MANAGEMENT OF PATIENTS WHO REFUSE BLOOD AND BLOOD PRODUCTS – JEHOVAH’S WITNESSES

Staff this document applies to:

Austin Health staff:

- Hospital Medical Officers
- Registered Nurses – Division 1
- Registered Nurses – Division 2
- And a trainee in direct supervision of one of the above

State any related Austin Health policies, procedures or guidelines:

(Informal) Consent (to diagnosis and treatment) policy

Life Prolonging Treatment: A Guide to Life Prolonging Treatment and Limitation of Treatment

Rationale:

Some patients refuse blood and blood products, in particular, Jehovah’s Witnesses have specific religious beliefs regarding transfusion and their acceptance of particular products may vary (e.g. albumin may be acceptable). A fully informed, competent adult patient is entitled to decide to accept medical treatment or not. There are specific legal requirements for children requiring emergency blood transfusion. CURRENTLY Jehovah’s Witnesses are not identified on the hospital bradma label and there is no alert on Medtrak to remind staff of their religious status.

Purpose:

This document informs staff of Austin Health policy of the considerations for consent or refusal of treatment for patients who are Jehovah’s Witnesses. Austin Health acknowledges that the issues involved in the provision of medical treatment to Jehovah’s Witnesses are complex and it is therefore difficult to develop a formal protocol that can be applied with certainty to every individual circumstance. The document is divided into general principles, specific consent issues (non competent or unconscious patient and under age patient) and guidelines specific to emergency and non-urgent medical indications for transfusion. Competent patients will be required to fill out a “Refusal of Treatment certificate”. Haematology should be consulted for patients where management with erythropoietin is being considered.

Definitions:

“Refusal of Treatment Certificate” - A “Refusal of Treatment Certificate” is the document recognised by the Victorian Medical Treatment Act 1988 and is signed by a competent patient (or appointed agent) to refuse treatment whether generally or of a specific kind. These forms are available on wards across Austin Health. Forms may also be obtained from the intensive care unit, emergency department, acute services and the respecting patient choices program office.
“Advance Health Care Directive” - Jehovah’s Witnesses carry an “Advance Health Care Directive” card that alerts staff of their beliefs and therefore restrictions to treatment that can be administered. This is an entirely separate document to the “Refusal of Treatment Certificate” and has no legal validity under the Medical Treatment Act. Advance Directives not covered by the Medical Treatment Act may be binding at common law if they are sufficiently specific about the treatment to be refused, are made voluntarily by a competent person and clearly show that the person has contemplated the specific circumstances which have arisen. Example - see Appendix 1 (pages 8 -9).

**Competence:** refer to the (Informed) Consent (to diagnosis and treatment) policysection 5.1 for a definition of competence and who has the legal capacity to give consent. In general terms a patient will be competent to refuse treatment if they can demonstrate an understanding of the nature of their condition, the nature and consequences of the treatment being refused and the consequences of the refusal of treatment. It is important to consult with the patient alone as well as with family members or friends to ensure that their decision is not subject to undue influence.

**Person responsible** has the meaning given by section 37 of the Guardianship and Administration Act 1986. Essentially it is a hierarchy commencing with those persons holding a medical power of attorney, a guardian, a person appointed in writing by the patient, and thereafter, those people traditionally known as “the next of kin”. The definition is reproduced in the Informed Consent Policy.

**Overview:**

Patients who are Jehovah’s Witnesses find transfusion of stored red cells, white cells, plasma and platelets unacceptable, but other blood products, such as albumin or forms of erythropoietin containing albumin be may acceptable to the individual.

This document is divided into non Emergency and Emergency care sections.

The governing body of Jehovah’s Witnesses has established an information folder (a copy of which is kept in the Emergency Department, ICU and Theatre) that covers protocols, acceptable treatment, alternative treatment for all age groups and research/legal papers etc.

A Hospital Liaison Committee also exists to improve communication between hospital staff and Jehovah’s Witness patients. The information folder and committee members are also a source of information on alternative medical management.

Local contacts of the Jehovah’s Witness Hospital Liaison Committee are:

<table>
<thead>
<tr>
<th>Paul Dunstone</th>
<th>24 hr emergency line</th>
</tr>
</thead>
<tbody>
<tr>
<td>9431 1586</td>
<td>(if Paul Dunstone unavailable)</td>
</tr>
<tr>
<td>0419 331 930</td>
<td>Pager 9883 2827</td>
</tr>
<tr>
<td>Contactable 24 hrs a day</td>
<td>Mobile 0414 842 827</td>
</tr>
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Local Chaplaincy Service for Jehovah’s Witnesses while inpatients can be provided by contacting Pastoral Care on ext 3833 (Austin) / 2895 (Repat) during hours or paging the on-call chaplain on pg 6006 available 24 hours/day. The Austin Hospital and Heidelberg Repatriation Hospital have authorised visiting chaplains for Jehovah’s Witness patients.

**Principles of Management:**

There are some fundamental principles that medical and nursing staff should consider when making treatment decisions with patients who are Jehovah’s Witnesses.
These principles are:

1. A fully informed, competent adult patient is entitled to decide to accept medical treatment or not.

2. Medical and nursing staff have an obligation to provide the patient with all the information necessary to enable the patient to make an informed decision and to answer any relevant questions the patient may have.

Medical and nursing staff have an obligation to satisfy themselves that a patient is fully informed before the patient accepts or refuses treatment. Staff should not assume that the existence of a medical directive automatically means the patient carrying it will refuse treatment. If such a patient is conscious and competent staff should proceed as per principle 2. If the patient is unconscious or not competent to make an informed decision the staff member in charge of the patient’s management should make every effort to notify the Person Responsible see (Informed) Consent (to diagnosis and treatment) Policy – Section 5.2 to discuss treatment options.

3. Medical and nursing staff must accept and respect the patient’s informed refusal irrespective of their personal beliefs and opinions.

4. In the case of patients who are children the specific legal requirements referred to later in this policy must be observed in cases where blood transfusion is the treatment indicated in emergency situations. In all cases involving child patients the interests and welfare of the child is paramount.

5. Guidelines are given below which refer to firstly non-emergency treatment (below) and in a separate section, emergency treatment (page 5) where blood transfusion is clinically indicated. This policy also details management of the unconscious Jehovah’s Witness where urgent blood transfusion would be clinically indicated (page 5.4, cont.), presenting with or without an advanced care directive.

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**Guidelines For The Non-Emergency Treatment Of Jehovah’s Witnesses: Developing A Management Plan For Medical Treatment Where A Blood Transfusion is Being Considered:**

1. Review non-blood medical alternatives and treat the patient without using homologous blood.

   **Jehovah's Witnesses will accept:**
   - Non-blood volume expanders such as Haemacel, Saline, Hartman’s, Dextran, etc.

   **But will not accept:**
   - Whole blood transfusions.
   - Transfusions of MAJOR blood components, e.g. red blood cells, plasma, platelets, cryoprecipitate and white blood cells.
   - Pre and intra-operative STORAGE of blood for later autologous transfusion.

   **Each Jehovah's Witness must decide personally according to conscience whether he / she will accept the following:**

   a) **Products:**
   - Small blood fractions such as immunoglobulins, haemophiliac preparations (Factor VIII, etc.), recombinant products (eg erythropoietin*, VIIIa) and albumin.
   
   *some Jehovah's witnesses will only accept a recombinant form of erythropoietin that does not contain traces of albumin, epoletin alfa (Eprex®) – see point 2).
b) Surgical techniques:
Which require the use of a continuous extracorporeal circuit e.g.
- Heart-lung by-pass;
- Dialysis;
- Haemofiltration;
- Haemodilution;
- Intra and post-operative blood salvage and re-infusion.

2. Consult with other doctors experienced in non-blood alternative management and treat without using homologous blood.

GUIDELINES have been developed by Haematology. Contact the haematology laboratory registrar (haematology consultant on-call after hours). The use of erythropoietin may not be necessary even in those accepting of this treatment and all requests should be discussed with haematology.

3. Contact local Hospital Liaison Committee of Jehovah’s Witnesses to assist in locating co-operative doctors at other facilities to consult on alternative care.

4. If necessary, transfer patient to co-operative doctor or facility before patient’s condition deteriorates.

In the case of non-emergency treatment of a child the staff member in charge of the patient’s treatment should first decide whether the child is sufficiently mature to understand the available treatment options and the fact the patient has the right to accept or refuse treatment. See Austin Health’s (Informed) Consent (to diagnosis and treatment) Policy - Section 5 and if necessary discuss with the hospital’s Chief Medical Officer or delegate.

The child should be involved in the discussions of treatment options as well as the parents or guardians. In all cases, and particularly where there are differences of opinion between the parties involved, the overriding consideration must always be the welfare of the patient Refer to: (Informed) Consent (to diagnosis and treatment) Policy – Section 7.6 and 8.2.

- Anyone over 18 years of age - legally recognised as an adult.
- Under 18 years of age - “mature minor principle” may apply. Individuals may be capable of giving consent if, in the view of the care-giver, they are fully aware of the circumstances and implications. In the event of conflict between the parent and a mature child over proposed transfusion, the Family Court has a general supervisory power to intervene to protect the best interests of the child. Although there is not any legally recognised age at which the mature minor principle applies, as a guide, young people between the ages of 14 -18 years are more likely to have a sufficient understanding of decisions affecting their health and are therefore more likely to be considered competent.
- Where a child is not considered to be competent and in a non-life threatening situation, decisions are to be made by the child’s parent or legal guardian.

In the case of an adult patient, the patient should be requested to complete and sign a "REFUSAL OF TREATMENT" certificate, available from Acute Services, the Emergency Department or Intensive Care Unit (refer to: (Informed) Consent (to diagnosis and treatment) Policy – Section 8.1). This certificate provides the hospital and its staff with legal protection (not necessarily available from relying on an advance directive).

If staff have any difficulties or queries regarding the treatment or course of action, they should contact the Austin Health Chief Medical Officer or delegate.
1. Check wallet / purse for a current ADVANCE HEALTH CARE DIRECTIVE, carried by most Witnesses and should be signed, dated and renewed annually, example Appendix 1. Most, but not all use a yellow coloured directive to identify whom to contact (an appointed agent) in case of emergency - usually a family member or a congregation member. If unable to contact the people listed, contact a member of the Jehovah's Witness Liaison Committee, details listed at the beginning of this policy. The ADVANCE HEALTH CARE DIRECTIVE CLEARLY STATES THE PATIENT’S VIEW ON THE NON-USE OF BLOOD TRANSFUSION (whole blood, red cells, platelets, plasma and cryoprecipitate). The directive also identifies any allergies, current medication, or medical problems.

2. Make appropriate notation of the above on patient’s hospital records, including attaching a copy of the advance health care directive to those records.

3. In order to maintain maximum legal protection the adult patient who is conscious and able to write (time and circumstances allowing) should be asked to complete a “REFUSAL OF TREATMENT” Certificate available on wards across Austin Health (including ICU, ED, acute services and the respecting patient choices program office). It is the doctor’s responsibility to explain this form to ensure legal validity.

4. If an adult patient is unconscious and DOES NOT have an ADVANCE HEALTH CARE DIRECTIVE but you have reason to believe he / she is a Jehovah's Witness, every reasonable effort should be made to contact Person Responsible, the patient’s GP or church if known. If unable to contact the Person Responsible to gain further information as to the person’s wishes through these sources, treat as per clinical necessity in accordance with the Emergency Treatment provisions set out in 42A of the Guardianship and Administration Act.

5. In the event, that the Person Responsible holds an Enduring Power of Attorney Medical Treatment that person should complete the relevant Refusal of Treatment Certificate. Again, two (2) doctors need to agree and document the management plan.

6. If a Medical Enduring Power of Attorney does not exist and the Person Responsible does not consent to a transfusion and indicates that the patient is a committed Jehovah's Witness, all efforts should be made to obtain documentation and/or verbal support from the patient’s church or GP to establish their views in relation to refusal of blood products. If this information is not sufficient to clearly establish the patient's known wishes in relation to receiving blood products, urgent contact should be made with the Office of the Public Advocate to assist in making a decision in the patient's best interests and, if necessary, to apply to VCAT to appoint a guardian.

7. If the patient requires treatment prior to a guardianship application and the treating team do not consider that the patient’s known wishes to refuse blood products have been established, the treating team may administer blood products as emergency treatment provided it is necessary to save the patient's life, to prevent serious damage to the patient's health or to prevent significant suffering (see Guardianship and Administration Act Section 42A). Prior to taking this step every effort should be made to administer alternative products to maintain life.

8. In all the above situations two (2) doctors must agree and clearly document the management plan. In addition if possible, the CMO and Clinical Ethicist or Respecting Patient Choices consultant and the Jehovah’s Witness Liaison should be consulted.

9. If the patient is unconscious and DOES HAVE an ADVANCE HEALTH CARE DIRECTIVE, the following process should be followed: the Medical Enduring Power of Attorney noted on the directive should complete a Refusal of Treatment Certificate. If there is insufficient time or the Medical Power of Attorney cannot be contacted the directive itself should be relied upon provided it is in the standard form provided by Jehovah’s Witnesses, clearly witnessed and dated (see next paragraph) and recognises the risks of not receiving blood products. In these circumstances the patient SHOULD NOT be given blood components/blood products.
10. The ADVANCE HEALTH DIRECTIVE is generally renewed each year. This is the preferred practice for the hospital as it gives a current indication of the patient’s wishes. However where the ADVANCE HEALTH DIRECTIVE is more than a year old but continues to be carried by a patient who has subsequently become incompetent, it should continue to be respected unless there is evidence provided to the treating team indicating that the patient no longer holds the beliefs expressed in the directive. The treatment decision should not be made without attempting to confirm the patient’s status by contacting the Person Responsible and/or the GP, Church Minister and Liaison Committee.

11. In the case of a child whose parents refuse to give consent for treatment by way of a blood transfusion and, if in the opinion of the treating doctor the child is likely to die, the procedure set out in Section 24 of the Human Tissue Act 1982 should be followed (see next paragraph).

12. Briefly, this procedure involves a second doctor personally examining the patient to decide whether he / she agrees with the clinical opinion of the doctor in charge of the patient. If the two (2) doctors agree a blood transfusion is reasonable and proper treatment for the life-threatening condition suffered by the patient then the treatment can be given irrespective of the parents’ wishes.

13. In this hospital, if a second doctor is not available to examine the child, consent for the blood transfusion can be given by the Chief Medical Officer if he/she is satisfied the treatment is reasonable in the emergency circumstances.

14. As in all cases the discussions and examinations involved in this process must be fully and accurately documented.

**Evaluation:**

Adverse events concerning blood management of Jehovah’s Witness patients will be investigated and reported to the Austin Health Blood Transfusion Committee and Austin Health Clinical Governance Committee.

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In Consultation With

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Michael Geluk, Emergency Department.

Fergus Kerr, Director, Emergency Department

**Legislation/References/Supporting Documents:**

Human Tissue Act Vic 1982

Jehovah’s Witness Information folder (available in ED and ICU and from Transfusion Nurse, page Bus Hrs 3291)
Appendix 1

ADVANCE HEALTH CARE DIRECTIVE FOR JEHOVAH'S WITNESSES – EXAMPLE (over two pages)

Advance Health Care Directive—Victoria
(For use by those who have appointed agent(s) under the Medical Treatment Act 1988)

1. __________________________________________ (print or type full name), fill out this document to set forth my treatment instructions in case of my incapacity.

2. I am one of Jehovah’s Witnesses, and I direct that NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life. I refuse to predonate and store my blood for later infusion.

3. Regarding minor fractions of blood: [tick to provide direction]
   (a) [ ] I REFUSE ALL
   (b) [ ] I WILL ACCEPT CERTAIN BLOOD FRACTIONS INCLUDING: [ ] Albumin [ ] Immunoglobulins
      [ ] Clotting factors [ ] Haemoglobin [ ] Haem [ ] Interferons [ ] Other(s): ________________________
      as well as those blood fractions authorized by my agent or alternate agent named on page 2 of this document. [NOTE: I may accept one of the above blood fractions, even though it is not ticked, if authorized by my agent or alternate agent.]
   (c) [ ] I may be willing to accept some minor blood fractions, but the details will have to be discussed with my agent or alternate agent named on page 2 of this document.

4. Regarding medical procedures involving the use of my own blood, except diagnostic procedures, such as blood samples for testing: [tick to provide direction]
   (a) [ ] I REFUSE ALL
   (b) [ ] I WILL ACCEPT CERTAIN MEDICAL PROCEDURES INVOLVING MY BLOOD INCLUDING:
      [ ] Cell salvage [ ] Haemodilution [ ] Heart-lung machine [ ] Dialysis [ ] Epidural blood patch
      [ ] Plasmapheresis [ ] Labelling or tagging [ ] Platelet Gel: autologous [ ] Other(s): ________________________
      as well as those procedures involving my blood authorized by my agent or alternate agent named on page 2 of this document. [NOTE: I may accept one of the above medical procedures using my own blood, even though it is not ticked, if authorized by my agent or alternate agent.]
   (c) [ ] I may be willing to accept some medical procedures involving my blood, but the details will have to be discussed with my agent or alternate agent named on page 2 of this document.

5. Regarding end-of-life matters: [tick to provide direction, if you wish to do so]
   (a) [ ] I DO NOT want to be kept alive by extraordinary measures if I am in a terminal phase of an incurable illness, permanently unconscious, or in a persistent vegetative state.
   (b) [ ] I DO want to be kept alive by extraordinary measures if I am in a terminal phase of an incurable illness, permanently unconscious, or in a persistent vegetative state.

6. Regarding other health-care instructions: (such as current medications, allergies, and medical problems)
7. I give no one any 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.

8. I have appointed the persons named below as my agent and alternate agent under the Medical Treatment Act 1988 (Vic).

9. This legal directive is an exercise of my right to accept or to refuse medical treatment in accord with my deeply held values and convictions. My common law rights to self-determination and personal autonomy, and to freedom of conscience and religion, require all health-care providers to comply with this directive.

Signature __________________________ Date __________________________

Address __________________________

10. 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 and I am not related to the person who signed this document, by blood, marriage, or adoption, and I am not the agent or alternate agent of the person making this Advance Health Care Directive.

Signature of witness __________________________ Signature of witness __________________________

Print Name and Address __________________________ Print Name and Address __________________________

IN CASE OF EMERGENCY, PLEASE CONTACT MY APPOINTED AGENT:

Name: __________________________

Address: __________________________

Telephone(s): __________________________

APPOINTED ALTERNATE AGENT:

Name: __________________________

Address: __________________________

Telephone(s): __________________________

Advance Health Care Directive
(signed document inside)

NO BLOOD

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