

Blood Refusal - Management of

1. Overview/procedure description

The purpose of this document is to guide clinical staff make decisions in situations where consent for blood product transfusion is withheld.

This procedure ensures compliance with Australian Commission on Safety and Quality in Health Care; Standard 7 Blood and Blood Products and National Blood Authority 2016 Patient Blood Management Guidelines: Module 6 Neonatal and Paediatrics.

2. Related policy

Blood Transfusion – Fresh Product Procedure

Consent – Informed Procedure

Specimen Collection Procedure

Patient Identification Procedure

Unknown patients – Identification and Blood Provision Procedure

Clinical Handover

3. Definition of terms

Acute Normovolaemic haemodilution (ANH) – Refers to a blood conservation technique that aims to reduce transfusion requirements in patients scheduled for elective surgery. Anaesthetists remove patients' blood after the induction of anaesthesia while maintaining normovolaemia using crystalloid or colloid replacement. The collected blood is reinfused during or shortly after surgery.

Blood product – Refers to all fresh and batched blood products.

Blood Refusal: Blood refusal refers to a situation where parents or a young person has been given the information described below and has decided to not consent to blood product transfusion. This may include refusal of fresh blood products; red blood cells, platelets, Fresh Frozen Plasma (FFP) plasma, cryoprecipitate or batched products such as Albumex, Intravenous Immunoglobulin (IVIg) or clotting factors (i.e. prothrombinex).

Batched products - Plasma proteins fractionated from large pools of human plasma under pharmaceutical conditions e.g. albumin, factor concentrates and immunoglobulins.

Cell Salvage – Procedure that involves surgical blood being suctioned into a machine where it is washed and filtered and can be re-infused back to the patient. As this is a closed circuit it may be an acceptable technique for Jehovah's Witnesses.

Electronic Medical Record (EMR) – Comprehensive electronic system that records patient care.

Factor concentrates - Recombinant (i.e. synthetic) or plasma derived clotting factor concentrates.

Fresh Blood Product – Refers to red blood cells (RBC), platelets, fresh frozen plasma (FFP), cryoprecipitate, whole blood and granulocytes.

FYI – Alert section found in the banner of the EMR. Alerts will stay active across all admissions unless discontinued.

Identity card – Children who are Jehovah’s Witnesses may carry an identity card.

No blood card and Advance Medical Directive/Release – In Victoria patients greater than 18 years of age may carry a no blood card or advanced medical directive. This will stipulate which blood products or procedures, if any, will be accepted.

Yellow card - transfusion information alert section within the laboratory information system.

Mature Minors: Minors below the age of 18 years give consent to treatment, provided that the doctor is satisfied that the young person has reached sufficient level of maturity and intelligence to be competent to give consent. Competency would be decided on determination of the child's ability to comprehend the particular treatment proposed, its side effects, the consequences of non-treatment and other treatment options.

Parents/guardians: In Victoria the legal age of maturity is 18 years. Therefore for children and young people under the age of 18 as a general principle, parents or guardians are required to give consent for treatment, including consent for blood product transfusion.

Transfusion Consent: A consent process must be undertaken for all blood product transfusions. The consent process will include an explanation of the medical reasons for blood transfusion, the type of blood product to be used, and the risks associated with the procedure and products. Any feasible alternatives should also be discussed, including techniques such as acute normovolaemic haemodilution, cell salvage, use of non-blood products and pre-surgical optimisation of haemoglobin (e.g. through the use of iron and recombinant erythropoietin). The opportunity for the parents and patient to ask questions should also be offered.

In emergency life threatening circumstances, where there is no time to obtain consent, blood product transfusion can proceed without consent but the parents and patient should be fully informed as to the procedure as soon as possible after it has occurred. This will include an explanation of the indication for transfusion, type and risk profile of blood product and offer the parents and patient the opportunity to ask questions.

Document as described in the following procedure.

4. Procedure details

4.1 Background

Parents occasionally refuse blood product transfusions for their children. It is a matter fundamental to the beliefs held by Jehovah's Witnesses that they, and the children for whom they are responsible, do not receive transfusions of blood products. A request for consent for blood product

transfusion is likely to be refused in any circumstance. Most Jehovah's Witnesses refuse to accept fresh blood products however batched products are usually considered matters of conscience for each individual to decide. Beliefs about what blood products are acceptable are not completely uniform among all Jehovah's Witnesses

From time to time non Jehovah's Witnesses may also refuse blood product transfusions, for reasons that may include fear of contracting blood borne infections.

Refusal of blood product transfusion may be immediately life threatening or may risk serious long term damage to the child.

4.2 When parents first indicate reluctance or refusal

When parents first indicate that they do not want their child to have a blood transfusion, if time permits, you should:

1. Take the parents' concerns and beliefs seriously and treat them, their beliefs and the difficult position they find themselves in with respect and compassion.
2. Clarify the parents' understanding of their child's medical situation and what will happen to the child medically if blood product transfusion is not given.
3. Clarify what the parents are refusing, and what their reasons are. Bear in mind that their reasons may be religious and may not be related to perceived physical risks and benefits of transfusion.
4. Discuss alternatives which may be medically viable and acceptable to the parents.
5. Explain to parents what the process will be if they continue to refuse blood product transfusion. If it is likely that the parents' wishes will be overridden, aim to make this as non-adversarial a situation as possible. Explain to the parents the ethical imperative for doctors to save the child's life.
6. Document this conversation in the EMR and include a summary in the FYI section of the EMR banner. Include in the FYI banner the blood products that the patient/family have refused and importantly any blood product or procedures they are willing to receive (i.e. haemodialysis, cell salvage).

4.3 If parents continue to refuse

If the parents continue to refuse the blood product transfusion, every effort should be made to honour this decision, unless the child is likely to die or suffer serious and permanent damage without the transfusion. It is also important to determine whether the situation is time-critical or not as this will affect how you should proceed.

The following summarises the position set out in this procedure:

| Time \ Outcome | Death Serious and Permanent damage | Non-Life threatening, non serious and/or elective procedure |
|------------------------------|---|---|
| Time-Critical | Perform transfusion (see sub-heading 4.3.1) | Honour parents' wishes and manage the situation medically (see sub-heading 4.3.3) |
| Not Time-Critical | Consult executive and RCH legal services (with a view to obtaining approval to perform transfusion) (see sub-heading 4.3.2) | Honour parents' wishes and manage the situation medically (see sub-heading 4.3.3) |

4.3.1. Likelihood of death or serious and permanent damage - TIME-CRITICAL

A situation will be considered time-critical where there is not enough time to:

- Consult with the hospital executive and legal services to obtain a court order permitting blood product transfusion against parental wishes;
- Use medical management, such as non-blood products, and techniques which might reduce the need for transfusion; OR
- Have extended discussions with the family (including obtaining the child's view - see sub-heading 4.5 below).

In these cases, a blood product transfusion can be performed without parental consent if the child is likely to die (see item number 8 below) or suffer serious and permanent damage without the blood product transfusion, in accordance with the following procedure:

1. Consult with senior medical colleagues, to the extent that time allows, to confirm assessment of medical situation, need for blood product transfusion and likelihood of death or serious and permanent harm without transfusion - where possible a consultant should be included in these discussions.
2. Transfuse lifesaving products only.
3. Provide information to the parent/guardian and child as soon as possible: before the transfusion, if feasible or after the transfusion.
4. Notify the relevant Hospital Executive, as the decision to override parental wishes may pose a legal risk to the clinician and RCH.
5. Consult with the duty Clinical Haematologist, who will provide advice regarding how to minimise the need for further transfusion after the initial emergency transfusion.
6. Notify Clinical Ethics, if there is likelihood that further blood product transfusion will be needed. Clinical ethics will provide support in decision-making around further transfusions, and will involve RCH legal counsel, if necessary.

7. Document in the EMR a thorough description of the process, including at least the following points:
 - a) Other medical opinion sought before transfusion (a second opinion from a Consultant is legally required for protection under the Human Tissue Act – item number 8 below)
 - b) Reason for transfusion;
 - c) Outcome of transfusion;
 - d) Discussion with family including
 - I. The reasons for refusal;
 - II. The products refused;
 - III. Reasons for proceeding with the transfusion;
 - IV. The support provided; and
 - V. The Medical staff involved in the decision to override parental refusal.
8. Under section 24 of the Human Tissue Act 1982, a medical practitioner can lawfully administer a blood product transfusion to a child without parental consent if, in the opinion of the medical practitioner:
 - a) A blood transfusion is a reasonable and proper treatment for the condition from which the child is suffering;
 - b) Without a blood product transfusion the child is likely to die, and
 - c) A second medical practitioner concurs with that opinion (the RCH requires this second opinion to be from a Consultant wherever possible).
9. A child is 'likely to die' if there is a real, not a remote chance or possibility death, regardless of whether it is less than 50 per cent. This means the RCH does not have to wait until an adverse event (such as a haemorrhage) which is likely to culminate in death actually occurs. If at an earlier time two medical practitioners consider it is a real and not remote possibility that death will occur, this is sufficient for legal protection.
10. In the event that a child is not 'likely to die' but two medical practitioners (including at least one Consultant) believe that the child is likely to suffer serious and permanent damage if a blood transfusion is not performed, the RCH would support a clinical decision to transfuse without parental consent on the basis that this would be their ethical duty, but only in emergency situations. In such cases, the process outlined above must be followed. In all other cases where time permits, the process set out below must be followed.

4.3.2. Likelihood of death or serious and permanent damage - NOT Time-Critical (including non-urgent or elective)

Where parents have refused, or indicated that they will refuse, blood product transfusion and the situation is NOT time-critical (including where blood product transfusion is the only treatment needed or where blood product transfusion is known or is reasonably likely to be needed as part of another form of treatment such as surgery or chemotherapy):

1. Consult with senior medical colleagues to confirm assessment of medical situation, need for blood product transfusion and likelihood of death or serious and permanent harm without blood product transfusion.

2. Consult with the duty Clinical Haematologist, who will provide advice on conservative blood management.
3. Discuss the situation with parents, including:
 - a) Alternative options for medical management, such as non-blood products (e.g. tranexamic acid), and techniques which might reduce the need for transfusion, or minimise the number of transfusions required;
 - b) Options for timing e.g. performing transfusion when parents are not present; and
 - c) Likely effects on child and family if transfusion is done against parents' wishes.
4. Reassure parents that clinical staff will do their best to honour the family's wishes but make clear to them that the consultant(s) in charge may find it necessary to administer blood products if they judge the situation has become life-threatening or likely to cause serious and permanent damage or disability to the child.
5. Reassure the family that the use of blood products under such circumstances will always be disclosed to them, unless they request otherwise.
6. Notify the relevant Hospital Executive.
7. Consult with Clinical Ethics (if necessary) and RCH Legal Counsel.
8. Formulate a management plan, including any steps that will be taken to try to avoid transfusion occurring, and any circumstances under which blood transfusion will be deemed necessary and given without parental consent.
9. Inform parents of the management plan.
10. Document in the EMR a thorough description of the process, including the following points:
 - a) Other medical opinions sought regarding need for transfusion and conservative blood management;
 - b) Clinical ethics referral and outcome of that;
 - c) Consultation with RCH Legal Counsel and outcomes of that;
 - d) Management plan;
 - e) Include other members of the multidisciplinary team e.g. social work / mental health practitioner in discussion with family including:
 - I. The parents' beliefs, understanding and reasons for refusal of blood product transfusion;
 - II. The products refused and accepted (if any);
 - III. Options offered to parents; and
 - IV. The support provided to patient, parents and family.

Notes:

1. Once parents are informed that it is likely that a blood transfusion will be required as a result of a particular surgery, they may feel unable to consent to the surgery. The surgery then cannot be performed without consent unless it is an emergency situation. It is likely that the appropriate course in such situations would be to obtain an order from the court authorising the surgery without the parents' consent if the surgery is necessary to avoid serious and permanent damage.
2. In a situation where serious and permanent damage is foreseeable but there is sufficient time to consult with the Hospital Executive and Legal Services and obtain a court order

authorising the transfusion, it is not acceptable to transfuse blood products against parental wishes without taking these steps.

4.3.3 Non-life-threatening, non-serious and/or non-permanent damage (i.e. Sub-optimal result)

Where the parents' refusal of a blood product transfusion may result in a sub-optimal outcome but this is not serious, permanent or life-threatening, then the parent's wishes should generally be honoured and the management plan should incorporate all steps available to optimise the outcome. This includes, for example, where the parents elect not to proceed with an elective but recommended surgery because it might result in the child needing a blood product transfusion.

4.4 Haematologist

The haematologist is an important reference for clinical staff as well as for patients and families.

The on-call haematologist can be contacted at any time for advice.

In situations where time permits, the haematologist can meet with families and patients, as either an outpatient or inpatient, to discuss refusal of blood products and any possible non-blood alternatives. For example the use of erythropoietin and non-plasma derived clotting factors.

Families frequently contact their Jehovah's Witness liaison officer to assist with discussions.

In these instances where haematologist advice has been sought a detailed description of the conversation with families and patients will be recorded in the EMR. This will include:

- Blood products/procedures that will be refused
- Blood products/procedures that are acceptable
- Non blood alternatives

4.5 Obtaining the child's view

Where a child is old enough to understand the situation, even if only in a general way, and the situation is not time-critical, you should obtain the child's view wherever possible.

4.5.1 Child also refuses blood product transfusion

If the child agrees with the parents and does not want the blood product transfusion, then the processes outlined above should be followed.

4.5.2 Child does not agree with parents and wants blood product transfusion

If the child does not agree with the parents and wants the blood product transfusion you need to assess whether the child is a mature minor - in doing so, you need to consider whether the child has reached a sufficient level of maturity and intelligence to fully understand the risks and benefits of the treatment (including the psychosocial risk of consenting to a blood product transfusion against his or her parents' beliefs).

If the child is a mature minor, then his or her consent for the blood product transfusion overrides the parents' refusal and the blood product transfusion should be performed. The assessment of the child as a mature minor, including the reasons for believing he or she fully understands the consequences of the decision, should be recorded on the EMR, as well as the fact that the child is providing consent despite parents refusal.

If the child is not assessed to be a mature minor he or she may still be old enough to understand in a general way what will happen if the blood product transfusion does not proceed and express a desire to have the blood product transfusion in those circumstances even though the parents refuse. This should be taken seriously, and carefully recorded in the EMR, and advice should be sought from Social Work, Clinical Ethics, Legal Services and the Executive as appropriate.

4.6 When parents disagree

If only one parent refuses the blood product transfusion but the other consents to the blood product transfusion or to a surgery, which is likely to result in a transfusion, in the majority of cases the consenting parent's agreement will be sufficient and the transfusion or surgery can proceed. If the parents are separated, and time permits, ensure that there are not any court orders that affect the consenting parent's right to consent on behalf of the child.

Although the blood product transfusion can technically proceed with the consent of only one parent, every attempt should be made to obtain the agreement of both parents. Where the parents still disagree, advice should be sought from Clinical Ethics, Legal Services and the Executive to determine the appropriate course of action. Carefully record all details in the EMR

4.7 When a competent patient over 18 refuses a blood product transfusion

Occasionally patients over 18 years of age are admitted to RCH. A fully informed, competent adult patient is entitled to make the decision to accept treatment or refuse medical treatment, including blood product transfusion, even if they are likely to die as a result. If this occurs at the RCH:

- There is an obligation for clinical staff to provide the patient with all the necessary information so that the patient may make an informed decision and answer any questions the patient may have;
- If time permits, involve a haematologist
- Clinical staff must accept and act on the patient's informed decision irrespective of their own personal beliefs and opinions;
- A Refusal of Treatment Certificate should be completed and recorded in the EMR and Hospital Executive notified.

If the patient is unconscious or not competent to make an informed decision the staff should make every effort to notify next of kin or other representatives to discuss treatment options and the following matters should be explored:

- Does the patient carry a No Blood Card, Advance Care Directive/Release?
- Has the person appointed a Medical Enduring Power of Attorney with or without instructions regarding blood transfusions?
- Has the person signed a Refusal of Treatment certificate?

- Has the person left instructions with members of their family, or a close friend or General Practitioner regarding blood transfusions?
- Has the person been a practising member of the faith, have association with a church, congregation or minister?
- Has the treating medical staff explored the possibility of alternative products?
- Has the hospital made contact with the Jehovah’s Witness Hospital Liaison Officer?”

4.8 Governance

Report all incidents or near misses related to refusal of blood products as previously documented in this procedure in the EMR and VHIMS. This includes the inadvertent transfusion of any blood product to a patient who has refused and instances where the above mentioned processes were not followed.

4.9 Appendix

| Likelihood of death or serious and permanent damage without transfusion | Likelihood of death or serious and permanent damage without transfusion | Sub optimal outcome |
|---|---|---|
| Time Critical | Non-Time Critical | |
| (Emergency transfusion) | (Non- emergency, elective surgery) | (Non-life-threatening, non-serious and/or non- permanent damage) |
| <ol style="list-style-type: none"> 1. Consult with senior medical colleagues – as time allows. 2. Confirm agreement by one other medical practitioner at consultant level. 3. Transfuse in a timely and conservative fashion (e.g. transfuse the life-saving products only). 4. Inform the parents/guardian and child as soon as possible after the transfusion. 5. Notify the relevant Hospital Executive. 6. Consult with the Duty Clinical Haematologist | <ol style="list-style-type: none"> 1. Consult with senior medical colleagues. 2. Consult with the Duty Clinical Haematologist. 3. Discuss the situation with parents. 4. Consult with Clinical Ethics and RCH Legal Counsel. 5. Notify the relevant Hospital Executive. 6. Formulate a management plan. 7. Inform parents of the management plan. 8. Document in the EMR a thorough description of the process including the following points: <ol style="list-style-type: none"> a. Other medical opinions | <ol style="list-style-type: none"> 1. Consult with senior medical colleagues. 2. Consult with the Duty Clinical Haematologist. 3. Discuss the situation with parents. 4. Formulate a management plan. 5. Inform parents of the management plan. 6. Document in the EMR a thorough description the process, including the following points: <ol style="list-style-type: none"> a. Other medical opinions |

| | | |
|---|--|---|
| <p>about future conservative blood management.</p> <p>7. Consult Clinical Ethics, if there is a likelihood that further blood transfusion will be needed.</p> <p>8. Document in the EMR a thorough description of the process, including the following points:</p> <p>a. Other medical opinion sought before transfusion.</p> <p>b. Reason for transfusion.</p> <p>c. Outcome of transfusion.</p> <p>d. Discussion with family.</p> | <p>b. Clinical ethics referral</p> <p>c. RCH legal counsel advice.</p> <p>d. Management plan</p> <p>e. Discussions with family</p> | <p>b. Clinical ethics referral</p> <p>c. RCH Legal Counsel advice</p> <p>d. Management plan</p> <p>e. Discussions with family</p> |
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5. Reference

1. Australian and New Zealand Society of Blood Transfusion and Royal College of Nursing Australia: Guidelines for the Administration of Blood Products (2011)
http://www.anzsb.org.au/publications/documents/ANZSBT_Guidelines_Administration_Blood_Products_2ndEd_Dec_2011_Plain_Tables.pdf
2. Human Tissue Act 1982
3. Medical treatment Act 1988
4. PG07 Jehovah's Witnesses and Blood Transfusions. October 2014. Office of the Public Advocate