

# Blood Transfusion Refusal Information for Adults

**This leaflet explains the St George's policy for patients who are admitted to hospital or who are due to have an operation or procedure and do not accept blood or blood components. If you have any further questions, please speak to a doctor, nurse or midwife caring for you.**

## Can anyone refuse a blood transfusion?

Yes. We want to be sure that we treat every patient in a way which recognises their individual choices or religious beliefs.

## What should I do if I am to have a planned admission to hospital?

Before you are admitted to hospital you will usually be invited to attend a pre-operative assessment clinic where you will be seen by a nurse and / or a doctor. You should make the nurse / midwife and / or doctor aware of your request that no blood components or products should be used as part of your treatment. It is very important to tell the hospital staff as soon as possible so that they can plan your treatment. The consultant in charge of your care will be made aware of your choices; they will openly and fully discuss your care and treatment options including the possible risks of treating you without using blood or blood components.

## What if I am pregnant and refuse blood transfusion?

As part of your first appointment with your midwife you will be asked whether you have any objections to receiving a blood transfusion or blood products. This could include the Anti-D injection.

If you choose to not receive blood, your midwife or GP will refer you to the high risk anaesthetic / obstetric clinic to discuss your pregnancy and make a plan of care with you (blood refuser meeting).

## How will my wishes regarding blood transfusion be recorded?

Before any operation or procedure takes place, you will be asked to sign a consent form. In signing the form, you are agreeing only to treatment you are willing to accept and which you have discussed with your doctor or healthcare professional. If you decide to refuse blood you will be given the opportunity to discuss your preferences and a checklist will be completed clearly indicating which blood components and / or products you are declining.

The completed checklist will be filed in your medical records and will be valid for this admission only.

For procedures which have a higher risk of bleeding, your doctor may arrange a blood refuser meeting for you, which will be carried out before you are admitted to hospital for your surgery / procedure.

## What is a blood refuser meeting?

Patients who are due to have an operation or pregnancy care at St George's which is associated with a higher risk of bleeding and who do not accept blood / blood products as part of their treatment must have a pre-admission meeting with the surgeon / obstetrician, anaesthetist (if required) and a member of the transfusion team. At this meeting, the patient's wishes about which blood products (if any) are acceptable will be discussed and documented in a formal management plan, which will be filed in your medical records.

Your doctor has the right to decide that he or she is unwilling to perform surgery / procedure under these circumstances. In this case you may need to ask for a referral to a surgeon who is known, in principle, to accept patients who do not accept blood / blood products.

If you are one of Jehovah's Witnesses, the Hospital Liaison Committee (HLC) for Jehovah's Witnesses may be able to help if you need more information.

## Informed consent

Please read the information below carefully. It will help you to make an informed choice about which blood components (if any) you will accept. During the consent discussion or blood refuser meeting, the risks of treating you without using blood components will be discussed and you will have an opportunity to ask any questions you may have. You will need to decide if you are willing to accept these risks.

In extreme cases the refusal of blood can lead to harm or even death, although everything will be done to try and avoid this.

## Major Bloods Components (major fractions)

**Red blood cells** give blood its colour and account for just under half of the blood volume. They carry oxygen from the lungs to all the cells in the body. We can measure the number of red cells in the body by testing the haemoglobin concentration. A low haemoglobin concentration means that you are anaemic. There is currently no alternative to blood transfusion to increase the amount of oxygen in your blood but there are drugs and other procedures that can help to lessen the effects of any blood loss.

Red blood cell transfusion is one of the treatments for anaemia. Anaemia can develop because of severe blood loss – for example, as a complication during childbirth or because of injury or surgery.

**Platelets** help blood to form clots and so stop bleeding. Platelets gather at the site of injury to plug the hole. A platelet transfusion may be used to treat people who have very low levels of platelet cells in their blood. If you have low levels of platelets, you are at risk of excessive bleeding.

**Plasma (FFP)** is the yellow liquid part of blood. It makes up just over half of the blood volume and is mostly made up of water. Plasma carries red blood cells as well as proteins including ones which help blood to clot (clotting factors). A transfusion of plasma may be needed if there is severe bleeding, such as after surgery, trauma or childbirth to replace lost clotting proteins.

**White cells (WBC)** help the body to fight infection and disease. White cell transfusions may be given to a patient suffering from life-threatening infections whose normal defence mechanisms are not responding to antibiotics. WBC transfusions are rarely given.

## **Blood products (minor fractions)**

**Cryoprecipitate** is a concentrated blood component taken from FFP when it is defrosted. It contains specific proteins involved in clotting. Cryoprecipitate may be used to replace lost clotting proteins if there is severe bleeding.

**Prothrombin Complex Concentrate (PCC)** is made from human plasma. It contains some of the clotting factors found in FFP. It is often used to reverse effects of warfarin (a blood thinning drug). PCC may be used to replace some of the lost clotting proteins if there is severe bleeding, such as after surgery, trauma or childbirth.

**Albumin** is the main protein of human blood plasma. This product is not given in the event of an emergency bleed, however it may be used to regulate fluid volume after massive blood loss.

**Immunoglobulins** are antibodies which are sometimes given if your immune system is weak.

## **Alternatives to blood transfusion**

In some situations, alternatives to blood transfusion may be appropriate and these will be discussed with you during the blood refuser meeting. Please see the **Transfusion Alternatives** leaflet for further information.

## **Where do I need to go?**

You will be sent information including the location, date and time of the meeting. Please advise the medical team which is looking after you if you are eligible for patient transport.

## What do I need to bring with me?

If you are one of Jehovah's Witnesses, please bring your 'Advance Decision to Refuse Specified Medical Treatment' document (sometimes referred to as a 'no blood' form or an Advance Decision Document) to the meeting.

## What if I change my mind?

If you change your mind about refusing a blood transfusion you must tell staff immediately. The change of decision will be recorded in your patient notes and your treatment plan will be adapted accordingly.

## Useful sources of information

You may also wish to contact a member of the Hospital Liaison Committee (HLC) for Jehovah's Witnesses for support (contact information below).

Timothy Eagles 07711 273116

[teagles@jw-hlc.org.uk](mailto:teagles@jw-hlc.org.uk)

Clyde Simpson 07947 664 279

[Csimpson@jw-hlc.org.uk](mailto:Csimpson@jw-hlc.org.uk)

## Contact us

If you have any questions or concerns about the above information, please contact the **Transfusion Practitioner team** on 020 8725 4652 (Monday to Friday, 9am to 5pm).

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times. The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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