

#### HOSPITAL LIAISON COMMITTEE

for Jehovah's Witnesses

HLC WALES

## OBJECTIVES



#### **POSITION**

Understanding the position of Jehovah's Witnesses on medical treatment



#### **STRATEGIES**

Implementing clinical strategies to preempt the use of allogeneic blood transfusion



#### **NETWORK**

Utilizing the information network that Jehovah's Witnesses have established to support clinicians



# POSITION

What do we believe?



Jehovah's Witnesses are **not antimedicine or antisurgery**; many are doctors and nurses. They . . . **seek medical attention** for themselves and their families.

Essam El-Hamamy et al. | UNITED KINGDOM

El-Hamamy E, Newman DS. **Jehovah's Witnesses and those who refuse blood transfusion**. In: Arulkumaran S, Karoshi M, Keith LG, et al, editors. A Comprehensive Textbook of Postpartum Hemorrhage: An Essential Clinical Reference for Effective Management. 2nd ed. London (UK): Sapiens Publishing; 2012. p. 587-601. [ISBN: 978-0-9552282-7-8]





"The prohibition of blood transfusion is a deeply held core value and is a sign of respect for the sanctity of life".

Association of Anaesthetists – Guidelines: Anaesthesia and perioperative care for Jehovah's Witnesses. 2018 UNITED KINGDOM



## INFORMED CONSENT & PREPARATION OF THE ELECTIVE PATIENT



TWO IMPORTANT DOCUMENTS



#### Advance Decision to Refuse Specifie

	in
treatment(s) contained herein continues to ap	ply

- 2. I am one of Jehovah's Witnesses with firm religiou of the implications of this position I direct that or primary blood components (red cells, whit administered to me in any circumstances. I also ref infusion.
- 3. No Lasting Power of Attorney nor any other docun taken as giving authority to disregard or override my members, relatives, or friends may disagree with me, diminish the strength or substance of my refusal of
- 4. Regarding end-of-life matters: [initial one of the two

(a) \_\_\_\_\_ I do not want to be kept alive by extraord

phase of an incurable illness, permanently unconsciou
(b) I want to be kept alive by extraordinary $m\varepsilon$
an incurable illness, permanently unconscious, or in a

5.	Regarding other	· healthcare	and welfare	e instruc
	allergies, medical	problems or	any other co	mments

allergies, medical problems or any other comments :



Wales

SAMPLE CHECKLIST FOR PATIENTS 18 YEARS AND OVER WHO REFUSE BLOOD TRANSFUSIONS		
Patient Name :	Address :	Date of Birth
		Telephone

In order to assist my treating team, this sample checklist sets out below the treatments I am willing to accept (where clinically indicated) during my hospital stay, procedure, or delivery:

	TREATMENTS			WILLING TO ACCEPT?		
1	NON-BLOOD THERAPIES / AGENTS (Normally acceptable to Jehovah's Witnesses)					
	Haematinics e.g. intravenous iron, oral iron, folic acid, vitamin B <sub>12</sub>	Y	es	N	lo	
	Erythropoiesis-stimulating agents e.g. recombinant erythropoietin [EPO]	Y	es	N	lo	
	Thrombopoietic agents e.g. Romiplostim, Eltrombopag	Yes		No		
	Granulocyte Colony-stimulating Factor [G-CSF]		Yes		No	
	Procoagulants e.g. desmopressin [DDAVP], vitamin K		Yes		No	
	Antifybrinolytics e.g. Tranexamic Acid [TXA], Aprotinin			No		
	Vasoconstrictors e.g. vasopressin	Y	es	N	lo	
	Other? (specify)	Y	es	N	lo	
2	AUTOLOGOUS PROCEDURES / STRATEGIES (Individual choice for Jehovah's W					
	Intraoperative Blood Cell Salvage [ICS]	Y	es	N	lo	
	Postoperative Blood Cell Salvage (from wound drainage)	Y	es	N	lo	
	Autologous gels and sealants e.g. platelet gel, epidural blood patch  Yes			N	lo	
	Haemodialysis / haemofiltration	Y	es	N	lo	
	Cardiopulmonary bypass	Yes N		lo		
	Extra Corporeal Membrane Oxygenation [ECMO] Yes		N	lo		
	Other? (specify)	Y	es	N	lo	
3	BLOOD FRACTIONS / DERIVATIVES (Individual choice for Jehovah's Witne	esses)				
	Cryoprecipitate	Y	es	N	lo	
	Fibrinogen Concentrate Yes			N	lo	
	Human Albumin Solution	Yes No			lo	
	Immunoglobulins including Anti-D	Yes No		lo		
	Tissue Sealants (plasma-derived) e.g. FloSeal, Tisseel	eel Yes No				
	Prothrombin Complex Concentrates [PCCs] e.g. Beriplex, Octaplex	Yes No		lo		
	Recombinant Factor VIIa (synthetic, but may contain derivative traces)	Yes No		lo		
	Other? (specify)	Yes No		lo		
4	BLOOD / BLOOD COMPONENTS (Unacceptable to Jehovah's Witnesse	s)				
	Plasma, Fresh Frozen Plasma, Octaplas, lyophilized plasma e.g. LyoPlas	Y	es	N	lo	
	Platelets	Yes No		lo		
	Red cells	Yes No		lo		
	White cells	Y	es	N	lo	
5	ADVANCE DECISION TO REFUSE TREATMENT [ADRT]	Comple	eted?	Atta	ched?	
	If an ADRT has been completed, attach a copy of the ADRT document	Yes	No	Yes	No	

Please ensure these choices are transferred to an official hospital consent form & signed by my treating team.

ical records and the details of my condition being shared with w and/or with member(s) of the Hospital Liaison Committee

NHS No.	Date
-	rson who signed this document did so in mynd mind and free from duress, fraud, or undurent did so in mynd mind and free from duress, fraud, or undurent did so in mynd mind and free from duress.
n	Name Occupation  Address
	Telephone Mobile
R CONTACT document is	Advance Decision to Refuse Specified Medical Treatment (signed document inside)  MOBLOOD  Specified object of the specified o
ed General ose details	Advance Decision to Refuse Specified Medical Treatment (signed document inside)

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"Declining a treatment modality should not be considered the same as refusal of medical care as illustrated by the management of Jehovah's Witness patients who do not accept transfusions".

Aryeh Shander 1 | Lawrence Tim Goodnough 2.

**UNITED STATES** 

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2. Department of Pathology & Medicine, Stanford University, Stanford, California

DOI: 10.1002/ajh.25167

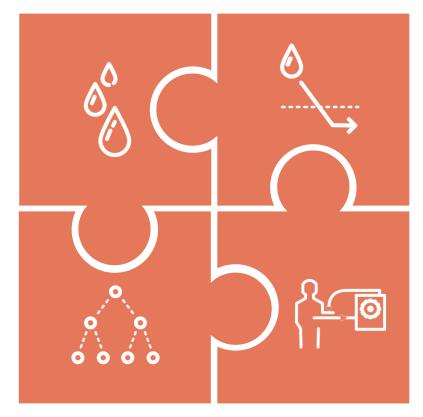




#### STRATEGIES

MINIMIZATION OF BLOOD LOSS

ENHANCEMENT OF HEMATOPOIESIS

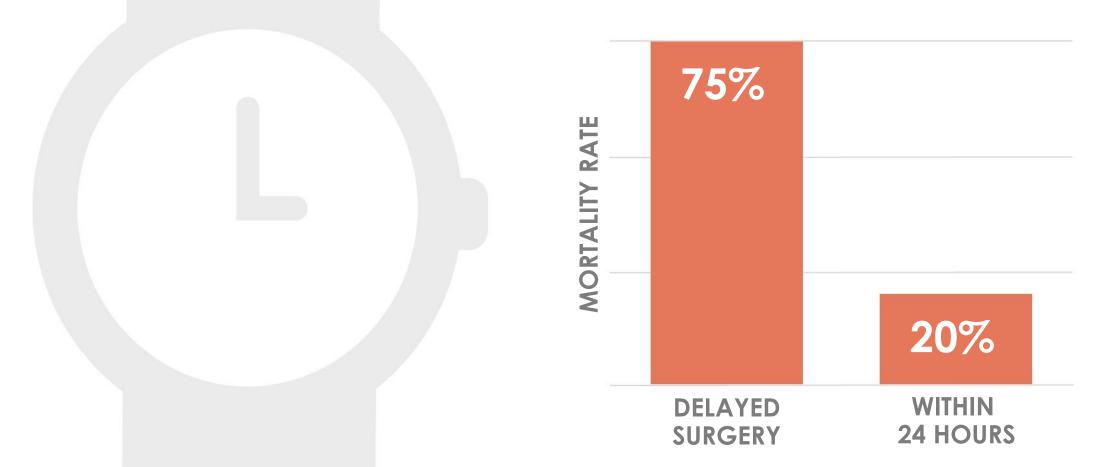


TOLERANCE OF ANEMIA

AUTOLOGOUS
BLOOD MANAGEMENT



## TIME EQUALS LIFE







"The multiple missed opportunities to appropriately manage and preserve the patient's own blood is also the main driver for transfusion"

The urgent need to implement patient blood management: policy brief. | W.H.O

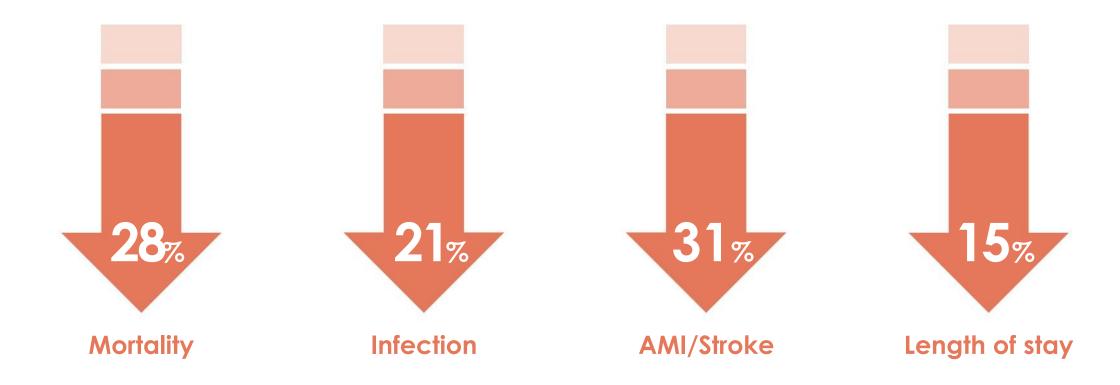
ISBN 978-92-4-003574-4





## OUTCOMES

Western Australian Patient Blood Management Program



Adapted from: Leahy MF, Hofmann A, Towler S, Trentino KM, Burrows SA, et al. Improved outcomes and reduced costs associated with a health-system-wide patient blood management program: a retrospective observational study in four major adult tertiary-care hospitals. *Transfusion* 2017;57(6):1347-58. [PMID: 28150313]







Delaying the implementation of PBM translates into increased morbidity and mortality. There is no doubt that "our own blood is still the best thing to have in our veins"

The urgent need to implement patient blood management: policy brief. W.H.O

ISBN 978-92-4-003574-4 (







# NETWORK

How can we assist you?



JWs operate a Hospital Liaison Committee to minimize any legal or moral conflicts. . . . Having their contact information ahead of time helps to stabilize patients and maintain the focus on medical treatment without delay.

Jong Hyun Lee & Wonsik Ahn | KOREA

Lee JH, Ahn W. The stance of Jehovah's Witnesses on the use [of] blood and Hospital Liaison Committee. Korean J Anesthesiol 2011;60(4):302. [PMID: 21602984]







#### HOSPITAL INFORMATION SERVICES

for Jehovah's Witnesses







# HOSPITAL INFORMATION SERVICES

for Jehovah's Witnesses

WARWICK, NEW YORK, USA











6 CONTINENTS

86 OFFICES

2,000+
HOSPITAL LIAISON COMMITTEES (HLCs)

50,000+
VOLUNTEERS

100,000+
EXPERIENCED CLINICIANS







#### HOSPITAL LIAISON COMMITTEE

for Jehovah's Witnesses

2,000+









## CONSULTATION







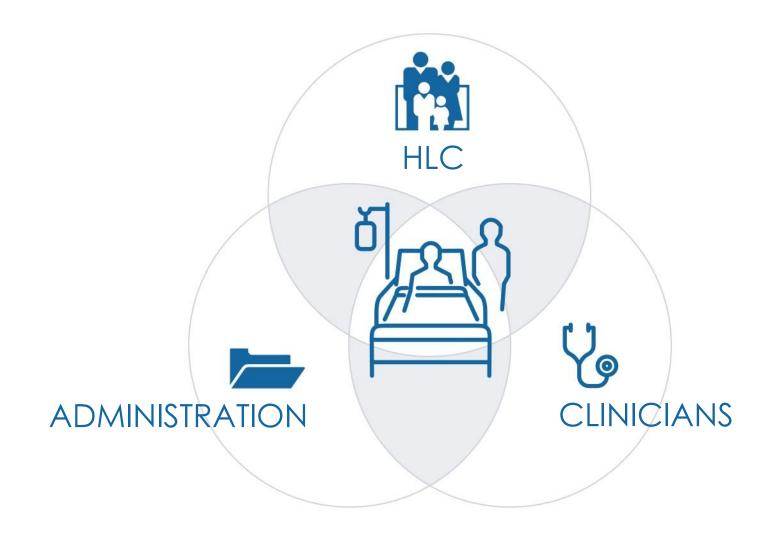
### WEBSITE



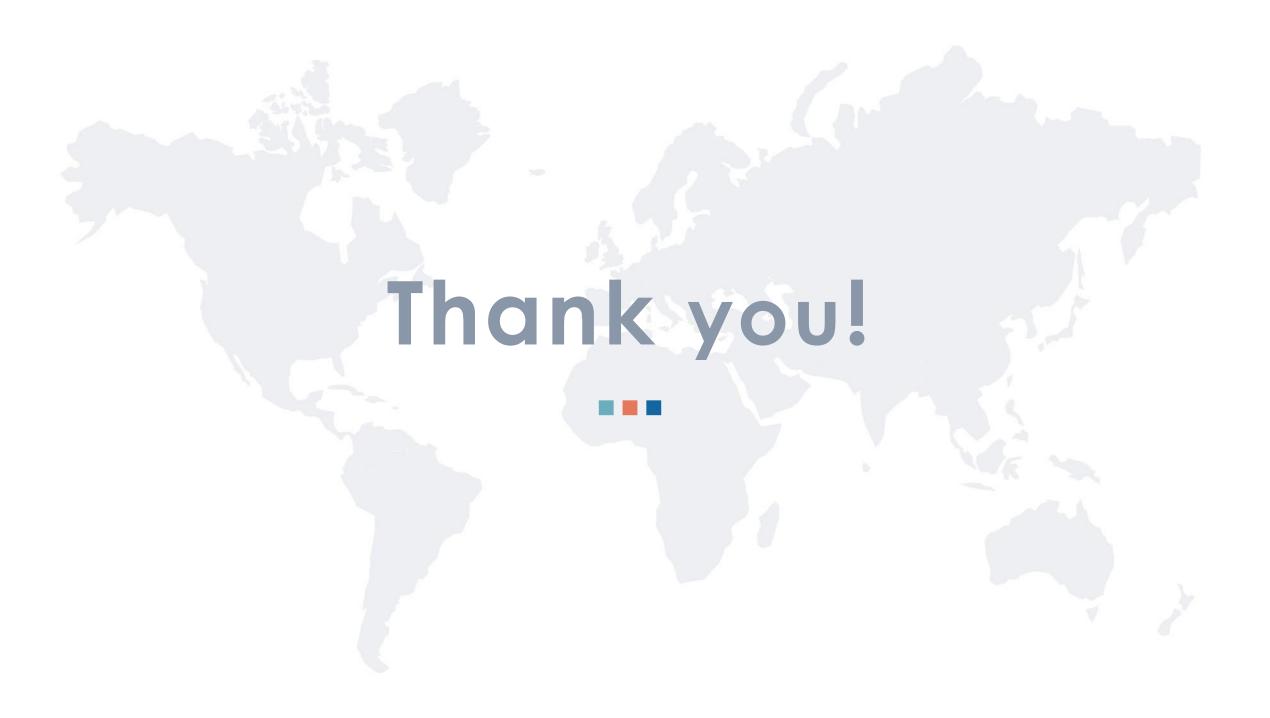


THOUSANDS OF CLINICAL REFERENCES

## COLLABORATION









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jw.org/**medical**