

Guidelines for the Medical Treatment of Jehovah's Witnesses

Category:	Guidelines
Summary:	These guidelines aim to provide information to staff about the management of Jehovah's Witness patients and facilitate acknowledgement and respect for Jehovah's Witness' wishes and beliefs in relation to blood products.
Equality Analysis undertaken:	03 February 2017
Valid From:	09 February 2017
Date of Next Review:	09 February 2020
Approval Date/ Via:	08 February 2017 via Hospital Blood Transfusion Committee
Distribution:	OUH Intranet
Related Documents:	Blood Transfusion Policy & Procedures Consent to Examination or Treatment Policy Women Who Decline Blood Products Guidelines (Maternity Guidelines) Mental Capacity Act 2005 – Joint Oxfordshire Policy ‘Caring for patients who refuse blood – a guide to good practice for the surgical management of Jehovah’s Witness and other Patients who decline Transfusion’ Royal College of Surgeons, 2016
Author(s):	Head of Legal Services Consultant Haematologist
Further Information:	Blood Transfusion Intranet Site
This Document replaces:	Guidelines for the treatment of Jehovah’s Witnesses v 3.1

Lead Director: Medical Director

Issue Date: 09 February 2017

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Introduction

1. The Mental Capacity Act 2005 assumes that every patient over 16 has capacity to decide what is in their best interests unless proven otherwise. The Act also now gives statutory recognition to Advance Decisions to refuse treatment provided the decision has been made by a patient who has reached the age of 18 and has the capacity to do so. Failure by hospital staff to recognise and take into account valid and applicable Advance Decisions could lead to criminal prosecution.
2. For further information on the Mental Capacity Act 2005 please see the Mental Capacity Act 2005 section on the Trust Intranet.

Policy Statement

3. It is the policy of the Trust to respect the wishes of all patients in relation to the treatment they will and will not accept. This includes groups such as Jehovah's Witnesses who have specific views about the provision of blood products.

Aim

4. These guidelines aim to provide information to staff about the management of Jehovah's Witness patients and facilitate acknowledgement and respect of Jehovah's Witnesses' beliefs, in accordance with the Human Rights Act 1998, the Mental Capacity Act 2005 and the ethical principle of patient autonomy.
5. These guidelines set out the process that staff must follow to ensure that Jehovah's Witness patients are treated in accordance with their wishes and beliefs.
6. These guidelines are not for the use of non Jehovah's Witness patients. Separate Trust guidelines are available for non Jehovah's Witness patients. These guidelines should be read in conjunction with the Trust's **Consent to Examination or Treatment Policy**. For women in labour, the **Women Who Decline Blood Products** guidelines should also be consulted.

Scope

7. This document applies to all Trust sites and all employees of the Trust (including individuals employed by an agency or under an honorary contract). This document describes circumstances involving adults and children.

Definitions

8. The definitions and terms used in this document include:
 - 8.1. **Advance Decision** – Jehovah's Witnesses frequently carry a signed and witnessed Advance Decision document listing the blood products and autologous procedures that are and are not acceptable to them. See Blood Transfusion intranet site for an example form.
 - 8.1.1. Provided the Advance Decision is valid and applicable, it is a legally binding document. The effect of an Advance Decision is to enable the patient to refuse the specified treatment if and when the patient loses capacity to give or refuse consent to that treatment.
 - 8.1.2. The Mental Capacity Act 2005 states that an Advance Decision can only be made by a mentally capable person aged 18 or over and the Advance Decision must specify the treatment that is being refused.

- 8.2. **Fraser / Gillick Competent** means a child (under the age of 16 years) who has the maturity and intelligence to fully understand what treatment is needed, the nature of that treatment and the intended outcomes and the implications of both treatment and non-treatment. A Fraser / Gillick competent child can consent to his or her own medical treatment, without the need for parental permission or knowledge.

Responsibilities

9. **The Chief Executive** has overall responsibility for ensuring that there is a safe system for transfusion practice within the organisation including treatment in accordance with the wishes of those who refuse blood transfusion.
10. **The Medical Director** has the delegated authority for transfusion practice within the Trust.
11. **The Director of Clinical Services**, working with the Trust's Blood Transfusion Committee, is responsible for ensuring that health care professionals and ancillary staff are informed of and follow the Trust policy.
12. **The OUH Legal Services team** are responsible for advising on policy and liaising with senior clinicians once a case has been escalated.
13. **All Managers responsible for:**
- 13.1. Ensuring staff are familiar with this guideline
 - 13.2. Ensuring staff are familiar with principles of consent to treatment and mental capacity.
14. **Individual staff are responsible for:**
- 14.1. Updating their knowledge and understanding of the legal issues around consent to or refusal of treatment.
 - 14.2. Recognising issues which may require escalation to senior clinicians and / or Legal Services.
 - 14.3. Delivering safe and effective alternatives to blood transfusion where indicated.

Organisational Arrangements

15. **Procedure on first presentation**
- 15.1. When a Jehovah's Witness presents for treatment, the decision making processes should be fully documented in accordance with the Trust's Consent to Examination or Treatment Policy. Staff involved should discuss with the patient the proposed treatment and discuss the alternatives to blood that are available. A care plan should be agreed with the patient and fully documented.
 - 15.2. Jehovah's Witnesses will normally present with an Advance Decision to refuse specified medical treatment (Jehovah's Witness supplied form). When obtaining consent, tick the box on the consent form to indicate the existence of this Advance Decision. A copy of the Advance Decision should be placed in the patient's notes on the inside front cover. However, it is important to remember that a competent adult patient can revoke an Advance Decision at any time whilst he/she retains competence. Accordingly, such a patient should still be given the opportunity to consent to/refuse the administration of blood products notwithstanding the existence of a valid Advance Decision.

- 15.3. Jehovah's Witnesses have access to a Hospital Liaison Committee (HLC) whom they may wish to contact for advice. This committee is made up people from the Jehovah's Witness community and is not connected to the Trust in any way. Jehovah's Witnesses may present to hospital without having first spoken to the HLC. Before any decisions are taken regarding blood the patient should be given the opportunity to speak to the HLC.
- 15.4. It is important to discuss with each patient whether or not the procedures outlined in sections 17 to 21 of these guidelines are acceptable. This discussion should take place between the patient and the Consultant at the earliest opportunity and should be fully documented in the notes.
16. **Jehovah's Witness position on medical treatment**
- 16.1. The Trust recognises that the decision of a competent Jehovah's Witness to absolutely refuse the transfusing of whole blood or its components (i.e. red cells, white cells, platelets, and plasma (FFP) is their personal choice.
- 16.2. The Trust understands that the patient will accept full legal responsibility for their decision and will release those treating them from any liability in negligence for any adverse outcome or death directly arising from the curtailment of management options by a refusal to accept recommended treatments.
- 16.3. The Trust will expect the patient to sign a release form (see Appendix 1 and Appendix 2). Further advice is obtainable via Legal Services (ext 22482) during office hours or from a panel of solicitors out of hours if necessary (their contact details are available from switchboard) releasing the Trust and medical staff from any legal liability as detailed above.
- 16.4. Jehovah's Witness patients may present with a "No Blood" wristband. Hospital staff must not confuse this with the official hospital identification wristband and must still check with each patient what they will and will not accept in terms of treatment.
17. **Treatment that IS usually acceptable to Jehovah's witness patients:**
- 17.1. **General treatment:**
Most medical treatments, surgical and anaesthetic procedures, devices and techniques, pharmaceuticals that control haemorrhage and stimulate the production of red blood.
- 17.2. **Volume Expanders:**
Non-blood volume expanders. Examples including, but not limited to: Saline, Dextran, Gelatin, Lactated Ringer's Solution, Haemaccel, Hydroxyethyl starch, Gelofusine, Gelaspan.
18. **Blood Tests:**
No objection.
19. **Treatment that is usually NOT acceptable to Jehovah's witness patients:**
- 19.1. **Blood Transfusion:**
Transfusions of allogeneic whole blood or primary blood components (i.e. red cells, white cells, platelets, and plasma).
- 19.2. **Preoperative Autologous Blood Deposit (PAD):**
Preoperative autologous blood collection and storage for later reinfusion.

20. **Matters of Patient Choice:**

20.1. Generally, each Jehovah's Witness patient will decide whether to accept the following treatments:

20.2. **Autotransfusion & Haemodilution:**

Intra-operative and post-operative blood salvage; intra-operative haemodilution.

20.3. **Haemodialysis:**

Non-blood prime of equipment to be used.

20.4. **Heart Bypass:**

Non-blood prime of equipment to be used.

20.5. **Blood Products:**

Fractions of plasma or cellular components e.g. albumin, immunoglobulins, haemophilic preparations, vaccines, haemoglobin-based oxygen carriers.

21. Notwithstanding the above, every patient is different and a full discussion must take place with each and every patient about what treatment they will and will not accept. This must be fully documented in the patient's notes.

Treatment of Adults

22. In clinical situations where blood transfusion would be standard management, the following actions should be considered:

22.1. Review the use of possible alternatives to blood transfusion. Useful information can be found in:

- Code of Practice for the Surgical Management of Jehovah's Witnesses - Royal College of Surgeons (N.B. this document is under review and may not represent current practice)
- Management of Anaesthesia for Jehovah's Witnesses – Association of Anaesthetists

22.2. If necessary, transfer patient to a Consultant or hospital experienced in non-blood management before the patient's condition deteriorates.

22.3. Consult the Trust's Legal Services Team (ext 22482) during office hours or Duty Executive out of hours if necessary. Legal advice is available outside of office hours from the Trust's panel solicitors via the Trust switchboard.

23. **Life-threatening emergency in an Adult without capacity**

23.1. In a life-threatening emergency, the guidelines below should be followed whenever possible.

23.2. Jehovah's Witnesses normally carry an Advance Decision to refuse specified medical treatment stating the individual's instructions on treatment that are to be followed if the patient becomes incapacitated. Provided the Advance Decision is valid and applicable it must be followed.

23.3. An Advance Decision is not valid if the patient:

- (a) has withdrawn the decision at a time when he had capacity to do so,

- (b) has, under a Lasting Power of Attorney (LPA) created after the Advance Decision was made, conferred authority on the donee to give or refuse consent to the treatment to which the Advance Decision relates, or
 - (c) has done anything else clearly inconsistent with the Advance Decision.
- 23.4. An Advance Decision is not applicable to the treatment in question if:
 - (a) that treatment is not the treatment specified in the Advance Decision,
 - (b) any circumstances specified in the Advance Decision are absent, or
 - (c) there are reasonable grounds for believing that circumstances exist which the patient did not anticipate at the time of the Advance Decision and which would have affected his decision had he anticipated them.
- 23.5. An Advance Decision is not applicable to life-sustaining treatment unless:
 - (a) The decision is in writing;
 - (b) The decision is signed by the patient or by another person in the patient's presence and by the patient's direction;
 - (c) The signature is made or acknowledged by the patient in the presence of a witness;
 - (d) The witness signs the document in the patient's presence;
 - (e) The decision is verified by a statement to the effect that it is to apply to that treatment even if the patient's life is at risk.
- 23.6. In the event of doubt as to the validity of an Advance Decision or its extent, Legal Services should be contacted for advice.
- 24. A patient may have completed a LPA conferring authority on a donee to make treatment decisions on their behalf (see **Mental Capacity Act** section on the Trust Intranet for advice on how to identify and act on LPAs). If you are aware that an LPA or an Advance Decision is in existence but these documents are not to hand you should contact Legal Services for assistance.
- 25. Capacity should be judged in relation to a specific decision and an adult must be assumed to have capacity unless it is established otherwise.
- 26. If a patient is incapacitated and there is no Advance Decision or LPA, doctors should treat the patient in accordance with his/her best interests. Legal advice should be sought especially if there is likely to be any dispute as to what is in the patient's best interests, e.g. if the family are in disagreement with the proposed medical treatment. In such circumstances it may be necessary to make an urgent application to the Court of Protection to obtain an order directing that it is in the patient's best interests to be administered with blood products. A Consultant should always be involved in cases such as this.

Treatment of Children

- 27. A child of 16 or 17 can give legally valid consent for medical treatment. A child who is under 16 but who is deemed to be Fraser/Gillick competent (see paragraph 9.2 above) can also consent to their own treatment. Such children can consent to treatment irrespective of the views of the person(s) who have parental responsibility (PR) for them.
- 28. However, it does not follow that a child of 16 or 17 or a Fraser / Gillick competent child can refuse treatment. If such a child refuses the administration of blood

products but those with Parental Responsibility (PR) agree to the treatment, the acceptance of the person with PR overrides the child's refusal and the administration of treatment in those circumstances would be lawful. If both the child and those with PR for the child refuse administration of blood products, then urgent legal advice should be sought as it is likely that an application to Court will be necessary (see further on this below).

29. In relation to children who are not Fraser / Gillick competent, administration of blood products will be lawful if those with PR agree to the treatment.
30. If those with PR for a non Fraser / Gillick competent child object to the administration of blood products but such treatment is felt to be essential by medical staff, staff should address the following questions:
 - (a) Have all non-blood medical and surgical management options been fully explored?
 - (b) Is there another Consultant/hospital willing to treat without blood transfusion?
 - (c) Has the Trust's Legal Services department been contacted for advice (ext 22482)?
31. If treatment is still felt to be essential then an application may need to be made to the High Court for a Specific Issue Order, as provided for by Section 8 of The Children Act 1989, with the support of a minimum of two Consultants. Those with PR should be notified immediately of this action and invited to any case conferences. They should also be advised to seek their own legal advice. Any order sought should be limited to the immediate medical incident. It should be stressed that an application to court would be a last resort if agreement with the family cannot be reached. Legal Services **MUST** be informed and only they or the Trust's panel solicitors may make this application.
32. **Life-threatening emergency with Children**
 - 32.1. If, in exceptional and imminently life-threatening circumstances, a child needs blood in an emergency this should be given. A decision to proceed with treatment against the wishes of those with PR should be made by two Consultants who are fully informed of the situation and appropriately aware of alternative forms of treatment. Any such decision **MUST** be documented in the patient notes.

Women in Labour

33. When a Jehovah's Witness is admitted on to the delivery suite the Duty Consultant Anaesthetist and the on call Consultant Obstetrician should be informed.
34. In the case of patients at risk of, or experiencing, postpartum haemorrhage, please follow the procedures set out in the delivery suite guidelines and refer to the Confidential Inquiry into maternal deaths.
35. The patient may draw attention to a Care Plan for Women in Labour Refusing a Blood Transfusion. Please note that the Trust does not necessarily endorse all of the procedures in this document as it is a Jehovah's Witness prepared document. Please refer to the patient's Consultant for advice.

Further Advice

36. If staff are unsure about what to do having read the above guidelines then they should contact Legal Services during office hours (ext 22482) and the Duty Executive out of hours for further advice and assistance. Legal advice is also available out of hours from the Trust's panel solicitors via the John Radcliffe Hospital switchboard.

Further Guidance / Information and references

37. The following documents are available on the Blood Transfusion intranet site:
- Jehovah's Witness example Advance Decision document
 - Code of Practice for Surgical Management – Royal College of Surgeons
 - Management of Anaesthesia – Association of Anaesthetists
 - Understanding regarding refusal of blood transfusion relating to children
 - Confidential Inquiry into maternal deaths
 - Care plan for women in labour refusing a blood transfusion (Jehovah's Witness form)
 - List of HLC Committee Members

Training

38. There is no mandatory training associated with this guideline. Staff wishing to update and assess their knowledge in relation to consent issues in transfusion should undertake the Consent for Transfusion module within the [Learn Blood Transfusion](#) e-Learning package.

Monitoring Compliance

39. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Jehovah's Witness patients who are deemed competent under (The Mental Capacity Act, 2005) and who refuse blood products are treated in accordance with their wishes.	Feedback from the Transfusion Liaison Committee of Jehovah's Witnesses.	Clinical Lead, Blood Safety and Conservation Team	At least annually	Hospital Transfusion Committee
Cases involving refusal of blood by those not deemed competent under the Mental Capacity Act, 2005 are escalated appropriately and in a timely fashion.	Review of case files and/or related complaints	Legal Services Manager	At least annually	Hospital Transfusion Committee

Review

40. These guidelines will be reviewed in 3 years, as set out in the ***Policy for the Development and Implementation of Procedural Documents***.
41. Documents may need to be revised before this date, particularly if national guidance or local arrangements change.

References

Royal College of Surgeons of England (2016) '*Caring for patients who refuse blood – a guide to good practice for the surgical management of Jehovah's Witness and other Patients who decline Transfusion*' Available at

[file:///C:/Users/edwardf/Downloads/Caring%20for%20patients%20who%20refuse%20blood%20%20a%20guide%20to%20good%20practice%20\(4\).pdf](file:///C:/Users/edwardf/Downloads/Caring%20for%20patients%20who%20refuse%20blood%20%20a%20guide%20to%20good%20practice%20(4).pdf) (Accessed 3rd February 2017)

The Association of Anaesthetists of Great Britain and Ireland (2005) '*Management of Anaesthesia for Jehovah's Witnesses*' (2nd Edition) Available at http://www.aagbi.org/sites/default/files/Jehovah's%20Witnesses_0.pdf (Accessed May 1st 2015)

Appendix 1. Release form - obtained from the Royal College of Surgeons 'Caring for Patients who Refuse Blood' (2016, pp 30-31)

Advance Decision to Refuse Specified Medical Treatment

1. I, _____ (print or type full name),
born _____ (date) complete this document to set forth my treatment instructions in case of my incapacity. **The refusal of specified treatment(s) contained herein continues to apply to that/those treatment(s) even if those medically responsible for my welfare and/or any other persons believe that my life is at risk.**

2. I am one of Jehovah's Witnesses with firm religious convictions. With full realization of the implications of this position I direct that **NO TRANSFUSIONS OF BLOOD or primary blood components (red cells, white cells, plasma or platelets)** be administered to me in any circumstances. I also refuse to predonate my blood for later infusion.

3. No Lasting Power of Attorney nor any other document that may be in force should be taken as giving authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.

4. Regarding end-of-life matters: [initial one of the two choices]

(a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.

(b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.

5. **Regarding other healthcare and welfare instructions** (such as current medications, allergies, medical problems or any other comments about my healthcare wishes):

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Equality Analysis

42. As part of its development, this policy and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken (see Appendix 1) and in order to minimize the potential to discriminate, the following adjustments have been identified:

How does this policy affect each characteristic? Protected Characteristic:	Reasonable adjustments required
Disability (all disability including dementia and learning disability)	For those aged 16 and above, recommendation for referral to Mental Capacity Act document where it may be deemed that the patient lacks capacity.
Sex	Refusal of anti-D immunoglobulin is covered further in the <i>Women Who Decline Blood Products</i> Guidelines (Maternity Guidelines)
Age	This document addresses process of consent with adults and children and considerations needed
Race	No adjustments necessary.
Sexual Orientation	No adjustments necessary.
Pregnancy and maternity	Staff are advised to refer to the individualised Care Plan for the expectant mother which will state specific wishes and requirements
Religion or belief	This document positively promotes consideration of Jehovah Witnesses to ensure their wishes are acted upon within the appropriate legal framework
Gender re-assignment	No adjustments necessary.
Marriage or civil partnerships	No adjustments necessary.
Carers	Involvement of family members and those with parental responsibility is referenced throughout the guidelines
Safeguarding people who are vulnerable	Staff are encourage to escalate where vulnerable patients are involved in refusal of treatment issues.

Document History

Date of revision	Version number	Reason for review or update
Sept 2003	1.8	March 2011 archived
March 2011	2.0	Reflects changes in legislation and Jehovah's Witness documentation
June 2011	2.1	Reflects amendments suggested at HTC Meeting March 2011
July 2015	3.0	Scheduled Review

July 2016	3.1	Minor addition: Release Forms as Appendices
February 2017	3.2	Changes to Appendix 1 and deletion of appendix 2 (release form for children) in line with updated RCS guideline 'caring for patients who refuse blood'.

Authors & Contributors

Name or Committee Groups	Position	Role
Sally Newman	Head of Legal Services	Author
Mike Murphy	Consultant Haematologist and Chair of the Hospital Transfusion Committee	Author
Edward Fraser	ANP Blood Transfusion	Equality impact assessment and minor amendments

Appendix 2: Equality Analysis

Please include this in the preparation to write a policy and refer to the "Policy on Writing Policies." Full guidance is available:

<http://ouh.oxnet.nhs.uk/Equality/Pages/EqualityImpactAssessment.aspx>

Equality Analysis
Policy / Plan / proposal name: Guidelines for the Medical Treatment of Jehovah's Witnesses
Date of Guideline: 09 February 2017
Date due for review: 09 February 2020
Lead person for guideline and equality analysis: Mike Murphy
Does the guideline /proposal relate to people? If yes please complete the whole form. YES
The only policies and proposals not relevant to equality considerations are those not involving people at all. (E.g Equipment such as fridge temperature)
<p>1. Identify the main aim and objectives and intended outcomes of the policy.</p> <p>These guidelines aim to provide information to staff about the management of Jehovah's Witness patients and facilitate acknowledgement and respect for Jehovah's Witness' wishes and beliefs in relation to blood products.</p>
<p>2. Involvement of stakeholders.</p> <p>The following stakeholders have been involved in the development of this guideline:</p> <ul style="list-style-type: none"> • Legal Services • Members of the Hospital Transfusion Committee • Transfusion Liaison Committee of Jehovah's Witnesses
<p>3. Evidence.</p> <p>Population information on www.healthprofiles.info search for Oxfordshire.</p>
<p>Disability</p> <p>Jehovah's Witnesses who have a disability may require extra assistance in the completion of written Advance Directives. This can be provided by their liaison committee members.</p>
<p>Disability: learning disability</p> <p>Jehovah's Witnesses with a learning disability will be assessed for mental capacity in accordance with the Mental Capacity Act, 2005 when relevant to the situation.</p>
<p>Sex</p> <p>Female Jehovah's Witnesses may sometimes also refuse anti-D immunoglobulin. For women in labour, more detail can be found in the Women Who Decline Blood Products guidelines</p>
<p>Age:</p> <p>Children of 16 years or younger are subject to the rules on Fraser / Gillick competence section 9.2</p>

Adults of all ages are treated subject to the Mental Capacity Act, 2005.
<p>Race: This guideline does not contain any reference to racial origin.</p>
<p>Sexual orientation: This guideline does not contain any reference to sexual orientation.</p>
<p>Pregnancy and maternity: Female Jehovah's Witnesses may sometimes also refuse anti-D immunoglobulin. More detail can be found in the Guidelines for women who decline blood products.</p>
<p>Religion or belief. This guideline is only applicable to the Jehovah's Witness faith.</p>
<p>Gender re-assignment. This guideline does not contain any reference to gender re-assignment.</p>
<p>Marriage or civil partnerships: Close family members are involved according to the patient's wishes regardless of marital or partnership status.</p>
<p>Carers Carers are involved according to the patient's wishes. Staff are advised to contact Legal Services for assistance in cases where the carer has Lasting Power of Attorney Status.</p>
<p>Safeguarding people who are vulnerable: Treatment decisions are based on the individual patient's wishes and this guideline is intended to protect patients without mental capacity (under The Mental Capacity Act, 2005) from unlawful withholding of treatment. The guideline also encourages staff to seek the assistance of Legal Services in cases where vulnerable people are involved in refusal of treatment issues.</p>
<p>Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people There are no other potential impacts perceived at the time of this assessment.</p>
<p>Section 4 Summary of Analysis Does the evidence show any potential to discriminate? No. All patients are treated in accordance with the principles of consent, mental capacity and human rights. The legal framework for this is described within this guideline.</p>
<p>How does the guideline advance equality of opportunity? Jehovah's Witnesses, because of their likely refusal of blood components, require this specific guideline in order to ensure that they are treated equally, legally and fairly.</p>
<p>How does the guideline promote good relations between groups? (Promoting understanding) The Transfusion Liaison Committee of Jehovah's Witnesses have regular contact with the Blood Safety and Conservation Team.</p>

Appendix 2: Document Development Checklist

Title of Document Being Reviewed: Guidelines for the Medical Treatment of Jehovah's Witnesses		
Policy reference Number:		Yes/No/ or Not Applicable
	Is the document title clear and unambiguous?	Yes
	Is the document correctly and consistently defined as a Policy, Procedure, Protocol, Guideline or Strategy?	Yes
Rationale		
	Are the reasons for the development of the document stated?	Yes
Document Development Process		
	Has the document been developed using the style and format of the approved template?	Yes
	Do all pages have appropriate branding and header and footer content?	Yes
	Have contributors to the development of the document been identified?	Yes
	Is there evidence that relevant expertise has been used in developing the document?	Yes
	Have links to national guidance and/or CQC Standards been identified?	Yes
	If the document relates to or has implications for medications, has advice and approval be sought from the relevant medicines committee?	N/A
Evidence		
	Is there evidence to support the development of the document?	Yes
	Have all references been cited?	Yes
	Are links to other associated OUH procedural documents or information sources included?	Yes
Content		
	Are definitions of terms used, including abbreviations and acronyms, provided?	Yes
	Is the document clearly and concisely written?	Yes
	Has the target audience been defined?	Yes
	Have the relevant responsibilities been described?	Yes
Dissemination and Implementation		
	Does the document include an implementation plan?	Yes
	Are there processes detailed for monitoring the implementation and effectiveness?	Yes
	Have any training needs been identified and planned for?	Yes
Additional Information		
	Is the Equality Assessment completed and included in the appendices?	Yes
	Has the Version Control been completed?	Yes

	Does the document have a date of issue?	Yes
	Does the document have a review date?	Yes
	Is the review date considered appropriate?	Yes
Approval & Responsibility		
	Does the document clearly state the author(s) by role/position and not name?	Yes
	Does the document identify the relevant committee or group who will approve it?	Yes
	Is the lead Director correctly identified?	Yes
Comments		
Clinical Policy Group or Delegated Group for Approval:		
	If the Clinical Policy Group (CPG) or delegated group for approval is happy to recommend this document for ratification, enter group details below. The Document will then be forwarded to the relevant committee for final ratification prior to publication.	
	Name of Committee: Hospital Transfusion Committee	
	Date of Meeting: 08 February 2017	
Final Committee Ratification		