



The Management of Patients who refuse transfusion of blood and blood products Standard Operating Procedure

Printed copies must not be considered the definitive version

DOCUMENT CONTROL			
Policy Group:	Clinical		
Lead Author:	Consultant Anaesthetist		
Lead Executive:	Executive Medical Director		
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Data Protection Impact Assessed:	No – Not required	Data Protection Impact Assessment Date:	Not applicable

Policy on a page

Summary & Aim	Key Requirements
This policy sets out the legal, ethical and clinical requirements for managing adults and children who refuse transfusion of blood or blood products. It explains how to establish and document each patient's decisions, plan non-blood management, respond in emergencies and involve senior clinical, legal and specialist support where required.	
Target Audience	Previous Names
Board wide.	No Blood Policy.

Equality and Diversity Statement
NHS Dumfries and Galloway recognise that some communities within society are more likely than others to experience discrimination, prejudice and inequalities. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, sex, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership. The Fairer Scotland Duty, also requires NHS Dumfries and Galloway to actively consider how socio-economic disadvantage can be reduced when making strategic decisions. The New Armed Forces Covenant Statutory Duty places an expectation on NHS Dumfries and Galloway to consciously consider the Armed forces Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces community and help improve their access to public services. Consideration on all of the protected characteristics, the Fairer Scotland Duty and the Armed Forces Covenant are included within the Equality Impact Assessment process and documentation, which must be completed as part of the Policy Development Process. NHS Dumfries and Galloway is committed to promoting and advancing equality, removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those who do not. This applies both in the provision of services and as our role as a major employer. NHS Dumfries and Galloway believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discrimination practice.

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Approved: September 2026

Version: 1.0

Lead Author: Consultant Anaesthetist

The only current version of this policy is on the intranet

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PURPOSE AND RATIONALE

- 1.1 To provide guidance for Healthcare Professionals in the management of patients who refuse transfusion of blood and blood products

POLICY AIMS

- 2.1 This policy aims to:
- Protect the rights of adults and children who refuse treatment with blood or blood products.
 - To enable clinicians to feel confident in their approach to treating patients who refuse transfusion of blood and blood products.
 - To outline the procedure to be followed in managing these patients and to avoid unnecessary conflicts and litigation as well as distress to patients and their families

POLICY SCOPE

- 3.1 This policy applies across NHS Dumfries and Galloway to all healthcare professionals involved in assessing, planning, delivering or documenting care for adults or children who refuse transfusion of blood or blood products.

DEFINITIONS

- 4.1 Intraoperative cell salvage is the process whereby blood shed during an operation is collected, filtered and washed to produce autologous red blood cells for transfusion to the patient.

DUTIES / RESPONSIBILITIES

- 5.1 Health Care Professionals should follow the procedure described in this policy when managing patients who refuse to be treated with blood or blood products.
- 5.2 HCPs should discuss the pros and cons of refusing to have this treatment as well as alternatives to blood transfusion. This discussion should include the non-availability of cell salvage as a treatment option in our health-board and the option of transfer of care to another health-board if the patient desires but taking into consideration this may not always be possible in emergency situations.

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PROCESS / PROCEDURES

Immediate actions: Before proceeding, establish the patient's capacity, confirm and document which treatments are acceptable or unacceptable, check for any advance decision or welfare power of attorney, and involve the appropriate senior clinician. In an emergency, follow the relevant adult or child pathway in this section and record the decision, clinical rationale and discussions in the healthcare record.

Ethical Considerations

6.1 A patient who is one of Jehovah's Witnesses may wish to discuss treatment involving blood or blood products. Do not assume what the patient will accept or refuse. Explain the implications of non-transfusion for their specific condition, confirm their individual treatment decisions and document them clearly.

6.2 In an elective situation, a doctor may decline to provide treatment where patient-imposed constraints would adversely affect the doctor's ability to provide care. The doctor must explain the position and refer the patient to a suitably qualified colleague. In an emergency, doctors must provide necessary care while respecting the competently expressed views of the patient.

Religious objection

6.3 Rastafarians

Blood transfusions are not permitted by some Rastafarians.

6.4 Jehovah's Witnesses

The majority of patients refusing transfusion of blood components or products are likely to be Jehovah's Witnesses. Their anticipated objection is treatment with allogenic blood and the primary blood components. However, there may be variation in preferences so each patient should be treated individually, and clarification should be sought as to which treatments are acceptable or not.

(See **Appendix B: 'Consent Form for Specific Blood Components and Procedures for patients who refuse blood transfusion'**).

The Jehovah's Witness Christian movement first introduced a policy on refusal of blood in 1945. However, since June 2000 it is possible for an individual Jehovah's Witness to accept a blood transfusion and choose to remain silent. It is therefore essential that **medical confidentiality** be maintained should a Jehovah's Witness choose to receive a blood transfusion.

6.5 Treatment not normally acceptable to Jehovah's Witnesses

It is anticipated that all Jehovah's Witnesses will refuse the transfusion of the four primary blood components; **Red cells, White cells, Platelets, Plasma (including FFP)**. Pre-deposited autologous blood also falls under this heading.

[OBJ]

6.6 Treatment normally acceptable to Jehovah's Witnesses

It is anticipated that Jehovah's Witnesses are likely to accept medical management to build up or conserve their own blood, to avoid or minimise blood loss and to replace lost circulatory volume. This would include **sodium chloride (saline), Hartmann's (Ringer-Lactate) or modified gelatins (Gelaspan)**. **Recombinant products** such as erythropoietin (r-HuEPO) and clotting factors VIIa, VIII and IX are normally accepted

Treatment that Jehovah's Witnesses consider to be a matter of choice

Blood products: Derivatives of primary blood components (**albumin 4-5%**, coagulation factors, immunoglobulins, etc).

Treatment and procedures involving their own (autologous) blood. This would include normovolaemic haemodilution, cell salvage, renal dialysis, plasmapheresis, blood radiolabelling, etc. There may be ways of performing these procedures that are acceptable to some and not to others (e.g cell salvage).

Legal and consent issues

- 6.7 To administer any medical treatment in the face of refusal by a competent patient is unlawful.
- 6.8 An informed, rational, contemporary opinion in a competent patient should override any previous written or verbal consent or Advance Directives.
- 6.9 The opinion of friends and relatives does not have any legal standing in Scotland, and they cannot consent to administer or withhold treatment to a patient who legal capacity.

Incapacitated Patients

Where an adult lacks capacity, establish whether a guardian, continuing attorney or welfare attorney has powers relating to the proposed intervention under the Adults with Incapacity (Scotland) Act 2000. Verify the scope and current validity of those powers before relying on them in the treatment decision.

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- 6.10 When applying the Adults with Incapacity (Scotland) Act 2000, take account of: (a) the adult's present and past wishes and feelings, so far as these can be ascertained by any means of communication; (b) the views of the adult's nearest relative and primary carer, where it is reasonable and practicable to seek them; and (c) the views of any guardian, continuing attorney or welfare attorney with powers relating to the proposed intervention.
- 6.11 The time during which a blood transfusion can be postponed should be used to furnish documentary evidence of the patient's refusal of blood transfusion. 'If (the practitioner) learnt that the patient was a Jehovah's Witness but had no evidence of a refusal to accept blood transfusions, he would avoid or postpone any blood transfusion so long as possible.' (1992 court of appeal 3 W.L.R.782 at 787G).
- 6.12 The document '**Advance Decision to Refuse Specified Medical Treatment**' Appendix A) is carried by most Jehovah's Witnesses and copies are often lodged with GPs or friends.

This document confirms the patient's legal decision to withhold consent from receiving specified treatments provided it is appropriately completed, signed and witnessed.

6.13 Welfare Power of Attorney

Valid only if it is expressed in a written document which:

- (a) is subscribed by the granter;
- (b) incorporates a statement which clearly expresses the granter's intention that the power be a welfare power; states that the granter has considered how a determination as to whether he is incapable in relation to decisions about the matter to which the welfare power of attorney relates may be made.
- (c) Incorporates a certificate in the prescribed form by a practising solicitor or by a member of another prescribed class.

Treating children of Jehovah's Witnesses

- 6.14 Persons aged sixteen or over have the exclusive right to determine their own medical treatment. The parent has no right to consent or interfere.
- 6.15 In Scotland a child is someone under the age of 16.
- 6.16 An advance directive has no legal standing in children under the age of 16.
- 6.17 A child is able to give or withhold consent to medical treatment provided the medical practitioner attending believes that he or she is capable of understanding the nature and possible consequences of the procedure or treatment. (Age of Legal Capacity (Scotland) Act 1991 section 4).

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There is no lower age limit for being competent to consent, but ability to do so will be dependent on several factors, including the complexity of the procedure and possible long-term consequences. Thus, a child may be competent to consent to certain medical treatments, but not to others. If the child is deemed to have capacity to consent, then only the child can give or withhold consent and a parent cannot override the child's decision.

- 6.18 The Children (Scotland) Act 1995 states that a person with parental rights and responsibilities reaching any major decision in relation to a child, including consent to treatment, shall have regard as far as practicable to the views of the child concerned, if the child wishes to express a view and taking account of the child's age and maturity. The Act specifically states that a child of 12 or over shall be presumed to be of sufficient maturity to form a view, although this does not exclude a younger child from having a view. Thus, even where a child lacks capacity to consent it will be important to ensure that his or her views are considered in accordance with this section.
- 6.19 If the child is legally competent to consent to treatment on his or her own behalf and the clinician is persuaded that a child's refusal to accept blood transfusion is a genuinely held personal belief, and not just a reflection of their parents' belief, then a clinician should proceed as if following this guidance for an adult and ascertain exactly what the child will and will not accept by way of treatment.

Children undergoing elective surgery

- 6.20 Where elective surgery is unlikely to require blood, parents may agree to surgery while remaining unable to consent to the use of blood. Clinicians should explain that they will take reasonable steps to avoid allogeneic blood. If blood becomes necessary during the procedure, manage the situation as an emergency in accordance with the emergency and trauma guidance in this section.
- 6.21 In the situation of an elective surgical procedure, which will probably or definitely require the use of autologous blood, the legal framework for its administration should be clarified prior to the procedure.

6.22 A Court order may be sought to override the parent's position

Specific Issue Order under section 11 of the Children (Scotland) Act 1995.

Jehovah's Witnesses are generally aware of the possibility of such an order, but it should rarely be necessary. If it is considered, it is of the utmost importance to keep parents fully informed that a Court order is being sought. A Court will almost certainly ensure that the parents have the opportunity to be represented at any hearing.

6.23 Children — emergency and trauma

If parents are unable to consent to transfusion and there is insufficient time to obtain a Specific Issue Order, escalate immediately to two doctors of consultant status. Where both consultants make a clear and unambiguous decision that transfusion is essential, or is likely to become essential, to save life or prevent serious harm, they should act on their clinical judgement and in the child's best interests. Contact the health board's legal team concurrently so that an application for a court order can be progressed.

Any such decision and the clinical rationale behind that decision must be clearly recorded in the medical notes and signed by both consultants. It is vital that the parents are kept fully informed and supported: The Hospital Liaison Committee may be particularly helpful.

- 6.24 It is essential to involve a Consultant Paediatrician in the preparation and care of all children who refuse blood or whose carers cannot consent to the use of blood.
- 6.25 The therapeutic principles below are largely applicable to children but it is essential that an individualised care plan is developed in each case.

Patients refusing allogenic blood transfusion undergoing elective Surgery.

General Peri-operative Non-blood Management Principles.

These guidelines are drawn from general principles of peri-operative management applicable to all patients.

- Investigate and treat pre-operative anaemia and coagulopathy if possible.
- Anticipate potential risks of blood loss and be prepared to address them.
- Employ a multi-speciality team approach.
- Senior medical staff should be involved at all stages if significant blood loss has occurred or is anticipated. In elective surgery the specialists involved should be those willing to provide treatment under 'no blood' conditions (see section 2.2).
- Be prepared to refer patients for subspecialty management at other institutions. (Interventional radiology).
- Maintain frequent, close observation for haemorrhage.
- Early recognition and prompt intervention to prevent/control abnormal bleeding is the cornerstone of effective care of patients who will not accept allogeneic blood. Avoid a "watch and wait" approach to a bleeding patient.
- Exercise clinical judgement and be prepared to modify routine practice when appropriate.
- Consult promptly with senior specialists experienced in non-blood management if complications arise.

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- Contact Hospital Liaison committee (see section 10) for advice with Jehovah's Witness patients if necessary.
- Discuss with the patient/family the risks (short and long-term), benefits and alternatives to proposed interventions.

6.27 General Therapeutic Principles

- Control or avoid haemorrhagic and iatrogenic blood loss.
- Optimise cardiac and respiratory support by maximising oxygen delivery (volume replacement, oxygenation, vasoactive agents) and minimising oxygen consumption (analgesia, mechanical ventilation).
- Restore/improve blood count by stimulating haematopoiesis.

6.28 Pre-operative planning, operative and post operative care

Whilst thorough assessment of a patient is always desirable, it is absolutely essential when dealing with one who is refusing allogenic blood. A comprehensive care plan should be drawn up taking into consideration the risk factors and then employing an optimal combination of available alternative strategies.

6.29 Medical history and physical examination

- Congenital/acquired bleeding disorders.

Suspected by reviewing obstetric history, circumcision, frequent nose bleeds, easy bruising without trauma, tonsillectomy, dental extraction, menorrhagia, prolonged bleeding after minor skin lesion, surgery, pregnancy and family history.

- End organ disease/injury - especially renal or hepatic.
- Previous surgery - blood loss may be increased with repeat surgery.
- Identify medications that may adversely affect haemostasis.

e.g. aspirin, NSAIDs, anticoagulants, platelet aggregation inhibitors, B lactam antibiotics, etc. Avoid non-prescription drugs. Physical examination e.g. purpuric lesions, petechiae, ecchymosis, hepatomegaly, splenomegaly.

6.30 Laboratory Assessment/screening

- Full blood count
- Serum ferritin
- Serum folate
- Serum vitamin B12
- PT, PTT, fibrinogen
- Liver function
- Renal function (urea & creatinine)

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- Additional investigation as indicated by the history of the patient and the degree of haemostatic challenge
- Further coagulation tests if personal or family history of bleeding – contact Haematology department for advice.

Note: Minimise iatrogenic blood loss – consider using paediatric blood tubes.

6.31 Blood sparing options

If the clinician would normally request 2 or more units of cross matched blood, discuss with the patient which of the blood sparing options and alternatives would be acceptable.

(Refer to the NHS Dumfries and Galloway Maximum Surgical Blood Ordering Schedule for cross match details).

- Cell salvage (NB: Cell salvage is no longer offered in NHS Dumfries and Galloway and consider referring these patients to other centres which offer cell salvage).
- Acute normovolaemic haemodilution.
- Human recombinant blood products (e.g. r-HuEPO).
- Blood products derived from plasma e.g. albumin, fibrin sealants, cryoprecipitate, coagulation factors, etc

6.32 Advance directives and consent

The existence of an advance directive should be ascertained and a copy filed in the front of the medical notes.

In addition, consent or refusal of specific therapies should be clearly documented on the '**Consent Form for Specific Blood Components and Procedures for Patients who Refuse Blood Transfusion**' detailed in Appendix B.

These documents should be scanned into the '00 Patient Directives' folder on Portal (scanning bureau Mon-Fri 8-6).

6.33 Information Technology

Check that the TOPAS alerts system is up to date with the patient's refusal to accept blood transfusion.

Update the EDIS (Emergency Department Information System).

6.34 Treatment Plan

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Prepare a written treatment plan, share it with all specialists involved in the episode of care and file a copy in the medical notes. The plan must include, as a minimum:

1. Named specialists involved
2. Pre-operative plan for optimisation of blood count and coagulation (including modifying medication: aspirin, warfarin etc)
3. Blood conservation strategies planned
4. Blood products, strategies and treatments deemed acceptable
5. Blood products, strategies and treatments deemed unacceptable
6. Presence and location of any advance directives and those who hold copies

6.35 From 6 weeks pre-operatively

- Oral iron unless contra-indicated.
- Consider stopping aspirin, NSAIDs and other anti-platelet agents, at least 7 days preoperatively.
- Consider stopping warfarin and other anticoagulants if possible.
- If the expected blood loss is high – consider recombinant Erythropoietin subcutaneously daily for 10 to 14 days pre.
- Ensure acceptability with patient and discuss with Haematologists.

6.36 On admission

- Ensure senior surgeon, anaesthetist and theatre staff are aware of admission.
- Review existing investigations and repeat as appropriate.
- Ensure completed copies of Advance Directive, (Appendix A) and Consent Form for Specific Blood Components and Procedures for Patients who Refuse Blood Transfusion (Appendix B) are filed in the front of medical notes. These documents should be scanned into the '00 Patient Directives' folder on Portal.
- Ensure that TOPAS is up to date with the patient's refusal of blood products.
- No transfusion should be carried out on any patient without checking the 'Medical Alerts' section of medical notes for advance directives.

6.37 At Operation

Surgical procedure(s) specifically to avoid and prevent blood loss:

- Minimally invasive techniques ((endoscopic/laparoscopic surgery)
- Enlarged surgical team to reduce time
- Surgical positioning to minimise bleeding
- Staged surgery for complex procedures

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Anaesthesia technique may be modified to reduce blood loss and maintain patient communication if possible:

- Local and Regional anaesthesia
- Hypotensive anaesthesia
- Maintenance of normothermia
- Early and frequent assessment of coagulopathy and aggressive early treatment in keeping with patient's acceptance of blood products.

There are a range of measures which may or may not be suitable and available:

- Meticulous haemostasis
- Mechanical occlusion of blood vessels
- Electrocautery
- Ultrasonic scalpel
- Argon beam coagulator
- Tissue adhesives and sealants
- Appropriate volume replacement
- Haemodilution
- Consider antifibrinolytics: tranexamic acid or desmopressin
- Arterial embolisation
- Interventional radiology
- Intraoperative cell salvage, set up in accordance with patient's views. (Cell salvage is no longer offered in NHS Dumfries and Galloway)

6.38 Post-operative Care

- Minimise blood sampling
- Consider use of pulse oximetry
- Paediatric sample tubes
- Plan multiple tests per sample
- Consider tranexamic acid
- Continue iron and erythropoietin therapy as indicated by haemoglobin level

OBSTETRICS

6.39 General Principles of Non-blood Obstetric and Gynaecology Management

- Prepare a management plan. Utilise a combination of interventions to minimise blood loss.
- Ensure the availability of experienced personnel, appropriate drugs and equipment to prevent and promptly manage haemorrhage.
- Communicate the care plan to involved medical and nursing / midwifery personnel to avoid treatment delay

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- Maintain frequent close observation for postpartum or postoperative haemorrhage. Prompt intervention can be lifesaving. The clinical urgency of low-level persistent bleeding may not be recognised until compensatory mechanisms fail and blood pressure falls. Avoid a watch and wait approach to the bleeding patient.
- Multidisciplinary team approach to patient care, involving other specialists in planning if necessary.
- Obtain informed consent for non-blood management strategies. Discuss the options, and the risk/benefits of the proposed interventions with the patient/family.

6.40 General Therapeutic Principles

A copy of the Major Obstetric Haemorrhage guideline should be kept in the patient's case notes.

- Thorough patient history, physical examination and judicious laboratory investigation.
- Optimise red cell mass preoperatively and during pregnancy.
- In the face of severe haemorrhage, early recourse to definitive surgical measures to control blood loss is required.
- Use appropriate intraoperative blood conservation techniques.
- Intra-operative cell salvage is not available within NHS Dumfries and Galloway. Where cell salvage forms part of an acceptable and clinically appropriate management plan, consider early referral to a centre that provides the service, recognising that transfer may not be possible in an emergency.
- In the haemorrhaging patient, avoid aggressive fluid resuscitation to restore blood pressure to a normal range until the bleeding is controlled - permissive hypotension.
- Prevent or treat coagulation disorders promptly.
- Minimise the volume of blood drawn for laboratory analysis during the perinatal or perioperative period.
- Normovolaemia anaemia can be well tolerated in haemodynamically stable patients.

6.41 The management of women in labour refusing blood transfusion

Search 'Refusal of blood transfusion in pregnancy' for document - 'The Management of Pregnant Women who Refuse Blood Transfusion'.

6.42 Guidance on the law of consent

Please refer to:

- "A Good Practice Guide on Consent for Health Professionals in NHSScotland" HDL (2006)
- "Consent – The basics – Scotland" 2015 (MPS)

Further Information

Further advice is available in the Royal College of Surgeons of England guide, [*Caring for Patients who Refuse Blood*](#), and the Association of Anaesthetists guideline, [*Anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood*](#).

References

Association of Anaesthetists (2019, review extended to 2026), [*Anaesthesia and peri-operative care for Jehovah's Witnesses and patients who refuse blood*](#).

Association of Anaesthetists (2024), [*The use of blood components and their alternatives 2024*](#).

General Medical Council (2020; updated 2026), [*Decision making and consent*](#).

National Institute for Health and Care Excellence (2015; updated 2026), [*Blood transfusion \(NICE guideline NG24\)*](#).

Royal College of Surgeons of England (2018), [*Caring for Patients who Refuse Blood*](#).

Scottish Government (2010), [*Adults with Incapacity \(Scotland\) Act 2000: Code of Practice for Medical Practitioners*](#).

Age of Legal Capacity (Scotland) Act 1991, [*latest available revised version*](#).

Children (Scotland) Act 1995, [*latest available revised version*](#).

Adults with Incapacity (Scotland) Act 2000, [*latest available revised version*](#).

NHS Dumfries and Galloway, *Maximum Surgical Blood Ordering Schedule* — current controlled version on the intranet.

NHS Dumfries and Galloway, *The Management of Pregnant Women who Refuse Blood Transfusion* — current controlled version on the intranet.

Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee, [*Transfusion Practice Guidance and document library*](#).

7.0 CONSULTATION

7.1 The Hospital Transfusion Committee consulted relevant stakeholders, including anaesthetists and surgeons, with consideration given to the clinical and operational implications of the non-availability of cell salvage within NHS Dumfries and Galloway.

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8.0 TRAINING AND SUPPORT

- 8.1 Training and support will be delegated to the relevant teams through their clinical leads by the Hospital Transfusion Committee.

9.0 MONITORING

- 9.1 The monitoring arrangements for this Policy are set out in the table below.

Element to be monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Compliance of the procedure	Audit	Relevant Teams	HTC	Every 3 years

10.0 EQUALITY IMPACT ASSESSMENT

- 10.1 An Equality impact assessment has been completed for the decommissioning of the cell salvage service (please find attached)

11.0 DATA PROTECTION AND CONFIDENTIALITY IMPACT ASSESSMENT

- 11.1 Not applicable

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12.0 DOCUMENT CONTROL SHEET

12.1 Document Amendment History

Version	Section(s)	Reason for update
2.2		Due for review/Decommissioning of cell salvage service
2.3	References	Updated to most recent versions

12.2 Distribution

Name	Responsibility	Version number
All clinical teams	Clinical leads	2.2

12.3 Associated documents

Appendices:

A: Advance Decision to Refuse Specified Medical Treatment

B: Dumfries and Galloway Royal Infirmary Consent Form for Specific Blood Components and Procedures for patients who refuse blood transfusion

12.4 Action Plan for Implementation

Action	Lead Officer	Timeframe
Distribution to clinical teams	Chair of HTC	2 months

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APPENDIX A

Advance Directive as carried by most Jehovah's Witnesses

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print or type full name), born _____ (date) complete this document to set forth my treatment instructions in case of my incapacity.

The refusal of specified treatment(s) contained herein continues to apply even if those medically responsible for my welfare and/or any other persons believe that such treatments are necessary to sustain my life.

2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position I direct that NO TRANSFUSIONS OF BLOOD or primary blood components (red cells, white cells, plasma or platelets) be administered to me in any circumstances. I also refuse to predonate my blood for later infusion.

3. Regarding minor fractions of blood (for example: albumin, coagulation factors, immunoglobulins): [Initial one of the three choices below.]

(a) _____ I refuse all

(b) _____ I accept all

(c) _____ I want to qualify either (3a) or (3b) above and my treatment choices are as follows:

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4. Regarding autologous procedures (involving my own blood, for example: haemodilution, heart bypass, dialysis, intra-operative and post-operative blood salvage):

[Initial one of the three choices below.]

- (a) _____ I refuse all such procedures or therapies
(b) _____ I am prepared to accept any such procedure
(c) _____ I accept only the following procedures:

I am prepared to accept diagnostic procedures, such as blood samples for testing.

5. Regarding other welfare instructions (such as current medications, allergies, and medical problems):

6. I consent to my medical records and the details of my condition being shared with the Emergency Contact below and/or with member(s) of the Hospital Liaison Committee for Jehovah's Witnesses.

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7. _____

Signature Date

Address

8. STATEMENT OF WITNESSES: The person who signed this document did so in my presence. He or she appears to be of sound mind and free from duress, fraud, or under influence. I am 18 years of age or older.

Signature of witness Signature of witness

Name Occupation Name Occupation

Address

Telephone Telephone

Mobile Mobile

9. EMERGENCY CONTACT:

Name

Address

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Telephone Mobile

10. GENERAL PRACTITIONER CONTACT DETAILS: A copy of this document is lodged with the Registered General Medical Practitioner whose details appear below.

Name

Address

TelephoneNumber(s)

Advance Decision to Refuse Specified Medical Treatment (signed document inside)
NO BLOOD

Advance Decision to Refuse Specified Medical Treatment (signed document inside)
NO BLOOD

APPENDIX B

Consent Form for Specific Blood Components and Procedures for patients who refuse blood transfusion

Patient name	
Hosp./CHI No.	
Date of birth (patient label)	



Transfusion Desist Consent form

Please tick appropriate boxes:-	Acceptable	Not acceptable	Not applicable
Primary blood components			
Red cells			
White cells			
Platelets			
Plasma			
Products containing a minor blood fraction			
Cryoprecipitate			
Albumin			
Coagulation Factors			
Prothrombin complex concentrates			
Tissue sealants			
Intravenous immunoglobulin			
Anti-D immunoglobulin			
Other immunoglobulins e.g. tetanus			
Procedures involving my own blood			
Intra-operative cell salvage			
Acute normovolaemic haemodilution			
Renal Dialysis			
Plasmapheresis			
Blood radio-labelling			
Recombinant products – not blood sourced			
RFVIIa (Novoseven)			
Erythropoietin			
Others e.g. FVIII			
Other Components/Procedures (specify)			

Doctor

Print name:

Signature:

Date:

Validity (not to exceed one year from the interview date)

months

Patient

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I understand that my express refusal of blood will be regarded as absolute but I will accept the components & procedures detailed above. I will inform D&GRI if I wish to review my decision within the validity of this certificate.

Print name:

Signature:

Date: