

LAC+USC MEDICAL CENTER POLICY

Subject: BLOOD AND BLOOD COMPONENT REFUSAL		Original Issue Date: 9/26/01	Policy # 236
		Supersedes: 9/13/11	Effective Date: 7/30/18
Departments Consulted: Blood Bank Office of Risk Management Blood Transfusion Committee Hospital Jehovah's Witness Liaison	Reviewed & Approved by: Attending Staff Association Executive Committee Executive Strategic Council	Approved by: Chief Medical Officer	
		Chief Executive Officer	

PURPOSE

To identify persons who wish to refuse blood or blood component administration and to respect their convictions regarding blood-free medical management.

POLICY

In accordance with Title 22, California Code of Regulations, each patient has the right to participate actively in decisions regarding his or her medical care. To the extent permitted by law, this includes the right to refuse treatment. LAC+USC Healthcare Network facilities will respect the right of adults with health care decision making capacity or, in the case of an adult patient without capacity, the right of a patient's surrogate decision-maker to refuse blood transfusions and the administration of blood-related components.

The patient is encouraged to make his or her wishes known in writing by executing an advance directive and a signed *Refusal to Permit Blood Transfusion*.

A patient who communicates in writing his/her decision not to receive blood or blood components at a time when he or she has the capacity to make decisions and who subsequently loses decision making capacity will have his or her prior expressed wish honored. The patient's expressed decisions are not subject to change by any surrogate decision-maker in the absence of significantly changed circumstances.

PROCEDURE

Medical Staff Responsibilities

The medical team shall document in the medical history form that the patient has been identified as a person refusing blood products. If the patient requires blood administration or if the patient is to undergo a procedure which may require blood, a physician shall explain the risk of withholding blood/blood components and shall secure the patient's signed informed refusal. The explanation shall include the risks and benefits of blood transfusion and of any other alternative therapies as required by the Paul Gann Blood Safety Act. After obtaining the patient's signed informed refusal, the physician shall write and order in the medical record that a **No Blood** sticker be placed on the front of the patient's medical record. In cases where anesthesia support is required, an anesthesiologist should be consulted prior to scheduling the operation or procedure.

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In emergency situations where the patient is known/believed to be a Jehovah's Witness or is known/believed to have refused transfusion in the past, but the physician has not had the opportunity to determine the patient's wishes related to administration of blood/blood components, all efforts will be made to treat the patient without the use of blood/blood components. If circumstances arise that, in the physician's opinion, blood/blood components are required in order to save the patient's life **and** the patient's wishes cannot be determined, the physician should proceed in a manner that is in the best interest of the patient. In cases such as these, the physician must document the critical need for transfusion and the details as to why doubt exists as to the patient's wishes related to transfusion.

In the case of a pregnant patient who is refusing blood and whose fetus may be in jeopardy, the American College of Obstetrics and Gynecology and the American Medical Association advise physicians not to perform procedures that are unwanted by the patient. An attempt to use judicial authority to enforce unwanted treatment may violate the autonomy of the pregnant patient.

The medical staff is responsible for completion of the *Refusal to Permit Blood Transfusion* (page 3) of the *Authorization For/Consent to Blood Transfusion and Refusal to permit Blood Transfusion* form (attached NE101) prior to administration of pre-operative medication. If the patient is a Jehovah's Witness, the *Jehovah's Witness Religious and Ethical Position on Blood* (attached) may give helpful information. In any situation where the patient changes his/her mind and desires transfusion, an informed consent will be obtained by the physician and a signed consent for blood/blood product transfusion must be obtained if possible or the discussion must be documented in the patient record.

Nursing Responsibilities

A yellow **No Blood** chart sticker will be used for a patient who has communicated that he/she will not accept blood products. The unit clerk, under supervision of the RN in charge, will place a **No Blood** sticker on the front of the medical record. Nursing will document in the nursing database-admission form that the patient has been identified as a person refusing blood products. This information shall be communicated to the medical team, the Blood Bank, and Pharmacy Services.

The nursing staff must ensure that the *Refusal to Permit Blood Transfusion* section of the *Authorization For/Consent to Blood Transfusion and Refusal to permit Blood Transfusion* form (attached NE101) has been completed and is in the medical record. The Paul Gann Blood Safety Act (Health and Safety Code, Section 1645) requires that when blood transfusions may reasonably be recommended, the patient must be given a copy of *If You Need Blood: A Patient's Guide to Blood Transfusions*. *Jehovah's Witness Religious and Ethical Position on Blood* (attached) provides background information for Jehovah's Witness patients.

Healthcare Provider Experiencing Personal Conflict

In situations where a healthcare provider has a differing opinion such that he/she is unable in good conscience to provide care in accordance with the patient's expressed wishes, that individual is to seek assistance from his/her supervisor or obtain a replacement caregiver. The Ethics Committees may be consulted.

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Patients Experiencing Personal Conflict Or Emotional Distress

In situations where a patient expresses conflict or whose demeanor exhibits strong emotional concern about his or her decision, social work services may be contacted to assist the patient in dealing with the emotional conflict. In some instances, the Ethics Committees may be of assistance.

Special Considerations When The Patient Is A Minor

This section applies to patients under the age of 18 years, unless, by virtue of special circumstances, the minor is legally entitled to give his or her own informed consent. Such special circumstances include, but may not be limited to, emancipated minors, married minors, and pregnant minors for decisions related to the pregnancy only.

Following are the special procedures that apply when the patient is a minor lacking legal capacity to consent and the parent or legal guardian refuses to permit the transfusion of blood/blood components.

A parent or legal guardian wishing to withhold blood/blood products from his or her minor child shall be advised, as well as the minor child, by a physician of the reason for the transfusion and the risks of withholding blood/blood components. If a surgical procedure is involved, the surgeon should consult with the anesthesiologist. If blood/blood product transfusion is recommended, this will be discussed with the parent/legal guardian of the child and with the child when appropriate. All alternatives to transfusion of blood/blood components will be explored.

If there are no alternatives to ensuring a minor child's life and health without blood transfusion and the parent(s) or legal guardian refuses the transfusion, the physician will petition Juvenile Court Services for permission to transfuse in accordance with the Juvenile Law in the State of California and the Los Angeles County Dependency Court Local Rules.

When blood transfusion is recommended, a physician must document the child's diagnosis and condition, the critical need for transfusion, and the physician's discussions with the parent(s) or legal guardian in this regard. This documentation may be forwarded to the court if necessary.

Obtaining A Court Order For Transfusion When The Patient Is A Minor

In cases where a court order is obtained, it shall be for the purpose of transfusing blood or blood products only. Calling the phone numbers listed below will put the caller in contact with the Juvenile Court Liaison. The Liaison will accept information related to the case and will immediately relay this information to a judge. The judge will either instruct the Liaison to issue an *Emergency Medical Consent* or will speak to the caller directly to further clarify the issues. Following the issuance of an *Emergency Medical Consent*, the case will be placed on the Juvenile Court calendar for definitive resolution.

The Juvenile Court Liaison will request the following information to be transmitted by facsimile:

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- Demographics
- Diagnosis/nature of procedure
- Name of physician requesting transfusion
- Brief synopsis of current situation
- Current location of parent(s) or guardian
- Statement that the parent(s) or guardian has been informed of the patient's current status and is continuing to refuse transfusion

The physician/designee may contact the Los Angeles Department of Family and Children's Services by calling (800) 540-4000, Los Angeles County Child Abuse Hotline.

If, in the physician's judgment, immediate transfusion is required in order to save the child's life or to avoid serious impairment of health, the physician should proceed to transfuse without waiting for a court order as this process may take more than one hour. In this instance, a second physician should be familiar with the case and concur in the treatment. The determination of the clinical condition of the child and the need for immediate blood administration should be carefully documented in the medical record. During this time, the procedures for obtaining the *Emergency Medical Consent* should continue.

Administration and Risk Management should be consulted in all cases involving consent problems or refusal of recommended medical treatment when such refusal may have serious adverse consequences.

RESPONSIBILITY

Administration
Attending Staff
Nursing Staff

REFERENCES

American College of Obstetrics and Gynecology, Committee Opinion #55; *Patient Choice: Maternal-Fetal Conflict*; Washington, D.C., 1987
 American Medical Association, Board of Trustees Report; *Legal Interventions During Pregnancy*; JAMA, 1990; 264:2663-2670
 California Association of Hospitals and Health Systems, Consent Manual
 California Code of Regulations, Title 22, Section 70707
 California Probate Code, Sections 4600 through 4743
 Los Angeles County Dependency Court Local Rules
 Attending Staff Manual

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ATTACHMENT

- A. *Jehovah's Witness Religious and Ethical Position on Blood*
- B. *Authorization For/Consent to Blood Transfusion and Refusal to permit Blood Transfusion form (English)*
- C. *Authorization For/Consent to Blood Transfusion and Refusal to permit Blood Transfusion form (Spanish)*

REVISION DATE

May 10, 2005, October 22, 2008, September 13, 2011; July 30, 2018