

Information for Patients Requiring Surgery or Chemotherapy

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1. The purpose of this information is to assist you in considering issues that you may wish to discuss with your doctor or other health-care provider (referred to in this document as a “caregiver”). You should ask your caregiver to explain the treatment options that are available in your specific situation to ensure that they are in harmony with your Bible-trained conscience. **This information is not intended to provide medical advice or to make decisions for you regarding your medical care. Instead, it is intended to help you make your own decisions.—Gal. 6:5.**

PERSONAL PREPARATION

2. What can you do?—Prov. 27:11, 12.

- (1) Study lesson 39 of *Enjoy Life Forever!* and review the video *How to Make Health-Care Decisions Regarding Blood*.
- (2) Prayerfully decide what medications and therapies you will accept. Certain treatments may involve blood fractions (derivatives) or the use of your own blood.
- (3) Carefully fill out a durable power of attorney (DPA) card. Inform the health-care agents listed on your DPA card of your decisions.
- (4) You may seek assistance from the Hospital Liaison Committee (HLC) in selecting a cooperative doctor (either for yourself or for your children). The HLC has working relationships with physicians who are skilled in avoiding blood transfusions.
 - This should be done *as early as possible* in *any* situation that requires a hospital stay, surgery, or a therapy such as cancer treatment, even if it seems that the situation might not involve the blood issue.
 - To obtain assistance from the HLC, request the HLC’s contact information from an elder in your congregation.

DISCUSSIONS WITH CAREGIVERS

3. Speak with each of your caregivers *well before* your surgery or chemotherapy. You will need to do the following:

- (1) During your first visit, inform your caregiver of your position on blood transfusion. Confirm that he is able and willing to respect your decisions.
- (2) Provide a copy of your completed durable power of attorney card to your caregiver.
- (3) Inform your caregiver about your medical history, including medications, illnesses, past surgeries, and previous bleeding problems. Ask your caregiver whether you are anemic (not having enough healthy red blood cells) and if so, whether you should take medicine, such as iron and erythropoietin.

4. Consider obtaining a second medical opinion, especially if *major* surgery is planned.

5. **Surgeon:** He is responsible for the surgery and for using techniques to minimize and control bleeding.

- (1) Confirm with him that all on the medical team, including the anesthesiologist, will respect your wishes.
- (2) If you are on blood thinners, ask if and when it is necessary to discontinue or adjust these drugs *before* surgery.
- (3) Ask whether he can use a minimally invasive approach *during* surgery. Ask about surgical and pharmacological methods designed to limit blood loss.
- (4) Confirm that you will be monitored closely for bleeding *after* surgery. Discuss the importance of minimal blood sampling for laboratory tests. Inquire about options for treating anemia that may occur after surgery.
- (5) Ask for instructions about monitoring potential bleeding *after* you are discharged from the hospital.

6. **Anesthesiologist:** He is responsible for administering anesthesia, for monitoring you during surgery, and for handling medical procedures involving the use of your own blood.

- (1) Inform him of your decisions on such medical procedures as hemodilution and cell salvage.
- (2) Ask him how he plans to prepare for and manage unexpected blood loss that the surgeon cannot control.—Eccl. 9:11.
- (3) Ask him to ensure that any who may substitute for him on the day of surgery will follow the same plan.

7. **Oncologist:** He is a cancer specialist. He may recommend chemotherapy, radiation, or other therapies to treat the cancer. Some treatments will impair the body's ability to produce new blood cells.

- (1) Ask how he can individualize or modify your chemotherapy protocol by extending the cycles or reducing the dosage if needed.
- (2) Ask about the use of drugs that stimulate production of red blood cells, white blood cells, and platelets.

8. **Hematologist:** He is a blood disorder specialist. For a very limited number of patients with certain conditions, he may recommend a hematopoietic (blood-forming) stem cell transplant (also called a bone marrow transplant). Such stem cells can be collected from your own blood or the blood of another person. Since these can be complex medical matters, the Hospital Liaison Committee (HLC) can assist you to understand the issues and to communicate with caregivers. However, the HLC will not make a decision for you regarding a stem cell transplant. Because the transplant will also unintentionally include other blood cells, you will have to decide, in harmony with your Bible-trained conscience, whether you can accept it.

- (1) Ask your caregiver how the stem cells will be stored before they are reinfused.
- (2) If the stem cells are from another person, ask your caregiver how he will manage your condition without using infusions of donor lymphocytes (a type of white blood cells).
- (3) Some hospitals routinely administer blood transfusions in the course of recovery. Ask your caregiver to explain how he plans to avoid this.