

Blood: Care of Patients Requesting Blood-Free Treatment

Policy

I. Introduction

The Lahey Clinic recognizes that an adult patient who is capable of decision-making generally has the right to refuse treatment, including blood transfusion, even if such refusal is likely to result in death. The Lahey Clinic also recognizes and affirms the right of physicians and other health care providers to refuse to engage in what they consider to be inadequate or unethical medical practice. The Clinic will not require a caregiver to participate in the care of a patient when doing so is inconsistent with the caregiver's professional or personal ethics, except in an emergency when a patient's life or well-being is in danger, and no other Lahey staff is available and willing to participate.

In order to assure that consensus exists between the patient and the attending physician as well as other members of the health care team, it is essential that at the earliest possible opportunity in the physician-patient relationship, the attending physician discuss with the patient the patient's wishes and alternatives to the use of blood or blood products. The physician should thoroughly document the content of such discussions in the patient's medical record.

II. Non-Emergency Medical Or Surgical Admissions

A. Adult Patients Capable of Decision-Making

1. The attending physician should determine prior to admission whether the patient will consent to the administration of blood and/or blood products. Where applicable, this discussion should include alternatives to the use of blood or blood products, such as autologous transfusions and the utilization of a cell saver, and the patient's wishes regarding such alternatives.
2. **It is the responsibility of the primary hospital attending physician** to determine whether treatment can be managed at the Lahey Clinic with reasonable safety and to assemble a team that is willing to participate in the patient's care while respecting the patient's request for blood free treatment. Where surgical procedures are involved, this requires discussion with the anesthesiologist.
3. If the appropriate team cannot be assembled expeditiously, the physician should offer to refer the patient to another facility that is able to care for the patient.
4. A physician who, in an elective situation, elects not to treat a patient who requests blood free treatment, should offer to transfer the patient's care to another Lahey Clinic physician who is willing to provide treatment or to a non-Clinic physician.
5. Prior to an elective admission, the patient who wishes blood-free treatment and has made that wish known must complete and sign the "Request for Blood-Free Treatment". This form is designed to apprise the patient of the risks of refusing to accept blood or blood products and to release Lahey Clinic, its physicians, and its support staff from liability for any injury that may result from the patient's request for blood-free treatment. This form will be available in all ambulatory clinics, in Ambulatory Surgery, and in the Hospital Admissions Department.
6. If the patient has a minor child or is pregnant, the patient must also complete and sign the "Statement Regarding Arrangements for Care of Minor Child". The name of the individual who will be accepting this responsibility must be provided. The purpose of this form is to notify the patient of the circumstances in which blood would be administered against their wishes in an emergency situation.

B. Adult Patients Incapable of Decision-Making

1. Patients with Health Care Agents

If, prior to becoming incapable of decision-making, the patient had appointed a health care agent under the Massachusetts Health Care Proxy Act or a similar advance directive statute from another state, and Lahey Clinic has been presented with a copy of the advance directive document, the agent may make treatment decisions, including the decision to request blood-free treatment, on the patient's behalf. Please refer to the Lahey Clinic Policy on Advance Directives

for a description of the specific steps which the attending physician must take to activate the agent's decision-making authority. The health care agent should complete the release form (including the statement of provision for care of minor child(ren) if applicable). If the patient objects to the treatment decision made by the patient's health care agent, Risk Management (Monday – Friday, 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted.

2. Patients with Guardians

If a patient has a court-appointed guardian for health care decisions, and Lahey Clinic has been presented with a copy of the guardianship decree, the guardian may make treatment decisions, including the decision to request blood free treatment, on the patient's behalf. The guardian should complete the release form (including the statement of provision for care of minor child, if applicable).

3. Patients without a Guardian or Health Care Agent

a. Patients with Next of Kin

In circumstances in which a patient is not competent to make treatment decisions and has no guardian or health care agent, next of kin may make treatment decisions on the patient's behalf, including the decision to request blood free treatment, in accordance with the Lahey Clinic's Guidelines on Informed Consent. The responsible next of kin should complete the release form (including the statement of provision for care of minor child(ren) if applicable). If disagreement among next of kin in the same class as to the proper treatment decision cannot be resolved through family meetings, ethics consultations or other conflict resolution strategies, if there is reason to doubt the good faith of the decision-maker, or if the patient objects to the treatment decision made by the patient's next of kin, Risk Management (Monday – Friday, 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted.

b. Patients without Next of Kin

If a patient has no next of kin available to make treatment decisions on the patient's behalf, Risk Management (Monday – Friday, 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted to facilitate the initiation of guardianship proceedings to make treatment decisions on the patient's behalf. If because of an unanticipated emergency, there is not sufficient time to utilize the formal judicial procedures during business hours for appointment of a guardian, administration should be contacted through Risk Management or the Administrative Supervisor to activate the Judicial Hotline to resolve treatment decisions on the patient's behalf. If the patient's medical condition is so urgent that there is not sufficient time to activate the Hotline, emergency medical treatment, including the administration of blood, should be provided.

Note: Absent an emergency, health care agents, guardians and next of kin cannot authorize the administration of blood over a patient's objections, even if the attending physician has determined that the patient is incapable of decision-making. In such circumstances, Risk Management (Monday – Friday, 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted to facilitate the seeking of a judicial determination of the patient's competency and appointment of a guardian to make treatment decisions on the patient's behalf. If the situation is an emergency, the procedures described in 3(b) above should be followed.

III. Emergency Medical or Surgical Admissions

A. Adults Patients Capable of Decision-Making

1. In an emergency situation, if the patient is capable of making an informed treatment decision and there is no compelling reason to believe that a minor child would be abandoned by the patient's death, the patient's request for blood free treatment should be honored.
2. The patient will be required to complete the "Request for Blood-Free Treatment" form and, if applicable, the statement of provision for care of a minor child. If the patient is physically unable to sign this form, it may be signed by a family member of the patient at the direction of the patient. If due to the urgency of the situation it is not possible for a signature to be obtained, the attending physician should thoroughly document the circumstances.

3. **It is the responsibility of the primary hospital attending physician** to assemble an appropriate care team willing to care for the patient in accordance with the patient's desire to receive blood free treatment. If the attending physician is unable to assemble the required team within a reasonable period of time, and the patient can be stabilized, the patient may be offered the option of being transferred to another facility which is willing and able to care for the patient in accordance with the patient's wishes. All such transfers must satisfy the requirements for an "appropriate transfer" as defined by the federal Emergency Medical Treatment and Active Labor Act ("EMTALA").
4. If a team willing to perform the procedure according to the patient's wishes cannot be identified, and the patient cannot be stabilized and transferred to another facility, Lahey Clinic physicians and staff shall provide appropriate care.
5. A psychiatric consultation should be obtained if the attending physician has reasonable doubts about the patient's capacity to understand the risks, benefits, and alternatives to the proposed treatment. Consultation with family members may be helpful in determining whether the patient's request for blood-free treatment is in accordance with the patient's settled beliefs. If the situation is so urgent that there is not sufficient time to obtain a consult, blood may be withheld upon the consent of the patient's health care agent (provided that Lahey Clinic is provided with a copy of the advance directive), guardian (provided that Lahey Clinic is provided with a copy of the guardianship decree) or next of kin as described above in section II (B). If the situation is so urgent that there is not sufficient time to obtain a consultation and no surrogate decision-maker is available, the physician should administer blood as necessary to preserve the patient's life or health.

B. Adult Patients Incapable of Decision-Making

Follow the guidelines at II (B) above.

IV. Special Cases

A. Minors

Under Massachusetts law, parents may not prevent a child from receiving life-saving medical treatment, such as a blood transfusion, on the grounds that the treatment is contrary to the wishes and/or beliefs of the parents. Parents should be informed that, absent a judicial determination to the contrary, blood will be administered over parental objection if necessary to preserve the life or health of a minor child.

If there is evidence that a minor child would be considered a mature minor for purposes of making health care decisions, Risk Management (Monday – Friday 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted.

B. Pregnant Women

If a pregnant woman refuses a blood transfusion, or a blood transfusion is refused on her behalf, the guidelines relating to other adult patients (See II and III above) will apply, **prior to the probable viability of the fetus**. For purposes of this policy, a fetus is considered to be viable from the age of 24 weeks onward. The "Request for Blood-Free Treatment" should be completed.

If the fetus is viable, the Statement Regarding Arrangements for Care of Minor Child(ren) should also be completed. If the refusal threatens the life or health of a **viable fetus**, the patient should be informed that the Clinic has an obligation to the fetus and will transfuse the patient unless time permits obtaining a judicial determination of the state's interest in protecting the fetus. Risk Management (Monday – Friday, 0800 – 1630) or the Administrative Supervisor (evenings, nights, weekends, holidays) should be contacted immediately to facilitate the administrative response in all cases involving requests for blood-free treatment by a woman with a viable fetus. In the event that an obstetrician is not available to determine the age of the fetus, the attending physician should make an estimation of fetal age based upon the information which is available.

Contact: Vice President, Legal Affairs
References: Ethics Committee
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