

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

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy regarding the treatment of Veterans who refuse 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 ambulatory or in-patient setting.

2. BACKGROUND

a. Some Veterans, for a variety of reasons, refuse the transfusion of blood products during or following an invasive procedure even to the point of risking additional illness or death. The VHA is committed to the appropriate care and treatment of all Veteran patients, regardless of their reasons for refusing 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 refuses 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. The numbers of physicians and institutions willing to participate in bloodless procedures has increased in past decades. However, a physician in any given situation may interpret the risks of proceeding with an invasive procedure without the option of transfusing blood products to outweigh the benefits and therefore opt not to proceed. VHA supports physicians who believe, based upon medical evidence, that an invasive procedure should not be performed in the absence of an informed consent to transfuse blood products.

e. VHA supports the Veteran patients' absolute right to refuse blood products.

f. Definitions

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

(2) **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.

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

(4) **Invasive Procedure.** An invasive procedure is a medical procedure that enters the body, usually by cutting or puncturing the skin or by inserting instruments into the body.

3. POLICY: It is VHA policy that a patient has a right to refuse blood products and still be considered for invasive procedures.

4. ACTION: The facility Director is responsible for ensuring that:

a. Whenever an invasive procedure is considered for a patient who refuses the transfusion of blood products, the patient is counseled regarding the risks. 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 in a manner consistent with current VHA policy on Informed Consent for Clinical Treatments and Procedures 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. When patients refuse blood product transfusion for an elective invasive procedure, the treating physicians are encouraged to use recombinant human erythropoietin (rHu- erythropoietin) in the preoperative weeks to stimulate blood cell development. *NOTE: rHu- erythropoietin may be included in clinical strategies when a patient refuses blood transfusions.*

c. Autologous blood product collection and transfusion is considered for patients who are willing to accept the transfusion of their own blood products, but not the blood of others.

d. Although typically the Veteran who refuses blood transfusions will accept the infusion of blood subfractions, the treating physician is to clarify this distinction during the process of informed consent and documentation.

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

f. When Veteran patients recommended for a cardiac or vascular procedure that requires the use of a heart-lung machine present unique issues to care providers by refusing blood transfusions and their belief systems dictate special care and treatment of their own blood during the procedure, the treating physician specifies and discusses the agreed upon strategy for the care and treatment of the patient's own blood during the cardiac or vascular procedure with the patient and documents this appropriately.

g. Every effort is made to provide care and treatment for the veteran patient within the VA system even when the patient refuses recommended transfusion of blood products. Fee basis may be used in emergency situations if VA resources are unavailable.

h. The medical facility'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 for or against recommended blood transfusions.

i. The medical staff protects patients' privacy, taking care not to inadvertently reveal the patient's decision to accept or refuse blood products to others against the patient's wishes.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services (11) is responsible for the contents of this Directive. Questions regarding this Directive may be referred to the National Director of Surgery at (202) 461-7122.

7. RESCISSIONS: VHA Directive 2001-050 is rescinded. This VHA Directive expires March 31, 2014.

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