune globulins, haemoglobin-based oxygen carriers and clotting factors may be acceptable.^{8,9} Pre-donation is not acceptable to Jehovah's Witnesses.
- 7 This absolute refusal may conflict with a clinician's medical and ethical responsibility for preserving life.
- 8 Clinicians should decide whether they are willing to accept these limitations in management and, if so, they should plan optimal care. If not, they should refuse to operate, and the patient should be referred for a further opinion.

Legal and consent issues

Adults

- 9 To administer blood in the face of refusal by a patient may be unlawful and could lead to criminal and/or civil proceedings.¹⁰
- 10 In the management of trauma, the Jehovah's Witness status of a patient may be unknown. Nevertheless, the majority of Jehovah's Witnesses carry on their person a signed and witnessed advance directive card absolutely refusing blood and releasing clinicians from any liability arising from this refusal (Appendix i). Many Jehovah's Witnesses have also executed a more detailed health-care advance directive ('living will') and have lodged a copy with their general practitioner, as well as with friends and relatives.
- 11 If the patient is able to give an informed, rational opinion, or if an applicable advance directive exists, this should be acted upon. If they are not, the clinical judgement of a doctor should take precedence over the opinion of relatives or associates.¹⁰ Such relatives or associates may be invited to produce evidence of the patient's Jehovah's Witness status in the form of an applicable advance directive document.

Children

- 12 The children of Jehovah's Witnesses requiring blood transfusion present the most difficult management problem. The wellbeing of the child is paramount and if, after full parental consultation, blood is refused, the surgeon should make use of the law to protect the child's interests.
- 13 In England and Wales a Specific Issue Order may be applied for to provide legal sanction for a specific action, such as the administration of blood, without removing all parental authority. The order should be limited to the specific medical condition requiring treatment, and the parents should be kept informed at each stage of the application.^{11,12} Advice and assistance in obtaining this action should be sought from a medical social worker.

- 14 If a child needs blood in an emergency, despite the surgeon's best efforts to contain haemorrhage, it should be given. The surgeon who stands by and allows a 'minor' patient to die in circumstances where blood might have avoided death may be vulnerable to criminal prosecution.
- 15 Children of 16 can give legally valid consent for medical treatment and children under this age can consent if they understand the issues involved.¹³ However, the courts have proved willing to overrule the refusal of specific procedures by children.¹⁴
- 16 The High Court is the most appropriate forum to achieve a fair and impartial hearing when conflict arises between religious, medical and ethical opinions.

Preoperative considerations

Adults

- 17 With any major surgical procedure, the opinion of the consultant surgeon should be sought, and the operation undertaken by a surgeon of seniority appropriate to the risks involved.
- 18 This surgery should preferably be undertaken by a team sensitive to the beliefs of Jehovah's Witnesses.
- 19 Any surgery on Jehovah's Witnesses must be preceded by a full and frank discussion between the surgeon, the anaesthetist, and the patient, or the patient's parent or guardian.
- 20 The rules for subsequent management must be established.
- 21 These rules should include the possibility of stopping the operation or early re-operation if life-threatening haemorrhage occurs or is imminent.
- 22 These discussions should be in the presence of a witness, and recorded and signed by the doctor and the witness in the patient's notes.
- 23 A special consent form, tailored to the needs of Jehovah's Witness patients and incorporating standard NHS provisions, is available from local Hospital Liaison Committees for Jehovah's Witnesses (Appendix ii).
- 24 For adult Jehovah's Witnesses the refusal of blood must be honoured.
- 25 In the case of trauma victims identified as Jehovah's Witnesses but without documentation, every effort should be made to avoid the use of blood and blood products in the perioperative period. The use of blood and blood products in life-threatening situations should be based on the judgement of the clinician in charge of the patient.

Children

- 26 For elective surgery in children, a full and frank discussion should take place between the surgeon and the parents of the child; the relevant anaesthetist may also need to be directly involved at this stage. Either parent may sign a consent form permitting a transfusion.
- 27 Most operations on children do not require or involve blood transfusion. If, in the opinion of the surgeon, the child is extremely unlikely to need transfusion as a result of the procedure, the usual arrangements should be made to proceed with the operation. The parents should be invited to sign the appropriate forms signifying their objection to blood transfusion.
- 28 Recognising that misjudgements will occur and that occasionally a transfusion will unexpectedly become necessary, the surgeon may choose to say to the parents, 'I will not allow your child to die for want of a blood transfusion'; unless it is, indeed, an intention to withhold blood under all circumstances. Most parents find this acceptable.
- 29 Some operations carry a significant risk of needing blood transfusion. These can be divided into three groups:
- 1 Those which are absolutely indicated and urgent.
 - 2 Those which are absolutely indicated and non-urgent.
 - 3 Those which are not absolutely indicated.

In group 1, if the surgeon feels it would be unreasonable to proceed without the freedom to transfuse, the help of the medical social worker should be sought in obtaining a Specific Issue Order from the courts. In an emergency, when 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 clinician in charge of the patient.

In group 2, the patient could be transferred to the care of a surgeon who is prepared to operate even under these constraints.

In group 3, a non-operative choice may be appropriate.

In groups 2 and 3, if these alternatives are not clinically appropriate, the surgeon should proceed as in group 1.

- 30 At times it may be judged that the patient is competent to make the necessary decisions, in which case his/her wishes must be respected. A child may not be competent to make the necessary *independent* decisions if unduly influenced by another person.
- 31 At all times the surgeon must respect the beliefs of the family. Every effort should be made to avoid the perioperative use of blood or blood products. Nevertheless, the wellbeing of the child is paramount.

Surgical techniques

32 Surgical teams undertaking surgery on Jehovah's Witnesses should prepare surgical and anaesthetic management protocols, and treatment should be tailored to the needs of each individual.

33 Considerations should include:

- the minimum number of blood samples taken for investigation;¹⁵
- the use of iron replacement;¹⁶
- the use of recombinant human erythropoietin to correct perioperative anaemia;¹⁷⁻²⁰
- controlled perioperative hypotension^{21,22} and regional anaesthesia;²³
- meticulous attention to haemostasis throughout the procedure and the use of pharmacological agents²⁴ including, where appropriate, activated factor vii;^{25,26}
- policies on blood substitutes and artificial oxygen transporters;²⁷⁻²⁹
- the acceptability of blood salvage^{30,31} and haemodilution techniques³²⁻³⁵, and possibly the use of albumin, globulins, clotting factors or preparations containing these (see paragraph 6); and
- appropriate techniques for cardio-pulmonary bypass using non-haematogenous priming solutions.³⁶⁻³⁸

34 Jehovah's Witnesses maintain a network of Hospital Liaison Committees who are available at any time to assist with the management of individual Jehovah's Witness patients (Hospital Information Services: 020 8906 2211). These maintain lists of clinicians prepared in principle to accept Jehovah's Witnesses, and will provide names on request on a case-by-case basis.

References

- 1 Immovable for the Right Worship. *The Watchtower* 1945 July 1:198-200.
- 2 Walk as Instructed by Jehovah. *The Watchtower* 1991 June 15:17, 31.
- 3 Kitchens CS. Are transfusions overrated? Surgical outcome of Jehovah's Witnesses. *American Journal of Medicine* 1993; **94**:117-119.
- 4 Cane RD. Haemoglobin: how much is enough? *Critical Care Medicine* 1990; **18**:1046-7.
- 5 Viele MK, Weiskopf RB. What can we learn from the need for transfusion from patients who refuse blood? The experience with Jehovah's Witnesses. *Transfusion* 1994; **34**:396-401.
- 6 Spence RK, Carson JA, Poses R, McCoy S, Pello M, Alexander J, Popovich J, Norcross E, Camishion RC. Elective surgery without transfusion: influence of preoperative hemoglobin level and blood loss on mortality. *American Journal of Surgery* 1990; **159**:320-4.
- 7 Cox M, Lumley J. No blood or blood products. *Anaesthesia* 1995; **50**: 583-5.
- 8 How do Jehovah's Witnesses view medical procedures using one's own blood? *The Watchtower* 2000 October 15:30-31.
- 9 Do Jehovah's Witnesses accept any medical products derived from blood? *The Watchtower* 2000 June 15:29-31.
- 10 Re T. *All England Law Reports* 1992; **4**:647-70.
- 11 *Children and Young Persons Act 1933*.
- 12 *Children Act 1989*. Section 8: Specific Issue Order.
- 13 Gillick V. West Norfolk and Wisbech Area Health Authority. *All England Law Reports* 1985; **3**:402-37.
- 14 Gilmartin G. *Jehovah's Witnesses*. In: Scott WE, Vickers MD, Draper H (eds) *Ethical Issues in Anaesthesia*. Butterworth Heinemann 1994; 105-13.

- 15 Smoller BR, Kruskall MS. Phlebotomy for diagnostic laboratory tests in adults. *New England Journal of Medicine* 1986; **314**:1233-5.
- 16 Andrews CM, Lane DW, Bradley JG. Iron pre-load for major joint replacement. *Transfusion Medicine* 1997; **7(4)**:281-6.
- 17 Goodnough LT, Monk TG, Andriole GL. Erythropoietin therapy. *New England Journal of Medicine* 1997; **336(13)**:933-8.
- 18 Cazzola M, Mercuriali F, Brugnara C. Use of recombinant human erythropoietin outside the setting of uremia. *Blood* 1997; **89(12)**:4248-67.
- 19 Busuttill D, Coppelstone A. Management of blood loss in Jehovah's Witnesses. *British Medical Journal* 1995; **311**:1115-6.
- 20 Breymann C, Richter C, Huttner C, Huch A. Effectiveness of recombinant erythropoietin and iron sucrose vs. iron therapy only, in patients with postpartum anaemia and blunted erythropoiesis. *European Journal of Clinical Investigation* 2000; **30(2)**:154-161.
- 21 Nelson CL, Bowen WS. Total hip arthroplasty in Jehovah's Witnesses without blood transfusion. *Journal of Bone and Joint Surgery* 1986; **68-A**:350-3.
- 22 Petrozza PH. Induced hypotension. *International Anesthesiology Clinics* 1990; **28**:223-9.
- 23 Bonnett CA, Lapin R, Docuayan GB. Total hip replacement under spinal anaesthesia without transfusion. *Orthopaedic Reviews* 1987; **16**:43-7.
- 24 Morecroft JA, Lander AD, Sury MRJ, Brereton RG. Sacrococcygeal teratoma: improved haemostasis after aprotinin? *Paediatric Surgery International* 1993; **8**:366-7.
- 25 Hedner U, Erhardt E. Potential role for rFVIIa in transfusion medicine. *Transfusion* 2002; **42(1)**:114-124
- 26 White B, McHale J, Ravi N et al. Successful use of recombinant FVIIa (NovoSeven®) in the management of intractable post-surgical intra-abdominal haemorrhage. *British Journal of Haematology* 1999; **107**:677-678
- 27 Winslow RM. Blood substitutes: refocusing an elusive goal. *British Journal of Haematology* 2000; **111**:387-396.

- 28 Prowse CV. Alternatives to standard blood transfusion: availability and promise. *Transfusion Medicine* 1999; **9**:287-299
- 29 Vlahakes GJ. Haemoglobin solutions in surgery. *British Journal of Surgery* 2001; **88**:1553-5.
- 30 Benson KT. The Jehovah's Witness patient: considerations for the anaesthesiologist. *Anesthesia and Analgesia* 1989; **69**:647-56.
- 31 Stehling L. Autologous Transfusion. *International Anesthesiology Clinics* 1990; **28**:190-6.
- 32 Schaller RT, Shaller J, Morgan A, Furman EB. Hemodilution anesthesia: a valuable aid to major cancer surgery in children. *American Journal of Surgery* 1983; **146**:79-83.
- 33 Kafer ER, Collins ML. Acute Intraoperative Hemodilution and perioperative blood salvage. *Anesthesiology Clinics of North America* 1990; **8**:543-67.
- 34 Trouwborst A, Hagenouw RRPM, Jeekel J, Ong GL. Hypervolaemic haemodilution in an anaemic Jehovah's Witness. *British Journal of Anaesthesia* 1990; **64**:646-8.
- 35 Trouwborst A, Van Woerkens EC, Van Daele M, Tenbruck R. Acute hypervolaemic haemodilution to avoid blood transfusion during major surgery. *Lancet* 1990; **336**:1295-7.
- 36 Olsen JB, Alstrup P, Madsen T. Open-heart surgery in Jehovah's Witnesses. *Scandinavian Journal of Thoracic/Cardiovascular Surgery* 1990; **24**:165-9.
- 37 Tsang VT, Mullaly RG, Ragg PG, Karl TR, Mee RT. Bloodless open-heart surgery in infants and children. *Perfusion* 1994; **9**:257-63.
- 38 Rosengart TK, Helm RE, Klemperer J, Krieger KH, Isom OW. Combined aprotinin and erythropoietin use for blood preservation: results in Jehovah's Witnesses. *Annals of Thoracic Surgery* 1994; **58**:1397-403.

**ADVANCE MEDICAL DIRECTIVE/RELEASE
(Child)**

I the undersigned _____, a holder of parental responsibility for _____, born _____ (date); being one of Jehovah's Witnesses with firm religious convictions have resolutely decided to obey the Bible command "Keep abstaining . . . from blood" (Acts 15:28, 29). With full realisation of the implications of this position I HEREBY:

1. **CONSENT** (subject to the *exclusion of the transfusion of blood or primary blood components*) to all such necessary emergency treatment including general anaesthesia and surgery as the doctors treating the child may in their professional judgement deem appropriate to maintain life. I will accept non-blood volume expanders.

2. **DIRECT** (a) that such consent is temporary and only effective until such time as I am contacted and am able to discuss further proposed treatment and give informed consent;

(b) that such consent and any subsequent consent that I may give **EXCLUDES the transfusion of blood or primary blood components** (red cells, white cells, plasma or platelets);

(c) that this express refusal of blood is absolute and is not to be overridden in ANY circumstances by a purported consent of any person not holding parental responsibility. Such refusal remains in force even though the doctor(s) treating the child consider that such refusal may be life threatening;

and (d) that this Advance Statement shall remain in force unless and until I expressly revoke it in writing.

3. **ACCEPT** full legal responsibility for this decision.

Dated the _____ day of _____ 20 _____

Signed: _____

Witnesses to Signature:

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____

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**IMPORTANT MEDICAL INFORMATION
ON OTHER SIDE**

Telephone: _____

Address: _____

Parents: _____

Child's Name: _____

IDENTITY CARD

As holders of parental responsibility we are deeply interested in the welfare of our child _____.

Because of our family's convictions as Jehovah's Witnesses we **do not accept blood transfusions**. We do accept non-blood expanders and other medical treatment. We likely can provide information as to doctors who respect our religious convictions and may already have provided medical care for us.

SEE INSIDE

Allergies: _____

Current medication: _____

Medical problems: _____

Appendix ii

GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

Trust or Authority _____ Patient's Surname _____
 Hospital _____ Other Name (s) _____
 Unit Number _____ Date of Birth _____ Male Female

DOCTOR—Please See Overleaf (*this part to be completed by Registered Medical Practitioner*)

TYPE OF OPERATION INVESTIGATION OR TREATMENT _____

I confirm that I have explained the operation investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient. I further confirm that I have emphasised my clinical judgement of the potential risks to the patient and/or person who none-the-less understood and imposed the limitation of consent expressed below.

I acknowledge that this limited consent will not be over-riden unless revoked or modified in writing.

Signature _____ Date _____

Name of Registered Medical Practitioner _____

PATIENT/PARENT/GUARDIAN—Please See Overleaf

I am the patient / parent / guardian (*delete as necessary*).

I agree (subject to the exclusions below)

- to what is proposed, which has been explained to me by the doctor named on this form.
- to the use of the type of anaesthetic that I have been told about.
- to the use of non-blood volume expanders; pharmaceuticals that control haemorrhage and/or stimulate the production of red blood cells.

I have told the doctor

- that I am one of Jehovah's Witnesses with firm religious convictions and that I have decided resolutely to obey the Bible command "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 expressly **WITHHOLD MY CONSENT** to the transfusion of **ALLOGENEIC BLOOD OR PRIMARY BLOOD COMPONENTS (RED CELLS, WHITE CELLS, PLASMA & PLATELETS)**, and to the use of any sample of my blood for cross-matching.
- that this limitation of consent shall remain in force and bind all those treating me unless and until I expressly revoke it in writing.
- about any additional procedures I would NOT wish to be carried out straightaway without my having the opportunity to consider them first.

I understand

- that the procedure might not be done by the doctor who has been treating me so far.
- that my express refusal of allogeneic blood or primary blood components will be regarded as absolute and will NOT be over-riden in ANY circumstance by a purported consent of a relative or other person or body. Such refusal will be regarded as remaining in force even though I may be unconscious and/or affected by medication, stroke, or other condition rendering me incapable of expressing my wishes and consent to treatment options, and the doctor(s) treating me consider that SUCH REFUSAL MAY BE LIFE THREATENING.
- that any procedure in addition to the investigation or treatment described on this form, but with the exclusion of the transfusion of allogeneic blood or primary blood components, will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
- that details of my treatment, and any consequences resulting, will not be disclosed to any source without my express consent or that of my instructed agent(s), unless required by law.

Signature _____ Date _____

1. Please read this form and the notes below *very carefully*.
2. If there is anything that you don't understand about the explanation, or if you want more information you should ask the doctor.
3. Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

NOTES TO:

Doctors

A patient has a legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent at any time. A Jehovah's Witness patient's limited consent to treatment should be recorded on this form. Further guidance is given in HC(90)22 *A Guide to Consent for Examination or Treatment*.

Patients

- The doctor is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, or friend, or Hospital Liaison Committee member, or a nurse to be present.
- Training health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may refuse any involvement in a formal training programme without this adversely affecting your care and treatment.



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