

Pre-Operative Assessment of Jehovahs Witness Patients

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Key Amendment

Date	Amendment	Approved by
21 st January 2019	Inclusion of advice for edoxaban. Additional information for the management of medicines for diabetes	Medicines Safety Committee
25 th June 2020	Document extended for 6 months during COVID-19 period.	QGC

This guideline applies to patients who are of the Jehovah's Witness faith and who require elective surgery within Worcestershire.

It describes key pre-operative assessments which must be followed when assessing a Jehovahs Witness for surgery.

Details are given within the guideline regarding:

1. Determining which treatments a Jehovahs Witness patient will agree to and which treatments are unacceptable
2. Ensure availability of advance directive
3. Communicate to the anaesthetic department as soon as possible that a Jehovahs Witness patient is scheduled for surgery

Introduction

This guidance is for preoperative nurses, anaesthetists and surgeons who are involved in the assessment and preparation of patients for surgery.

The Jehovahs Witness movement was established in the 1870s. It is a Christian movement, which in 1945 decreed that adherents to the Jehovahs Witness faith should not receive allogenic (i.e. externally donated) blood. This is based on biblical interpretation of passages which describe the prohibition of the consumption of blood.

It should be noted within this guidance that:

- There is no substitute for seeking the views of Jehovahs Witness patients at the time when decisions have to be made.
- Staff caring for Jehovahs Witness patients must be aware that all patients are entitled to change their minds
- The only thing that matters is what treatment the patient wishes to have at the time when the decision has to be taken.

It is recommended that this guidance is used in conjunction with the AAGBI guidance 'Management of Anaesthesia for Jehovah's Witnesses' published by the AAGBI.

Details of Guideline

There are 5 essential tasks to undertake when assessing a Jehovahs Witness preoperatively:

1. Record which treatments a Jehovahs Witness patient will agree to and which treatments are unacceptable
2. Ensure availability of advance directive
3. Communicate to the anaesthetic department as soon as possible that a Jehovahs Witness patient is scheduled for surgery so that the department can ensure the consultant anaesthetist is alerted
4. Decide upon the best place for surgery for that patient
5. Investigate and optimise haemoglobin levels preoperatively

Decide and Record which treatment a Jehovahs Witness patient will agree to

All adult patients in the UK with mental capacity have the absolute legal and ethical right to refuse treatment or any aspect of treatment. To administer blood against a patient's wishes may be unlawful and could lead to criminal / civil proceedings.

When a Jehovah's Witness patient is scheduled for surgery please put this on the relevant work-list to alert the anaesthetic preoperative consultant.

When a Jehovah's Witness patient is scheduled for surgery which has a risk of significant blood loss, the patient should be seen in consultant led anaesthetic POA. This is to enable a medical practitioner to provide guidance on the benefits and risks of blood transfusion treatments. This will enable the patient to make a fully informed decision.

At the pre-operative assessment it is important to see the patient without relatives or members of the community who might impede full and frank discussion on acceptability of certain forms of treatment.

Agreed procedures and unacceptable treatments should be entered into the clinical notes and dated and timed. Where possible this should be signed as a record and witnessed by the patient.

There are no absolute rules regarding blood products so it is important to seek and record individual decisions.

Treatments which are generally unacceptable to Jehovah's Witness patients include:

- Transfusion of whole blood, packed red cells, white cells, plasma and platelets.
- Pre-operative autologous blood collection and storage for later re-infusion

Treatments which may be acceptable to a Jehovah's Witness patient and which is recognised as being a matter of personal choice:

- Blood salvage (cell saver)
- Blood fractions of plasma or cellular components (i.e. albumin / immunoglobulins / clotting factors)
- Epidural blood patch
- Haemodialysis (renal replacement therapy)
- Solid organ transplantation

Check for presence of advance directive

Adult patients with capacity may indicate their preferences for future treatments by completing an advance decision to take effect if they do not have the capacity to consent to, or refuse specific medical treatments. An Advance Directive to refuse life sustaining treatment (i.e. blood transfusion) must be in

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writing, must be witnessed and must make clear that it is to apply to administration of blood even if life is at risk.

The majority of Jehovahs Witness patients carry a signed and witnessed advance-decision card to express their wishes.

The preoperative assessment nurse is responsible for making a copy of this advance directive and ensuring it is available within the patients notes.

AAGBI guidance from 2005 states that an Advance Directive, if properly signed and witnessed, must be respected unless there is evidence that the patient has changed their mind since the directive was executed.

Communicate to the anaesthetic department that a Jehovahs Witness is scheduled for surgery

This is important because:

- A senior anaesthetist should be allocated to care for that patient wherever possible
- Anaesthetists have the right to refuse to anaesthetise an individual in an elective situation, but they should attempt to refer the case to a suitably qualified colleague prepared to undertake it.

The preoperative assessment work-list should be used as the main method to communicate the presence of a Jehovahs Witness patient who is scheduled for elective surgery. All efforts must be made to inform the anaesthetist who will be anaesthetising that patient that they are a Jehovah's Witness.

Decide upon the best place for surgery for that patient

Certain procedures have a higher risk of life threatening haemorrhage. These procedures may require intraoperative cell salvage.

Therefore, for Jehovahs Witness patients undergoing these procedures it is important to list them for a site where a cell saver is available.

At the time of writing Cell Salvage is available at Worcester Royal Hospital and Alexandra Hospital only. Note that the Cell Saver would not be appropriate for use in the 'Vanguard' theatre at Alexandra Hospital.

Jehovahs Witness patients are **not** suitable for KTC if they are having the following procedures:

- Laparoscopic intra abdominal / pelvic procedures including
 - Laparoscopic Cholecystectomy
 - Laparoscopic hernia repair
 - Laparoscopic total hysterectomy
 - Laparoscopic sterilisation
 - Simple Laparoscopy
 - Laparoscopic fundoplication
- Surgical management of miscarriage
- Hip replacement

The above list is not exhaustive and it might be that other Jehovahs Witness patients are deemed unsuitable for KTC if they have other clinical features. It is important to seek guidance on this using the preoperative assessment work-list.

Investigate and optimise haemoglobin levels preoperatively

Please perform FBC and Coagulation screen to establish baseline haemoglobin levels in Jehovahs Witness prior to surgery which could result in significant blood loss.

Jehovahs Witness patients should be optimised prior to surgery when indicated. This could include:

- Vitamin B12 / Folate supplementation
- Iron therapy, including IV Iron injection
- Possible EPO use, to be used in conjunction with haematology advice