
Abstract:

The Jehovah’s Witness Yearbook reports more than 7 million followers worldwide (150,000 in the UK). Followers interpret the Bible literally, especially Acts 15:28 ‘to keep abstaining from... blood’. This includes whole blood, packed red cells, plasma, white cells and platelets and, for some, organ transplantation. Anaesthetic techniques to reduce blood loss include avoidance of medications that may cause bleeding, perioperative iron supplements, erythropoietin, antifibrinolytics, invasive monitoring, careful positioning to avoid venous congestion, induced hypotension, and regional anaesthesia aiming for a bloodless surgical field. Cell salvage, pre-operative autologous transfusion and acute normovolaemic haemodilution may be options, and careful choice of a surgical technique can reduce blood loss; for example, minimally invasive surgery, arterial occlusion or selective arterial embolization. Full multi-disciplinary pre-operative discussion and informed consent with specific documentation are essential. Each Trust will have a local Jehovah’s Witness hospital liaison representative. With children, the Gillick competency rule applies, although blood may be administered in a life-threatening emergency. Administration of blood to adults without consent has resulted in criminal proceedings. Perioperative care of a Jehovah’s Witness patient can be challenging: a comprehensive plan, senior staff and good communication are essential from all involved in their care.