

Management of Patients Who Refuse Blood Transfusion

Lead Clinician(s)	
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Key amendments to this guideline

Date	Amendment	Approved by:
June 2018	New Advance directive appended	Gill Godding
July 2019	Criteria for patients having elective surgery on satellite sites added	Trust Transfusion committee
February 2021	Document extended for 6 months as per Trust agreement 11/02/2021	Trust agreement
October 2021	Document extended for 6 months to allow for full review and approval whilst transfusion lead is redeployed	Gill Godding/ Stacey Fowler
May 2022	Policy updated with new flow charts added and a new checklist added in appendix 2, which is to be completed when treating a patient who refuses blood components. QEHB Trust shared their policy and we utilised their flow charts and declaration of blood components and products.	Laura Walters / Trust Transfusion Committee
May 2023	Document re-approved for 3 years	Clinical Governance Group/ TTC
April 2026	Updated to reflect recent SABTO guidelines	ISAG

Introduction

It is the right of every patient to refuse any specific form of treatment including transfusion of blood components or products. This guideline outlines the available alternatives to transfusion that can be applied in various clinical situations to optimise the care and treatment of the patient. Advice is also provided on the legal situation surrounding refusal of blood transfusion.

There is a separate policy for the obstetric department.

Refusal of blood transfusion - B67 Management of patients who refuse blood transfusion including blood

This guideline is for use by the following staff groups:

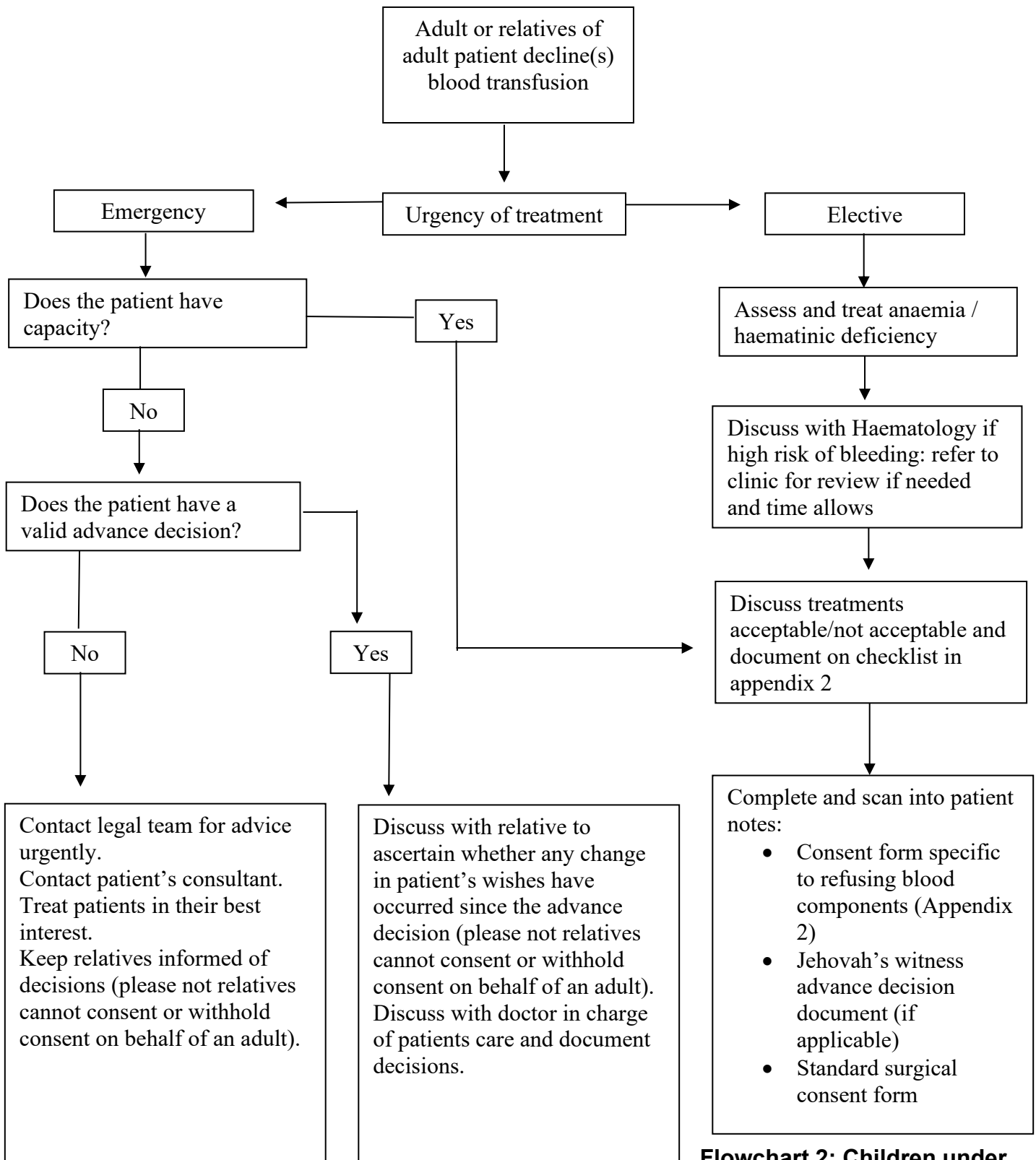
All staff who are involved in obtaining consent for transfusion and prescribing blood components or products. Transfusion occurs throughout all clinical specialities.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information/and or Key Documents intranet page, which will provide approval and review information

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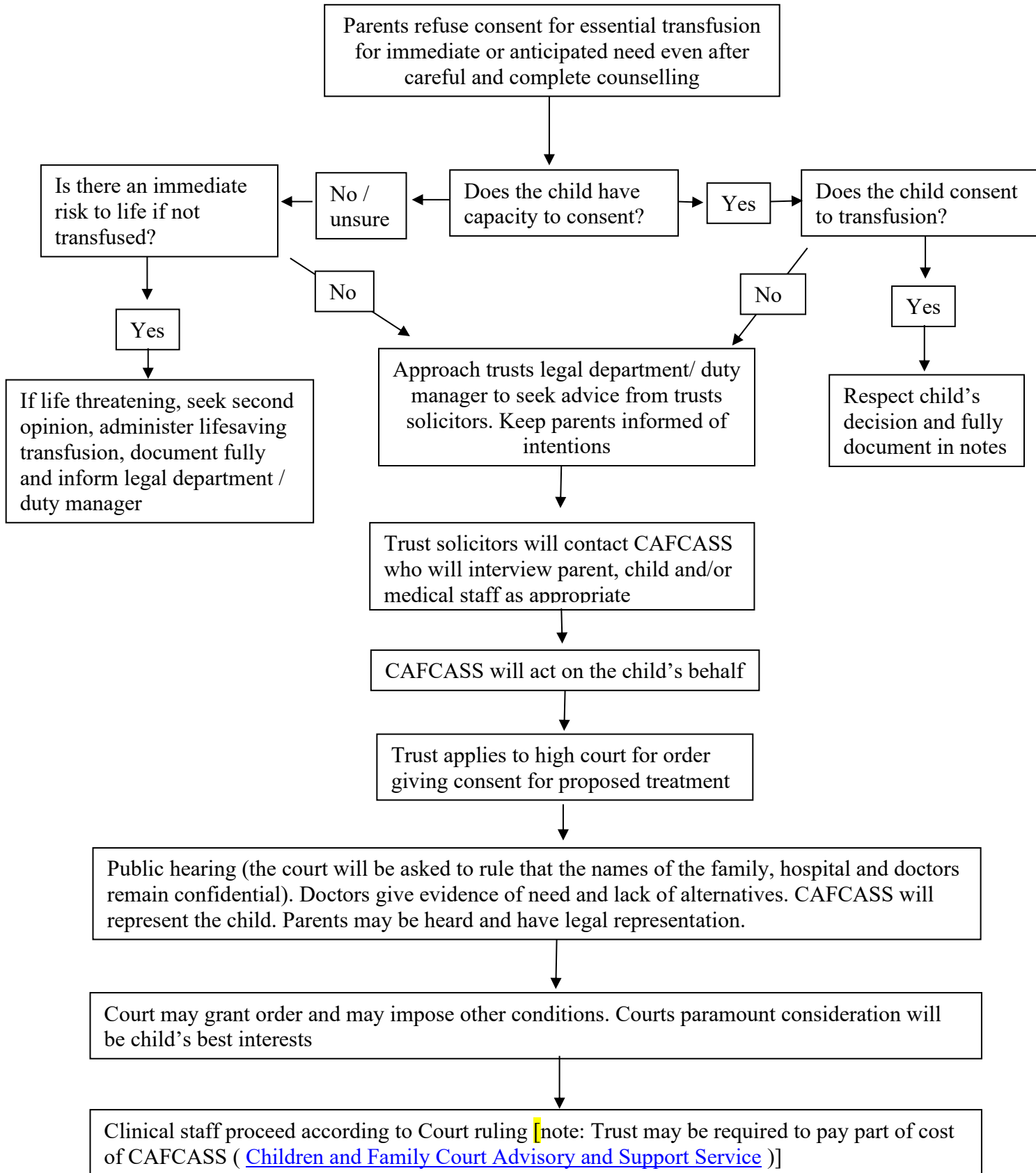
Flowchart 1: For the management of Adult Patients who refuse blood transfusion of components and/or products



Flowchart 2: Children under 18 whose parents decline

transfusion

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Introduction

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It is the right of every patient to refuse any specific form of treatment including transfusion of blood components or products. This decision may relate to all types of blood transfusion or specific blood components or products. This is of particular relevance to Jehovah's Witness patients who carry an advanced directive document which lists the blood components/ products and autologous procedures that are, or are not, acceptable to them.

This guideline outlines the available alternatives to transfusion that can be applied in various clinical situations to optimise the care and treatment of the patient. The pre-operative pathway can be enhanced in various ways to reduce the requirement for transfusion. The interventions can be physical or pharmaceutical.

Patient Blood Management represents an international initiative in best practice for transfusion medicine. This is an evidence-based approach to optimising the care of patients who might need blood transfusion. Patient Blood Management puts the patient at the heart of decisions made about blood transfusion to ensure they receive the best treatment and avoidable, inappropriate use of blood and blood components is reduced. Routine safe practice should include the use of intravenous iron, and cell salvage; other alternatives such as erythropoietin should be used with caution and only after discussion with Haematology consultant leads.

Advice is also provided on the legal situation surrounding refusal of blood transfusion.

Patients Right to Refuse

In 2025 the Advisory Committee on the Safety of Blood Tissue and Organs (SaBTO) published an independent report on consent for transfusion. This document recommends that all patients are told the following information in order to gain informed verbal consent prior to transfusion;

- the reason for the transfusion
- the benefits of the transfusion
- the risks of transfusion – both short- and long-term risks (and including any additional risks pertinent to long term multi-transfused patients)
- any transfusion needs specific to them, including any special requirements
- any alternatives that are available, and how they might reduce their need for a transfusion
- the possible consequences of refusing a blood transfusion
- the transfusion process
- that they are no longer eligible to donate blood in the UK
- [their](#) ability to withdraw consent
- that patients are encouraged to ask questions about their treatment and that care is taken to ensure they understands any risks that they may consider to be significant

Patients [are](#) entitled to refuse or withdraw their consent to blood transfusion. This can range from a single component i.e. red cells, to all blood components or products. This decision **MUST** be respected, fully documented in the patient's notes and Appendix 2 **must** be completed and stored/scanned in the patients notes and a copy sent to the blood transfusion laboratory on wah-tr.BloodTransfusion@nhs.net

Legal Position

It is a general legal and ethical principle that valid consent should be obtained from a patient before they are treated; see WAHT-CG-075 Policy for consent to examination or treatment.

“An adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made” (Mental Capacity Act, 2005 [England and Wales]).

If a competent adult patient refuses the administration of blood, failure to respect that refusal would constitute assault. A healthcare professional who does not respect this principle may be liable to legal action by the patient and possible action by their professional body.

In the case of critically ill patients with temporary incapacity, for example altered consciousness after trauma, clinicians must give life-saving treatment, including blood transfusion, unless there is clear evidence of prior refusal such as an Advance Decision Document. The patient record should document the indication for transfusion and the patient should be informed of the transfusion when mental capacity is regained (and their future wishes should be respected) (Handbook of Transfusion Medicine 5th Edition, 2013).

Where the parents or legal guardians of a child under 16 refuse blood transfusion (or other medical intervention) that, in the opinion of the treating clinician, is life-saving or essential for the well-being of the child, a Specific Issue Order (or national equivalent) can be rapidly obtained from a court (Handbook of Transfusion Medicine 5th Edition, 2013). Information on how to obtain a specific Issue Order can be found in the Paediatric consent policy. ([Policy for Consent to Examination or Treatment \(WAHT-CG-075\)](#))

Elective Surgery

Pre-operative clinical assessment:

The patient should be assessed preoperatively and should be asked about a history of bleeding episodes, anaemia, hypertension and evidence for chronic inflammation, infection or malignancy sought. A drug history should be taken to identify any that increase bleeding risk e.g. aspirin, non-steroid anti-inflammatory drugs (NSAID's). A clinical examination should also include measurement of blood pressure. If there is anaemia this should be investigated and treated. The following blood tests are indicated: full blood count, serum ferritin, B12 and folate, urea, creatinine and electrolytes and a coagulation screen.

Patients who refuse blood transfusion and are having surgery associated with risk of significant haemorrhage should not be operated on at a satellite site (i.e. KTC or Evesham). This includes patients having:

- Laparoscopic surgery
- Hysterectomy
- Evacuation of retained products of conception
- Hip replacement.

Other cases, such as vaginal prolapse repair, should be decided on a case by case basis by the clinical team. This is because there is access to more surgical specialties, ITU and cell salvage at the WRH and the Alex site. This decision should be ideally made in advance of the surgical date by the preoperative assessment team in conjunction with the wider surgical and theatre team.

Pre-operative erythropoietin administration:

Erythropoiesis stimulating agents (ESAs) such as recombinant erythropoietin can be considered pre-operatively after discussing with consultant haematologist.

Intra-operative cell salvage (ICS)

Intra-operative cell salvage uses 'cell saver' devices, which collect and process blood lost in the operative field. The collected blood is citrated, filtered, washed with saline, concentrated and returned to the patient.

Indications for ICS in adults and children are as follows:

- Surgery where anticipated blood loss is greater the 20% blood volume
- Elective and emergency surgery in patients with risk factors for bleeding
- Major Haemorrhage, including major obstetric haemorrhage <http://guidance.nice.org.uk/IPG144/>

- Patients with rare blood groups or multiple blood group antibodies for whom it may be difficult to provide donor blood
- Patients who refuse blood transfusion but who accept ICS

Contraindications include bowel surgery and bacterially infected surgical sites. Previous concerns over use of ICS with malignant disease have not been proven and a leucodepletion filter is recommended for these patients.

Postoperative cell salvage (PCS)

This is mainly used in orthopaedic procedures. The blood is collected from wound drains, filtered and then re-infused.

Pharmacological alternatives

Tranexamic acid

This is an anti-fibrinolytic agent which reduces the conversion of plasmin to plasminogen and inhibits the breakdown of blood clots. This reduces blood loss when used intraoperatively and postoperatively.

Aprotinin

This inhibits many proteolytic enzymes and reduces fibrinolysis. Although this may be more effective than tranexamic acid in reducing blood loss its use has been shown to produce life threatening allergic reactions and increased risk of thromboembolic events.

Tissue sealants

These are also known as biological glue or tissue adhesives. This can be applied directly to surgical fields or raw surfaces to promote haemostasis and reduce blood loss. This has been used successfully in orthopaedic surgery.

Recombinant activated Factor VII (rFVIIa, NovoSeven)

This is licensed for the treatment of bleeding episodes in haemophilia patients with inhibitors. The drug has however been widely used as a last resort to prevent bleeding in massive haemorrhage situations. If required discuss usage with a consultant haematologist and pharmacist. Should it be required it is available from pharmacy.

Desmopressin (DDAVP),

This is a synthetic product, can be used in mild haemophilia A and type 1 Willebrand Disease (VWD). This drug may be used to reduce bleeding in patients with uraemia and platelet dysfunction due to kidney failure. The standard dose for this indication is 0.3µg per Kg subcutaneously or intravenously and will last 24 hours.

Erythropoietin

This is produced by the kidneys to stimulate red cell production. Recombinant Erythropoietin is now used in a variety of clinical settings to increase haematocrit and reduce red cell transfusions.

Thrombopoietin mimetics

These are currently used in Idiopathic Thrombocytopenic Purpura and are being assessed to reduce platelet transfusions in aplastic anaemia, myelodysplasia and chemotherapy-induced thrombocytopenia.

Parental Iron

This produces a more rapid response than oral iron in patients with iron deficiency anaemia. Common indications for the use of intravenous iron include:

- Iron deficiency anaemia with intolerance of oral iron, especially in inflammatory bowel disease, or where oral iron is ineffective.
- To support the use of erythropoiesis stimulating agents (including patients on renal dialysis).
- As an alternative to blood transfusion when a rapid increase in Hb is required (e.g. perioperative anaemia, severe anaemia in late pregnancy or postpartum anaemia).

See the Clinical Guideline for the Use of Intravenous Iron (Ferric Carboxymaltose, Ferinject®) on the Blood transfusion treatment pathway.

Advanced Directive (Jehovah's Witness)

Jehovah's Witnesses frequently carry a signed and witnessed Advance Decision Document listing the blood products and autologous procedures that are, or are not, acceptable to them.

A copy of this should be placed in the patient record and the limitations on treatment made clear to all members of the clinical team and a emailed copy sent to the blood transfusion laboratory on

wah-tr.BloodTransfusion@nhs.net

It is appropriate to have a frank, confidential discussion with the patient about the potential risks of their decision and the possible alternatives to transfusion, but the freely expressed wish of a competent adult must always be respected (Handbook of Transfusion Medicine 5th Edition, 2013). A copy of an advanced directive document is in the Appendix but this must not be printed or used to complete within the hospital; they must obtain one via their church.

The advised decision can be revoked by the patient at any time while the patient retains capacity to do so. This is for the clinical area to monitor and notify blood bank.

Blood bank will never refuse to give blood to any request received; if they have an alert for a patient that normally refuses blood, they will alert the clinical area. The clinical area will need to ensure the patient has now consented for transfusion, and it must be documented in the clinical notes. Also [Appendix 2](#) **must** be completed and stored/scanned in the patients notes and a copy sent to the blood transfusion laboratory on wah-tr.BloodTransfusion@nhs.net. Blood bank will also document the conversation, but the responsibility of consent for transfusion lies with the clinical area.

The patient and/or clinical team can contact the Jehovah's Witness Hospital Liaison Committee for advice and support. Jehovah's Witnesses maintain a network of Hospital Liaison Committees that are available 24/7 to assist with the management of patients, either at the request of the patient or on behalf of the treating team.

Local Hospital Liaison Team contact details

John Basile	01905 428041	07866634287
Neil Farmer	01384 565308	07493773197
Raphael Waite	0121 6050567	07811270511

Alternatively contact:

Hospital Information Services for Jehovah's Witnesses

West Hanning field,

Chelmsford,

CM 2 8FW

his@uk.jw.org

24-Hour Contact Number: (020) 83713415

Appendix 1: Copy of new Advanced Decision Directive: NOT to be printed

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. No Lasting Power of Attorney nor any other document that may be in force should be taken as giving authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
4. Regarding end-of-life matters: [initial one of the two choices]
 - (a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.
 - (b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.
5. **Regarding other healthcare and welfare instructions** (such as current medications, allergies, medical problems or any other comments about my healthcare wishes):

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**Blood Transfusion Pathway
WAHT-KD-001**

Appendix 2: Declaration for refusal of blood components and products (page 1 of 2)

To be printed and completed and stored within the patient's clinical file. A copy must also be sent to the blood bank email address: wah-tr.BloodTransfusion@nhs.net

I, (Patient's: Full Name).....of (First line of address and Post Code):Date of Birth

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 components or products as outlined in the checklist on page 2 of this form
 - b) That my express refusal of 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 I am 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 the four main 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.
5. **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.

DateSignature (Patient)

Registered Medical Practitioner to complete below:

I, (Title and Full Name) Grade.....

Speciality.....Trust: Worcestershire Acute Hospitals NHS Trust

- a) 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 components or products detailed in the checklist on page 2 of this form

Date.....Signature (Registered Medical Practitioner)

Print Name.....

Checklist of components and products the patient is willing to accept. (Page 2 of 2)

Patient's name

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NHS number.....Date of Birth

The patient must **initial** in the appropriate box to accept or decline each treatment

Treatment	Accept?		Comment
	Yes	No	
Blood components			
Red Cells			
Fresh Frozen Plasma (FFP)			
Platelets			
Cryoprecipitate			
Granulocytes (white cells)			
Processed blood products (liquids)			
Pooled processed FFP (Octaplas)			
Human Albumin Solution			
Human-derived fibrin products			
Processed blood-derived products (powders)			
Purified clotting factors (e.g. Beriplex/PCC)			
Fibrinogen concentrate			
Anti-D			
Immunoglobulins			
Recombinant products			
Recombinant clotting factors			
Erythropoietin (EPO)			
Other procedures			
Normovolaemic Haemodilution			
Intraoperative Cell Salvage			
Postoperative Cell Salvage			
Others -			

This checklist represents a true account of the discussion which took place on...../...../

The patient:

Iconfirm my understanding and agree with the above after discussion with the consultant. I am aware this checklist will remain in place until I revoke it either verbally or in writing. I have not been coerced or forced to sign this agreement of treatment; I am signing this of my own free will. I will notify the medical/nursing team immediately should my wishes change. I am aware and understand the risks associated with not accepting blood components/products should the need arise.

DateSignature (Patient)

Doctor undertaking discussion:

DateSignatureGMC..... (Doctor)
Name..... Grade

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