

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	JEHOVAH'S WITNESS PATIENTS – TREATMENT OF PATIENTS IN NEED OF ALTERNATIVE BLOOD REPLACEMENT THERAPY	Policy 1.2.5 Protocol 2
JEHOVAH'S WITNESS PROTOCOL		

OBJECTIVE

When appropriate, Jehovah's Witness patients will be managed in accordance with their religious beliefs.

STANDARDS TO BE MET

1. Current Status Regarding the use of Blood Products

- 1.1 Jehovah's Witnesses will not accept whole blood or blood components. This includes:
 - a) Whole blood
 - b) Red cell components
 - c) Plasma and FFP
 - d) Platelets and platelet concentrates
 - e) Granulocyte concentrates
- 1.2 Jehovah's Witnesses may make an individual conscience decision as to whether they will accept fractionated blood products and Cryoprecipitate (known to them as minor blood fractions). These include:
 - a) Cryoprecipitate
 - b) Albumin (Albumex 4% and 20%)
 - c) Immunoglobulins (Normal Immunoglobulin, IM; Intragam P; Anti-D; Tetanus Immunoglobulin, Hepatitis B Immunoglobulin, Zoster Immunoglobulin)
 - d) Coagulation factor concentrates (Biostat, Prothrombinex-HT, Monofix-VF, Fibrogammin: Factor XIII concentrate)
 - e) Other plasma concentrates (Antithrombin, C1 esterase inhibitor)
- 1.3 Jehovah's Witnesses may make an individual conscience decision as to whether they will accept biological products in which a trace amount of albumin may be present. This includes:
 - a) Some recombinant coagulation factor concentrates.
 - b) Some vaccines.
 - c) Albumin in CT marker and VQ scan materials, and in therapeutic growth factors.
 - d) Therapeutic cytokines and monoclonal antibodies.
- 1.4 Jehovah's Witnesses may make an individual conscience decision as to whether they will accept human tissue. This includes:
 - a) Femoral Heads for bone grafting
 - b) Organs

2. Pre Treatment Discussion

- 2.1 The patient should be given an opportunity to have identified friends or supporters, including the Hospital Liaison Contact (HLC) for Jehovah's Witnesses.
- 2.2 Prior to the treatment the Surgeon and Anaesthetist will meet with the patient as part of the informed consent process and *where practicable* also a Haematologist or NZ Blood Service Transfusion Medicine Specialist.
- 2.3 If a joint clinical discussion cannot be arranged due to scheduling issues, the specialists identified may arrange separate meetings with the patient, and support people, prior to obtaining informed consent.
- 2.4 The patient should be assured that the meeting is to formulate a plan for surgery that complies with their wishes and beliefs, and that no attempt will be made to frighten or place him or her under duress. If necessary clinical staff may request additional time to undertake this process.

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- 2.5 If a Healthcare Directive (HCD) has not been prepared or provided, establish what the patient will consent to and what their decision is on conscience matters.
- 2.6 At the end of the discussion the Jehovah's Witness patient and the supporter(s) should be asked if they have any further questions or concerns.
- 2.7 The clinical team then agrees, or disagrees, with the patient to go forward with the operation on the terms established by the discussion and this commitment is documented.

3. Assessment and Evaluation

- 3.1 Medical Specialists are responsible for evaluating the circumstances of each case. Consider or establish the following:
 - a) Has the patient prepared a HCD that clearly documents his or her refusal of blood transfusion? A copy must be placed in the patient's health record.
 - b) In the absence of a HCD that clearly documents the patient's position:
 - i. Establish the nature and strength of commitment expressed for the rejection of blood components and / or products during treatment.
 - ii. Establish if any blood components and / or products will be accepted in good conscience, in any circumstance.
 - iii. Document these wishes clearly within the patient's health record.
- 3.2 The Surgeon or Physician:
 - a) Outlines the proposed operation or treatment.
 - b) Describes possible complications that may result in bleeding or other need for transfusion.
 - c) Discusses with the patient the risk of bleeding within the proposed surgery or medical treatment.
 - d) Outlines the likelihood in general terms for major bleeding or other risks that would create either a life-threatening risk, or a delayed or impaired recovery following treatment.
 - e) Outlines the risks and benefits of transfusion and alternative treatments.
 - f) Will develop a plan for alternative intervention based on alternative treatments that are available to the DHB. This discussion and the understanding by the patient are documented in the patient's health record.
- 3.3 Anaesthetist Discussion
 - a) Where an Anaesthetist will be involved in a patient's treatment, the Anaesthetist outlines techniques used to avoid transfusion of blood. The patient's informed consent to the proposed treatment is obtained and documented.
 - b) The Anaesthetist or Surgeon asks what actions are and are not sanctioned by the patient if he or she is unconscious, or otherwise unable to communicate, and dying of unexpected blood loss, and this response is to be documented in the patient's health record.
- 3.4 Haematologist Considerations
 - a) If the Clinical Haematologist is involved, he / she should ask patients who are Jehovah's Witnesses which therapeutic agents are acceptable as infusions to support blood volume and / or haemostatic function in the event of bleeding, or other medical issues, as appropriate.
 - b) Where clinically appropriate and timely, the Haematologist should explain the technique of pre-operative haemoglobin enhancement using recombinant erythropoietin (EPO). If the patient accepts this therapy, time permits, and clinical assessment does not identify contraindications, erythropoietin therapy is to be arranged.

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4. Refusal to Treat

- 4.1 Where a Specialist is not able to provide treatment with an acceptable level of safety without having access to transfusion of blood components or other products that the patient has declined to receive, the following steps are appropriate:
- a) Management options should be discussed with Specialist colleagues. The principal purpose is to identify any available therapeutic options or a colleague who may be prepared to treat the patient using the usual form of treatment, or a modified form of treatment if available.
 - b) Where an intended treatment cannot be provided, this must be discussed with the patient and appropriate supportive treatment provided that is acceptable to the patient. The patient should have access to family or other support people during this process.

Note: The decision to undertake an elective procedure in the absence of consent to transfuse blood products is at the total discretion of any member of the treatment team.

5. Treatment of Children

- 5.1 If the patient is a minor please refer to policy 1.2.5 protocol 3 Jehovah's Witness Patients – Treatment of Children in Need of Alternative Blood Replacement Therapy, in addition to this protocol.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.2.5 Jehovah's Witness Patients – Providing Care
- Bay of Plenty District Health Board policy 1.2.5 protocol 1 Jehovah's Witness Patients – Providing Care Standards
- Bay of Plenty District Health Board policy 1.2.5 protocol 3 Jehovah's Witness Patients – Treatment of Children in Need of Alternative Blood Replacement Therapy
- Bay of Plenty District Health Board Perioperative Service protocol PERIOP.J1.1 Guidance - Jehovah's Witness Patients (Adults and Children) - Trauma or Acute Bleeding Management
- Bay of Plenty District Health Board Perioperative Service protocol PERIOP.J2.1 Guidance - Jehovah's Witness Patients (Adults and Children) - Elective Surgery Management
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.2.6 Refusal of Blood Products
- Bay of Plenty District Health Board Informed Consent form (7752)
- Bay of Plenty District Health Board Form FM.B2.1 Blood Products - Understanding Regarding Refusal of Blood Products for Minors
- Bay of Plenty District Health Board Form FM.H.1 Health Care Directive
- Bay of Plenty District Health Board Form FM.J1.1 Jehovah's Witness Patients - Providing Care

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