

Supplemental Digital Content 2.

Care for the Jehovah's Witness patient – Frequently Asked Questions

Introduction

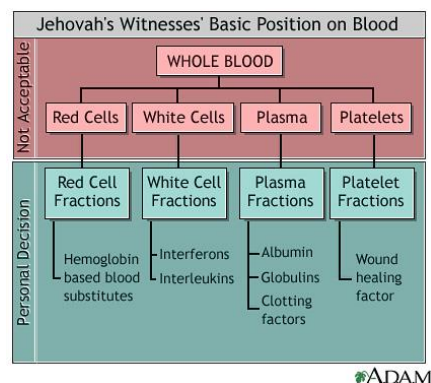
Medical decision making occurs in a partnership between the patient (or legal representative) and the healthcare provider. The patient brings goals, values, and limits on preferred treatment and intervention. The healthcare provider brings medical expertise and knowledge of options, risks, benefits, likely and possible outcomes, and an informed opinion based on the patient's expressed preferences. Many patients limit the interventions they will accept, for personal or religious reasons and values. Their views and preferences may evolve over time and as their clinical needs change.

An ethically and clinically sound, informed consent or refusal discussion with the patient includes a discussion of options/alternatives, risks, benefits, and a recommendation based on the patient's preferences. It is imperative that the patient be free of coercion, so this discussion must occur in private.

Q. Do Jehovah's Witness patients refuse all blood products?

A. Not necessarily, for two reasons.

- (1) Jehovah's Witness (JW) doctrine requires refusal of red blood cells, white blood cells, platelets and plasma. However, **“minor fractions” (such as albumin, cryoprecipitate, immunoglobulin, clotting factors, interferons, erythropoietin) may be acceptable to a given Witness.**
- (2) It would not be ethical to assume that a person will refuse blood because s/he identifies as a Jehovah's Witness. **The patient should be interviewed privately** and may make a different decision based on the unique facts of his or her clinical situation. If the patient requests blood transfusion but asks that this be a private matter, not disclosed to the family or friends, this request should be honored, but the patient should be counseled that it may not be possible to conceal blood administration from visitors at all times.



Q. Do JW patients permit the use of a cell-saver? Do they bank their own blood?

NMH RESOURCES:

Medical Ethics 5-ETHX ~ General Counsel / Risk Management 6-RISK or pager 5-RISK

A. Sometimes. The position of the JW ministry is that decisions regarding cell-saver should be made by the individual. The same is true for therapies such as dialysis, heart-lung machine use, plasmapheresis, and other treatments using the patient's own blood. Typically, banking blood for autologous transfusion later is not permitted under JW doctrine.

Q. Do JW patients document their preferences and refusal of blood products?

A. YES. Many Witnesses complete a special version of the Power of Attorney for Healthcare, which designates a surrogate decision-maker and articulates their preferences regarding blood products. **If a JW patient presents for care, the healthcare provider should request, review and retain a copy of the Power of Attorney for Healthcare, as early in the clinical relationship as possible. Do not wait for an emergency.** If the patient does not have a POAHC, encourage the patient to complete the standard Illinois POAHC or a specialized JW one, as they prefer, in order to document preferences regarding blood and other issues.

Q. What is the correct way to conduct a consent discussion with a JW patient?

A. As with any other patient, the conversation should occur in private, without clergy or family / friends. Risks/benefits/alternatives should be shared, factually and without duress. The patient's advance directive (Power of Attorney for Healthcare and/or Living Will) should be reviewed during this discussion. If the patient refuses blood it is essential that the healthcare provider honestly explain the potential risks, without intimidating the patient. It is a good idea to ask the patient to "teach back" the major points which have been discussed.

Q. What should I document?

A. Physicians should document the consent discussion in detail, including who was present, risks/benefits/alternatives which were discussed, and the patient's decision regarding "minor fractions" and interventions. Nurses should document patient teaching and discussions with the patient as they occur.

Q. Can the family change the treatment plan if the JW patient is unable to consent?

A. Generally, no. If the JW patient has decision making capacity and has articulated a refusal of blood products, or other preferences for care, as with any other patient, it is ethically and legally necessary to adhere to these preferences even if the patient loses the capacity to make decisions and even if the prognosis may be dire.

Q. What is the role of the JW elder or "JW hospital liaison committee"?

A. This is up to the patient. As with any other faith community, JWs offer support to their members who are ill. If the patient wants their involvement, the healthcare team should facilitate this. However, **it is not appropriate for the healthcare team to consult JW leaders on behalf of the patient.** The "JW hospital liaison committee" is a group of JW who make themselves available to help JW or the medical community in exploring dilemmas related to blood administration. The patient may choose to bring a member of the "JW hospital liaison committee" to the hospital to aid in decision-making.

Q. Other important steps and considerations?

A. Continuity of care and hand-off communications are key. Be sure to include details of the consent discussion in clinical documentation AND in verbal handoff.

Q. Are there different guidelines if the patient is a minor or developmentally delayed?

A. YES. Typically, parents are not permitted to refuse life-saving transfusions for children. Contact the Office of General Counsel immediately.

NMH RESOURCES:

Medical Ethics 5-ETHX ~ General Counsel / Risk Management 6-RISK or pager 5-RISK

See policies online: Consent, Advance Directive / Power of Attorney for Healthcare

NMH RESOURCES:

Medical Ethics 5-ETHX ~ General Counsel / Risk Management 6-RISK or pager 5-RISK

Resources: Acceptable Alternatives and Personal Decision Issues for JW patients

ACCEPTABLE ALTERNATIVES to BLOOD

Blood-oxygen monitoring devices

- Transcutaneous pulse oximeter
- Pediatric ultra-microsampling equipment
- Multiple tests per blood draw (batching)

Hematopoietic agents

- IV Iron (InFed, Ferrlicet, Venofer)
- Folic Acid
- Vitamin B-12
- Vitamin C
- Granulocyte-colony stimulating factor (Neupogen)
- Interleukin-11 (Neumega)
- Recombinant stem-cell factor (Stemgen)

Operative and anesthetic techniques

- Hypotensive anesthesia
- Induced hypothermia
- Mechanical occlusion of bleeding vessel

Hemostatic agents for bleeding/clotting

- Avitene
- Gelfoam
- Oxygel
- Surgicel

Injectable

- Desmopressin (DDAVP)
- e-aminocaproic acid (Amicar)
- Tranexamic acid (Cyklokapron)
- Vasopressin (Pitressin)
- Aprotinin (Trasylol)
- Vincristine (Oncovin)
- Conjugated estrogens
- Vitamin K (Phylonadione)
- Recombinant Factor VIIa (NiaStase)
- Recombinant Factor IX (BeneFIX)

Volume expanders: Crystalloids

- Ringer's lactate
- Normal and hypertonic saline

Volume expanders: Colloids

- Dextran
- Gelatin
- Hetastarch (Hespan, Hextend)
- Pentastarch

Oxygen therapy

- Hyperbaric oxygen therapy
- Perfluorocarbon solutions (Oxygent)

Surgical devices and techniques

- Electrocautery
- Ligasure vessel sealing system
- Laser surgery
- Argon beam coagulator
- Gamma knife radiosurgery
- Microwave coagulating scalpel
- Endoscope
- Arterial embolization
- Cryosurgery
- Ultrasonic scalpel

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Resources: Acceptable Alternatives and Personal Decision Issues for JW patients

PERSONAL DECISIONS	
Medical products and therapy <ul style="list-style-type: none">• Albumin• Any drug buffered with albumin (e.g., Epogen/Procrit, Kogenate)• Immune globulins• Natural clotting factors• Cryoprecipitate• Plasma protein fractions (Plasmanate)• Tissue adhesives• Natural interferons• Hemoglobin-based blood substitutes• Platelet derived wound healing factors	Medical tests <ul style="list-style-type: none">• Red or white blood cell tagging Surgical procedures <ul style="list-style-type: none">• Dialysis and heart-lung equipment• Intraoperative blood salvage (Cell Saver) without storage• Hemodilution (if blood is not stored)• Therapeutic apheresis

Based on a table created by Fountain Valley Regional Hospital and Medical Center.

http://www.pennmedicine.org/health_info/bloodless/000206.html

Northwestern Memorial Hospital Medical Ethics Committee. Care for the Jehovah's Witness patient – Frequently Asked Questions. Used with permission from Cynthia Barnard, Director. Quality Strategies, Northwestern Memorial Hospital, Chicago, IL. 2012.

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