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TABLE OF CONTENTS

CONTENTS **Page**

CONTENTS **Page**

1. STATEMENT OF INTENT AND AIM OF POLICY –

The scope of this policy is Board wide and is for all staff involved in the management of **all** patients who refuse blood, blood components and blood products.

This policy aims to:

- Protect the rights of patients, adults and children in respect of their refusal to be treated with blood or blood products.
- Enable clinicians to feel confident in their approach to treating patients.
- Protect clinical practitioners and the hospital from unnecessary confrontation and perhaps costly litigation by outlining the procedure to be followed.

The policy is developed by the Hospital Transfusion Team (HTT) on behalf of the NHS Borders Transfusion Committee (TC), and is approved by NHS Borders Clinical Boards and Clinical Executive Group. The policy is based on evidence based practice (Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) 2011, British Committee Society Haematology (BCSH) 2009, 2012), NHS Quality Improvement Scotland (NQIS) 2006, Norfolk 2013, Royal College of Surgeons of England (2002) Scottish Executive Health Department 2006, Scottish Parliament 1991, 1995, 2000).

PLEASE NOTE: Although there is a consistent relevance to the management of Jehovah's Witness patients within the policy, the principles apply for any patient who refuses blood, blood components or products.

The policy is distributed to all internal stakeholders within NHS Borders. NHS Borders Transfusion Committee members will initiate the cascade and the distribution of the protocol to clinical areas. It is the responsibility of the individual Heads of Clinical Services and Senior Sisters/Charge Nurses to oversee the distribution of the policy within

their own departments/services and to keep a record of the document holders for updates and distribution.

The HTT on behalf of the NHS Borders TC will facilitate the co-ordination and maintenance of the policy by:

- Reviewing and updating policy every two years based on evidence based practice and service provision
- Continually reviewing the effectiveness of the policy based on any adverse events and clinical incidents

2. ETHICAL CONSIDERATIONS

It is appropriate to anticipate that a Jehovah's Witness patient will wish to discuss the issue of treatment with blood and blood products, however no assumptions beyond that should be made until the medical consequences of non-transfusion in the management of their specific condition have been discussed.

Doctors have the right to refuse to treat an individual in an elective situation if constraints are put on their practice that will adversely affect their ability to provide care. However they also have a responsibility to then refer the patient to a suitably qualified colleague.

In an emergency, doctors are obliged to provide the care. If, however, a patient has competently expressed a wish not to receive the care, and there is robust evidence of that wish (e.g an Advance Directive), that wish must be respected.

3. JEHOVAH'S WITNESSES

The majority of patients refusing transfusion of blood, blood components or products are Jehovah's Witnesses. Their anticipated objection is treatment with allogenic blood and the primary blood components. However there may be variation in preferences so each patient should be treated individually and clarification should be sought as to which treatments are acceptable or not.
(**See Appendix A**: 'Consent Form for Specific Blood Components and Procedures for Jehovah's Witness patients who refuse blood transfusion')

3.1 Treatment Not Normally Acceptable To Jehovah's Witnesses

It is anticipated that all Jehovah's Witnesses will refuse the transfusion of the four primary blood components;
Red cells, White cells, Platelets, Plasma (including FFP). Pre-deposited autologous blood also falls under this heading.

3.2 Treatment Normally Acceptable To Jehovah's Witnesses

It is anticipated that Jehovah's Witnesses are likely to accept medical management to build up or conserve their own blood, to avoid or minimise blood loss and to replace lost circulatory volume.
This would include **sodium chloride (saline) solution, Hartmann's (Ringer-Lactate) solution,modified gelatins, (e.g. Gelofusine, Haemacel)**.
Recombinant products such as erythropoietin (r-HuEPO) and clotting factors VIIa, VIII and IX are normally accepted

3.3 Treatment That Jehovah's Witnesses Consider To Be A Matter Of Choice

Blood products: Derivatives of primary blood components (albumin, coagulation factors, immunoglobulins, etc).

Treatment and procedures involving their own (autologous) blood: This would include normovolaemic haemodilution, cell salvage (both intra-operative and post-operative), renal dialysis, plasmapheresis, blood radio-labelling cardiac bypass etc. There may be ways of performing these procedures that are acceptable to some and not to others (e.g cell salvage).

4. LEGAL AND CONSENT ISSUES

To administer any medical treatment in the face of refusal by a competent patient is unlawful. An informed, rational, contemporary opinion in a competent patient should override any previous written or verbal consent or Advance Directives. The opinion of friends and relatives does not have any legal standing in Scotland and they cannot consent to administer or withhold treatment to a patient who has legal capacity.

Any risk associated with the continued refusal of treatment should be explained to the patient and the explanation documented.

4.1 Incapacitated Patients

They may have a guardian, continuing attorney or welfare attorney as outlined in the Adults with Incapacity (Scotland) Act 2000 who has powers relating to the proposed intervention.

There are various principles underpinning the 2000 Act including an obligation to take account of:

- Any guardian, continuing attorney or welfare attorney of the adult who has powers relating to the proposed intervention.
- The present and past wishes and feelings of the adult as far as they can be ascertained by any means of communication.

- The views of the nearest relative and the primary carer of the adult, in so far as it is reasonable and practicable to do so.

If a blood transfusion is non-urgent, time should be taken to furnish documentary evidence of the patient's refusal of blood transfusion. 'If (the practitioner) learnt that the patient was a Jehovah's Witness, but had no evidence of a refusal to accept blood transfusions, he would avoid or postpone any blood transfusion so long as possible." (1992 court of appeal 3 W.L.R.782 at 787G).

The document '***Advance Decision to Refuse Specified Medical Treatment***' is carried by most Jehovah's Witnesses and copies are often lodged with GP, friends and fellow worshipers.
This document confirms the patient's legal decision to withhold consent from receiving specified treatments provided it is appropriately completed, signed and witnessed.

4.2 Welfare Power Of Attorney

Valid only if it is expressed in a written document which:

- Is subscribed by the granter (i.e. signed by the patient)
- Incorporates a statement which clearly expresses the granter's intention that the power be a welfare power; states that the granter has considered how a determination as to whether he is incapable in relation to decisions about the matter to which the welfare power of attorney relates may be made.
- Incorporates a certificate in the prescribed form by a practising solicitor or by a member of another prescribed class.

5. TREATING CHILDREN OF JEHOVAH'S WITNESSES

Persons aged sixteen or over have the exclusive right to determine their own medical treatment. The parent has no right to consent or interfere. In Scotland a child is someone under the age of 16.

Please note: An advance directive has no legal standing in children under the age of 16.

A child is able to give or withhold consent to medical treatment provided the medical practitioner attending believes that he or she is capable of understanding the nature and possible consequences of the procedure or treatment (Age of Legal Capacity (Scotland) Act 1991 section 4). There is no lower age limit for being competent to consent, but ability to do so will be dependent on a number of factors, including the complexity of the procedure and possible long term consequences. Thus a child may be competent to consent to certain medical treatments, but not to others. If the child is deemed to have capacity to consent then only the child can give or withhold consent and a parent cannot override the child's decision.

The Children (Scotland) Act 1995 states that a person with parental rights and responsibilities reaching any major decision in relation to a child, including consent to treatment, shall have regard as far as practicable to the views of the child concerned, if the child wishes to express a view and taking account of the child's age and maturity. The Act specifically states that a child of 12 or over shall be presumed to be of sufficient maturity to form a view, although this does not exclude a younger child from having a view. Thus even where a child lacks capacity to consent it will be important to ensure that his or her views are taken into account in accordance with this section.

If the child is legally competent to consent to treatment on his or her own behalf and the clinician is persuaded that a child's refusal to accept blood transfusion is a genuinely held personal belief, and not just a reflection of their parents' belief, then a clinician should proceed as if following this guidance for an adult and ascertain exactly what the child will and will not accept by way of treatment.

5.1 Children Undergoing Elective Surgery

In the situation of an elective surgical procedure the parents may feel able to consent to the surgery but unable to consent to the use of blood. **This type** of surgery is most likely to include minor ENT procedures. In this situation the parents may be willing to allow surgery to proceed on the understanding that the clinicians will endeavour to avoid allogeneic blood use. If during the procedure the use of blood is considered necessary the situation is analogous to an emergency and guidance would be as detailed below.

All cases of elective paediatric surgery in patients who are Jehovah's Witnesses or whose parents are Jehovah's witnesses **MUST** be discussed with the Anaesthetist.

Please note: In the situation of an elective surgical procedure, which will probably or definitely require the use of autologous blood, surgery is not normally carried out at the Borders General Hospital. Such cases will be referred up to Royal Hospital for Sick Children (Edinburgh).

6. SPECIFIC ISSUE ORDER UNDER SECTION 11 OF THE CHILDREN (SCOTLAND) Act 1995

Jehovah's Witnesses are generally aware of the possibility of such an order but it should rarely be necessary. If it is considered, it is of the utmost importance to keep parents fully informed that a Court order is being sought to override the parents' position. A Court will almost certainly ensure that the parents have the opportunity to be represented at any hearing.

6.1 Children - Emergency and Trauma

In a situation where the parents feel unable to give permission to transfuse blood it may be felt that application for a Specific Issue Order would be too time consuming. If **two doctors of Consultant** status make a clear, unambiguous decision that a blood transfusion is essential, or is likely to become so, to save life or prevent serious harm, then they should act upon the basis of their own clinical judgement and in the best interests of the patient. The clinician's duty of care is to the patient and the courts are likely to uphold the decision of the doctors who administered the transfusion in such circumstances. Any such decision must be clearly recorded in the medical notes. It is vital that the parents are kept fully informed and supported during this difficult time: The Hospital Liaison Committee may be particularly helpful.

It is essential to involve a Consultant Paediatrician in the preparation and care of all children who refuse blood or whose carers cannot consent to the use of blood.

The therapeutic principles below are largely applicable to children but it is essential that an individualised care plan is developed in each case.

7. MANAGEMENT OF PATIENTS REFUSING ALLOGENIC BLOOD TRANSFUSION UNDERGOING ELECTIVE SURGERY

Patients in whom elective moderate to major surgery is planned where blood loss is possible or expected will not be operated on within the Borders General Hospital. These patients should be referred to Royal Infirmary Edinburgh or Western General Hospital, Edinburgh depending on speciality. These tertiary centres have access to cell salvage, interventional radiology and other blood conservation therapies not available within NHS Borders.

Pre-operative principles and preparation can be adhered to however:

- Investigate and treat pre-operative anaemia and coagulopathy if possible.
- A multi-speciality team approach will be utilised at the hospital where surgery will be performed.

In minor surgical procedures, where minimal or no blood loss is anticipated, surgery may be performed at the Borders General Hospital in consultation with both the surgical and anaesthetic teams involved. If surgery is carried out:

- Maintain frequent, close observation for haemorrhage
- Early recognition and prompt intervention to prevent/control abnormal bleeding is the cornerstone of effective care of patients who will not accept allogeneic blood. Avoid a "watch and wait" approach to a bleeding patient.
- Exercise clinical judgement and be prepared to modify routine practice when appropriate
- Consult promptly with senior specialists experienced in non-blood management if complications arise
- Contact Hospital Liaison committee (see section 10) for advice with Jehovah's Witness patients if necessary
- Discuss with the patient/family the risks (short and long-term), benefits and alternatives to proposed interventions.

7.1 Pre-Operative Planning, Operative And Post Operative Care

Whilst thorough assessment of a patient is always desirable, it is absolutely essential when dealing with one who is refusing allogenic blood. A comprehensive care plan should be drawn up taking into consideration the risk factors and then employing an optimal combination of available alternative strategies.

7.2 Medical History And Physical Examination

For moderate to major surgery this may be carried out at the hospital performing the procedure. For minor surgery all patients who refuse

blood or blood products should be seen by the anaesthetist in Pre-Assessment Clinic for:

- Congenital/acquired bleeding disorders.
  Suspected by reviewing obstetric history, circumcision, frequent nose bleeds, easy bruising without trauma, tonsillectomy, dental extraction, menorrhagia, prolonged bleeding after minor skin lesion, surgery, pregnancy, etc.
- Personal history and family history
- End organ disease/injury - especially renal or hepatic
- Previous surgery - blood loss may be increased with repeat surgery
- Identify medications that may adversely affect haemostasis
  e.g. aspirin, NSAIDs, anticoagulants, platelet aggregation inhibitors, antibiotics, etc. Ensure non-prescription drugs are not inadvertently taken.
- Physical examination
  e.g. purpuric lesions, petechiae, ecchymosis, hepatomegaly, splenomegaly

7.3 Laboratory Assessment/Screening

- Establish baseline parameters
- Full blood count
- Serum ferritin
- Serum folate
- Serum vitamin B_{12}
- PT, PTT, fibrinogen
- Liver function
- Renal function (urea & creatinine)
- Additional investigation as indicated by the history of the patient and the degree of haemostatic challenge
- Further coagulation tests if personal or family history of bleeding – contact Haematology department for advice

Please note: Minimise iatrogenic blood loss – consider using paediatric blood tubes. Review and minimise frequency of sampling. Take multiple tests per sample.

7.4 Blood Sparing Options

If the procedure and the patient's condition is such that the clinician would normally request 2 or more units of cross matched blood the patient will be having their elective procedure elsewhere. The hospital performing the procedure will discuss with the patient which of the blood sparing options and alternatives would be acceptable. This may include cell salvage, acute normovolaemic haemodilution, human recombinant blood products or blood products derived from plasma.

8. ADVANCE DIRECTIVES AND CONSENT

The existence of an advance directive should be ascertained and a copy filed in the **Clinical Alerts section** of the medical notes. The **'Alerts' section on Trak** should be completed or updated as a priority to support multi-disciplinary communication. In addition, consent or refusal of specific therapies should be clearly documented on the '***Consent Form for Specific Blood Components and Procedures for Jehovah's Witness Patients who Refuse Blood Transfusion'*** and '**General Consent Form Excluding Blood Transfusion'** detailed in Appendix A and B respectively.

8.1 Treatment Plan

The treatment plan drawn up by the hospital performing the procedure should be distributed to all those involved and a copy filed in the medical notes. For those patients undergoing minor surgery at NHS Borders some of these areas will need clarification pre-operatively. This should include, but not be limited to:

- Named specialists involved
- Pre-operative plan for optimisation of blood count and coagulation. (including modifying chronic medication: aspirin, warfarin etc.)

- Blood conservation strategies planned
- Blood products, strategies and treatments deemed acceptable to patient
- Blood products, strategies and treatments deemed unacceptable to patient
- Presence and location of any advance directives and those who hold copies.

8.2 From 6 Weeks Pre Operatively:

- Oral iron unless contra-indicated
- Consider stopping aspirin, NSAIDs and other anti-platelet agents, at least 7 days pre operatively
- Consider stopping warfarin and other anticoagulants if possible
- If the expected blood loss is high – consider recombinant Erythropoietin subcutaneously daily for 10 to 14 days pre operatively to elevate haemoglobin level
- Ensure acceptability with patients and discuss further with Haematologists
- Liaise with the hospital performing the surgery to clarify who is carrying out the pre-operative management and where this will be done. For geographical reasons it may be easier to carry out a significant proportion of pre-op preparation at the BGH

9. EMERGENCY ADMISSIONS

- Ensure senior surgeon, anaesthetist and theatre staff are aware of the patient's admission and wishes concerning declining blood, blood components and blood products
- If safe and practicable consider transfer to a tertiary centre pre-operatively
- Only if the risk of transfer is greater than the risk of surgery should the operation be carried out at NHS Borders

- Review any existing investigations and repeat as appropriate (FBS, coagulation screen, LFTs and U & Es)
- Ensure completed copies of Advance Directive and Consent Form for Specific Blood Components and Procedures for Patients who Refuse Blood Transfusion (Appendix A) are filed in the 'Medical Alerts' section at front of contemporary medical notes.
- If the patient is unconscious/confused, but an Advance Directive is present within the notes this must be assumed to be the patient's current wishes and blood/blood products should not be administered
- Ideally the Consent Form for Specific Blood Components and Procedures for Patients who Refuse Blood Transfusion (Appendix A) will have been completed at a previous time and can be used to guide resuscitative measures
- No transfusion should be carried out on any patient without checking the 'Medical Alerts' section of medical notes for advance directives.

10. AT OPERATION:

Surgical procedure(s) specifically to avoid and prevent blood loss:

- Minimally invasive techniques (endoscopic/laparoscopic surgery)
- Enlarged surgical team to reduce time
- Surgical positioning to minimise bleeding
- Staged surgery for complex procedures

Anaesthesia technique may be modified to reduce blood loss and maintain patient communication if possible:

- Local and Regional anaesthesia
- Hypotensive anaesthesia
- Maintenance of normothermia

- Early and frequent assessment of coagulopathy and aggressive early treatment in keeping with patient's acceptance of blood products

There is a range of measures, which may or may not be suitable and available:

- Meticulous haemostasis
- Mechanical occlusion of blood vessels
- Electrocautery
- Ultrasonic scalpel
- Argon beam coagulator
- Tissue adhesives and sealants
- Appropriate volume replacement
- Haemodilution
- Consider use of antifibrinolytics: tranexamic acid
- Arterial embolisation
- Interventional radiology
- Intraoperative cell salvage, set up in accordance with patient's informed views

11. POST-OPERATIVE CARE:

- Minimise blood sampling
- Consider use of pulse oximetry
- Paediatric sample tubes
- Plan multiple tests per sample
- Consider tranexamic acid
- Continue iron and erythropoeitin therapy as indicated by haemoglobin level

12. OBSTETRICS

Please see the separate 'NHS Borders Obstetric Policy for women who refuse blood and blood products'

Guidance on the law of consent: Please refer to "A Good Practice Guide on Consent for Health Professionals in NHS Scotland" HDL (2006)

13. HELP & ADVICE FOR JEHOVAH'S WITNESSES

13.1 The Hospital Liaison Committee

Members of this group are trained to facilitate communication between medical staff and Witness patients and are available at any time, day or night, to assist with difficulties either at the request of the treating team or the patient.

Campbell Gus (chair)	0131 331 1164	07790 760358	gcampbell@jw-hlc.org.uk
Campbell Neil	0131 663 8384	07787 102711	ncampbell@jw-hlc.org.uk
Haswell David	01786 465880	07901848483	dhaswell@jw-hlc.org.uk
King Gerald	0131 440 2125	07916 123552	gking@jw-hlc.org.uk
Milne Martyn	0131 653 6388	07740 440746	mmilne@jw-hlc.org.uk
Penman Johnny	01383 624625	07737 821 960	jpenman@jw-hlc.org.uk

Central UK Office – 020 8371 3415 (08.00 – 17.00)

020 8906 2211 (24-hour emergency)

hid.gb@jw.org

www.jw.org/en/medical-library

13.2 Patient Support Group

Provide spiritual comfort and practical assistance to Jehovah's Witness patients and their families during periods of illness or hospitalisation.

14. References and Further Information

Further advice is also available from the following documents, copies of which are available from the Transfusion Practitioner, the Hospital Transfusion Committee and the Board intranet sites.

1. Advisory Committee on the Safety of Blood, Tissues & Organs (2011), Consent for Blood Transfusion Standard Recommended by SaBTO, available at, https://www.gov.uk/government/publications/patient-consent-for-blood-transfusion
2. Association of Anaesthetists of Great Britain & Ireland (2005) Management of Anaesthesia for Jehovah's Witnesses, 2nd edition, available at http://www.aagbi.org/publications/guidelines/jehovahs-witnesses-2
3. British Committee for Standards in Haematology (2012) Addendum to administration of blood components, available at http://www.bcshguidelines.com
4. British Committee for Standards in Haematology (2012) Guidelines on the administration of blood components, available at http://www.bcshguidelines.com
5. NHS Borders (2014) The Management of Pregnant Women who Refuse Blood Transfusion
6. Norfolk (2013) Handbook of Transfusion Medicine, Jehovah's Witnesses and blood transfusion, available at http://www.transfusionguidelines.org.uk/transfusion-handbook/12-management-of-patients-who-do-not-accept-transfusion/12-2-jehovah-s-witnesses-and-blood-transfusion

7. Royal College of Surgeons of England (2002) Code of Practice for the Surgical Management of Jehovah Witnesses, available at http://www.rcseng.ac.uk

8. Scottish Executive Health Department (2006) HDL (34) A Good Practice Guide on Consent for Health Professionals in NHS Scotland available at http://www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf

9. Scottish Parliament (1991) Age of Legal Capacity (Scotland) Act, available at http://www.opsi.gov.uk

10. Scottish Parliament (1995) The Children (Scotland) Act, available at http://www.opsi.gov.uk

11. Scottish Parliament (2000) Adults with Incapacity (Scotland) Act, available at http://www.opsi.gov.uk

12. Medical Information for Clinicians (2016) available at www.jw.org/en/medical-library

APPENDIX A: Consent Form for Specific Blood Components and Procedures for Jehovah's Witnesses

Patient name	
Hosp./CHI No.	
Date of birth	*(or affix patient label)*

Please complete list by ticking appropriate boxes -:

	Acceptable	Not acceptable	Not applicable
Products containing a minor blood fraction			
Cryoprecipitate			
Albumin			
Intravenous immunoglobulin			
Anti-D immunoglobulin			
Other immunoglobulins e.g. tetanus			
Procedures involving my own blood			
Cell salvage			
Acute normovolaemic haemodilution			
Renal Dialysis			
Plasmapheresis			
Blood radio-labelling			
Recombinant products – not blood sourced			
rFVIIa (Novoseven)			
Erythropoietin			
Others e.g. FVIII			
Other Components/Procedures (please specify)			

Patient

I confirm that I do/do not accept the blood components & procedures as detailed above.

Signature: Print name: Date:

Doctor

Signature: Print name: Date:

Appendix B: General consent form excluding blood transfusion

GENERAL CONSENT FORM EXCLUDING BLOOD TRANSFUSION

Trust or Authority _____ Patient's Surname _____

Hospital _____ Other Name (s) _____

Unit Number _____ Date of Birth _____ Male ❑ Female ❑

DOCTOR—Please See Overleaf *(this part to be completed by Registered Medical Practitioner)*

TYPE OF OPERATION INVESTIGATION OR TREATMENT

I confirm that I have explained the operation investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/regional/sedation) proposed, to the patient in terms which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient. I further confirm that I have emphasised my clinical judgement of the potential risks to the patient and/or person who none-the-less understood and imposed the limitation of consent expressed below.

I acknowledge that this limited consent will not be over-ridden unless revoked or modified in writing.

Signature _____ Date _____

Name of Registered Medical Practitioner _____

PATIENT/PARENT/GUARDIAN—Please See Overleaf

I am	■ the patient / parent / guardian *(delete as necessary).*
I agree (subject to the exclusions below)	■ to what is proposed, which has been explained to me by the doctor named on this form.
	■ to the use of the type of anaesthetic that I have been told about.
	■ to the use of non-blood volume expanders; pharmaceuticals that control haemorrhage and/or stimulate the production of red blood cells.
I have told the doctor	■ that I am one of Jehovah's Witnesses with firm religious convictions and that I have decided resolutely to obey the Bible command "keep abstaining from … blood" (Acts 15:28, 29). With full realisation of the implications of this position, and exercising my own choice, free from any external influence, I expressly **WITHHOLD MY CONSENT** to the transfusion of **ALLOGENEIC BLOOD OR PRIMARY BLOOD COMPONENTS (RED CELLS, WHITE CELLS, PLASMA & PLATELETS)**, and to the use of any sample of my blood for cross-matching.
	■ that this limitation of consent shall remain in force and bind all those treating me unless and until I expressly revoke it in writing.
	■ about any additional procedures I would NOT wish to be carried out straightaway without my having the opportunity to consider them first.
I understand	■ that the procedure might not be done by the doctor who has been treating me so far.
	■ **that my express refusal of allogeneic blood or primary blood components will be regarded as absolute and will NOT be over-ridden in ANY circumstance by a purported consent of a relative or other person or body. Such refusal will be regarded as remaining in force even though I may be unconscious and/or affected by medication, stroke, or other condition rendering me incapable of expressing my wishes and consent to treatment options, and the doctor(s) treating me consider that SUCH REFUSAL MAY BE LIFE THREATENING.**
	■ that any procedure in addition to the investigation or treatment described on this form, but with the exclusion of the transfusion of allogeneic blood or primary blood components, will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.
	■ that details of my treatment, and any consequences resulting, will not be disclosed to any source without my express consent or that of my instructed agent(s), unless required by law.

Signature _____ Date _____

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