

# Informed Consent and Patient Understanding of Blood Transfusion

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**BACKGROUND:** Obtaining separate informed consent for blood component transfusion is mandatory in some countries. Millions of people receive blood transfusions each year, but many will not be fully aware of the risks. Following the introduction of a consent form by the Department of Health in 2001, the process of consent to transfusion of blood and blood products has been the subject of lengthy debate, but the viewpoint of patients remains poorly represented in the literature almost a decade later. Although transfusion practitioners generally agree that patients should be well informed about the risks and benefits of transfusion and that consent discussions should be documented appropriately, this process is not yet mandatory in the UK and studies suggest that in practice this does not happen routinely in many Trusts<sup>1-5</sup>.

Growing concerns regarding the need for informed consent in the UK have been highlighted by the stakeholder consultation of the Advisory Committee on the Safety of Blood, Tissue and Organs<sup>6</sup> (SaBTO). The SaBTO committee recognised that practice on obtaining consent for transfusion of blood components is variable. In addition, it outlined concerns regarding provision of sufficient information to enable patients to make an informed decision, particularly in relation to risks, benefits and alternatives to transfusion, including the right to refuse transfusion.

Hewitt and de Silva suggest that, although our practice is often constrained by time, the use of an information leaflet such as that produced by the NHS Blood and Transplant (NHSBT) service as part of the consent process may reduce time demands. Widespread use of such a leaflet may ensure that consistent and reliable information is available to patients<sup>7</sup>. Recently, a number of hospitals in the UK have introduced formal consent for the transfusion of blood components, a process initially driven by the 2007 Health Service Circular 'Better Blood Transfusion'<sup>8</sup>, but the opinion of patients remains largely unpublished.

**AIM:** To explore provision of information and the consent process for patients receiving blood transfusions at our hospital.

**OBJECTIVES:** To assess patient recall of the consent process, information conveyed, ease in understanding discussions and perceived knowledge of transfusion afterwards.

**METHODS:** The audit utilised a previously validated questionnaire as a framework for assessment of the aim and objectives. The Great Western Hospital Medway™ Pathology IT system was interrogated to identify all adult patients for whom blood was cross-matched over a two-month period, whether they received a transfusion or not. Exclusion criteria included patients <18 years of age, Jehovah's Witnesses, patients with documented dementia or known communication difficulties and those patients who were in-patients at the time of sending out questionnaires. The remaining patients received a postal questionnaire. Eleven criteria were set, with standards set at 100% compliance. The total number of adult patients for whom blood was cross-matched over the two month study period was 342 (141 male, 201 female; age range 21 – 84 years). The number of patients transfused was 269, with 73 patients who were not transfused. Four patients died before discharge from hospital and one patient could not be traced, so anonymous postal questionnaires carrying transfused/non-transfused coding were sent out to the remaining 337 patients.

**RESULTS:** One hundred and sixty-four of the 342 questionnaires were returned. Figure 1 shows the number of the 132 transfused patients who thought they had received a transfusion (1(a)) and those given an explanation (1(b)). Table 1 shows compliance with the audit criteria.

Criterion (Standard = 100%)	Compliance with Standard (%)		
	Overall	Transfused (132 pts)	Non-transfused (32 pts)
All patients said someone explained they might need a blood transfusion	59.1	58.3	62.5
All patients felt the reason why they might need a blood transfusion was explained	86.7	88.3	80.0
All patients felt they had been informed of what a blood transfusion involves	58.8	57.1	65.0
All patients felt they had been informed of benefits of blood transfusion	67.0	70.1	55.0
All patients felt they had been informed of risks	27.8	23.4	45.0
All patients felt the information they received was explained in a way they could understand	51.5	48.1	65.0
All patients said they had been given the opportunity to ask questions at the time	67.0	63.6	80.0
All patients said they were given the opportunity to ask questions at a later stage	55.7	57.1	50.0
All patients said they were aware of the Trust information leaflet	26.8	23.4	40.0
All patients felt they had received enough information about blood transfusion while in hospital	59.8	57.1	70.0
All patients said they were satisfied overall with the information they received about blood transfusion	61.9	59.7	70.0
<b>Satisfaction = Compliance with all standards (%)</b>	<b>56.6</b>	<b>55.1</b>	<b>62.0</b>
<b>No. criteria</b>			

Figure 1 Transfused patients who thought they had received a transfusion 1(a) and those given an explanation why they were transfused 1(b)

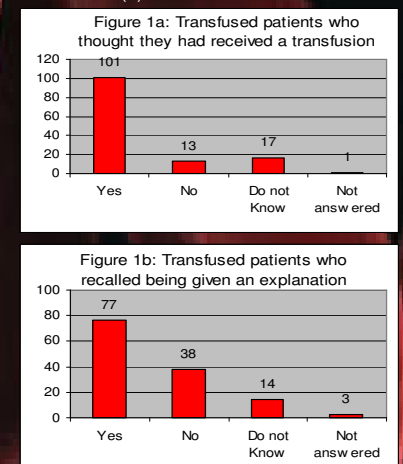


Table 1 Audit criteria and compliance with standards

**RESULTS SUMMARY:** Overall, 59.1% of patients said someone had explained that they might need a blood transfusion; of those 86.7% felt the reason why they might need a blood transfusion had been explained. Only 58.8% of patients felt they had been informed of what blood transfusion involves, whereas 67.0% said they had been informed of benefits of blood transfusion. When asked if they felt the information they received was explained in a way they could understand, 51.5% of patients agreed, but only 26.8% were aware of a Transfusion Information Leaflet. Of those patients who received the leaflet, all said they read it and had no questions. A particularly low compliance with standards was related to risks of blood transfusion, with just 27.8% of all patients feeling they had been informed of risks. Despite this, 61.9% of patients said they were satisfied overall with the information they received about blood transfusion.

**CONCLUSION:** Although the level of recall and patient satisfaction exceeds that of some studies, there is clearly room for improvement. Information leaflets could increase the information available to patients, with minimal impact on health care professionals' time. Leaflets are available, free of charge, from the NHSBT website. These have been introduced at each bedside, in pre-op packs and in Outpatient Clinics, with reassessment planned in six months. The results of this study identify a need for systematic data collection within the NHS to determine current practice in providing information, consent and documentation of blood transfusion. The recommendations of the forthcoming SaBTO consultation document likely to change the way we administer blood products by formalising mandatory consent procedures. National blood policy has stressed the need for greater patient awareness about the risks, benefits and alternative choices associated with blood transfusion. The introduction of specific informed consent for the transfusion of blood in the UK is a long-awaited, vital step towards patient autonomy.

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