



MANAGEMENT OF ANAESTHESIA FOR JEHOVAH'S WITNESSES

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SECTION 1 - INTRODUCTION

1.1

In 1996, the Royal College of Surgeons of England published a booklet entitled 'Code of Practice for the Surgical Management of Jehovah's Witnesses' [1]. This document did not address any aspects of the role of the anaesthetist in the management of these patients. It did, however, raise the awareness of many members of the surgical team to some of the problems that might be encountered.

1.2

This present report has been prepared by the Association of Anaesthetists of Great Britain and Ireland (the Association) and advises on the anaesthetic management of such patients. It will be of value, to give broad principles and direct an anaesthetist faced with the dilemma of a patient refusing blood or blood products to the appropriate resource.

SECTION 2 - BELIEFS

2.1

The Jehovah's Witness movement is some 120 years old, having been founded in North Eastern United States of America. It is an actively proselytising Christian organisation. In 1945, the spiritual administration of Jehovah's Witnesses promulgated the understanding that adherents to the faith should not receive transfused blood or blood products, based on Genesis 9:3,4, Leviticus 17:11,12 and Acts 15:28,29 (Appendix 1), all of which describe the prohibition of the consumption of blood. Jehovah's Witnesses' interpretation of this is that an individual's life is represented as being in the blood. The prohibition of blood transfusion is a deeply held core value and is a sign of respect for life.

2.2

Most Jehovah's Witnesses will, therefore, not accept a transfusion of whole blood or its major derivatives. This includes fresh frozen plasma (FFP), packed cells, white blood cells and platelets. *Absolute* rules regarding blood products, however, do not exist and some Witnesses may accept the use of plasma protein fraction (PPF) or components such as albumin, immunoglobulins and haemophilic preparations with each Witness deciding individually whether to accept these. Other clinical interventions may have to be dealt with on a personal basis: organ transplantation, for example, is not specifically forbidden for Jehovah's Witnesses and each individual is expected to reach his/her own decision.

2.3

Cardiac bypass may be accepted provided the pump is primed with non-blood fluids and blood is not stored in the process. Autotransfusion is acceptable to many Jehovah's Witnesses provided the equipment is arranged in a closed circuit that is constantly linked to the patient's circulation and there is no storage of the patient's blood. Jehovah's Witnesses will not accept pre-operative collection, storage and later re-infusion of blood. The use of an epidural blood patch may be acceptable to some Jehovah's Witnesses.

2.4

Administration of blood to a competent patient against their will and in conflict with their genuinely held beliefs has been likened by the Witnesses to rape. It will not result in expulsion from the community if it was carried

out against the expressed wishes of the patient but may have as deep a psychological effect as forceful sexual interference.

2.5

It is calculated that there are 5.9 million active Jehovah's Witnesses in over 230 countries worldwide. Additionally, another 8 million attend prayer meetings and might be expected to share some beliefs. The current Great Britain and Ireland Jehovah's Witness population is 145,000, but this is likely to be an underestimate.

Recent knowledge of the risk of transmission of disease and other complications of blood transfusion have in many cases been cited as further support for the Jehovah's Witnesses' refusal to accept blood transfusion. Increasing awareness of this risk generally by the medical profession has altered views on the need for transfusion and altered our perception of the problems occurring as a result of acute unexpected blood loss.

2.6

Because of the variability between individual beliefs and the extent of adherence to the basic tenets, it is common for a Witness patient to wish to consult with the Elders of the community for help in reaching a decision regarding accepting blood-product related medical treatment. Most active communities maintain a committee of Elders, known as the 'Hospital Liaison Committee for Jehovah Witnesses', which can be contacted and whose telephone numbers are listed in the local telephone directory. Appendix 2 gives the main contact numbers for the national central committees.

2.7

The local 'Hospital Liaison Committee for Jehovah Witnesses' can also act as a local resource for information regarding the beliefs and practices of Jehovah's Witnesses. They have access to a great deal of reference material and information.

SECTION 3 – THE LEGAL POSITION IN RESPECT OF ANAESTHESIA AND CONSENT

3.1

Jehovah's Witnesses are generally well informed, both about their legal position and the options for treatment. Any competent adult is entitled to accept surgery but also to exclude specifically certain aspects of management such as the administration of a blood transfusion. The recent recommendations from the Department of Health in respect of consent forms provide for the inclusion of a box for the patient to complete and this may contain specific exclusions from the consent. Most practising Jehovah's Witnesses will carry with them a clear Advance Directive prohibiting blood transfusions. Many have also executed a more detailed Healthcare Advance Directive (living will) with comprehensive personal instruction on a variety of matters and have lodged copies with their general practitioner as well as family and friends. Appendix 3 gives the full wording of a typical directive which specifically states that 'in the event of emergency treatment including general anaesthesia and surgery....' it forbids the administration of blood or blood components. The advance directive goes on to state that 'my express refusal of blood is absolute and is not to be overridden in any circumstances'. It is important to realise that individual Jehovah's Witnesses may have different views and the doctor's obligation is to respect the wishes of the individual patient.

3.2

It is the view of this Working Party that such an advance medical directive by a competent adult, if properly signed and witnessed, must be respected unless there is some reason to suppose that the patient has changed their view since the directive was executed.

3.3

The Working Party strongly recommends that the views held by each Jehovah's Witness patient should be ascertained to find out which aspects of treatment are acceptable and which are not.

3.4

To administer blood to a patient who has steadfastly refused to accept it either by the provision of an advance directive or by its exclusion in a consent form is unlawful, ethically unacceptable and may lead to criminal and/or civil proceedings [2].

3.5

In the management of trauma or when dealing with an unconscious patient whose status as a Jehovah's Witness may be unknown, the doctor caring for the patient will be expected to perform to the best of his ability and this may include the administration of blood transfusion. However, there may be opinions put forward by relatives or associates of the patient suggesting that the patient would not accept a blood transfusion even if that resulted in death. Such relatives must be invited to produce evidence of the patient's status as a Jehovah's Witness. It is not uncommon for Jehovah's Witnesses to lodge a copy of their advance directives with their General Practitioner, who should be contacted.

3.6

Children of Jehovah's Witnesses below the age of 16 years may cause particular difficulty. The wellbeing of the child is overriding and, if the parents refuse to give permission for blood transfusion, it may be necessary to apply for a legal 'Specific Issue Order' via the High Court in order to administer legally the blood transfusion (see below and Appendix 5 for the procedure to follow). It is important, however, before this serious step is taken, that two doctors of consultant status should make an unambiguous, clear and signed entry in the clinical record that blood transfusion is essential, or likely to become so, to save life or prevent serious permanent harm. In the event that a court order is sought, it is *strongly* recommended [2] that the parents be given the opportunity to be properly represented and are kept fully informed of the practitioner's intention to apply for the order.

In Scotland such an application for a ‘Specific Issue Order’ is made to the court under Section 11 of the Children (Scotland) Act 1995.

In the case of children over 12 years who are capable of understanding the issues, the anaesthetist will be able to rely upon their consent (see Section 7).

3.7

The management of a child of a Jehovah’s Witness in an emergency situation who is likely to succumb without the *immediate* administration of blood is viewed in law in a different light. In this situation, application to the courts will be too time-consuming and the blood should be transfused without consulting the court. The courts are likely to uphold the decision of the doctors who give blood.

3.8

Most hospitals provide a special Jehovah’s Witness consent form but, if that is not forthcoming, the Hospital Liaison Committee of the Jehovah’s Witnesses is likely to have a suitable form available. It may also be advisable to make a separate clear entry in the patient’s clinical notes to the effect that the patient has refused the administration of blood or blood products under any circumstances.

SECTION 4 - CLINICAL MANAGEMENT

4.1

It is essential that surgeons who are aware that an elective patient is a Jehovah's Witness should alert the anaesthetic department as soon as possible in order to ensure that a consultant anaesthetist is prepared to manage the patient's care. Early warning of any potential intervention that could lead to the need for blood or blood products is also advisable.

4.2

Anaesthetists have the right to refuse to anaesthetise an individual in an elective situation but should attempt to refer the case to a suitable qualified colleague prepared to undertake it. The surgeon should be informed as soon as possible if any difficulty ensues. In an emergency, the anaesthetist is obliged to provide care and *must* respect the patient's competently expressed views.

4.3

The introduction of an early warning system for the delivery of a child to a Jehovah's Witness mother can also be beneficial so that appropriate staff are available. This arrangement should apply to booking of delivery dates by both obstetricians and midwives.

4.4

The Jehovah's Witnesses have established a number of Hospital Liaison Committees in 42 key locations in Great Britain and Ireland (usually based in the major cities). The telephone numbers are listed in the directory and those of the major centres are included in Appendix 2. Representatives of these Committees are available at any time to advise or assist with the management of individual Jehovah's Witnesses. The Hospital Liaison Committees may have a schedule of physicians prepared to manage these patients. The Working Party suggests that departments of anaesthesia carry out their own internal inquiries and have available a list of anaesthetists willing to manage such patients.

4.5

Full pre-operative investigations and consultations with the patient should take place as early as possible, in order to ascertain the degree of limitation on intra-operative management.

4.6

At the pre-operative visit it is very important to take the opportunity to see the patient without relatives or members of the local community who may influence and impede full and frank discussion of the acceptability of certain forms of treatment. At this stage, treatments which are regarded as acceptable should be established and the patient made fully aware of the risks of non-acceptance of blood or blood products. Agreed procedures and non-acceptable treatments should be entered into the clinical notes and signed as a record.

At the patient's request, members of the Hospital Liaison Committee for Jehovah's Witnesses may be part of these discussions. Their prime role should be to avoid confrontation and assist understanding on both sides.

4.7

Major procedures can be carried out in stages in order to limit acute blood loss and the choice of operative technique may also influence outcome; examples are performing a unilateral procedure on two separate occasions rather than bilaterally in one session.

4.8

Pre-operative anaemia should be investigated and treated. The use of recombinant erythropoetin to improve haemoglobin levels has been documented but is an extremely slow treatment that might not be clinically justified or cost effective. It may be beneficial, however, to improve the iron stores by pre-administration of iron supplements. Discussion of an individual case with a haematologist could be beneficial.

4.9

Increasingly, obstetric or major lower limb procedures may be performed under local or regional anaesthesia alone and, in this situation, some patients may retract their prohibition when confronted with the need for a blood transfusion as a life saving measure. Any change in the patient's views at this point, made of their own volition and without duress, should be regarded as a modification in the scope of consent and should be witnessed and a contemporaneous entry be made in the patient's anaesthesia and clinical record. While patients who have received sedation may not strictly meet the legal standard of competence to give or modify a pre-existing valid consent, any such modification **must** be acted upon in the interests of saving the life of the patient.

SECTION 5 - INTRA-OPERATIVE MANAGEMENT

5.1

A number of techniques are available to reduce intra-operative blood loss. These may include: careful positioning to avoid venous congestion, hypotensive anaesthesia, use of tourniquets where appropriate, meticulous haemostasis, use of vasoconstrictors and haemodilution.

There should be time for pre-operative consideration of the use of one or more of these techniques.

5.2

A 'cell saver' system may be acceptable to the Jehovah's Witness and can be used in certain operations where blood loss is unlikely to result in blood contamination. Nevertheless, discussions of the use of a cell saver should be carried out with the patient to ensure acceptability.

5.3

A number of drugs have been used in an effort to reduce fibrinolysis, increase coagulability and reduce blood loss; eg tranexamic acid and aprotinin [4].

SECTION 6 - POSTOPERATIVE CARE

6.1

Postoperative care should ensure that any postoperative oozing is detected and the surgeon consulted early so that the correct surgical procedure to control it can be carried out. Careful recording of postoperative blood loss is essential and should be reviewed on a regular basis if any bleeding continues. Simple measures must be initiated such as direct compression, with early re-exploration if bleeding continues.

6.2

Following massive blood loss it may be necessary to consider elective ventilation to enhance oxygen delivery. A recent case of leaking abdominal aortic aneurysm had a haemoglobin level of 2.8 g dl^{-1} on admission to the ITU [6]. Elective ventilation continued for a total of 14 days. He was treated additionally with total parenteral nutrition, intravenous iron, folic acid and subcutaneous epoetin alfa.

6.3

Active cooling has also been described in the postoperative period to reduce oxygen consumption and increase dissolved oxygen carriage, but this technique is not widely accepted [6].

6.4

Hyperbaric oxygen therapy has been described also in the management of severe blood loss anaemia. Swift reversal of hypoxia is possible but the technique has limited application. Nevertheless, referral for hyperbaric therapy may be considered if an appropriate facility is available.

SECTION 7 - OTHER PAEDIATRIC CONSIDERATIONS

7.1

Children of sound mind aged 16-18 years have a statutory right to consent to procedures on their own account and there is no legal requirement to obtain consent from a parent or guardian as well. The child's consent takes precedence over parental objections although parents also have a common-law right to proceedings on behalf of children under the age of 18 years. In Scotland, young persons aged 16 or over have an exclusive right to determine their own medical treatment. The parent has no right to consent or interfere, similarly, recourse to the courts would not be available.

Children younger than 16 years may be competent to give their own consent if they demonstrate a clear grasp of the proposed treatment and the risks, benefits or consequences of acceptance or rejection of a proposed treatment. This is referred to as 'Gillick-competence'. However, this is likely only to apply to children above the age of 12 years.

A situation could be envisaged where a child under the age of 16 years, of Jehovah's Witness parents, were to consent to an elective blood transfusion in the face of parental opposition. Consent in this situation would be sound provided that the child could show evidence of 'Gillick competence'.

7.2

Although children aged 16-18 years are capable of consenting to any medical procedure, so that consent of another person is not necessary, the law expressly states that this does not invalidate the right of others to consent on their behalf. Thus, where a 17 year old child refuses a blood transfusion on the basis that they are a Jehovah's Witness, it will be open to a parent or the court to give a lawful consent on their behalf. If the patient is in an acute emergency situation it will be lawful for an anaesthetist to proceed on the basis of the consent of either parent. Where time permits, the court should be asked to resolve the position.

In Scotland, a young person aged 16 or over can only be treated against their wishes in cases where the young person has some mental incapacity,

in which case a parent or agency could acquire rights by being appointed as *tutor dative*.

7.3

In a recent case [7], a 14 year old and her parents, with strongly held beliefs, refused a transfusion required to manage her severe burn injuries. It was found by the Family Court, following the opinion of an expert in child psychiatry, that these beliefs were founded upon the context of her own family experience alone and that there was a distinction between a view of that kind and the constructive formulation of an opinion which occurred with adult experience. While it was accepted that the patient's opinions were firmly held, they were necessarily based upon a limited understanding of matters and that she was not in possession of all the details which it would be right and appropriate to have in mind when making such a decision. The Official Solicitor was appointed to act as 'guardian ad litem' and consent was granted to the use of blood products as necessary.

SECTION 8 - RECOMMENDATIONS

1. Anaesthesia departments should review their procedure for being alerted at an early stage of the scheduling of Jehovah's Witness patients for elective surgery.
2. An internal survey should be carried out and regularly reviewed of those senior members of the anaesthetic department prepared to care for followers of the Jehovah's Witness faith.
3. In an emergency, an anaesthetist is obliged to care for a patient in accordance with the patient's wishes and irrespective of the anaesthetist's own views.
4. Properly executed Advance Directives must be respected and special Jehovah's Witness consent forms should be widely available for use as required.
5. Each Jehovah's Witness must be consulted, whenever possible, to ascertain what treatments they will accept.
6. Discussions with Jehovah's Witness patients should be fully recorded in the notes and their acceptance or rejection of treatments be likewise recorded and witnessed.
7. In the case of children, local procedures for application to the High Court (In Scotland the Court of Session or appropriate Sheriff Court) for a 'Specific Issue Order' should be reviewed and available for reference.
8. A 'Specific Issue Order' should only be applied for when it is felt to be entirely necessary to save the child in an elective or semi-elective situation.

9. In a life-threatening emergency if a child unable to give competent consent, all life-saving treatment should be given, irrespective of the parents' wishes.
10. Wherever possible, consultant staff (both anaesthetic and surgical) should be directly involved with the care of Jehovah's Witness patients from the outset.

REFERENCES

1. The Royal Colleges of Surgeons of England 'Code of Practice for the Surgical Management of Jehovah's Witnesses' 1996.
2. ReT All England Law Reports 1992;4:647-70.
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5. Ashley E. 1997 Anaesthesia for Jehovah's Witnesses. *British Journal of Hospital Medicine*; **58**:375-380.
6. Baker CE, Kelly GD and Perkins GD. 1998 *British Journal of Anaesthesia*; **81**: 256-259.
7. Blood Transfusion Refusal – Best interests of minor Jehovah Witness. 1998 Medical Litigation 8-9 [*Re L (A Minor)* FamD: The President, June 10, 1998 10 Pages].

APPENDIX 1
THE HOLY BIBLE AUTHORISED KING JAMES VERSION

Genesis Chapter 9, Verses 3-4

3. Every moving thing that liveth shall be meat for you; even as the green herb have I given you all things.
4. But flesh with the life thereof, *which is* the blood thereof, shall ye not eat.

Leviticus Chapter 17, Verses 11-12

11. For the life of the flesh *is* in the blood: and I have given it to you upon the altar to make an atonement for your souls: for it *is* the blood *that* maketh an atonement for the soul.
12. Therefore I said unto the children of Israel, No soul of you shall eat blood, neither shall any stranger that sojourneth among you eat blood.

Acts Chapter 15, Verses 28-29

28. For it seemed good to the Holy Ghost, and to us, to lay upon you no greater burden than these necessary things;
29. That ye abstain from meats offered to idols, and from blood, and from things strangled, and from fornication: from which if ye keep yourselves, ye shall do well. Fare ye well.

APPENDIX 2
HOSPITAL LIAISON COMMITTEES
CONTACT NUMBERS

Hospital Information Services (Britain)
Watch Tower, The Ridgeway
London
NW7 1RN.

Tel 0181 906 2211
Fax 0181 343 0201
Email: his@wtbts.org.uk

Birmingham
Tel 0121 770 7843
Fax 0121 779 6739
Mobile 0973 502343

Glasgow
Tel 01355 220674
Fax 01355 233998

Cardiff
Tel/Fax 01446 405666
Mobile 0973 377136

Belfast
Tel 01232 618564

Dublin
Tel +353 (0)1 840 3977

APPENDIX 4

CONSENT TO TREATMENT FOR MEDICAL OR DENTAL INVESTIGATION TREATMENT OR OPERATION WHERE THE PATIENT IS A JEHOVAH'S WITNESS – ADULT

Patient's Surname: **Hospital No**

Other Names:..... Sex (*please circle*) Male/Female

Date of Birth:

DOCTOR/DENTIST *This part to be completed by Doctor or Dentist (See Notes Below)*

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate:

.....
I confirm that I have explained the above operation, investigation or treatment, and such appropriate options as are available and the type of anaesthetic, if any (general/local/sedation) proposed to the patient in terms which in my judgement are suited to the understanding of the patient. I acknowledge that this limited consent, as expressed below, will not be over-ridden unless revoked or modified in writing.

Signature: **Date:**

Name of Doctor/Dentist:.....

PATIENT *This part to be completed by the patient*

- 1 Please read this form and the notes at the bottom of the form very carefully.
- 2 If there is anything you do not understand about the explanation or if you want more information, you should ask the Doctor/Dentist.
- 3 Please check that all the information on the form is correct. If it is, and you understand the explanation, then sign the form.

I am the patient

I agree

- subject to the exclusions below to what is proposed and which has been explained to me by the Doctor/Dentist named on this form.
- to the use of the type of anaesthetic that I have been told about.

I have told the

Doctor/Dentist

- that my consent **excludes transfusion of blood components** but includes (delete and add as necessary) the administration of non-blood volume expanders such as saline dextran, Haemaccel, hetastarch and Ringer's solution (others). In addition the procedures listed below are those I would **NOT** wish

- to be carried out straight away with out my first having the opportunity to consider them
- that this limination of consent shall remain in force and bind all those treating me unless and until I expressly revoke it in writing.
- that I am one of Jehovah’s Witnesses with firm religious convictions and I have decided to obey the Bible command “Keep abstaining from.....Blood” (Acts 15:28, 29), with full realisations of the implications of this position.

I understand

- that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons
- that my express refusal of blood or blood components will be regarded as absolute and will not be overridden in ANY circumstances by a purported consent or a relative or other persons or body. Such refusal will be regarded as remaining in force even though I may be regarded as remaining in force even though I may be unconscious and/or affected by medication, stroke or other condition rendering me incapable of expressing my wishes and consent to treatment options, and the doctor(s) treating me consider that such REFUSAL MAY BE LIFE THREATENING

I accept

- full legal responsibility for this decision and release Community Hospitals Group and all those treating me from any liability for any adverse consequences arising out of the restrictions on my consent.

Signature:**Name:**

Address:
.....

PATIENT NOTES

- The Doctor/Dentist is here to help you. He/She will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse the treatment.
- You may ask for a relative, friend, religious advisor or nurse to be present.
- You may ask to see the Doctor/Dentist alone.

DOCTOR/DENTIST NOTES

- A patient has the right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to treatment at any time. The patient’s consent to treatment should be

recorded on this form (further guidance is given in HC (90) 22; *A Guide to Consent Examination or Treatment*).

APPENDIX 5

SIMPLIFIED PROCEDURE FOR APPLICATION TO COURTS FOR A 'SPECIFIC ISSUE ORDER'

1. Child and parents refuse consent to treatment. Doctors believe treatment must be given, in the best interests of the child. This would not be an emergency situation - if it is, the doctor should act in the best interests of the child, having taken a second opinion, and record his actions carefully in the medical records.
2. Doctors seek advice from their Trust Legal Department or Chief Executive who in turn seeks solicitors' advice. Parents should be kept informed and invited to case conferences.
3. If solicitors advise proceeding, they will involve the Official Solicitor, a Government-appointed solicitor, whose function is to represent the interests of minors or others who are 'incompetent'. The Official Solicitor or a member of his staff will probably wish to see the parents and the child, to discuss the situation. The Official Solicitor may then instruct solicitors to act on his and the child's behalf.
4. The Trust applies to the High Court (in Scotland the Court of Session or Sheriff Court) for an order giving consent to the proposed treatment. The terms of the proposed order should be discussed in advance with the Official Solicitor.
5. A hearing, which is generally heard in chambers but can be held in public with the names of the family, the hospital and the doctors directly involved kept confidential, permits the doctor(s) recommending treatment to give evidence, based on a previously prepared affidavit. The court will wish the doctor to state the reasons for the recommended treatment, together with other options considered and the reasons for discarding those options. Independent expert advice may also be required. The Official Solicitor will probably call his own experts to give evidence. The parents may wish to have separate legal representation.

6. The court may grant the order and may impose further conditions. The court's paramount consideration will be the welfare of the child.
7. The Trust and the doctors then consider how best to proceed in accordance with the court's ruling.
8. The Trust may be required to pay a proportion of the legal costs of the Official Solicitor, as well as its own.

APPENDIX 6
PROCEDURES FOR CASES INVOLVING CHILDREN
UNDER 18 (SEE SECTIONS 3.6, 7 AND APPENDIX 5)

