


WATCHTOWER
Bible and Tract Society of New York, Inc.

Hospital Information Desk
25 Columbia Heights, Brooklyn, NY 11201-2483, U.S.A.
Phone: (718) 560-4300 Fax: (718) 560-4479 E-mail: hid.us@jw.org

October 21, 2014

TO ALL HOSPITAL LIAISON COMMITTEES IN THE UNITED STATES BRANCH
TERRITORY

Re: Updated directive issued by the Veterans Health Administration

Dear Brothers:

We are attaching a document entitled *Invasive Procedures Performed in Patients Who Decline the Transfusion of Blood Products*, which is an updated directive issued by the Veterans Health Administration in July 2014. Among some of the positive points in this document, it recommends that “if necessary, the appropriate Service Chief facilitates contact with the Hospital Liaison Committee for Jehovah’s Witnesses, which is available as a resource to the Veteran patient who declines the transfusion of blood products on the basis of the patient’s membership in this religion.”

This information may be helpful to you when assisting Witness patients who qualify to receive treatment at a VA hospital. Perhaps it may also be helpful to share the document with hospital administrators who are making directives for their own hospital.

We send our warm Christian love and best wishes.

Your brothers,


OF NEW YORK, INC.

c: Circuit overseers

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1089(1)
Transmittal Sheet
July 7, 2014

**INVASIVE PROCEDURES PERFORMED IN PATIENTS WHO DECLINE THE
TRANSFUSION OF BLOOD PRODUCTS**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes policy regarding treatment for Veterans who, for a variety of reasons, may decline to accept the transfusion of blood products during invasive procedures.
- 2. SUMMARY OF MAJOR CHANGES:** This Directive updates and clarifies the VHA policy regarding procedures when a patient declines recommended blood products and still wants to be considered for the procedure. It also provides additional clinical strategies in Appendix A.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Assistant Deputy Under Secretary for Health for Clinical Operations (10NC), National Surgery Office (10NC2), is responsible for the contents of this Directive. Questions may be referred to 202-461-7130 or vhaco.national.surgery.office@va.gov.
- 5. RESCISSIONS:** VHA Directive 2009-020, dated March 25, 2009, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of July, 2019.

Carolyn M. Clancy, MD
Interim Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List on 7/8/2014.

INVASIVE PROCEDURES PERFORMED IN PATIENTS WHO DECLINE THE TRANSFUSION OF BLOOD PRODUCTS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy regarding treatment for Veterans who decline to accept the transfusion of blood products during invasive procedures, including, but not limited to, invasive diagnostic procedures, interventional cardiology procedures, and operative procedures performed in either the outpatient or inpatient setting. **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND:

a. Some Veterans, for a variety of reasons, decline the transfusion of blood products during or following an invasive procedure even to the point of risking additional illness or death. VHA is committed to the appropriate care and treatment of all Veteran patients, regardless of their reasons for declining blood products.

b. As with any invasive procedure, the anticipated risks without the option of blood product transfusion are to be weighed against the expected benefits in each case. A patient who declines blood products will not be denied appropriate care and treatment.

c. In recent years, the medical community, as a whole, has developed advances in technology that have reduced the need for blood product transfusion during or immediately following an invasive procedure.

d. VHA supports the Veteran patients' absolute right to decline blood products.

e. A provider should assess the risks and benefits of performing an invasive procedure without the option of transfusing blood products. This assessment should be guided by the patient's specific clinical circumstances and goals. VHA supports providers who conclude that they cannot perform the procedure because it would be inconsistent with prevailing professional standards.

3. POLICY: It is VHA policy that all patients have the right to decline blood products and still be considered for an invasive procedure.

4. RESPONSIBILITIES: Each Department of Veterans Affairs (VA) medical center Director, or designee, is responsible for ensuring that:

a. The patient receives appropriate care and treatment even when the patient declines the transfusion of blood products though recommended. If the VA medical center is unable to offer appropriate care and treatment to the patient who declines the recommended transfusion of blood products, the VA medical center Director must ensure that appropriate care and treatment is provided either through transfer to another VA medical center or to a non-VA facility through purchased care.

b. Whenever an invasive procedure is considered for a patient who declines the transfusion of blood products, the patient is counseled regarding the risks, including the specific risks related to that decision. The patient's decision following consultation must be fully documented in the

progress notes and on the informed consent form before undertaking the procedure. *NOTE: Informed consent must be obtained from patients or their authorized surrogates in a manner consistent with VHA policy on Informed Consent for Clinical Treatments and Procedures.*

c. Treating providers clarify the distinction between blood transfusions and blood subfractions during the process of informed consent and documentation, as some Veterans who decline blood transfusions may accept the infusion of blood subfractions.

d. If necessary, the appropriate Service Chief facilitates contact with the Hospital Liaison Committee for Jehovah's Witnesses, which is available as a resource to the Veteran patient who declines the transfusion of blood products on the basis of the patient's membership in this religion. *NOTE: To contact the Hospital Liaison Committee for Jehovah's Witnesses, call their Hospital Information Service at 718-560-4300.*

e. During the informed consent process, the treating provider discusses and specifies a strategy for the care and treatment of a patient's own blood when a procedure requires the use of a heart-lung machine and the patient declines the transfusion of blood products.

f. Treating providers are encouraged to use a number of medical and/or surgical strategies in preparation for surgery or invasive procedures, including, but not limited to, the following:

(1) Advanced or minimally invasive surgical procedures are implemented to minimize blood loss or conserve blood during surgery.

(2) When patients decline blood product transfusion for an elective invasive procedure, using rHu-erythropoietin and iron supplementation in the preoperative weeks to stimulate blood cell development is considered.

(3) The use of autologous blood product collection and transfusion may be considered for patients who are willing to accept the transfusion of their own blood but not the blood of others.

(4) Additional strategies are available, as identified in Appendix A.

g. The medical center's Ethics Consultation Service is consulted to address unresolved conflicts between the patient (or authorized surrogate) and the clinical treating team or other staff regarding the patient's preferences about recommended blood transfusions.

h. The medical staff protects the patient's privacy, taking care not to inadvertently reveal the patient's decision to decline blood products to others against the patient's wishes.

5. DEFINITIONS:

a. **Blood Product.** A blood product includes whole blood or any of the four major components: red blood cells (RBC), platelets (PLT), plasma (including fresh, frozen, or cryoprecipitate), and white blood cells (WBC).

b. **Blood Subfraction.** Blood subfraction is a small component of whole blood including immunoglobulins, albumin, factor concentrates and recombinant products that contain small amounts of a blood fraction.

c. **Blood Transfusion.** A blood transfusion is the transfer of blood products from one person to another.

d. **Invasive Procedure.** An invasive procedure is an operative procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.

MEDICAL AND SURGICAL STRATEGIES

1. PREPARING FOR SURGERY: Simple and proven strategies that may prepare the body of patients who refuse blood transfusion include:

- a. Adding exogenous iron and iron rich food sources to the daily diet to boost oxygen levels to the red blood cells.
- b. Administering oral or topical medications that help reduce bleeding and help with blood clotting.
- c. Reducing the number of blood tests or blood draws before, during, or after surgery.
- d. Discussing and reviewing with the patient and ensuring the patient signs an advance medical directive that gives specific instructions on what blood products, medications, and procedures are acceptable or unacceptable.
- e. Increasing vitamin C in the diet to absorb iron more effectively.
- f. Meeting with a nutrition specialist or registered dietician to investigate dietary options.
- g. Scheduling elective or non-emergency surgery when hemoglobin levels have reached an optimal range.
- h. Stopping all alcohol use at least 7 to 10 days before surgery.
- i. Stopping over-the-counter herbal or prescribed medications (with a provider's approval) prior to surgery that hinder or inhibit blood clotting, such as aspirin, ibuprofen, and nonsteroidal anti-inflammatory drugs, anticoagulants such as warfarin, Vitamin E, ginkgo biloba, garlic, and other natural supplements.
- j. Stopping smoking to improve oxygen delivery in the body.
- k. Taking vitamin supplements that help the blood, such as vitamins K, B-12, or folic acid.
- l. Undergoing treatment for anemia or iron deficiencies in advance of surgery.

2. MEDICATIONS: Medications may help increase red or white blood cells or hemoglobin levels. Medications may also assist with minimizing blood loss and maximizing the amount of oxygen in the blood. Certain medications may be prescribed weeks prior to or at the time of surgery to help prepare the body for procedures performed on patients who refuse blood transfusion, such as (not a comprehensive list):

- a. Aminocaproic acid to treat bleeding.
- b. Blood substitutes to act as oxygen carriers such as perfluorocarbons and hemoglobin substitutes.

- c. Desmopressin to increase certain blood clotting factors.
- d. Erythropoietin to stimulate the bone marrow to produce more red blood cells, such as epoetin alfa.
- e. Interleukin-11 to increase blood platelet counts.
- f. Iron (oral and intravenous).
- g. Filgrastim or Sargramostim to increase production of white blood cells.
- h. Vasopressin to regulate the kidneys and blood vessels.

3. ANESTHESIA TECHNIQUES: Certain anesthesia techniques may be implemented to minimize blood loss and optimize patient hemodynamics. The techniques would be implemented on a case by case basis and be dependent on patient health status and comorbidities and may include:

- a. Administering volume expanders or intravenous fluids to help maintain the correct amount of fluid in the blood vessels.
- b. Applying cell saver or intraoperative blood salvage techniques that use devices and methods to collect blood from an active bleeding site and re-infusing that blood into the same patient for the maintenance of blood volume.
- c. Use of acute normovolemic hemodilution (ANH) techniques or blood conservation applications that are implemented by operating room anesthesia providers. These techniques involve collecting, diluting, and re-infusing a patient's own blood during a surgical procedure.