would wish to face again. Advice from medical malpractice insurers and other authorities[2] supports our view.

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2 *Dornette WHL.* The use of blood and blood products. *In:* Legal Aspects of Anaesthesia. WHL Dornette (Ed.). F.A. Davis Co. 1972: 261. Philadelphia.

REPLY

We appreciate the comments of Drs. Blogg, Gilman and Lawson and their stand on their decision of not administering an anaesthetic for surgery in a Jehovah's Witness refusing to accept blood products which may be necessary to sustain life. No one likes to go through the traumatic experience of having a patient die on the operating table from bleeding and be unable to give blood.

We do not argue that managing these patients, without the use of lifesaving blood transfusion, is a one way traffic, and that this disregards the religious, or other, beliefs of the surgeon and anaesthetist. There are over two million Jehovah's Witnesses worldwide. To deny categorically all Jehovah's Witness patients for anaesthesia, or find someone else to do it, without even considering the circumstances, is taking the easy way out.

We do not advocate a blind commitment in accepting these patients. The selection of patients, like any other patients, has to be based on the preoperative physical status, preexisting disease, haemoglobin concentration and coagulation profile. However, greater efforts may be required to bring these to the optimum, and patients with irreversible concomitant diseases may still be turned down. The patient, the surgeon and the anaesthetist must be fully aware of the potential risks. The surgeon has to be meticulous in securing haemostasis. Certain techniques such as haemodilution, hypothermia, phlebotomy with simultaneous reinfusion, balloon occlusion catheter placement, where indicated, are useful in managing these patients. Occasionally, unexpected major haemorrhage can occur. In most instances this can be replaced with non-blood products. However, once we have agreed to accept the patient, we have to respect their religious belief and not to use blood products as agreed upon.

This is both a moral and an economic issue, and certainly puts a strain on the already limited resources. Their faith is firm and it is not likely that they will accept blood even if this means they may die. Despite the few cases of death from exsanguination, thousands of members of this faith have been successfully managed through both major and minor surgery. We plead that as anaesthetists, we should take the challenge.

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