Clinical Management of Adult Patients who Refuse Blood Components

Document Control:

For Use In:	Norfolk and Norwich University Hospitals (NNUH) All areas (excluding Obstetrics - see guideline AO32) where adult patients receive blood components		
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1	May 2015	Consultant Haematologist	To originate document
3	January 2023	Dr Docherty	Addition of hyperlink to consent form Transfer of document to new Trust Procedural Document template

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:
Dr Stephen Wilson, Chair of Hospital Transfusion Committee
Ms Carol Harvey, Transfusion Manager
Hospital Transfusion Committee.
Hospital Liaison Team, Jehovah Witnesses
Effectiveness and Responsiveness sub-boards

Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk and Norwich University Hospitals; please refer to local Trust's procedural documents for further guidance.

Guidance Note

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document**.**

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1. Introduction

1.1. Rationale

Patients may refuse blood components through religious beliefs or through fear of infection, transfusion errors or unspecified harms. In order to make an informed decision patients and staff need to be aware of the risks of blood component use and the alternatives available. There are numerous reasons why patients refuse some or all blood components. For some patients it may be due to religious beliefs (see section on Jehovah's Witnesses) but for other patients it may be fear of infection, a previous transfusion reaction or a misunderstanding of the risks and benefits of blood transfusion.

The Trust must provide adequate information for patients to come to an informed decision about the risks and benefits of potential blood component use and any alternatives as well as the consequences of blood component refusal. There are patient leaflets available from the National Blood Service http://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/ and advice on blood transfusion alternatives from www.nataonline.com

1.2. Objectives

- To ensure the beliefs and wishes of patients who refuse blood components are acknowledged and respected
- To ensure patients understand the consequences of refusal of blood components
- To provide information to clinicians about management of these patients
- To provide information about blood component avoidance and alternatives to blood components

1.3. Scope

Policy applicable to inpatients and outpatients who are likely to need blood components in the course of a treatment programme or who are identified to need blood components in an emergent situation.

1.4. Glossary

Term	Definition
NNUH	Norfolk and Norwich University Hospitals
Blood component	This term covers simple products such as red blood cells, platelets, cryoprecipitate and fresh frozen plasma (FFP); it also covers products manufactured from blood plasma such as immunoglobulin, albumin, prothrombin complex concentrates (Beriplex and Octaplex), pooled plasma products like Octaplas and some plasma derived products for treatment of bleeding disorders; other products like anti D immunoglobulin and other vaccines are out with the scope of this document
FFP	Fresh frozen plasma
PCC	Prothrombin complex concentrates

2. Responsibilities

This policy may apply to any member of medical staff caring for patients who refuse blood components.

3. Processes to be followed

Staff who are looking after a patient who refuses blood or blood products must be encouraged to explore why; the staff must determine which products are acceptable and which are not; the patient's wishes must be clearly recorded and respected.

3.1. Documenting the patient's beliefs and wishes

The extent of refusal of blood component therapy may vary between patients and also between admissions of a single patient, so it is important to document the patient's beliefs and wishes at each admission or planned episode of care. It is also important to document what is acceptable in a bleeding or other emergency situation, and to ensure that the patient understands the consequences of blood component refusal. You may also wish to discuss their attitude to cell salvage and haemodilution. A form to record the patient's specific refused blood components is included in Appendix 1. This should be completed and filed in the patient's notes unless an Advanced Directive stipulating these is available.

Any conversations must be documented in the patients' notes, and any Advance Directive or similar document recorded clearly.

3.2. Patients who lack capacity, or may lack capacity

Please refer to the Trust Policy for Assessment of Mental Capacity and Decision Making for People Lacking Capacity, available at Trustdocs ID No: 10830

3.3. Advance Directives

Most Jehovah's Witnesses will carry an Advance Directive in the format specified by the Mental Capacity Act 2005, with copies usually left with their GP and family. This will specify their refusal of whole blood, packed red cells, white cells, platelets and plasma and will reflect their individual choice regarding acceptance or refusal of autologous blood, cell salvage, haemodialysis and plasma "fractions" such as immunoglobulins, vaccines, PCCs etc. Advanced directives that refuse life-sustaining treatment should be signed & dated in the presence of a witness, who should also have signed and dated it.

In an emergency where advance refusal of blood component support is not documented (written or verbal) and the patient is unable to communicate, treatment will be given in the patient's best interest. This should be clearly recorded in the patient's notes.

See Intranet for **Trust Shared Decision Making Policy (formerly Consent Policy) (section G and appendix VIII) which discusses this in detail** Trustdocs ID No: 980**.**

3.4. Patient identification

Some Jehovah's Witnesses or other patients may wish to provide and wear their own "No Blood" wristband; they should be advised that wearing of more than one wristband may cause confusion. Staff must ensure the wrist band is completed correctly.

3.5. Consent for procedures and treatment

Refer to the Trust's policy for Shared Decision Making (formerly Consent Policy). Trustdocs ID No: 980.

Consent Form 5 for patients who are refusing an investigation, procedure or treatment by a patient with mental capacity) should be completed. This can be downloaded from Trustdocs if not immediately available in the clinical area (Trustdocs ID No: 16050). Individual departments include consent for blood products on their consent forms and this should also be completed to reflect the patient's wishes.

3.6. General principles

- Plan ahead unless it is an emergency – ensure the surgical/medical teams involved in care are fully aware
- Correct anaemia where possible by use of haematinics and other drugs such as erythropoietin (see Appendix 2 for a sample regime to manage anaemia in patients who refuse blood components, and link to guidance for anaemia correction in elective surgical patients)
- Avoid unnecessary blood sampling
- Use paediatric tubes if possible
- Take a careful personal and family history of bleeding and check coagulation screen to help identify an increased bleeding risk
- Consider carefully the use of drugs such as aspirin, other anti-platelet agents and anticoagulants which increase the risk of bleeding
- Use of prophylactic anticoagulation may need reviewed
- Document where possible which blood products and procedures such as cell salvage are acceptable to the patient and which are not (especially in life-saving situations)
- Use tranexamic acid for any surgical procedures with a bleeding risk
- Consider the use of non-blood product iv fluids, desmopressin and local haemostatics such as fibrin glue (NB may be plasma derived), erythropoietin and IV iron
- Consider discussion with a consultant haematologist

3.7. Consequences of blood component refusal

Patients may be faced with imminent death from haemorrhage despite the best efforts of the teams involved in care and the use of all suitable blood product alternatives.

Patients and their families must be kept fully informed and must be made aware that a blood component is strongly recommended as a life-saving intervention.

Patients are free to change their minds regarding blood product use and must be given the opportunity to discuss this with the medical and nursing staff in privacy. The medical team must ensure the patient is not being subjected to pressure from others but should also not pressurise the patient to abandon often deeply held beliefs.

If the patient maintains their refusal of blood products this should be respected; a competent adult is entitled to refuse treatment even if it may result in their own death. No other person is legally able to consent to treatment of a competent adult or to refuse treatment on that patient's behalf. Symptom control should be offered to the patient as well as support to their relatives during a difficult and stressful time.

4. Related Documents

1) Refer to the NNUH Department of Obstetrics for their policy on women who decline blood component support during pregnancy and delivery (guideline AO32) Trustdocs ID No: 851.
2) The Trust's policy for Shared Decision Making (formerly Consent Policy) Trustdocs ID No: 980
3) Consent form 5 (Trustdocs ID No: 16050).
4) Trust Policy for Assessment of Mental Capacity and Decision Making for People Lacking Capacity, available at Trustdocs ID No: 10830
5) Appendix 4 of Preoperative Assessment Guideline, Trust Doc ID 8191

5. References

1) Refer to http://www.transfusionguidelines.org.uk/transfusion-handbook/ for comprehensive information about transfusion, alternatives to transfusion and care of Jehovah's witnesses including a care plan for those with malignant disease.
2) London Regional Transfusion Committee – Care Pathways for the Management of Adult Patients Refusing Blood (including Jehovah's Witnesses patients)
3) The Royal College of Surgeons of England –Caring for patients who refuse blood – a guide to good practice

a) https://www.rcseng.ac.uk/-/media/files/rcs/library-and-publications/non-journal-publications/caring-for-patients-who-refuse-blood--a-guide-to-good-practice.pdf

4) Association of Anaesthetists of Great Britain and Northern Ireland Guideline on Management of Anaesthesia for Jehovah's Witnesses

b) https://anaesthetists.org/Home/Resources-publications/Guidelines/Anaesthesia-and-peri-operative-care-for-Jehovahs-Witnesses-and-patients-who-refuse-blood

6. Monitoring compliance

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Whole policy	Review	Blood Transfusion Lead	Hospital transfusion committee	Every 3 years

The audit results are to be discussed at relevant governance meetings (Hospital Transfusion Team) to review the results and recommendations for further action. Then sent to the Hospital Transfusion Committee who will ensure that the actions and recommendations are suitable and sufficient.

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Appendix 1 - Form to record the blood components that an adult patient is declining

To be completed by the patient and doctor together
Patient's Forename:
Surname:
Date of birth
Hospital number:

1. I, ……..... understand that by refusing a blood component transfusion and /or derivatives (should I require one during the course of treatment), I may suffer serious harm, or may die.
2. I have indicated on this form which blood components and/or blood derivatives I do not wish to receive.
3. I Dr..... confirm that this patient has the capacity to make this decision.

Whole blood components	**Accept**	**Decline**
Packed red cells		
Platelets		
Plasma (FFP, Octaplas)		
Blood 'fractions'		
Cryoprecipitate		
Prothrombin Complex Concentrate		
Human albumin solution		
Blood-derived clotting factors eg FVIII, FIX, FXI		
Fibrinogen concentrate		
Immunoglobulins		
Non-blood components		
Recombinant factors eg rFVIII, rFIX, NovoSeven		
Procedures involving patient's own blood		
Intraoperative or postoperative cell salvage		
Haemodialysis/haemofiltration		
Haemodilution		
Plasmapheresis without blood components		

Signature of patient: _____

Signature of doctor: _____

Print Name of doctor: _____

Date: *(dd/mm/yyyy)* _____

Appendix 2 – Protocol for urgent treatment of anaemia in patients who refuse blood

Suggested regime for patients with significant anaemia requiring urgent treatment who decline red cell transfusion (adapted from Waheed A, Kuter DJ. Hematological support of patients with significant anemia who decline red blood cell blood transfusion. *Am J Hematol. 2022 Aug 28.* doi: 10.1002/ajh.26701. Epub ahead of print. PMID: 36054129)

For patients requiring elective surgery, see Appendix 4 of Preoperative Assessment Guideline, Trust Doc ID 8191

7. Equality Impact Assessment (EIA)

Type of function or policy	Existing

Division	Medicine	**Department**	Haematology
Name of person completing form	Dr S Docherty	**Date**	1.2.23

Equality Area	**Potential Negative Impact**	**Impact Positive Impact**	**Which groups are affected**	**Full Impact Assessment Required YES/NO**
Race	Neutral	N/A	N/A	NO
Pregnancy & Maternity	Neutral	N/A	N/A	NO
Disability	Neutral	N/A	N/A	NO
Religion and beliefs	Neutral	N/A	N/A	NO
Sex	Neutral	N/A	N/A	NO
Gender reassignment	Neutral	N/A	N/A	NO
Sexual Orientation	Neutral	N/A	N/A	NO
Age	Neutral	N/A	N/A	NO
Marriage & Civil Partnership	Neutral	N/A	N/A	NO
EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?	No impact			

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.