

GROOTE SCHUUR HOSPITAL

HOSPITAL NOTICE NO. 7/2001

31 JULY 2001

GUIDELINES FOR HOSPITAL MANAGEMENT OF JEHOVAH'S WITNESSES

BACKGROUND

The key ethical issues in offering any form of medical or surgical intervention to patients are :

- Respect for patient autonomy
- Informed consent (and the right to informed refusal)
- Best interests of the patient.

Most clinicians are familiar with the position of Jehovah's witnesses regarding refusal of blood, based on deeply-held religious beliefs. The understanding that Jehovah's Witnesses have of the biblical command to abstain from blood precludes their acceptance of whole donor blood and its four primary components – namely red blood cells, white blood cells, platelets and plasma. The use of derivatives of any of these major components, including albumin, clotting factors, immunoglobulins and haemoglobin-based oxygen carriers is not absolutely prohibited, and is a matter for each individual Witness patient to decide.

It is vital for healthcare workers to accept from the outset that the beliefs of Jehovah's Witnesses are not open to negotiation, and at no stage, should doctors or nurses presume to challenge Witnesses on these beliefs.

Rejection of blood products should not be interpreted as a blanket refusal of mainstream medical care which Witness patients generally seek in good faith, but with the proviso that their refusal of blood and its primary components (see above) is respected.

The general guidelines which follow are not intended to cover all eventualities. Situations involving Jehovah's Witnesses, and which cannot be resolved at hospital level, should be referred via the Chief Medical Superintendent to the Medico-legal Advisor at Head Office. (Dr D. Bass, Tel. : 483-4014/4592; Fax : 483-5624; Cell 082-550-2612 – Dr Bass is prepared to deal with queries after hours as well).

POLICY

1. Routine Treatment

- If blood loss or anaemia are cause for concern, consult with senior colleagues in the relevant specialities, on possible alternatives to blood transfusion.
- The material risks of non-blood management should be explained in a balanced, objective manner to the patient, and such explanation documented in the clinical notes.
- A senior specialist who feels uncomfortable about non-blood treatment, may decline to treat a Jehovah's Witness, but only after having ensured that the patient is referred to, and accepted by another specialist who is prepared to manage the patient in accordance with his/her wishes, and without any break in continuity of care.

- The Hospital Liaison Committee which represents Jehovah's Witnesses, may be able to assist in locating doctors who are experienced in, and happy to offer non-blood management.

2. Advance Directives

- If the adult patient is not competent to express his/her own wishes (e.g. acute cerebral injury, mental disability), signed advance directives (also known as "living wills" or "standing refusals") objecting to transfusion of blood products must be respected. In the absence of an advance directive, treatment of the unconscious patient should be governed by the reliability of any other evidence which indicates that he/she is a Jehovah's Witness, and would, under any circumstances, refuse transfusion of blood products.

3. Minors : 14 years and older

- In accordance with the Child Care Amendment Act of 1993, any child aged 14 years or older, may legally consent to blood transfusion. In the case of Jehovah's Witnesses, family units are usually very close-knit, and it is unusual that the child and his or her parents will differ in their respective views on blood transfusion.
- Parents may legally override the objections of a 14 year-old to blood transfusion but may not refuse treatment recommended by the doctor and legally consented to by the child. However, if the child consents to receive blood in the face of the parents' objection, the doctor concerned should weigh up the relative risks of non-blood treatment, and the possible consequences for the family of administering blood in conflict with religious doctrine. All clinical decisions in this respect should be meticulously recorded in writing.

4. Minors : Under 14 years :

- For children under 14 years of age, only a court of law may override the parents' refusal of consent for any particular treatment recommended by the medical attendant. A court application should only be a last resort for clinicians who feel that blood transfusion is essential to preserve life and limb. Applications to obtain a court order overriding parent's refusal of treatment should be submitted via the Chief Medical Superintendent to the Department of Social Services which will instruct the State Attorney to represent the Provincial Administration. (*Legal issues pertaining to medical care of children under 14 years resort under the authority of Welfare departments, and not Health departments*). The child's parents should be notified as soon as a decision is taken to approach the Court.

DR P.J. MITCHELL
CHIEF MEDICAL SUPERINTENDENT

BA/DB/am