Clinical Update

Autotransfusion for Jehovah's Witness Patients

It’s challenging to provide care to patients who decline blood transfusions. We’ll review the reasons for declining blood products and the nurse’s role in providing appropriate, ethical care. We’re not advocating for or opposing any religion – just providing information to support nursing practice.

Background

Jehovah’s Witnesses do not accept blood transfusions because they believe the Creator forbids it through the Bible. Particularly, “You shall not partake of the blood of any flesh, for the life of all flesh is in its blood. Anyone who partakes of it shall be cut off,” (Leviticus 17:13,14); “Be sure you do not eat the blood because the blood is the life...[and] because you will be doing what is right in the eyes of the Lord,” (Deuteronomy 12:23-25); “You are to abstain from food sacrificed to idols, from blood...you will do well to avoid these things,” (Acts 15:22-29). This belief extends to whole blood, stored autologous blood, red cells, white cells, plasma and platelets.

Are There Exceptions?

In 2000, a clarification was published. Citing Deuteronomy 12:26: “The blood of your sacrifices must be poured beside the altar of the Lord your God,” it emphasizes the instruction to “pour the blood out.” This opens the door to approaches in which the blood is maintained in contact with the vascular system and never “poured out” of the body. Many, therefore, will accept hemodiluted cardiopulmonary bypass and continuous autotransfusion postoperatively in which a closed-loop system is used. However, the guidance states, “A Christian must decide for himself how his own blood will be handled in the course of a surgical procedure, medical test, or current therapy. Ahead of time, he should obtain from the doctor or technician the facts about what might be done with his blood during the procedure. Then he must decide according to what his conscience permits.”

Believers make personal choices regarding fractionated components such as albumin, cryoprecipitate, immunoglobulin, interferon and replacement factors such as for hemophilia.

Advance Planning is Key

A multidisciplinary approach must include nurses, physicians, perfusionists, and patient support personnel as well as the ethics committee and the committee that deals with bloodless surgery or blood use evaluation.

Policies should include hospital documents relating to blood refusal, including release forms and consent; any special identification system such as a colored wrist band or other alert; and special policies relating to issues with minors. Hospitals may wish to consult with local congregations during planning to facilitate communication. Systems for clinical, emotional, and spiritual support for patients, families, and clinicians are important, particularly when patients are critically ill or when death occurs.

Elective surgery patients have a number of options. Agents to support red cell production such as erythropoietin, iron, and B-complex vitamins are important, particularly if anemia exists. Folic acid supplementation and an iron-rich diet can also be useful both pre- and postoperatively. Education about options such as continuous postoperative autotransfusion is important; patients may not be aware of this approach and can then make their own informed decisions.

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Caring for Patients

Jehovah’s Witnesses are instructed to carry a pocket card expressing their wishes in an emergency in case they are unable to make their wishes known personally. If one of Jehovah’s Witnesses chooses to receive blood or a blood product, privacy and confidentiality is essential. They are encouraged to report indiscretions of others, so it is essential to discuss the matter with the patient privately, just as you would with any sensitive matter. Visitors and pastoral calls may need to be limited according to patient wishes. Hospital crisis intervention and support teams should be activated as soon as possible in emergency situations.

A patient may wish to discuss options with trained elders who form the congregation’s Hospital Liaison Committee and are on call for this purpose. In addition to advising patients, they can access the Hospital Information Services Network, a repository of information, including research literature that can be faxed to clinicians. It is essential that the patient initiates this contact to maintain privacy and confidentiality.

Postoperatively, blood conservation is essential. Minimize blood volume loss from phlebotomy by first ensuring that each test is necessary and by using pediatric collection tubes or point-of-care testing where possible. Continue with iron and folic acid supplements and erythropoietin and implement continuous autotransfusion if the patient allows it.

What About the Research?

In 1977, the Texas Heart Institute reported on a series of 542 patients who had cardiovascular operations without transfusions after the first open heart case in 1964. Most deaths were complicated cases that presented great risk regardless of transfusion status. Anemia was a significant contributing factor in 12 deaths, and three deaths were directly attributed to blood loss. In July of 2012, a study from the Cleveland Clinic reports a comparison between 322 Witnesses who had cardiac surgery with...
In the Literature

**And the Student Shall Lead**

The current issue of *Dimensions of Critical Care Nursing* includes a report on a pilot study conducted by nursing students to enhance communication between nurses, residents and families during end-of-life (EOL) care. The students reviewed the literature, designed an educational intervention, presented it and assessed the results. They met their goals relating to improved communication and efficacy in residents’ EOL care.


**Synthesis of Self-Management Process**

Researchers at Yale published a metasynthesis of research describing processes of self-management in chronic illness in the current issue of *Journal of Nursing Scholarship*. They identified 3 domains: focusing on illness needs, activating resources, and living with chronic illness and they group tasks and skills by these domains. This superb review provides guidance for nurses planning care for persons managing a variety of chronic conditions.


**Memory: The Diary We Carry**

A research study from Paris in the current issue of *Critical Care Medicine* describes the benefits of maintaining a diary for critically ill patients and their families. Entries are made by caregivers and family members and can enhance understanding and fill in the gaps when memory fails under stress. Post-traumatic stress scores post-discharge were reduced for those who had diaries. A detailed description allows replication in any ICU.


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out transfusion and a matched group who accepted blood.\(^6\) Statistically significant in-hospital complications favoring Witnesses were: reoperation for bleeding or tamponade, perioperative MI, respiratory failure, hospital LOS, and ICU LOS. Long-term data showed a better one-year survival for Witnesses, but similar 20-year survival between the groups.

Comparisons are a challenge because some Witnesses will accept components, such as cryoprecipitate, that others do not. In addition, surgeons may decline to operate on patients who are high risk and refuse blood transfusions. But as we learn more about the risks of blood transfusion, techniques and strategies used for this group of patients may be of benefit to all.

**Sources**


5. Ferraris VA: Severe blood conservation: benefits and risks. *Archives of Internal Medicine* 2012; Online First, doi:10.1001/archinternmed.2012.2458 PubMed Citation


