

New York State Council on Human Blood and Transfusion Services
Considerations For Patients With Religious Objections to Transfusion

Some patients do not wish to receive blood transfusions for religious reasons. Among these are Jehovah's Witnesses, who adhere to a religious prohibition on transfusion of blood. However, stances on transfusion may vary from person to person or from procedure to procedure. Most blood components are generally refused by Jehovah's Witnesses, although acceptance of plasma derivatives and of components prepared from other components, such as cryoprecipitate, is considered to be a matter for personal decision. Generally, autologous pre-deposit blood, which has been stored, is not allowed, but perioperative blood recovery and acute normovolemic hemodilution are generally accepted. Alternative approaches, including blood-saving surgical and anesthetic techniques and devices, hemostatic agents, and non-blood volume expanders (such as dextran, saline and pentastarch) are appropriate. Measures specified in "Guidelines for Physician Options for Blood Conservation", issued in February 2002, may be helpful; pertinent references were provided in that document. It is important to ascertain each patient's wishes on an individual basis.

Some persons, including Jehovah's Witnesses, carry an Advance Medical Directive/Release card, which specifies their wishes concerning blood transfusion. Many persons may also have executed a health care proxy form, which may indicate transfusion preferences, treatment choices, and any end-of-life decisions. Generally, the courts have ruled that patients who are competent adults have the right to make their own health care decisions, but pregnant women and certain older minors present special issues. In the case of minors, hospitals have successfully obtained court orders to appoint a guardian to make health care decisions that may allow transfusion against the parents' wishes.

Facilities are strongly advised to consult with their legal counsel to establish an institutional policy on these matters. The policies should be made known, well in advance of emergency situations, to both the medical staff and the affected patients. A coordinating team, consisting of a physician, nurse, and administrator, may be helpful in formulating procedures for the treatment of such patients.

When treating patients who have religious objections to transfusion, transfusion medicine professionals may find the following suggestions helpful:

C If any healthcare professionals object to caring for patients who, while likely to need it, refuse a transfusion, it is advisable for the facility to seek alternative care givers to ensure optimal care.

C Whenever objections to transfusion are voiced upon admission or subsequently, a process should be in place to disseminate this information to pertinent caregivers without undue delay.

C If the likelihood of needing transfusion therapy is high and the institution is not experienced in treating such patients, offering the option of voluntary transfer to a facility

with more experience treating such patients may be considered.

C If there is a likelihood that blood may be needed, the patient's wishes should be determined and documented, including which products, if any, may be acceptable. Appropriate alternatives should be discussed with the patient, along with the risks of not being transfused. If a patient is or may be rendered unconscious, there should be a documented determination of the person(s) legally empowered to make health care decisions. Documentation of such patient choices should be available at the patient care site for immediate reference. In cases involving a Jehovah's Witness, a member of the local Hospital Liaison Committee of the Watchtower Society may be helpful as an intermediary and advisor. The coordinating office for such committees, known as Hospital Information Services, is located at the international headquarters of Jehovah's Witnesses in Brooklyn, New York. Hospital Information Services has established a 24 hour hotline [(718) 560-4300] to provide physicians with the contact information for local committee members, arrange for peer-to-peer consultations with physicians experienced in blood conservation, provide case-specific information from the medical literature and, in rare situations, facilitate transfer to another facility.

C If the patient is not a competent adult, the hospital may consider pursuing legal action to authorize transfusions. An ethics consultation may be desirable.

C Publicly visible labels indicating the patient's religion should not be used. However, special identification tags on the wristband and/or chart indicating "No Blood Transfusions" are appropriate.

C It may be helpful to apply pediatric phlebotomy protocols to adult patients to avoid iatrogenic blood loss.

Sources of Additional Information:

Watchtower Bible and Tract Society of New York, Inc. 25 Columbia Heights Brooklyn, New York 11201
(718) 560-4300 (24-hour service)
www.watchtower.org

Hemo Concepts, Inc.
127 White Oak Lane
Old Bridge, NJ 08857
(888) 759-3000
www.hemoconcepts.com