Management of Patients Who Refuse Blood Transfusion

Lead Clinician(s)	
Dr Sangam Hebballi	Chair of Trust Transfusion Committee, Consultant Haematologist.
Approved by Trust Transfusion Committee on:	24th January 2023
Approved by Clinical Governance Group on:	5th May 2023
Review date: This is the most up to date document and should be used until a revised version is in place:	5th May 2026

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

Introduction

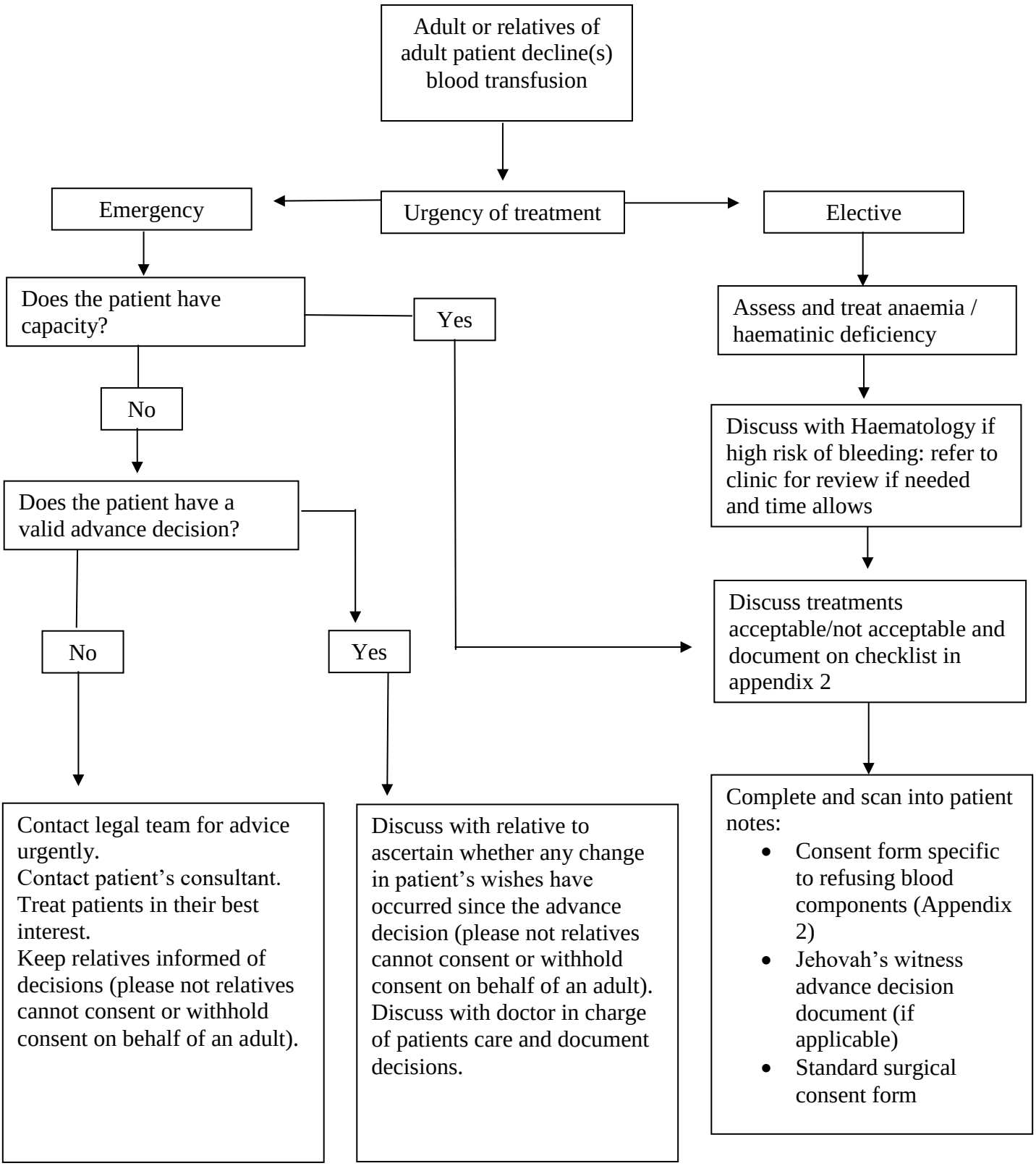
It is the right of every patient to refuse any specific form of treatment including transfusion of blood components or products. This guideline outlines the available alternatives to transfusion that can be applied in various clinical situations to optimise the care and treatment of the patient. Advice is also provided on the legal situation surrounding refusal of blood transfusion.
There is a separate policy for obstetrics
Refusal of blood transfusion - B67Management of patients who refuse blood transfusion including blood

This guideline is for use by the following staff groups:

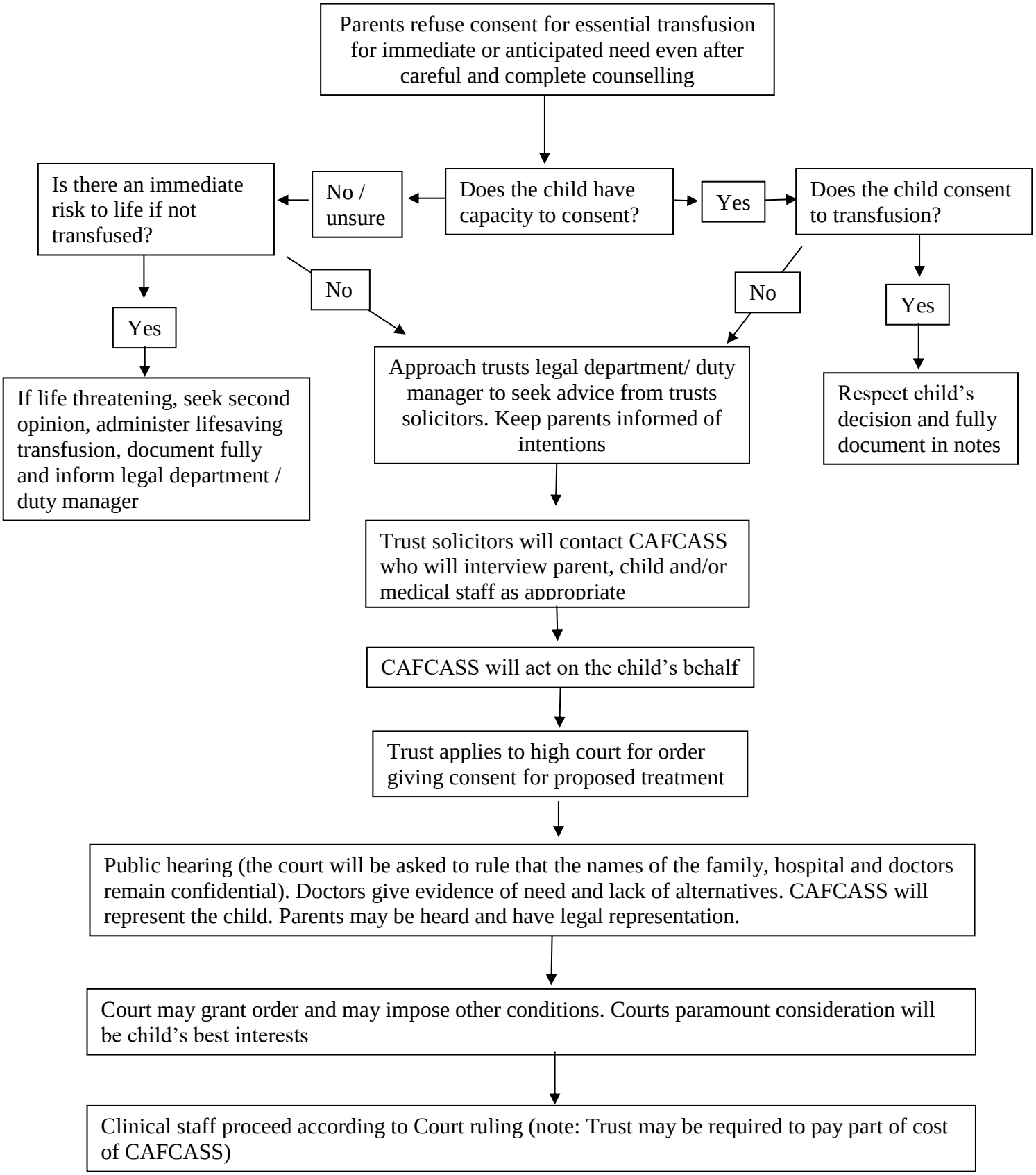
All staff who are involved in obtaining consent for transfusion and prescribing blood components or products. Transfusion occurs throughout all clinical specialities.

Contents Page

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



Introduction

It is the right of every patient to refuse any specific form of treatment including transfusion of blood components or products. This is of particular relevance to Jehovah's Witness patients who may 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 2011 the Advisory Committee on the Safety of Blood Tissue and Organs (SaBTO) published an independent report on consent for transfusion, this has been updated in December 2020. 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
- 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
- that they are encouraged to ask questions

At any point the patient has the right to refuse transfusion of anything 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.

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 (rFVlla, 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.

Erythropoetin
This is a produced by the kidneys to stimulate red cell production. Recombinant Erythropoetin 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.
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. The advised decision can be revoked by the patient at any time while the patient retains capacity to do so.

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 at any time 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

Available for advice 24/7

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

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):

_____

_____

_____

_____

_____

_____

_____

_____

dpa-E Bi 1/16 Page 1 of 2

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. _____ _ _ _ _ _ _ _ _ _ _ _ _____
Signature NHS No. 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 Signature of witness

_____ _____
Name Occupation Name Occupation

_____ _____
Address Address

_____ _____

_____ _____
Telephone Mobile 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)

NO BLOOD

NO BLOOD

(signed document inside)

Advance Decision to Refuse
Specified Medical Treatment

NO BLOOD

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

NO BLOOD

NO BLOOD

NO BLOOD

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

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 <u>THAT SUCH REFUSAL MAY BE LIFE THREATENING.</u>

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.

Date ……Signature …… (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 ……

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			
Erythropoeitin (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:

I ……confirm 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.

Date ……Signature …… (Patient)

Doctor undertaking discussion:

Date ……Signature ……GMC…… (Doctor)

Name…….. Grade ……