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Survey of the information given to patients about blood transfusion and the need for consent before transfusion

M. F. Murphy, S. Docherty and P. Greenfield *Department of Haematology, St Bartholomew's and the Royal London School of Medicine and Dentistry, London EC1A 7BE, UK*

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SUMMARY. There is no current requirement in the United Kingdom to provide patients with information about blood transfusion or to seek their written consent to transfusion. To study patients' attitudes to these questions, a questionnaire survey was carried out on 51 patients during an admission to hospital in which they received a blood transfusion. The patients in this survey, although mostly satisfied about the information they were given before they were transfused, would have welcomed more general information about transfusion, mainly because of concerns about the risk of viral infections. Nearly 40% of patients thought that written consent should be obtained before transfusion, but the ethical and practical aspects of this issue are complex. Further debate would be required before implementation of written consent to transfusion could be considered as a routine policy.

Key words: blood transfusion, consent, patient information, survey.

Blood transfusion is an essential part of modern medical and surgical practice, and considerable efforts are made to minimize the risks of blood transfusion (Williamson, 1994). There continues to be public concern about the safety of blood, particularly in relation to risk of viral infection, but there is no current requirement in the United Kingdom to provide patients with information about blood transfusion or to seek their written consent to transfusion. To study patients' attitudes to these questions, a survey was carried out using a questionnaire.

METHODS

Fifty-one patients (34 male, 17 female; age range 17–82 years) completed a questionnaire (see Table 1) during an admission to hospital in which they received a blood transfusion. The majority (63%) had been previously transfused for haematological (20 patients) or renal (12 patients) disease.

The patients were selected by medical students visiting the medical and surgical wards of the hospital over a period of 3 days asking nursing staff to identify patients who had been transfused during their admission and who were sufficiently well to answer a questionnaire. Patients were given the questionnaire, which included an introductory paragraph explaining the purpose of the study, and that it was confidential. It also indicated that patients were entitled to refuse to participate but there were no refusals.

RESULTS

Only 16 (31%) patients were given any information before the transfusion; the remainder were either given none or simply told they had to have the transfusion. On the other hand, 42/51 (82%) patients thought that they had received enough information, and 47 (92%) understood why the transfusion was necessary, because of anaemia or to replace blood loss during surgery. The answers to these initial questions indicated that most patients were aware of the reasons for transfusion from earlier discussions, perhaps gained at the time of a previous transfusion or consultation, and were satisfied not to receive any additional information about blood transfusion. However, when asked specifically whether there was anything else they would like to have known before the transfusion, 10 (20%) patients said that additional information would have been helpful, mainly to have a better understanding of the potential complications of transfusion and to have more details about the exact reason for transfusion in their case. Twenty-seven (53%) indicated that they would have found it helpful to have been provided with written material about blood

Correspondence: Dr M. F. Murphy, National Blood Service, The John Radcliffe Hospital, Headington, Oxford OX3 9DU, UK.

Table 1. The questionnaire used for the survey of the information given to patients about blood transfusion and the need for consent before transfusion

1. What information were you given before the transfusion?
2. Did you feel that you were given enough information before the transfusion?
3. Did you understand why you needed a transfusion?
4. Now that you have had your transfusion, do you feel that that there was anything else you would have liked to have been told before you had it?
5. Would you have found it useful to have had some written information about the transfusion? If yes, what information would you have liked?
6. Did a member of medical or nursing staff obtain your consent to the transfusion?
7. Do you think that your signature to indicate your consent to transfusion should be required?

transfusion. Interestingly, there were no major differences in the responses between the previously transfused and nontransfused patients, although it might have been expected that previously transfused patients would have been better informed about blood transfusion.

Fourteen (27%) patients remembered that their verbal consent to transfusion had been obtained by a member of medical or nursing staff. Twenty (39%) thought that written consent should be obtained before transfusion, for reasons such as the potential of blood transfusion to cause long-term side-effects, to encourage a greater explanation of possible risks, and 'to let people know I agree', which suggests that the patients considered it might be useful for doctors to have documentary evidence of consent if there were complications. Religious beliefs were given as another reason for routinely obtaining written consent to transfusion.

DISCUSSION

The patients in this survey, although mostly satisfied about the information they were given before they were transfused, would have welcomed more general information about transfusion, mainly because of concerns about the risk of viral infections, and some would have liked a more detailed explanation of their own need for transfusion. There are few published data on patients' concerns about blood transfusion, but there were similar findings in two small studies carried out on behalf of the Clinical Resource and Audit Group (CRAG) of the Scottish Office (McClelland, 1995). The findings of the present survey provide support for CRAG's conclusion that there is a need for a patient information leaflet, with an information pack for the clinical staff who have to respond to patients' questions about blood transfusion. As well as informing patients about the risks of transfusion, the existence of alternatives such as autologous transfusion should be explained.

The results of this survey and those carried out by CRAG raise the question of the need for written informed consent for blood transfusion, which is required in many hospitals in the United States (Eisenstaedt *et al.*, 1993). Although draft proposals were prepared by the British Committee for Standards in Haematology (Williamson, 1994), the Joint Committee on Haematology of the Royal Colleges of Physicians and Pathologists were not in favour of the introduction of formal consent to blood transfusion (Davidson, 1996). It could be argued that a written consent form does not substitute for informed consent but only documents that the process has occurred. In addition, practical issues would need to be resolved such as whether it was for each unit given or for a transfusion episode, and who should be responsibile for obtaining the consent, the haematologist providing the blood, or the surgeon or the anaesthetist. If junior doctors were given this duty, this might increase their workload at a time when their hours are being shortened. The need for written consent forms for blood transfusion is a complex issue, and is one deserving of further debate.

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