Jehovah’s Witness
J Mak
Background

- Jehovah’s witness refuse blood product therapy
- Levitus 17:10
  “As for any man...who eats any sort of blood...I shall indeed cut him off from among his people”
- Believed to be an act of blood-eating that excludes the offender from eternal life in heaven
- In 2010, ~7 million worldwide
- Hong Kong
  - 5156
JW and anaesthetists

- Ethical issues
- Blood conservation strategies
- Epidural blood patch
Case scenario

- 60 yr old woman
- Baptized as JW 2 yr ago
- Admitted for OA ovary for TAHBSO + staging
- The patient presented a signed and registered term, with 2 witnesses, affirming that did not accepted any kind of blood-derived substances and exempting the medical team from any responsibility in case of blood transfusion indication
The patient did not authorize blood transfusion in any occasion
● Option 1
  ● To refuse taking care of the patient

● Option 2
  ● To provide surgical treatment and to perform blood transfusion if there is evidence of death risk for the patient

● Option 3
  ● To provide surgical treatment and not to perform blood transfusion in any occasion
• Transfusion without prior consent can amount to battery in tort

• Jehovah’s Witnesses have successfully sued physicians who disregarded their beliefs and administered blood transfusions, even in life-saving situations (Malette vs Shulman 1990, Ontario Court of Appeal)
• Consequences of non-transfusion, including death, should be discussed with the patient
• Adult – competent, voluntary
  ● Elective vs emergency
  ● Document stating absolute refusal of blood transfusion
  ● Document and clarify acceptance of non-blood volume expanders
• Advance directives
- **UK**
  - Hospital liaison committees maintain a list of doctors who are willing to accept Jehovah’s Witnesses as patients

- **HKMA guideline**
  - If time does not permit, or if the doctor is not sure that a refusal has been expressed by the patient previously, the doctor should transfuse as is necessary – die/ suffer very serious consequences
Helpful advice by NTW Cluster

has a deeply-held core value in their religion and they regard a non-consensual transfusion as a ‘gross physical violation’.

The New Territories West Cluster respects the religious beliefs of our patients. While such religious belief is recognized, it is essential for doctors to assess the wish of each Jehovah’s Witness patient individually. The risks and benefits of blood transfusion and the risks of refusing it should be explained in details. It is important to make sure that his/her decision was not made under any undue influence from others.
Ethical Consideration
Except allogeneic blood transfusions, the Jehovah's Witnesses do not disapprove the mainstream of modern medicine.

Generally Accepted Medical Treatments
- Jehovah’s Witnesses accept most medical treatments, surgical and anaesthetic procedures, devices and techniques, as well as haemostatic and therapeutic agents that do not contain blood. They accept nonblood volume expanders (e.g. dextran, saline, pentastarch) and other nonblood management techniques.
Medical Treatments Accepted by Some Jehovah’s Witnesses

Each Witness decides whether he/she can accept the following treatments in good conscience,

- Autotransfusions, heart bypass, haemodialysis, and haemodilution are acceptable to some if in a closed circuit and there is no storage of the patient’s blood.
- Plasma fractions (albumin, immunoglobulins, haemophilic preparations, vaccines)
- Organ transplants
Medical Treatment Not Accepted by Most Jehovah’s Witnesses

- Transfusions of whole blood, packed red cells, white cells, plasma, and platelets are all unacceptable.
- Preoperative autologous blood collection and storage for later reinfusion is also unacceptable.
Consent Issues
The legal principles on consent issue are the same for all patients irrespective of their religious beliefs, if any. To administer blood transfusion in the face of refusal by a patient amounts to assault (criminal) or trespass to person (civil). Doctors should refer to the ‘Hospital Authority Medico-legal Guidelines’ and the ‘Legal Principles on Informed Consent’.
Practical Tips for Confirming The Status/The Wish of a Jehovah’s Witness Patient

- Some of the Jehovah’s Witnesses may carry a signed and witnessed advance directive card absolutely refusing blood in all circumstances.

- If the patient is competent and has made an informed consent or refusal, or if a valid advance directive card is found, doctors should act upon the patient’s wish or the advance directive card.

- If the patient is unconscious and the relative advises the doctor that the patient would object to blood transfusion, the doctor should request the relative of the patient to produce evidence of the patient’s Jehovah’s Witness status and wish. Unless the refusal is clearly established, the doctor should carry out such treatment including blood transfusion as is necessary.

- In case of doubt, the doctor should seek advice from the Q&RM Division.
Young children of Jehovah’s witnesses

- Parental rights are not absolute
- Parental rights to raise children are qualified by a duty to ensure their health, safety, and wellbeing
- Parents cannot make decisions that may permanently harm or otherwise impair their healthy development
### Young children of Jehovah’s witnesses

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>The freedom to believe is absolute, the right to act on that belief is not absolute. The child’s welfare is paramount. ‘The right to practice religion freely does not include liberty to expose the child to ill health or death.’</td>
</tr>
<tr>
<td>UK</td>
<td>Parents who fail to obtain medical treatment for their children, are subject to criminal liability even if their refusal is religiously based. However, consideration would be given to parental beliefs, particularly when the situation was not imminently life threatening.</td>
</tr>
<tr>
<td>Australia</td>
<td>Respecting parental wishes regarding blood products as much as possible, yet doctors can administer blood when necessary as the child’s welfare is paramount.</td>
</tr>
</tbody>
</table>
### Mature minors

<table>
<thead>
<tr>
<th>Region</th>
<th>Legal Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>state/ province dependent</td>
</tr>
<tr>
<td>UK England</td>
<td>mature minors may consent to, but not refuse treatment, with the courts using the ‘best interests’ test to override the opinions of adolescents</td>
</tr>
<tr>
<td>Wales</td>
<td></td>
</tr>
<tr>
<td>Scotland</td>
<td>the Age of Legal Capacity (Scotland) Act</td>
</tr>
<tr>
<td></td>
<td>A child deemed competent could refuse and consent to treatment</td>
</tr>
</tbody>
</table>
Compulsory blood transfusion based on

1. Minimal danger
2. Treatment efficacy
3. Lack of alternative treatments
● The child’s interests and those of the state outweigh parental rights to refuse medical treatment

● Parental rights do not give parents life and death authority over their children

● Parents do not have an absolute right to refuse medical treatment for their children based on their religious beliefs
Legal considerations regarding minors

**UK**
- Section 8 of the Family Law Reform Act 1969 empowers children aged 16 to 18 yr to give valid consent to treatment without involvement of parents or guardians
- Children below 16, Gillick competent
- If parents refuse consent to blood transfusion
  - Specific Issue Order to overrule the parents’ refusal

**Emergency**
- Use of blood transfusion in a life-saving situation should be based on the doctor’s clinical judgement
- Child’s well-being as paramount
Special Consideration for Children

- The religious belief of the family should be respected. Effort should be made to avoid the use of blood or blood products. Nevertheless, the health and interests of the child are of paramount importance.
- If the doctor assesses that a child is competent to make the decision, his wish should generally be respected, subject to the consideration of the best interests of the child.
- A child’s refusal to blood transfusion is not valid if his decision has been made under undue influence from others.
- If the condition requiring blood transfusion is serious, the attending doctor should consult another doctor for a second medical opinion and if, after full parental consultation, blood is refused, the doctor should consider the legal means to protect the child’s interests. The Q&RM Division should be contacted for advice.
Recommended Treatment Plan

- PURSUE alternative nonblood medical treatment and treat the patient without using allogeneic blood as far as practicable.
- INFORM the patient, or if appropriate, his parents or guardian as soon as possible if intervention requiring blood transfusion is considered necessary.
- COLLABORATE with other departments to formulate an integrated treatment plan for the patient.
- CONSULT senior doctors who may further consult experts experienced in nonblood treatment.
- TRANSFER the patient, if necessary and practicable, to expert experienced in nonblood treatment.
Decline to Treat or Carry Out Procedures
If a particular procedure or treatment is considered non-urgent, but a need for blood transfusion may nevertheless arise, the doctor, after consulting with the Chief of the Unit, may decline to treat or carry out the particular procedure on a patient who refuses to receive blood transfusion. The details should be fully documented in the medical notes.
HOSPITAL AUTHORITY
REFUSAL TO PERMIT
OPERATION / PROCEDURE / TREATMENT / BLOOD TRANSFUSION / OTHERS FORM
(For Adult Patients)

Note 1: This Form should be signed by the doctor who gave the explanation to the patient and/or the person who provided the information in Part B.
Note 2: The witness (who can be a staff member or a third party such as the patient’s next-of-kin) should be involved in the whole process – from the explanation giving to the signing of the Form. Please leave the witness fields blank in the absence of witness.

A. REFUSAL TO PERMIT OPERATION / PROCEDURE / TREATMENT / BLOOD TRANSFUSION / OTHERS BY THE PATIENT

1. I, the patient named in this Form, absolutely withhold my consent to and forbid the following during my current hospitalisation:
   (Please tick the appropriate box)
   ☐ Operation ☐ Procedure ☐ Treatment
   ☐ Blood Transfusion
   ☐ Others
   Please specify the nature: (where appropriate)

2. I acknowledge that the hospital has fully explained the nature, purpose, main risks and complications of the above operation / procedure / treatment / blood transfusion / others which I fully understand. I also acknowledge that the hospital has fully explained the possibilities of serious consequences of my refusal specified in this Form which I fully understand.

3. I declare that such refusal shall pertain to all circumstances pertaining to myself including any change in the nature and/or condition of any of my illness or any circumstances whatsoever, whether or not foreseen on the date that I sign this Form.

4. I release the Hospital Authority, the HA hospital, attending doctors and hospital staff from any liability whatsoever for my death, any damage or injury (permanent or temporary) that may be caused to me in any way arising out of, or in connection with, this refusal to consent to the above operation / procedure / treatment / blood transfusion / others.

Signature of Patient ____________________________ Date __________

Signature of Witness ____________________________
Name in Block Letters ____________________________

Signature of Doctor ____________________________ Date __________
Name in Block Letters ____________________________

Name in Block Letters ____________________________ Staff Rank / HKID Card or Identity Document No. of Third Party Witness ____________________________
Obstetric JW

- Protocol
- Blood product checklist
- Refusal to permit blood transfusion, preferably prior to 28wk
- Copy to patient and nurse clinical manager of LW
- Blood tests – CBC, reticulocyte count, serum ferritin, Hb electrophoresis, RFT
- TIBC, serum Fe, folate, B12
- Hematology / MFM consultation
Blood product checklist

- No blood products accepted
- Whole blood
- FFP
- Cryoprecipitate
- Albumin
- Isolated factor preparations
- None of the above
- Health Care Proxy form
<table>
<thead>
<tr>
<th>Hematocrit</th>
<th>Management</th>
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<tr>
<td>&gt;40%</td>
<td>Once daily Fe supplement with folic acid, PNV</td>
</tr>
</tbody>
</table>
| 35-39.9%   | Low risk for bleeding: Fe supplement BD, reassess in 4 wks  
High risk for bleeding/ do not respond: EPO preferably at least 2 wk prior to anticipated delivery, with BD/TDS supplement  
-> Hct goal 40-45% |
| 30-34.9%   | Low risk: BD or TDS  
High risk: EPO |
| <30%       | EPO |
Other specialties

- Radiology
- ICU
Preop

- Ix of anaemia and treated
- Consider success of procedure e.g. solid organ transplantation
Intraop

- Surgery in stages
- Avoid venous congestion by careful positioning
- Meticulous hemostasis
- RA
- Tourniquet
- Pharmacological e.g. anti-fibrinolytic, rfVII
- Intraop cell salvage
Postop

- Closely monitor blood loss
- Intervention taken sooner
- Re-infusion of surgical drainage system
- Postop ventilation, sedation, paralysis to optimize O2 delivery and minimize oxygen consumption
- Active cooling
- Hyperbaric oxygen
Epidural blood patch in JW

- Continuous circuit
- 18G Touhy needle connected to a 4-way stopcock,
- 20ml syringe
- 18G IV catheter with extension tubing
- ‘whether the JW patient conscientiously believed that the diverted blood would still be part of his circulatory system’
FIGURE Continuous system for obtaining autologous blood and injecting into the epidural space for a blood patch under sterile conditions.
Summary

- Individually assess the wish of each Jehovah’s Witness patient and respect
- Risks and benefits of blood transfusion and the risks of refusing should be explained in details
- Ensure the decision is made without coercion
- Consideration should be given to parental views and treatment moderated where possible, but if conflict occurs, the child’s interests always come first
Information on Jehovah’s Witnesses

- HK Hospital Liaison Committee for Jehovah’s Witnesses 24-hr Hot Line
  - 9233-6455
  - 9612-2235
Reference

- Hong Kone Med J Vol 11 No 4 August 2005
- Jehovah's Witness Statistics 2010
- Helpful Advice on the Treatment of Jehovah’s Witnesses
  New Territories West Cluster, Hospital Authority
- Korean J Anesthesiol 2011 Apr 60(4): 302
- Arch Dis Child 2005; 90:715-719