Real Dilemmas Regarding Blood Transfusion*

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George Dangas, MD, Llaya Chandrasekhar, MBBS:

n transfusing patients with red blood cells, physicians and surgeons aim to enhance the circulatory oxygen-carrying capacity that has been compromised due to blood loss or a hematological disorder. In general, bleeding and transfusion strongly correlate with adverse outcomes in patients undergoing percutaneous coronary intervention (PCD) (1,2). Understandably, these negative reports have culminated in a higher threshold among physicians to prescribe blood transfusion (3). Nonetheless, there is considerable variation in transfusion practices in U.S. hospitals, and current transfusion guidelines reflect the uncertainty stemming from the available evidence (3.4). The field of interventional cardiology is no exception to this, and the ideal place of blood transfusion around the time of PCI is samelear.

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In this issue of IACC: Cardiovascular Interventions, Kwok et al. (3) describe a meta-analysis of 19 studies and 54,000 transfusion events in 2,258,711 patients undergoing PCI, for clinical outcomes of major adverse cardiac events and death at any time point. Follow-up varied from in-hospital to 5 years. In the absence of patient-level data, the authors report the crude mortality at any time point in transfused patients (based on available data from 8 of 19 studies) at 12.6% versus 1.2% in nontransfused patients. Likewise, the crude major adverse cardiac events rate (based on available data from 5 of 19 studies) was 17.4% versus 3.1% in nontransfused patients. The

However, are these statistical adjustments able to adequately account for the propensity of physicians to transfuse patients for acute or life-threatening reasons? Is any statistical adjustment adequate to demonstrate that transfused patients would in fact have survived bleeding in the absence of transfusion had they been managed with a more conservative approach instead? The answer to both of these questions is "no" because these subjects are deeply clinical and not purely statistical, often related to variables that are not collected and analyzed in research databases. The same holds true for the decision of how many units to transfuse and how this may be reflected as a gradient of risk and benefit; this variable was not comprehensively analyzed by Kwok et al. (5) (as only 2 of 19 studies provide relevant data). Additionally, the potential outcome differences with whole blood versus packed red cell transfusion versus transfusion of other blood substitutes warrant future investigation.

The risks of transfusion are related not only to transmission of infections but also to transfusion reactions, acute lung injury, circulatory overload, and immunosuppression (6). The mechanism by which

primary limitation with a meta-analysis on this subject is the inherent difficulty in separating mortality resulting from bleeding, particularly in the very early time frame of the index hospitalization. In an attempt to address this issue, the authors provide mortality outcomes adjusted for baseline hematocrit (2 studies), baseline anemia (5 studies), and bleeding based on a hematocrit drop (3 studies). The adverse influence of transfusion on mortality remained independently of these factors. Furthermore, the authors also show that the mortality risk increased with the number of units transfused, particularly for patients receiving more than 3 units. Correspondingly, they emphasize the importance of bleeding avoidance strategies to preclude the need for blood transfusion. in the first place.

[&]quot;Editorials published in JACC: Cardiovacular Interventions reflect the views of the authors and do not necessarily represent the views of JACC: Cardiovacular Interventions or the American College of Cardiology.

From the shlowest Simus Bloopital, New York, New York; and the skadus School of Medicine at Mount Simus, New York, New York. Both authors have reported that they have no relationships relevant to the contents of this paper to disclose.

Blood Transfusion Dilemmas

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Blood Transfusion Dilemmas:

Disputes and Dilemmas in Health Law Ian R. Freckelton, 2006 This book replaces the successful Controversies in Health Law Under the same editorship and much the same authorship it is substantially larger 30 chapters instead of 18 and correspondingly more comprehensive It retains the lively analysis and the focus on controversial and cutting edge problems The chapters are broken up into parts covering Litigation and Liabilty Reproductive Technologies The Seguelae of the End of Life Public Health Ethical Frameworks and Dilemmas Regulation Human Rights and Therapeutic Jurisprudence Research and Vulnerability and Information Privacy and Confidentiality They consider issues raised by new technologies changing legislation and altering community expectations by new regulatory processes for medicine and all of the health professions by the fundamental changes to civil liability for medical negligence by the fierce debate over the role of coroners Disputes and Dilemmas in Health Law covers questions on property in human tissue and on the ethical and legal aspects of the genetics revolution provides a modern take on old issues such as reproductive law takes account of changes relating to expert evidence and discusses how difficult cases in relation to psychiatric injury and wrongful life are pushing **Resolving Ethical Dilemmas** Bernard Lo, 2012-01-03 This timely Fourth Edition offers compensability to its edges clinicians expert guidance in approaching a wide range of ethical dilemmas and developing an action plan Most chapters include real life sample cases that the author walks through discussing the salient issues and how to approach them This edition includes a new chapter on ethical issues in cross cultural medicine and new material on conscientious objection by physicians in reproductive health and other areas Other topics addressed include disclosure of errors to patients gifts to physicians from drug companies involuntary psychiatric treatment genomic medicine and ethical issues during public health emergencies such as pandemics The updated discussion of organ transplantation includes increasing the donor pool and non heart beating donors Patients That Refuse Blood Transfusions Antu00f3nio Pedro Morais,2017 Background Treatment of acute blood loss in patients that refuse blood transfusion BT represents not only an anaesthetic and clinical challenge but an ethical and sociological problem Jehovah witnesses JW refuse BT based on religious beliefs In our country it is common for JW to carry an informed and signed consent in which they state their refusal on red cells RC white cells WC platelets P and fresh frozen plasma FFP transfusion Case Report 75 ys woman JW history of moderate asthma and dyslipidaemia proposed for a right hepatectomy to remove a Klatskin tumor with likely cystic invasion Patient presented an explicit RC WC P and FFP transfusion denial in a written consent As part of the perioperative approach to patients that refuse BT she received a cycle of recombinant erythropoietin before surgery and presented at surgery time with an Hb of 16 4 g dL P count of 251x103 ml and no significant coagulation deficits Right hepatectomy was performed under balanced anaesthesia with standard monitoring invasive arterial cannulation central venous access in left jugular vein and 2 peripheral accesses No major surgical complication was detected but due to intraoperative refractory hypotension noradrenaline NA

perfusion was started and adjusted according to patientu2019 needs Final blood loss of 900ml During her stay in the PACU patient progressively became more hypotensive with increasing demand of NA and steady rise of arterial lactate After 2 hours she was considered to be in haemorrhagic shock due to surgical complication and brought back to the operating theatre to perform exploring laparotomy Blood sample analysis showed an Hb of 5 1 g dL and lactate of 5 2 mmol L at this stage Packing with haemorrhagic containing compresses was performed No blood transfusion was administered After re intervention patient vitals continue to drop and she died 4 hours after surgery Discussion and Conclusion In this case the team agreed to preserve respect for the patient s autonomy since she had been deemed competent to accept or refuse any proposed treatment and had been extensively informed about the potential complications of refusal of blood transfusions However this refusal may constitute an ethical dilemma for physicians particularly facing life threating situations whereas a blood transfusion might save the patientu2019s life and alternative treatments are unproven or unavailable Ethical Issues for Health Professionals George D. Pozgar, 2005 Legal and Ethical Issues for Health Professionals is a guide to aid in the resolution of ethical dilemmas with legal implications This comprehensive reference provides both the student and practicing health care professional with an overview of the ethical and legal issues that face health care providers today The reader will better understand ethical dilemmas and learn how to evaluate and distinguish between the rightness and wrongness of alternative courses of action when faced with complicated problems to solve BOOK JACKET Title Summary field provided by Blackwell North America Inc All Rights Reserved Ethical Issues and the Religious and Historical Basis for the Objection of Jehovah's Witnesses to Blood Transfusion Therapy André Carbonneau, 2003 This book explores the sensitive area of medical decision making in cases where a patient refuses recommended medical treatment for religious or moral reasons The case in point is the refusal of blood transfusion therapy by Jehovah s Witnesses The theological and historical basis is examined in depth The history of blood use in medicine is also analyzed including the role of bloodletting as the queen of remedies for centuries and eventually the emergence of the reverse practice blood transfusion Against this backdrop of theological historical and medical information the study examines the ethical and legal issues raised by the stand of Jehovah's Witnesses The principle of autonomy and its development into a legal concept as well as its introduction into medical ethics leading to the development of the doctrine of informed consent into both a legal rule as well as an ethical duty imposed on health care professionals are considered Ethical Issues in Transfusion Medicine Colin R. Macpherson, Ronald E. Domen, Terry M. Perlin, 2001 Transfusion Medicine and Blood Michel Prudent, Jean-Daniel Tissot, Stefano Fontana, Christoph Niederhauser, 2019-04-04 Research in transfusion medicine is diverse and interdisciplinary involving scientists and physicians in hematology basic sciences biology biotechnology and so forth It regularly proposes innovation from the donors to the patients along the whole transfusion chain in terms of blood screening processing and transfusion praxis The present Research Topic covers recent advances in transfusion medicine and blood and provides an

overview of the current knowledge It includes original articles reviews and perspectives for the future challenges Problems of Hematology and Blood Transfusion ,1961 Biomedical Ethics and Medical Law in Blood Transfusion *Practice* Catherine Swee Kian Tay, 2010 International Society of Blood Transfusion, 12th Congress 1969, Part 2 K. Proceedings, First USA-USSR Joint Symposium on Blood Transfusion, Moscow, USSR, Stampfli, 1972-12-09 **October 18-20, 1976** ,1978 Ethics & Issues In Contemporary Nursing - E-Book Margaret A Burkhardt, Alvita K Nathaniel, 2024-06-07 Selected for 2025 Doody's Core Titles in Legal Ethical Learn how to think beyond the theoretical in any environment Ethics Issues in Contemporary Nursing 2nd Edition examines the latest trends principles theories and models in patient care to help you learn how to make ethically sound decisions in complex and often controversial situations Written from a global perspective examples throughout the text reflect current national and international issues inviting you to explore cases considering socio cultural influences personal values and professional ethics Historical examples demonstrate how to think critically while upholding moral and professional standards as well as the law Key topics throughout explore advocacy and rights diversity nurse burnout mass casualty events effects of the COVID pandemic health equity social media violence in the workplace medication error prevention opioid and other substance use HIPAA and healthcare reform In addition this title contains supplemental case studies and review questions to further challenge and prepare you to make morally sound decisions in any healthcare setting NEW Content on the latest developments in nursing includes coverage of The Future of Nursing 2020 2030 Charting a Path to Achieve Health Equity report resiliency burnout and nurses in wartime NEW Focused linking of the content of each chapter with sections of professional nursing codes of ethics provides guidance for dealing with ethical dilemmas NEW Scenarios of the Pandemic boxes explore the impact of ethical dilemmas on nurses during the COVID pandemic EXPANDED Additional information enhances content on delegation moral uncertainty health care for transgender patients the impact of technology on nursing care and decisions global consciousness and vaccine hesitance immigration and refugee issues UPDATED Current coverage addresses key health policy issues UPDATED Nursing Ethics Social Issues and Health Disparities chapter features the latest developments in those areas Straightforward and conversational writing style makes the content interesting and understandable Case studies and review questions on the Evolve companion website help you apply the concepts learned from the text More than 60 case presentations present scenarios from real life situations Think About It exercises help you explore different facets of cases Ask Yourself questions challenge you to balance information in the text along with personal values and those of the nursing profession Summary and chapter highlights present an overview of key chapter content Discussion questions and activities allow you to further explore issues and ethics Issues in Diagnostics and Imaging: 2013 Edition, 2013-05-01 Issues in Diagnostics and Imaging 2013 Edition is a ScholarlyEditions book that delivers timely authoritative and comprehensive information about Diagnostic and Interventional Radiology The editors have built Issues in Diagnostics and Imaging 2013 Edition on the vast information

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Table of Contents Blood Transfusion Dilemmas

- 1. Understanding the eBook Blood Transfusion Dilemmas
 - The Rise of Digital Reading Blood Transfusion Dilemmas
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Blood Transfusion Dilemmas
 - Exploring Different Genres
 - o Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Blood Transfusion Dilemmas
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Blood Transfusion Dilemmas
 - Personalized Recommendations
 - Blood Transfusion Dilemmas User Reviews and Ratings
 - Blood Transfusion Dilemmas and Bestseller Lists
- 5. Accessing Blood Transfusion Dilemmas Free and Paid eBooks
 - o Blood Transfusion Dilemmas Public Domain eBooks
 - Blood Transfusion Dilemmas eBook Subscription Services
 - Blood Transfusion Dilemmas Budget-Friendly Options
- 6. Navigating Blood Transfusion Dilemmas eBook Formats

- o ePub, PDF, MOBI, and More
- Blood Transfusion Dilemmas Compatibility with Devices
- Blood Transfusion Dilemmas Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Blood Transfusion Dilemmas
 - Highlighting and Note-Taking Blood Transfusion Dilemmas
 - Interactive Elements Blood Transfusion Dilemmas
- 8. Staying Engaged with Blood Transfusion Dilemmas
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Blood Transfusion Dilemmas
- 9. Balancing eBooks and Physical Books Blood Transfusion Dilemmas
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Blood Transfusion Dilemmas
- 10. Overcoming Reading Challenges
 - $\circ\,$ Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Blood Transfusion Dilemmas
 - Setting Reading Goals Blood Transfusion Dilemmas
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Blood Transfusion Dilemmas
 - Fact-Checking eBook Content of Blood Transfusion Dilemmas
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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