



# Management of Anaesthesia for Jehovah's Witnesses

## 2nd edition

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## **Recommendations**

- 1. Wherever possible, consultant staff (anaesthetists and surgeons) should be directly involved throughout the care of Jehovah's Witness patients.**
- 2. Departments of Anaesthesia should review their procedure for being alerted at an early stage of the scheduling of Jehovah's Witness patients for elective surgery.**
- 3. Departments should keep a regularly updated list of those senior members prepared to care for followers of the Jehovah's Witness faith.**
- 4. In an emergency, an anaesthetist is obliged to care for a patient in accordance with the patient's wishes.**
- 5. Properly executed Advance Directives must be respected and special Jehovah's Witness consent forms should be widely available for use as required.**
- 6. All Jehovah's Witnesses must be consulted individually, whenever possible, to ascertain what treatments they will accept.**
- 7. Discussions with individual Jehovah's Witness patients should be fully documented and their acceptance or rejection of treatments recorded and witnessed.**
- 8. In the case of children, local procedures for application to the High Court for a 'Specific Issue Order' should be reviewed and available for reference.**

9. In Scotland. In the case of children, local procedures for application to the Court of Session or appropriate Sheriff Court should be reviewed and available for reference.
10. In Ireland. In the case of children, application to District Court for child to be placed under Emergency Care Order should be reviewed and available for reference.
11. A 'Specific Issue Order' or equivalent should only be applied for when it is felt to be entirely necessary to save the child in an elective or semi-elective situation.
12. In a life-threatening emergency in a child unable to give competent consent, all life-saving treatment should be given, irrespective of the parents' wishes.

# SECTION 1

## 1. Introduction

- 1.1 The first edition of this guidance [1] was published in March 1999 and was received by the members of both the Association of Anaesthetists of Great Britain and Ireland (the Association) and the Watch Tower Bible and Tract Society of Britain (the official organisation for British Jehovah's Witnesses) with some acclaim.
- 1.2 Since then there has been a continuing debate surrounding the ethical and practical consequences of consent for medicine as well as developments in the areas of 'Oxygen Therapeutics', blood transfusion medicine and alternative blood sparing technologies.
- 1.3 In his Report for 2003 entitled *On the State of Public Health*, the UK Department of Health's Chief Medical Officer, Professor Liam Donaldson, stated that he believed too many unnecessary blood transfusions were being given in England [2]. He added, "The gift of blood is too often squandered by unnecessary and inappropriate use", and expressed concern at the fall in the donor pool (down by one fifth in 4 years). He further suggested that transfusion is unnecessary unless the haemoglobin falls below 7 g/dl, and proposed that only consultants, and not junior staff, should be allowed to order blood and blood products.
- 1.4 The management of Jehovah's Witness patients was briefly reviewed in the Royal College of Anaesthetists' publication *Continuing Education in Anaesthesia, Critical Care & Pain* [3].
- 1.5 This present report has been prepared by the Association and advises on the anaesthetic management of patients belonging to the Jehovah's Witness faith.

## SECTION 2

### 2. Beliefs and their Implications for the Anaesthetist

- 2.1 Every competent adult patient is entitled to refuse to consent to medical treatment for good reason, bad reason or no reason. No opinion should be attributed to a patient simply because they are a member of a religious or political group. In this guide we seek to describe the views held by most mainstream Elders of the community of Jehovah's Witnesses in the hope that this will assist anaesthetists in advising and treating individual Jehovah's Witness patients. However, there is no substitute for seeking the views of the individual patient who happens to be a Jehovah's Witness at the time when decisions have to be made. Doctors must be aware at all times that all patients are entitled to change their minds and that the only thing that matters is what treatment the patient wishes to have at the time when the decision has to be taken.
- 2.2 It is estimated that there are nearly 6.5 million Jehovah's Witnesses in 235 countries worldwide and about 150, 000 in Great Britain and Ireland.
- 2.3 Recent knowledge of the risk of transmission of disease and other complications of blood transfusion have in many cases been cited as further support for the Jehovah's Witnesses' refusal to accept blood transfusion. Increasing awareness of this risk generally by the medical profession has altered views on the need for transfusion and altered our perception of the problems occurring as a result of acute unexpected blood loss.
- 2.4 The Jehovah's Witness movement is some 120 years old, having been founded in North Eastern United States of America. It is an actively proselytising Christian organisation that originally had objections to other medical treatments such as vaccinations and inoculations, although these are now largely accepted. In 1945, the Watch Tower Bible and Tract Society (the name of the group's legal publishing entity) promulgated the views that adherents to

the faith should not receive allogenic blood. Some adherents of the faith choose to extend this prohibition to include blood products. The explanation for these beliefs is their interpretation of Genesis 9:3, 4, Leviticus 17:11, 12 and Acts 15:28, 29 (Appendix 1), all of which describe the prohibition of the consumption of blood. The established Jehovah's Witnesses' interpretation of this is that an individual's life is represented by their blood. The prohibition of blood transfusion is a deeply held core value and is a sign of respect for the sanctity of life.

2.5 It may be helpful to regard these rules under the following two headings:

2.5.1 Treatment generally regarded as unacceptable by Jehovah's Witnesses:

- Transfusion of whole blood, packed red cells, white cells, plasma (FFP), and platelets
- Preoperative autologous blood collection and storage for later reinfusion (pre-deposit)

2.5.2 Matters that Jehovah's Witnesses recognise as being of personal choice:

Each Witness decides whether he/she wishes to accept the following as a matter of individual choice. It is therefore important to discuss with each patient whether or not these are acceptable.

- Blood salvage (intra and post-operative), haemodilution, haemodialysis, and cardiac bypass
- Blood 'fractions' of plasma or cellular components (eg albumin, immunoglobulins, clotting factors)
- Whilst haemoglobin based oxygen carrying solutions are not yet licensed in the UK, they may soon be available and may be acceptable to some Jehovah's Witness patients.
- Transplantation, including solid organ, bone, tissue etc
- Epidural blood patch (see below)

- 2.6 It should be remembered that no **absolute** rules regarding blood products exist. Some Witnesses are willing to accept the use of plasma protein fraction (PPF) or components such as albumin, immunoglobulins and haemophilic preparations, when asked *individually*. Other clinical interventions may also need to be dealt with on a personal basis. Organ transplantation, for example, is not specifically forbidden for Jehovah's Witnesses, and each individual is expected to reach his or her own decision.
- 2.7 Cardiac bypass may be accepted provided the pump is primed with non-blood fluids and blood is not stored in the process. Auto transfusion is acceptable to many Jehovah's Witnesses. Jehovah's Witnesses will not accept pre-operative collection, storage and later re-infusion of blood.
- 2.8 The use of an epidural blood patch may be acceptable to some Jehovah's Witnesses [4].
- 2.9 Administration of blood to a competent patient, against their will and in conflict with their genuinely held beliefs, has been likened by the Witnesses to rape. It will not result in expulsion from the community if it was carried out against the expressed wishes of the patient but may have as deep a psychological effect as forceful sexual interference.
- 2.10 Because of the variability between individual beliefs, it is common for a Witness patient to wish to consult with the Elders of the community for help in reaching a decision regarding accepting blood-product related medical treatment. Most active communities (in 42 key locations in Great Britain and Ireland, generally based in the major cities) maintain a committee of Elders, known as the 'Hospital Liaison Committee for Jehovah Witnesses', which can be contacted and whose telephone numbers are generally lodged with the local hospital switchboards served by the committee. Appendix 2 gives the main contact numbers for the national central committees.



- 2.11 The local Hospital Liaison Committee can also act as a local resource for information regarding the beliefs and practices of Jehovah's Witnesses. They are generally aware of up to date research and clinical practice in the area of bloodless surgery and have access to a great deal of reference material and information.
- 2.12 Hospital Liaison Committees also hold a schedule of clinicians experienced in treating patients in accordance with the wishes of Jehovah's Witnesses. These clinicians may be prepared to give advice if consulted or even accept transfer of the patient's care.
- 2.13 The Working Party suggests that departments of anaesthesia have available a list of anaesthetists willing to manage such patients.

## SECTION 3

### 3. The legal position in respect of anaesthesia and consent

- 3.1 Jehovah's Witnesses are generally well informed, both about their legal position and the options for treatment. Any competent adult is entitled to accept surgery but also specifically to exclude certain aspects of management, such as the administration of a blood transfusion. The recent recommendations from the Department of Health in respect of consent forms provide for the inclusion of a box for the patient to complete, and this may contain specific exclusions from the consent. Most practising Jehovah's Witnesses will carry with them an Advance Directive document. Appendix 3 gives the full wording of a typical directive which specifically states that "in the event of emergency treatment including general anaesthesia and surgery...." it forbids the administration of blood or blood components. The advance directive goes on to state "my express refusal of blood is absolute and is not to be overridden in any circumstances". It is important to realise that individual Jehovah's Witnesses may have different views, and the doctor's obligation is to respect the wishes of the individual patient.
- 3.2 It is the view of this Working Party that such an advance medical directive by a competent adult, if properly signed and witnessed, must be respected unless there is evidence that the patient has changed their view since the directive was executed.
- 3.3 The Working Party strongly recommends that the views held by each Jehovah's Witness patient should be ascertained to find out which aspects of treatment are acceptable and which are not.
- 3.4 To administer blood to a patient who has steadfastly refused to accept it by either the provision of an advance directive or by its exclusion in a consent form is unlawful and ethically unacceptable. It may also lead to referral to the General Medical Council, criminal and/or civil proceedings [5].

- 3.5 In the management of an unconscious patient whose status as a Jehovah's Witness may be unknown, the doctor caring for the patient will be expected to perform to the best of his ability, and this may include the administration of blood transfusion. However, there may be opinions put forward by relatives or associates of the patient suggesting that the patient would not accept a blood transfusion even if that resulted in death. Such relatives should be invited to produce evidence of the patient's status as a Jehovah's Witness. It is not uncommon for Jehovah's Witnesses to lodge a copy of their advance directives with their General Practitioner, who should be contacted.
- 3.6 Children of Jehovah's Witnesses below the age of 16 years may cause particular difficulty. The wellbeing of the child is overriding and, if the parents refuse to give permission for blood transfusion, it may be necessary to apply for a 'Specific Issue Order' via the High Court in order legally to administer the blood transfusion (see below and Appendix 4 for the procedure to follow). It is important, however, before this serious step is taken, that two doctors of consultant status should make an unambiguous clear and signed entry in the clinical record that blood transfusion is essential, or likely to become so, to save life or prevent serious permanent harm. In the event that a court order is sought, it is essential [5] that the parents be given the opportunity to be properly represented and are kept fully informed of the practitioners' intention to apply for the order.

**In Scotland such an application for a 'Specific Issue Order' is made to the Court under Section 11 of the Children (Scotland) Act 1995**

**In Ireland an application is made for an Emergency Care Order to the District Court under Section 12 or 13 of the Child care Act 1991**

In the case of young people over 12 years who are capable of understanding the issues, the anaesthetist may be able to rely upon their consent (see Section 5).

The management of a child of a Jehovah's Witness in an emergency situation who is likely to succumb without the *immediate* administration of blood is viewed in law in a different light. In this situation, application to the courts will be too time-consuming and the blood should be transfused without consulting the court. The courts are likely to uphold the decision of the doctors who give blood.

Most hospitals provide a special Jehovah's Witness consent form but, if that is not forthcoming, the Hospital Liaison Committee of the Jehovah's Witnesses has a suitable form available (See Appendix 3). It may also be advisable to make a separate clear entry in the patient's clinical notes to the effect that the patient has refused the administration of blood or blood products under any circumstances. However the extent of the prohibition should be clearly set out, because of the range of opinions identified in paragraph 2.5 above

## SECTION 4

### 4. Clinical Management

#### 4.1 Preoperative

- 4.1.1 It is essential that surgeons who are aware that an elective patient is a Jehovah's Witness should alert the anaesthetic department as soon as possible in order to ensure that a consultant anaesthetist is prepared to manage the patient's care. Early warning of any potential intervention that could lead to the need for blood or blood products is also advisable.
- 4.1.2 Anaesthetists have the right to refuse to anaesthetise an individual in an elective situation but should attempt to refer the case to a suitably qualified colleague prepared to undertake it. The surgeon should be informed as soon as possible if any difficulty ensues. In an emergency, the anaesthetist is obliged to provide care and *must* respect the patient's competently expressed views.
- 4.1.3 Major procedures can be carried out in stages in order to limit acute blood loss, and the choice of operative technique may also influence outcome; for example bilateral procedures could be performed in two unilateral stages.
- 4.1.4 Increasingly, obstetric or major lower limb procedures may be performed under local or regional anaesthesia alone and, in this situation, some patients may change their mind when confronted with the need for a blood transfusion as a life saving measure. Any change in the patient's views at this point should be regarded as a modification in the scope of consent and should be

witnessed. A contemporaneous entry should be made in the patient's anaesthesia and clinical record. Whether or not a patient who has received sedation will be competent to vary the consent which they have previously given will depend upon the facts of the case. Broadly speaking the law holds that a patient has capacity to consent to treatment if they are capable of receiving advice from a doctor, of understanding that advice, of balancing the issues in their mind and uttering their wishes. They do not need to be able to give a full and detailed discourse on the finer points of religion or pharmacology that may be involved in their decision, simply to decide whether or not they want to have the blood or blood products in question. Where a patient has consented to receive blood which the doctor believed was immediately necessary in order to save their life, if the Court accepts that that belief is reasonably held it should not criticise the doctor for acting upon the consent of the patient.

- 4.1.5 The introduction of an antenatal alert of the anticipated delivery of a child to a Jehovah's Witness mother can also be beneficial so that appropriate senior staff will be available. This arrangement should apply to booking of delivery dates by both obstetricians and midwives.
- 4.1.6 Full pre-operative investigations and consultations with the patient should take place as early as possible in order to ascertain the degree of limitation on intra-operative management.
- 4.1.7 At the pre-operative visit it is very important to take the opportunity to see the patient without relatives or members of the local community who may influence and impede full and frank discussion of the acceptability of certain forms of treatment. At this stage, treatments that are regarded as acceptable should

be established and the patient and staff made fully aware of the risks of refusal of blood or blood products. Agreed procedures and unacceptable treatments should be entered into the clinical notes and signed as a record and witnessed by the patient. Such entries should be **both** dated and timed.

At the patient's request, family members or members of the Hospital Liaison Committee for Jehovah's Witnesses may be part of these discussions. Their prime role should be to avoid confrontation and assist understanding on both sides.

These family or Hospital Liaison Committee members may however hold stronger views than those of the patient and, with the patient's agreement, they should be excluded if their presence is detrimental to the patient's peace of mind and mental comfort.

- 4.1.8 Pre-operative anaemia should be investigated and treated. The use of recombinant erythropoetin to improve haemoglobin levels has been documented but is a slow treatment that might not be clinically justified or cost effective. It may be beneficial, however, to improve the iron stores by pre-administration of iron supplements. Discussion of an individual case with a haematologist could be beneficial.

## **4.2 Intra-operative Management**

- 4.2.1 Consideration should be given, before surgery, to one or more of a number of techniques to reduce intra-operative blood loss, such as: careful positioning to avoid venous congestion, hypotensive anaesthesia, use of tourniquets where appropriate, meticulous haemostasis, use of vasoconstrictors and haemodilution.

- 4.2.2 A 'cell saver' system may be acceptable to the Jehovah's Witness and can be used in certain operations where blood loss is unlikely to result in blood contamination. Nevertheless, discussions of the use of a cell saver should be carried out with the patient to assess acceptability.
- 4.2.3 A number of drugs have been used in an effort to reduce fibrinolysis, increase coagulability and reduce blood loss; eg tranexamic acid and aprotinin [6].

### **4.3 Postoperative Care**

- 4.3.1 Postoperative blood loss should be carefully monitored and accurately recorded. Simple manoeuvres (e.g. direct compression) or early surgical intervention (e.g. re-exploration) may reduce overall blood loss.
- 4.3.2 In some peripheral orthopaedic surgery, such as total knee replacement, postoperative wound drainage of blood can be reinfused, using special filter-drainage systems.
- 4.3.3 In the event of massive blood loss it may be necessary to consider elective ventilation to enhance oxygen delivery [7].
- 4.3.4 Active cooling in the postoperative period has also been described to reduce oxygen consumption and increase dissolved oxygen carriage, but this technique is not widely accepted [8].
- 4.3.5 Hyperbaric oxygen therapy has been described in the management of anaemia following severe blood loss. Swift reversal of hypoxia is possible but the technique has limited application. Nevertheless, referral for hyperbaric therapy may be considered if an appropriate facility is available [9].



## 5 Paediatric Considerations

- 5.1 Young adults of sound mind aged 16-18 years have a statutory right in England and Wales to consent to procedures on their own account and there is no legal requirement to obtain additional consent from a parent or guardian. The patient's consent takes precedence over parental objections. Parents may give lawful consent to a young adult unable to consent in their own right, because of decreased consciousness.

**In Scotland, young persons aged 16 or over have an exclusive right to determine their own medical treatment. The parent has no right to consent or interfere; similarly, recourse to the Courts would not be available.**

**In Ireland a person is considered adult for the purposes of consent to medical treatment at the age of 16 and there is no legal requirement to obtain additional consent from parent or guardian (Section 23 of the Non-Fatal Offences against the Person Act 1997)**

- 5.2 In England and Wales children younger than 16 years may be competent to give their own consent if they demonstrate a clear grasp of the proposed treatment and the risks, benefits or consequences of acceptance or rejection of a proposed treatment. This is referred to as 'Gillick-competence'. However, this is likely only to apply to children above the age of 12 years, but could for more minor procedures apply much younger.

A situation could be envisaged where a child under the age of 16 years, of Jehovah's Witness parents, were to consent to an elective blood transfusion in the face of

parental opposition. Consent in this situation would be sound provided that the child could show evidence of 'Gillick competence'.

- 5.3 Although children aged 16-18 years are capable of consenting to any medical procedure, so that consent of another person is not necessary, the law expressly states that this does not invalidate the right of others to consent on their behalf. If the patient is in an acute emergency situation it will be lawful for an anaesthetist to proceed on the basis of the consent of either parent. Where time permits, the court should be asked to resolve the position.

In Scotland, a young person aged 16 or over can only be treated against their wishes in cases where the young person has some mental incapacity, in which case a parent or agency could acquire rights by being appointed as **guardian**.

In Ireland the issue of the "mature minor" has not been judicially considered and it is unclear whether young people under the age of 16 are permitted to give consent and whether the Irish Courts would adopt a principle of competence similar 'Gillick'. Similarly it is not clear whether the Irish Courts would accept that minors are capable of refusing medical treatment. The Irish judiciary are reluctant to intervene to overrule parental decisions and will do so only in exceptional cases. However each case must be judged on its merits and where there are life threatening issues the Courts may favour the personal rights of the child over family and parental considerations.

In an unreported case in March 2003 the Gardai were called to to a hospital after the parents of a two-year-old

boy refused to allow him a blood transfusion on religious grounds. The Gardai made an application under the Child Care Act and the transfusion proceeded. In another case the High Court ordered that a child be made a Ward of Court to enable her to be treated with blood products. In this case the five-month-old baby girl required life saving open heart surgery. [10]

- 5.4 Consent to give blood products in the face of opposition by both child and parents is illustrated by a case involving a 14 year old burns victim [11]. Both the child and the parents, with strongly held beliefs, refused a transfusion required to manage severe burn injuries. It was found by the Family Court, following the opinion of an expert in child psychiatry, that these beliefs were founded upon the context of her own family experience alone and that there was a distinction between a view of that kind and the constructive formulation of an opinion which occurred with adult experience.

While it was accepted that the patient's opinions were firmly held, they were necessarily based upon a limited understanding of matters and that she was not in possession of all the details which it would be right and appropriate to have in mind when making such a decision. The Official Solicitor was appointed to act as '*guardian ad litem*' and consent to give blood products was granted.

- 5.5 This point was further discussed in the High Court in England in 2003 [12] where it was found to be in the best interests of a Jehovah's Witness patient (nearly 17 years old) to receive blood products where the risk to life was immediately threatening and there was no other form of treatment available. A useful Case Study is available to further explore this point [13].

5.6 On 1st April 2001 under the provisions of the Criminal Justice and Court Services Act, the Children and Family Court Advisory and Support Service – (CAFCASS) was set up. This is a national Non-Departmental Public Body for England and Wales that safeguards and promotes the welfare of children involved in family court proceedings. It is accountable to Parliament through the Department for Education and Skills. CAFCASS is independent of the courts, social services, education and health authorities and all similar agencies. It brings together the services previously provided by:

- The Family Court Welfare Service
- The Guardian ad Litem Services
- The Children’s Division of the Official Solicitor.

## 6. Consequences of Bloodless Anaesthesia and Surgery

### 6.1 Financial Consequences

#### 6.1.1 Cost of care

Special equipment for, and additional theatre time spent in the conservation of blood carries an increased cost to the hospital. Depending on the specialty and complexity of the surgery, theatre time costs between £7 and £15 a minute[14].

Maintaining a patient with a low haemoglobin level following surgery without transfusion may also carry an additional cost in days spent in HDU or ITU. National figures indicate that each additional day spent in an HDU bed costs £543 and in an ITU bed £1266 [15]. Occupation of these beds also further denies access of an already scarce resource to other patients in need of higher dependency and intensive care.

Access to hyperbaric oxygen facilities is limited to only 30 sites in the UK and session costs vary. There is an additional cost of transfer of the patient to these centres.

#### 6.1.2. Costs of Cell Saver

The cost of blood salvage machinery varies. Prices range from £5,000 to £14,000, with the price of disposables ranging between £70 and £100.

#### 6.1.3 Savings in Costs of Blood

The price of a unit of blood has risen dramatically in the last decade, especially since leucodepletion has been added to the preparation process. The current national price of a unit of packed cells is around £132, a unit of FFP around £35 and a unit of platelets around £217 [16].

## **6.2 Consequences of avoidance of blood transfusion errors and disease**

Incorrect blood components transfused (or “wrong blood”) account for 75% of all reports to the Serious Hazards of Transfusion working group (SHOT) in 2003. The risk of death from an acute haemolytic reaction is quoted as 0.67 per million units (British Committee for Standards in Haematology guidelines, <http://www.bcshguidelines.com>). The rates of transfusion-transmitted infections are estimated to be 1 in several million transfusions for HIV, 1 in 30 million for Hep C, and 1 in 1 million for Hep B. (Data from the SHOT annual report for 2003, published July 2004). The transmission rate for vCJD is unknown. There have been two reports to date of possible vCJD transmission secondary to blood transfusions from donors who subsequently developed vCJD [17].

## **6.3 Use of Erythropoetin And Recombinant Factor VIIa**

### **6.3.1 Erythropoetin**

The acceptance of either of the two erythropoetin products currently available in Britain does not raise any religious issues for patients who are Jehovah’s Witnesses.

#### **6.3.1.1 Autologous blood pre-donation**

Erythropoetin is licensed for autologous blood predonation in the UK and Ireland and should be commenced four weeks before to surgery. However, Jehovah’s Witnesses do not accept autologous predonation.

#### 6.3.1.2 Increasing haemoglobin levels preoperatively

The use of erythropoetin to boost haemoglobin levels before surgery may be considered. However this is an **unlicensed** use of erythropoetin in Ireland and the UK. The exact dose required has not been established and the patient would require careful monitoring. Erythropoetins will not be indicated in patients with history of cardiovascular or ischaemic heart disease, unstable angina or at risk of venothromboembolism.

#### 6.3.1.3 Post-operative use of erythropoetin in Jehovah's Witness patients

Erythropoetin is not licenced for post-operative use in any patient group, although it has been successfully used to treat acute anaemia [18].

### 6.3.2. Recombinant Factor VIIa (rFVIIa)

rFVIIa is indicated for the treatment of bleeding episodes in patients with haemophilia A or B, with inhibitors to Factors VIII or IX. It has also been used in cases of refractory thrombocytopenia, and there have been a number of case reports of its successful use in Jehovah's Witness patients particularly after cardiac surgery [19].

rFVIIa has also been used to correct the coagulation and platelet defects in Jehovah's Witness patients with cirrhosis to allow invasive procedures to be performed [20].

## 6.4 Other considerations

### 6.4.1 Stress and Anxiety for Anaesthetists and Surgeons

It is well recognised that both surgeons and anaesthetists regard any limitation on their clinical freedom to be stressful, and this added stress is likely to be even greater when the consequences of the limitation may result in an otherwise avoidable death. This should be clearly and calmly explained to the patient, their relatives or representatives so that all parties are clear as to the consequence of their expressed wishes.

A clinician may refuse to participate in an elective procedure if he feels that the patient's request is unreasonable or inappropriate in his hands (para 4.1.2). This freedom of action is not present in an emergency when a practitioner may find himself participating in a procedure against his will and with compromised clinical freedom. Departments of both anaesthesia and surgery should have a procedure to deal with this situation, such as the maintenance of a register of clinicians who are prepared to be involved in procedures within the limitations imposed by Jehovah's Witness patients.

### 6.4.2 Ethical Dilemmas

Working within restrictions imposed by Jehovah's Witness patients can result in diversion of hospital resources from other patients who have a medically indicated need for them. Examples are significant periods in ITU or HDU, the use of a hyperbaric chamber or temporary dialysis.



#### 6.4.3 Effects on Other Patients

Excessive resources, including the extra time necessary to complete bloodless surgery safely, used by these special patients in order to satisfy their religious beliefs may result in a lack of resources being available to other patients.

#### 6.4.4 Effects on Members of Hospital Staff

The ripple effect on other members of the theatre teams and ward staff may also be profound. Full briefing of ALL members of the expanded team can avoid feelings of frustration and anger which may be directed at the patient, their relatives or representatives. Ideally this should be done before surgery so that all support can be provided to the patient and staff as required.

Counselling may be required for the anaesthetic and surgical team who may feel that, whilst adhering to the patient's expressed wishes, they have been unable to provide an optimal level of care that has resulted in a significant morbidity or even death during their care.

## 7. Conclusion

- 7.1 The Association of Anaesthetist of Great Britain and Ireland remains firmly of the view that all patients are entitled to take individual decisions about matters respecting their treatment which are important to them. It is the doctor's duty to advise the patient clearly about their professional assessment of the patient's needs and it is the patient's right to decide what should be done to his or her body. Once the patient's views have been clearly articulated they should be recorded and respected. This is based squarely on a respect for the patient's right of autonomy and to decide what is done with and to their body. Any wilful flouting of a patient's clearly recorded wishes in this fashion will be a serious matter which may expose the transgressor to punishment in the GMC and is liable as an offence against the criminal law.

The Association has some sympathy with the anxieties and frustration experienced by anaesthetists asked to practice what they may feel to be suboptimal care. Nevertheless it is our view that a full explanation by both sides to the other of their needs, concerns and the potential consequences of their actions should help to mitigate these stressors. Discussion between the parties is a tenet of the Consent process.

- 7.2 As the recent paper [3] in the Royal College of Anaesthetist's Continuing Medical Education Journal states "Many of the techniques developed for use in Jehovah's Witness patients will become standard practice in years to come in an effort to conserve blood stocks and reduce the need for transfusion". Our experience in this area of anaesthetic practice may have positive developments which can be extended to other areas.

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# Appendix 1

## The Holy Bible – Authorised King James Version

### Genesis Chapter 9, Verses 3-4

3. Every moving thing that liveth shall be meat for you; even as the green herb have I given you all things.
4. But flesh with the life thereof, *which is* the blood thereof, shall ye not eat.

### Leviticus Chapter 17, Verses 11-12

11. For the life of the flesh *is* in the blood: and I have given it to you upon the altar to make an atonement for your souls: for it *is* the blood *that* maketh an atonement for the soul.
12. Therefore I said unto the children of Israel, No soul of you shall eat blood, neither shall any stranger that sojourneth among you eat blood.

### Acts Chapter 15, Verse 28-29

28. For it seemed good to the Holy Ghost, and to us, to lay upon you no greater burden than these necessary things;
29. That ye abstain from meats offered to idols, and from blood, and from things strangled, and from fornication: from which if ye keep yourselves, ye shall do well. Fare ye well.

## Appendix 2

### Hospital Liaison Committees - Contact Numbers

Hospital Information Services, IBSA House, The Ridgeway, London,  
NW7 1RN

020 8906 2211

020 8349 4545 (Fax)

[his@wtbts.org.uk](mailto:his@wtbts.org.uk)

1.	Belfast	Tel. 028 4277 2662	Mobile 07761 842311
2.	Birmingham	Tel. 0121 770 7843	Mobile 07973 502343
3.	Cardiff	Tel. 01446 405666	Mobile 07973 377136
4.	Dublin	Tel. 01840 3977	Mobile 0868 707067
5.	Glasgow	Tel. 01355 220674	Mobile 07711 367409
6.	London North	Tel. 020 7286 6016	Mobile 07831 272573
7.	London South	Tel. 020 8857 8161	Mobile 07947 046330

# Appendix 3

Full Wording of suggested "Jehovah's Witness Consent/Release"

## GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

### Your Trust or Authority:

Patient Information .....

Patient's Surname .....

Other Name (s).....Hospital Unit Number..... Date of Birth .....

**DOCTOR** – *(this part to be completed by Registered Medical Practitioner)*

### NATURE 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 judgment are suited to the understanding of the person named below. I further confirm that I have emphasised my clinical judgment of the potential risks to the patient and/or person who nonetheless understood and imposed the limitation expressed below.*

*I acknowledge that this limited consent will not be over-ridden unless revoked or modified..*

Signature..... Date .....

Name of Registered Medical Practitioner.....

**PATIENT (this part to be completed by the patient)**

I.....(name)

*Confirm that I have read the words above and have consented to undergo the above named procedure. I confirm that the doctor named on this form has explained to me the nature and purpose of the procedure and the type of anaesthetic that he proposes to use, that I have consented to undergo both. I have also agreed to his using non-blood volume expanders and pharmaceuticals that control haemorrhage and/or stimulate the production of red blood cells. I also consent to his using other drugs routinely used in the course of an anaesthetic.*

*However, I have told the doctor that I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position and knowledge that it may pose additional risks to my health or life, I have decided to impose the following further restrictions on what the doctors may do in the course of the operation. I do so exercising my own choice. I expressly withhold my consent to the following:*

1. *Allogenic blood;*
2. *Primary blood components including*
  - a. *red cells*
  - b. *white cells*
  - c. *plasma*
  - d. *platelets*
3. *Any sample of my blood being used for cross-matching.*
4. *I also object to the following: (please insert any other restrictions that you wish to impose):*



*I understand that I am free to delete any of the words which appear above in order to modify these restrictions.*

*I understand that this limitation of consent will remain in force and bind all those treating me unless and until I expressly revoke it.*

*I understand that the procedure may not be done by the doctor who is treating me so far and that the express limitation of my consent to this procedure described above will be regarded as absolute by all the doctors who treat me, and will not be overridden in any circumstances by a purported consent of a relative or other person or body unless I have identified them to the hospital and appointed them in writing with authority to act as my proxy.*

*I understand that such refusal will be regarded as remaining in force and binding upon those who care for me even though I may be unconscious or affected by medication or medical condition rendering me incapable of expressing my wishes and that doctors treating me will continue to be bound by my refusal even though they may believe that the treatment is immediately necessary in order to save my life.*

*I further consent to any other procedure that may be immediately necessary to save my life or health, but I attach the same restrictions I have described above to the performance of that procedure.*

*I further understand that details of my treatment and any consequences resulting will not be disclosed to any other person without my express consent or that of my authorised proxy unless required by law.*

**Signature .....**      **Dated .....**

**Witnessed by .....**

**Of .....**      **Dated .....**

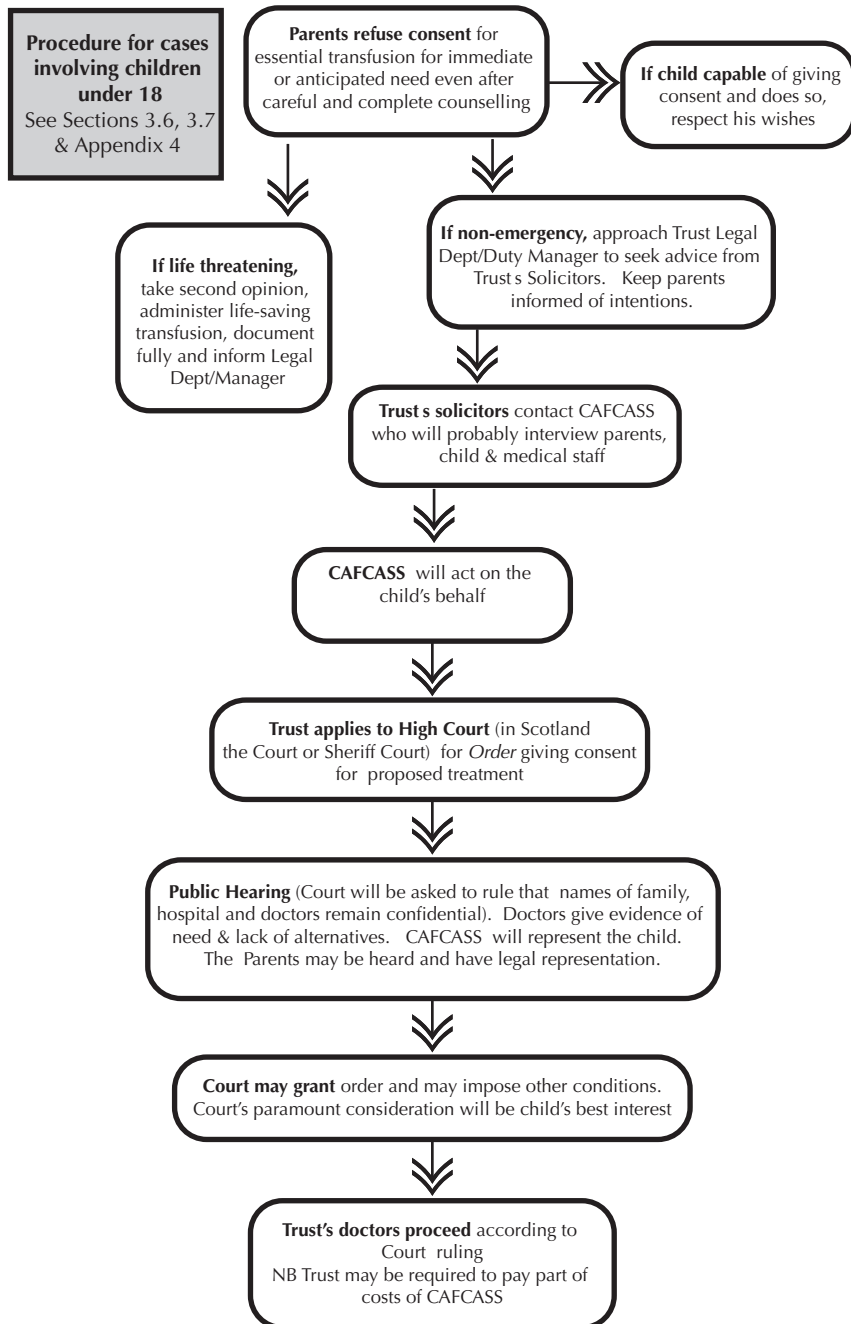
## Appendix 4

### Simplified Procedure for Application to Courts for a ‘Specific Issue Order’

1. Child and parents refuse consent to treatment. Doctors believe treatment must be given, in the best interests of the child. This would not be an emergency situation - if it is, the doctor should act in the best interests of the child, having taken a second opinion, and record his actions carefully in the medical records.
2. Doctors seek advice from their Trust Legal Department or Chief Executive who in turn seeks solicitors’ advice. Parents should be kept informed and invited to case conferences.
3. If solicitors advise proceeding, they will involve CAFCASS whose function is to represent the interests of minors or others who are ‘incompetent’. A member of the CAFCASS staff, or a solicitor appointed by them, will probably wish to see the parents and the child, to discuss the situation. CAFCASS may then instruct solicitors and counsel to act on the child’s behalf.
4. The Trust applies to the High Court (in Scotland the Court of Session or Sheriff Court) for an order giving consent to the proposed treatment. The terms of the proposed order should be discussed in advance with the CAFCASS representative.
5. A hearing might be held in public, but with the names of the family, the hospital and the doctors directly involved kept confidential, when the doctor(s) recommending treatment would give evidence, based on a previously prepared affidavit. The Court will wish the doctor to state the reasons for the recommended treatment, together with other options considered and the reasons for discarding those options. Independent expert advice may also be required. CAFCASS may call their own

experts to give evidence. The parents may wish to have separate legal representation.

6. The Court may grant the order and may impose further conditions. The Court's paramount consideration will be the welfare of the child.
7. The Trust and the doctors then consider how best to proceed in accordance with the Court's ruling.
8. The Trust may be required to pay a proportion of the legal costs of CAFCASS, as well as its own.







**THE ASSOCIATION OF ANAESTHETISTS**  
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**21 Portland Place, London W1B 1PY**

**Tel: 020 7631 1650**

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**Email: [info@aagbi.org](mailto:info@aagbi.org)**

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