

August 15, 2001

**SURGICAL AND OTHER INVASIVE PROCEDURES PERFORMED WITHOUT  
BLOOD TRANSFUSIONS OR BLOOD PRODUCTS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides new guidance on use of blood products during invasive procedures including diagnostic, cardiovascular, and other surgical procedures to veterans who, for religious or other reasons, refuse to accept whole blood transfusions or blood products. *NOTE: Informed consent must be obtained in a manner consistent with current VHA policy outlined in VHA Handbook 1004, and in local VA medical center policies on informed consent. Consent for individuals who lack decision-making capacity must be obtained from authorized surrogates, as described in current VHA and VA medical center policy.*

**2. BACKGROUND:** Some veterans hold religious beliefs which preclude their acceptance of whole blood and, sometimes, other blood products. Many, though not all, of these veterans are members of Jehovah's Witnesses. VHA is committed to the care of all its patients, regardless of their religious beliefs.

a. Invasive procedures should be considered as potential therapeutic options for every patient, even for those who refuse blood products, and even when forgoing blood products would convey an increased risk. As with any medical intervention, the anticipated risks of bloodless procedures are to be weighed against the expected benefits in each case. Treatments that would otherwise be available are not to be denied to a patient who refuses blood products unless there is a medical justification for this action.

b. Advances in technology in recent years have helped reduce the need for transfusions and treatment with blood products in many complex surgical interventions and other diagnostic and invasive procedures. Indeed, the medical community as a whole supports minimizing the need for, and use of, blood for a number of clinical and economic reasons.

c. Attitudes have been changing in the last decade, resulting in significant increases in the numbers of physicians and institutions willing to participate in bloodless procedures. Still, some physicians feel it is inappropriate, or even unethical, to engage in certain invasive procedures without blood and its products being available if required. Other physicians find it equally troubling not to offer potentially beneficial interventions to patients whose faith or conviction requires them to refuse transfusions.

d. VHA respects the moral and ethical positions of both its patients and its staff. VHA supports patients' absolute right to refuse consent for surgery or other invasive procedures in which blood or blood products might be used. VHA supports physicians who believe, on the basis of the medical evidence, that they cannot undertake surgery under restrictions of this type.

**3. POLICY:** It is VHA policy that under no circumstances will a patient's refusal of blood products result in denial of care that does not involve the administration of such products.

**THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2006**

## VHA DIRECTIVE 2001-050

August 15, 2001

### 4. ACTION

a. Whenever an invasive procedure is considered for a patient who refuses blood products, it is essential that the patient be fully counseled regarding the risks of not having blood and blood products available and that this counseling, and the patient's decision, be specifically documented both in the progress notes and on the informed consent form before undertaking the procedure. **NOTE:** *Informed consent must be obtained in a manner consistent with current VHA policy outlined in VHA Handbook 1004, and in local VA medical center policies on informed consent. Consent for individuals who lack decision-making capacity must be obtained from authorized surrogates, as described in current VHA and VA medical center policy.*

b. In most instances, the physician and the patient can agree regarding the course of treatment. In elective cases, clinicians should consider use of erythropoietin in the preoperative weeks to reduce the need for blood or blood products. VHA Guidelines for the Use of Recombinant Human Erythropoietin (r-HuEPO) state, "HuEPO may be included in clinical strategies when a patient steadfastly refuses to allow blood transfusions." The use of HuEPO needs to be considered to reduce the need for blood transfusions, to enhance preoperative autologous blood donations, and in blood conservation programs.

c. If the veteran patient is a member of Jehovah's Witnesses and refuses to accept whole blood transfusion or blood products, the Hospital Liaison Committee for Jehovah's Witnesses is to be contacted. There are local hospital liaison committees of Jehovah's Witnesses in many communities, and its national office is eager to be of assistance to patients and staff when issues arise regarding the use of blood or blood products. **NOTE:** *To contact the Hospital Liaison Committee for Jehovah's Witnesses in your area, call their Hospital Information Service (HIS) at 718-560-5000 from 8:00 a.m. to 5:00 p.m., Eastern Time. In an emergency, one may call (718) 560-8100. HIS will provide the names of Hospital Liaison Community members nearest any VA facility. Committee members will be able to offer assistance and provide information to members of the Jehovah's Witnesses faith.*

d. Patients undergoing procedures that require the use of a heart-lung machine may present unique issues to care providers when their religious, or other beliefs, preclude their acceptance of blood transfusion or blood products. Most cardiac surgical procedures are accompanied by transfusions of blood used to prime the heart-lung machine. However, some cardiac surgeons have become experienced in performing coronary artery bypass graft (CABG) operations without the use of blood.

**NOTE:** *The Surgical Service of the Acute Care Strategic Healthcare Group conducted a survey of VHA cardiac surgery programs and identified a number of programs and, in some instances, individual cardiac surgeons, willing to assess individual cases, and at least consider undertaking clinically-indicated cardiac surgery without the use of blood or blood products. Attachment A lists those programs and individuals responding affirmatively. Some, as noted, restrict the types of cases or have specific treatment protocols for patients they will evaluate.*

e. If a veteran candidate for cardiac surgery is unwilling to accept transfusions and is seen at a VHA facility where the usual cardiac surgeons cannot accept this limitation, the veteran is to be offered referral to an appropriate surgeon or program listed in Attachment A. If the veteran is a member of the Jehovah's Witnesses faith, the Hospital Liaison Committee for Jehovah's Witnesses in that community is to be contacted. It is understood that there may be clinical situations where even listed referral surgeons believe surgery under such restrictions is not acceptable. Under those circumstances, the veteran will be fully advised of VHA's assessment and offered whatever other treatments are medically indicated and, in the view of the VA physician(s), appropriate.

f. In cases of irreconcilable disagreements regarding the course of treatment, or when a patient's needs cannot be accommodated due to a physician's refusal to perform an invasive procedure without blood products, the hospital's Ethics Advisory Committee is to be consulted.

*NOTE: The VHA Central Office Surgical Service will re-survey the field and update this list as needed. The list will be distributed to the Network Clinical Managers and the Chiefs of Surgery. VHA Central Office Surgical Service, Acute Care Strategic Healthcare Group, will assist in the referral process upon request.*

**5. REFERENCES:** None.

**6. FOLLOW-UP RESPONSIBILITY:** VHA Central Office Surgical Service, Acute Care Strategic Healthcare Group (111B), is responsible for the contents of this Directive. Questions regarding this Directive may be referred to VHA Surgical Service at 202-273-8505.

**7. RESCISSIONS:** VHA Directive 99-059 is rescinded. This VHA Directive expires August 31, 2006.

S/ Tom Sanders for  
Thomas L. Garthwaite, M.D.  
Under Secretary for Health

Attachment

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ATTACHMENT A

**SURGEONS AND FACILITIES WILLING TO ASSESS INDIVIDUAL CASES FOR  
CARDIAC SURGERY WITHOUT THE USE OF BLOOD OR BLOOD PRODUCTS**

The following Department of Veterans Affairs (VA) medical centers will evaluate patients who refuse the use of blood or blood products for cardiac surgery with the restrictions noted:

<b><u>STATION and SURGEON(s)</u></b>	<b><u>RESTRICTIONS</u></b>
<b>ALBUQUERQUE, NM</b> George Wernly, M.D. Fabrizio Follis, M.D. Stuart Peti, M.D.	None
<b>ASHEVILLE, NC</b> F. Maxton Mauney, Jr., M.D.	Reserves the right to accept Patients on a case-by-case basis
<b>BIRMINGHAM, AL</b> William Holman, M.D.	Reserves the right to accept patients on a case-by-case basis
<b>BROCKTON/WEST ROXBURY, MA</b>	Reserves the right to accept patients on a case-by-case basis
<b>BUFFALO, NY</b> Eddie Hoover, M.D.	Reserves the right to accept patients on a case-by-case basis
<b>CHARLESTON, SC</b>	Reserves the right to reject patients of unacceptable risk. <i>NOTE: This is decided on a case-by-case basis.</i>
<b>CLEVELAND, OH</b> Diana Whittlesey, M.D. Brian Cmolik, M.D.	No redo of cardiac surgery
<b>COLUMBIA, MO</b>	Reserves the right to accept patients on a case-by-case basis, based on hematocrit and other restrictions.
<b>DECATUR (ATLANTA), GA</b> Robert Lee, M.D. David Vega, M.D.	None

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<b><u>STATION and SURGEON(s)(Cont.)</u></b>	<b><u>RESTRICTIONS</u></b>
<b>HINES, IL</b> David Cziperle, M.D. Donald DePinto, M.D.	None
<b>HOUSTON, TX</b> James W. Jones, M.D.	None
<b>LITTLE ROCK, AR</b>	None
<b>MADISON, WI</b> Robert Love, M.D.	First time bypass procedures only (probably no redo or remedial procedures)
<b>MIAMI, FL</b> Kenneth Herskowitz, M.D.	None
<b>MILWAUKEE, WI</b>	None
<b>OKLAHOMA CITY, OK</b>	Elective only, with trazylol on hand
<b>PALO ALTO, CA</b>	Reserves the right to accept patients on a case-by-case basis
<b>PORTLAND, OR</b> Pasula Ravichandran, M.D. Hagop Hovaguimian, M.D. Storm Floten, M.D. Anthony Furnary, M.D. Aflab Ahmad, M.D.	None
<b>RICHMOND, VA</b> David R. Salter, M.D. Andrew Wechsler, M.D.	None
<b>SAN DIEGO, CA</b> Riyad Tarazi, M.D.	None
<b>SAN FRANCISCO, CA</b> Jeffrey A. Norton, M.D.	None

**STATION and SURGEON(s) (Cont.)**

**RESTRICTIONS**

**SAN FRANCISCO, CA (Cont.)**

Mark B. Ratcliffe, M.D.  
Timothy S. Hall, M.D.

Reserves the right to accept patients  
on a case-by-case basis

**TAMPA, FL**

None

**WEST HAVEN, CT**

Two-week preoperative course of  
epogen and iron

**WEST LOS ANGELES, CA**

None