

Anaesthesiologist's sentiment in a tertiary maternity hospital regarding blood transfusion in patients who adamantly refuse blood transfusion despite risk of death

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Background

In certain cultural and religious contexts, blood transfusion may be refused even in cases of major haemorrhage where refusal may result in maternal death. The Association of Anaesthetists 2018 guideline highlights that perioperative care of patients refusing blood transfusion should prioritise autonomy, advance planning, and blood conservation strategies¹. Anaesthesiologists are central due to the management of perioperative bleeding, haemodynamics, and life-threatening emergencies. This creates a significant ethical and clinical challenge in obstetric care, as major haemorrhage remains a leading cause of maternal mortality.

Aim

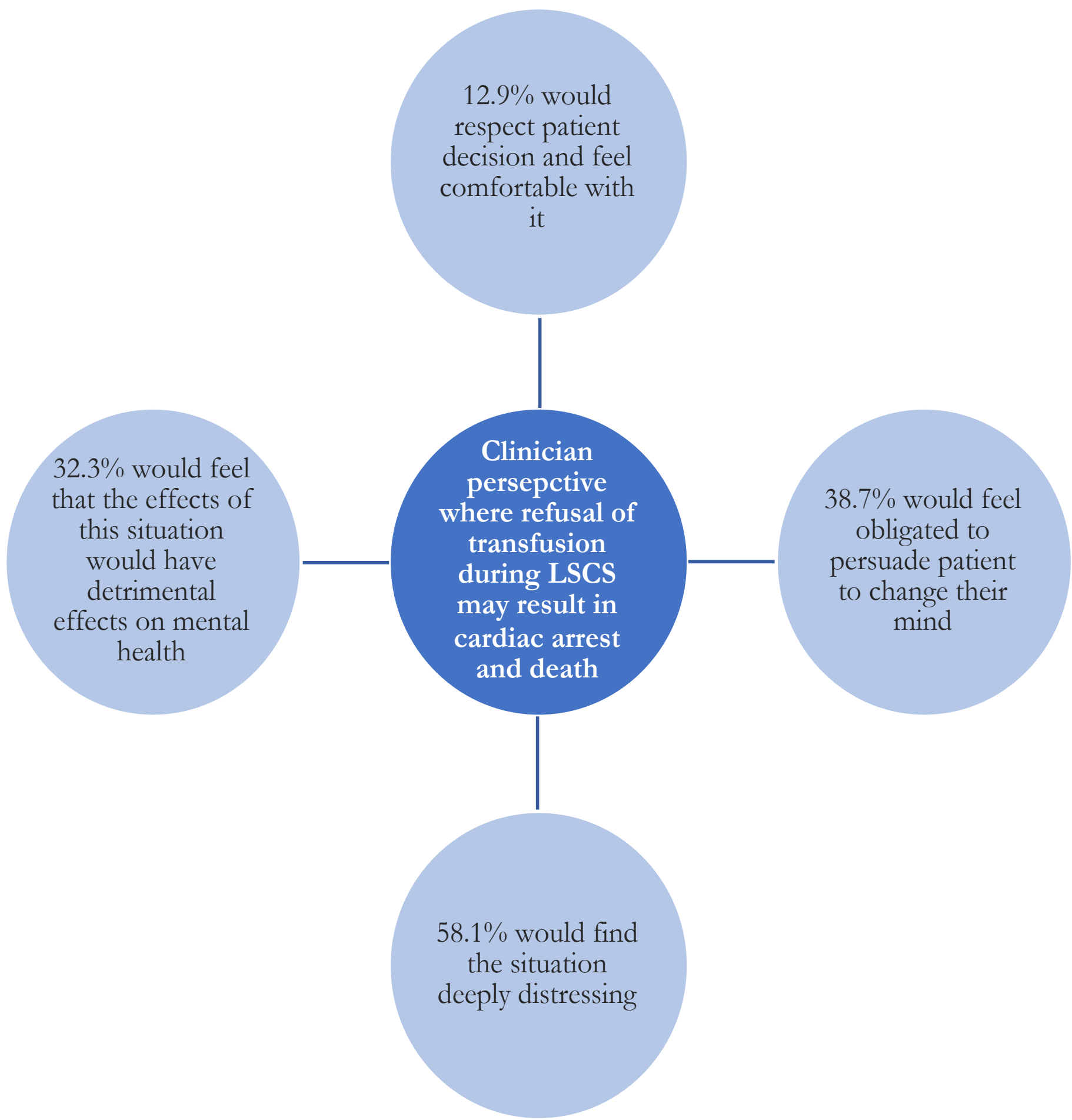
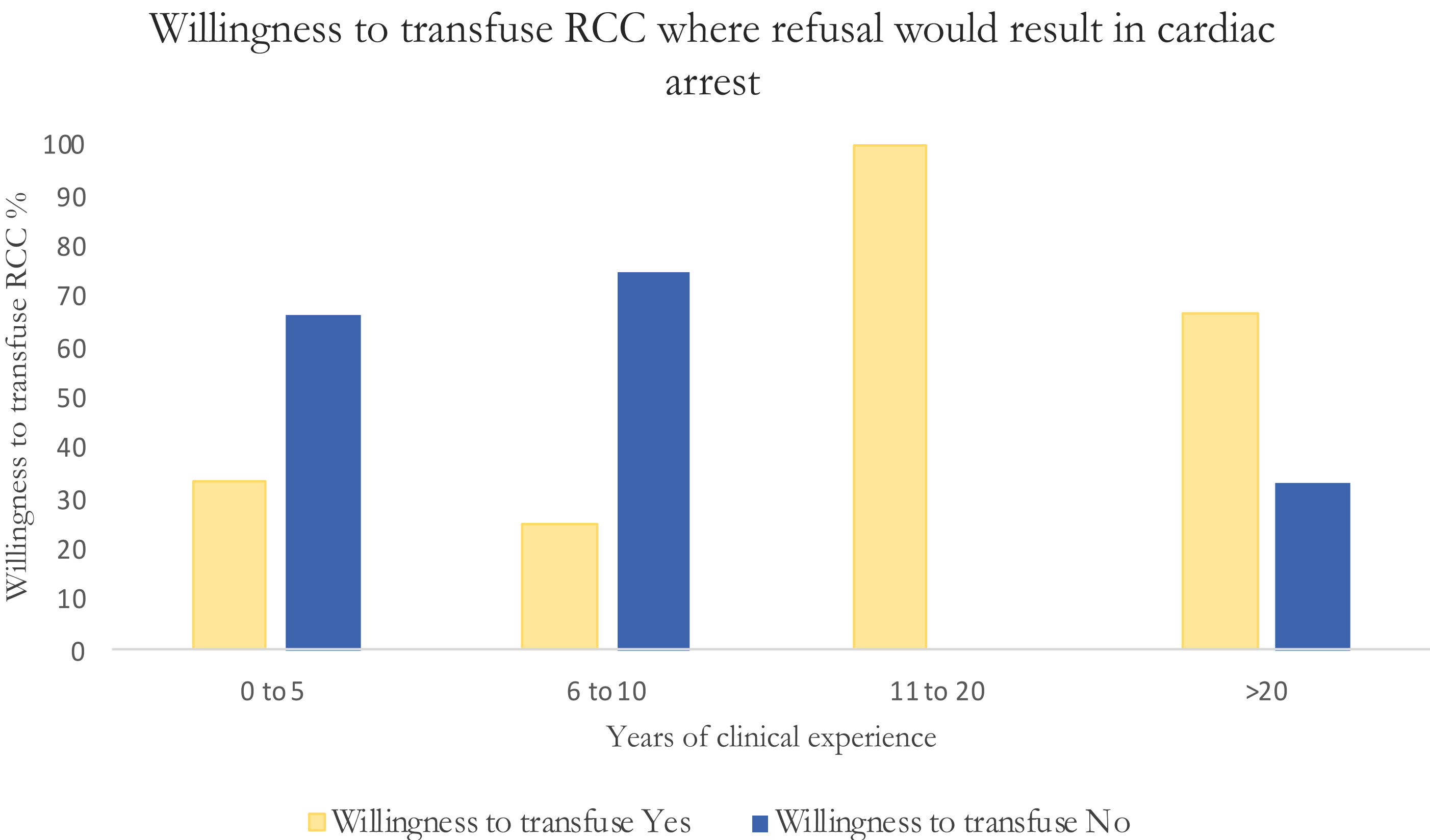
To examine the perspectives of anaesthesiologists on adamant blood transfusion refusal (ABTR) in an obstetric setting.

Methods

Anaesthesiologists completed a modified standardised moral distress questionnaire tailored to identify clinician distress and willingness to transfuse blood in life threatening haemorrhage in patients expressing ABTR.

Anaesthesiologists were stratified according to years of clinical experience

Results



Discussion

In obstetric anaesthesia, ABTR leads to high levels of moral and emotional distress in attending clinicians. Despite this, one half of clinicians responded that they would transfuse a patient despite ABTR if they believe a patient would otherwise die. This proportion reduces in clinicians with 0-10 years clinical experience however reaches 100% in clinicians with 6 to 10 years experience. Current guidance from the Association of Anaesthetists supports respect for informed refusal of blood products, alongside proactive multidisciplinary planning and the use of blood conservation strategies in high-risk settings such as obstetrics¹.

