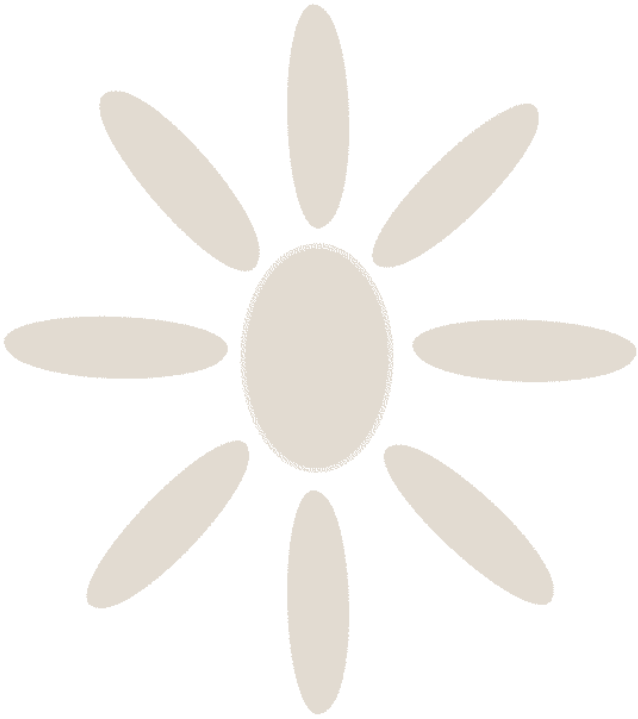


Spiritual and Cultural Care Policy Directory

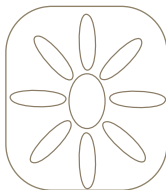




'Spiritual care is not a luxury for the few;
it is the essential right of every human being,
as essential as political liberty, medical
assistance and equality of opportunity.

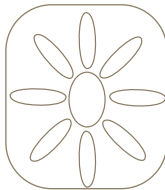
A real democratic ideal would include
knowledgeable spiritual care for everyone as
one of its most essential truths'.

Sogyal Rinpoche
Buddhist Teacher



'Our task is to provide the highest standards of spiritual and pastoral care for patients, relatives, friends and staff members, within the hospital environment'.

Dominic Fenton
Chaplain



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1

General Considerations

Introduction

The Need for Cultural and Spiritual Awareness

Britain is an increasingly cosmopolitan, multi-cultural and multi-faith society. To enable the NHS to continue to provide the highest standards of patient care in the context of such diversity, and for patients to receive care which is appropriate to their needs, it is crucial that the providers of such care take into account both cultural and spiritual factors.

When faced with a visit to or stay in hospital, most people become understandably stressed and anxious. One moment you have been quietly ordering your own affairs - the next you are dependent on others, becoming a patient and therefore 'vulnerable'. For those who are not familiar with the way things happen in hospital, or do not speak the same language as those trying to care for them, it can be a bewildering and frightening experience. The patient may feel isolated and misunderstood. If you were ill and had to be admitted to hospital in a country far from home, what would you most like the staff who are caring for you to know about? What would you most like them to understand? This resource pack attempts in simple terms to address some of the main areas that patients may be concerned about:

- Diet
- Hygiene
- Modesty
- Dress/Jewellery
- Names
- Special Considerations
- Family Planning
- Childbirth
- Blood Transfusions
- Organ Transplantations
- Care of the Dying/Death
- Post Mortems

It would be impossible in a directory of this nature to go through all the possible permutations and combinations of each ethnic group/religion -and so, for brevity, we aim to give a broad outline of cultural groupings in Section Two - and a brief synopsis of the various world religions in Section Three.

It is important for the 'users' of this directory to use this information as a guide only and always to consult each patient about their own individual needs.

Please Note:

This directory is intended to raise staff awareness of the varying needs of all patients. While we realise that some users of the directory may feel that certain sections form part of normal nursing care and practice, it has to be remembered that the pack is for general use and the information is therefore basic.

The Individual

The premise of Clinical Governance is 'Doing the right thing to the right person in the right way'. When determining cultural and spiritual needs, therefore, it is important always to ask the individual (and/or family member) what those needs are - and what those caring for the patient need to be aware of. Whatever cultural or religious beliefs a patient has, she/he will have preferences and needs, which are individual and personal to them alone. The individual has a right to have these wishes respected, as long as this is possible and does not impose excessively on the rights of others. Some people have religious needs, everyone has spiritual and cultural needs and these may basically be expressed as:

1. The need to love and to be loved
2. The need to find meaning and purpose in life
3. The need to feel 'valued' and worthwhile

General Considerations - All Patients

All patients should be treated equally and with dignity, regardless of gender, race, sexual-orientation or creed. They should have free access to religious support with the opportunity to practice their chosen religion whilst in hospital. To help staff meet these requirements the following guidelines are recommended. Where particular and specific requests cannot be accommodated an appropriate explanation should be carefully given to the patient or family member.

1. **Admissions Documentation** - should be completed accurately and in full, including details of the patient's religious beliefs, if stated. Consult the individual concerned and/or family member about their needs. Offer contact with the Chaplaincy Department or appropriate religious group as a matter of course.
2. **Patient Transfer** - if a patient moves to another ward, ensure that all relevant information and requests are communicated to the appropriate staff there.
3. **Dietary Requirements** - to ensure appropriate dietary requirements, it is important to assess the patients needs, then contact the Ward Housekeeper upon admission to make the necessary arrangements. (This may be arranged beforehand for planned admissions.)
4. **Fasting** - some patients will want to fast [i.e. abstain from food] for religious reasons at certain times. Necessary arrangements for food should be made outside the fasting period.
5. **Dress / Jewellery** - respect the patient's dress requirements as determined by their faith. This may also include the wearing of religious jewellery.
6. **Modesty** - any requests to be treated solely by male or female staff should be respected where at all possible.

7. **Privacy** - during admission procedures, medical examinations, treatment and ward rounds, the patient's privacy and dignity must be respected at all times. On occasions it may be necessary to provide a place that is more private, where others cannot overhear conversations. This will enable the patient to feel more comfortable when speaking confidentially with health care staff, their relatives or friends, or when praying.

8. **Care of the dying** - respect the personal wishes of a patient who may be dying and consult relatives/friends about their needs.

Issues around death and dying in certain cultures are often surrounded by mystery and confusion. It is difficult to ask patients and carers questions about these sensitive issues when the patient is very ill or in the case of sudden death. It is critical, however, that these issues are not ignored and help should be sought from more experienced staff. The effects of inappropriate intervention can result in long-term distress for the family in their bereavement.

9. **Bereavement** - always offer the services of the Chaplain or other religious leader to bereaved relatives and friends. As a sign of respect and sensitivity, the Mortuary chapel holds symbols of the major faiths that can be displayed or removed as relatives and friends wish.

There is a Multi-Faith Prayer Room on the Ground Floor of the Surgical Block, open 24 hours every day. The Room is available to all patients / relatives / friends / staff members. Further resource material is also available from the Hospital Chaplain who can be contacted on Bleep 642 or ext. 2724 or via Switchboard. The Chaplain also keeps copies of many of the sacred writings of the different faith communities.

10. Nursing Implications

Communication - appropriate information and interpretation is essential to the concept of informed consent. The use of family members for 'interpreting' may not always be ideal as they may be unfamiliar with medical terminology and reticent about discussing sensitive information with older or younger relatives. If in doubt, contact the Trust's Interpreting Service.

Spirituality - this can often be a misunderstood concept. NHS staff should be sensitive to the fact that 'spiritual' needs may be experienced by anyone, not simply those with religious beliefs. Indeed, the acknowledgement of a person's language, culture, dietary needs, customs, anxiety and fear, or even their sense of isolation in unfamiliar surroundings, is an important component of spiritual care. Those who provide the care should not, therefore, assume that it is only patients who have explicitly stated their religion who are likely to need spiritual support and comfort during illness. Times of crisis can lead the most unlikely people to consciously or unconsciously experience a spiritual need. In basic terms to have spiritual well-being is to say 'yes' to life in spite of negative circumstances.

The way spirituality is presented by a patient may vary. It could mean their need for a quiet period or room for meditation. In some religions, prayer times may be set and the nursing staff may have to negotiate with patients around these times.

2

Culture

African/Caribbean

We recognise that grouping African and Caribbean people together is much too simplistic, as it does very little to inform staff in healthcare settings about cultural/religious/dietary differences. We use the term African/Caribbean here to include all people of African and Caribbean origin.

As a result of this broad generalisation it is important that patients are consulted individually about their needs.

Religion - Religion plays an important part in the lives of most African/Caribbeans. Large proportions are mainstream Christians of whom many are Protestants. Some are Catholics and there are a growing number of Muslims.

Diet - There are no specific dietary regulations. As diet may vary depending on the patient's religion it is advisable to ask the individual. One of the common foods is rice and peas. Fish, okra ("ladies fingers"), sweet potatoes and yam are also popular.

Modesty - Patients are likely to have a strong preference for seeing a doctor/nurse of the same sex when being examined or treated, where possible. Sensitivity and care should be taken in situations which may cause embarrassment.

Family Planning - This will vary depending on the patient's religion and so the individual should always be consulted.

Death - Burial is preferred. Funeral and mourning customs vary depending on culture/religious belief.

It is customary amongst some African/Caribbean cultures to express their emotions freely when a relative dies. Privacy and space to do so should be given whenever possible.

Asian

It is important to realise that it is difficult to make broad generalisations about Asian patients. We use the term here to include people from Bangladesh, India and Pakistan.

Religion -

Bangladeshis - majority Muslim, some Hindus.

Indians - majority Hindus, some Muslims, Sikhs and also Christian.

Pakistanis - majority Muslim.
(please refer to Section Three)

Diet - The diet varies considerably depending upon the person's religion. For guidance please see the notes under the specific religion in Section Three.

Hygiene/Cleanliness - Hand washing is considered essential before and after eating. Patients should be provided with bowls/jugs of water/bidet etc. If a bedpan has to be used, bowls/jugs of water should also be provided. Asian patients prefer to wash in free flowing water e.g. a shower, as baths are considered unhygienic. If a shower is not available ask the patient if they would like a jug to use in the bath.

Modesty - Asian patients, particularly women, are likely to have a strong preference for a doctor of the same sex when being examined or treated. Sensitivity and care should be taken in situations which may cause the patient embarrassment, e.g. wearing a gown, which the patient may consider too short.

In some Asian cultures direct eye contact is avoided during a conversation particularly if the other person is of the opposite sex; this behaviour should not be seen as rude and does not imply disinterest.

Family Planning - There is no objection to family planning from a religious point of view. Due to strong social pressures, however, it is advisable to ask the patient whether she wishes to involve her husband or any other family member in the discussion. Strict Muslims may refuse family planning.

Naming - Please see below.

Death - It is customary amongst some Asian cultures to express their emotions freely when a relative dies. Wherever possible they should be given privacy to do so without unsettling other patients.

Naming - Ask the patient for his or her family name and their most used personal name. Use the family name as a 'surname' for recording purposes.

All Asian naming systems have a religious significance. In practice they can vary a great deal.

Recording unfamiliar names can be difficult and may lead to serious errors. It is important that staff are aware of the different systems so that patients are accurately identified.

As the majority of Asians are not 'Christians' the term 'Christian name' is inappropriate in most cases. Names are given as follows:

Personal Name/ Religious or Titular Name/ Family Name

e.g. Vijay/ Lal/ Patel

Chinese/Vietnamese

As half of the population of Vietnam is of Chinese origin, we have broadly categorised the two cultures together as some of their customs and beliefs are very similar.

Religion - Taoism, Buddhism and Confucianism are the main religions although some Chinese are Christians.

Diet - The Chinese believe that in order to be healthy, an equilibrium between 'hot' and 'cold' needs to be maintained, whether this relates to food, herbs or medicines. Foods are classified as hot or cold (this does not refer to temperature), therefore in order to restore balance the Chinese / Vietnamese may adhere to a special diet. For example:

Hot

Most pulses, garlic, ginger, eggs, nuts, lamb, honey, chilli, onions, dates, tea and coffee.

Cold

Cereals, rice, wheat, fruit, potatoes, White sugar, chick peas, milk, Green leaf vegetables.

Rice is the staple food, which is eaten with a variety of meat, fish and vegetable dishes.

Hygiene/ Cleanliness - A soak in the bath is believed to be bad for the body in later life and therefore showers are preferred.

Modesty - In general women prefer to be examined by a female doctor, although medical care takes priority. Some women may find wearing short, open backed gowns unacceptable.

Naming -The family name tends to come first e.g. Cheung, followed by a one or two part personal name e.g. Hung Yim, resulting in a Cheung Hung Yim. A person's family of origin is of great importance; hence women tend to keep their maiden names. Many Chinese / Vietnamese have reversed the order so that it corresponds to the British naming pattern.

Family Planning - Generally no objections to contraception. Family planning matters should not be mentioned in front of other Chinese family members or friends.

Childbirth - Some women avoid cold drinks and do not wash their hair for several days after childbirth.

Blood Transfusions - Generally no objections.

Organ Transplantation - Generally no objections.

Death - Funeral and mourning customs vary widely depending upon culture/religious belief. Some are buried, whilst others are cremated.

Special Considerations -

Traditional Chinese Medicines - Traditional remedies are sometimes used for certain diseases and it is important to consult the individual.

The most important festivals are the New Year or Spring Festival celebrated in February. Dates vary as they are based on the lunar calendar.

3

Religions of the World



Baha'i

The Baha'i faith centres on the unity of mankind, the harmony of religion and science, the equality of men and women and universal peace.

It has no set doctrines, no priesthood, no formal public ritual and no authoritative scriptures. However a patient may wish to have a visitor from the Spiritual Assembly of Baha'i.

There are no unusual requirements for a Baha'i patient in hospital. S/he will accept usual routines and treatment.

Diet - Alcohol is not permitted - including alcohol in cooking.

Fasting - Members of the Baha'i faith fast for a period from 2nd March - 21st March. The fast is from sunrise to sunset. Children, expectant mothers and nursing mothers, the elderly and the sick are exempt from fasting. If a patient is fasting, arrangements need to be made to make food available before dawn and after dusk.

Blood Transfusions - There is unlikely to be any objection.

Organ Transplantation - No objections to organ transplants.

Death - Baha'is believe in Afterlife and therefore they treat the body with great respect after death. Routine Last Rites are appropriate. Cremation is not permitted. Burial should take place within an hour's journey from the place of death.

Post Mortem - No objections to post mortem.

Special Considerations - NAWRUZ - New Year, celebrated on 21st March each year.

Buddhism



Buddhist faith centres on the Buddha, who is revered, not as a god, but as an example of a way of life. Buddhists believe in reincarnation and so accept responsibility for their actions. The chief doctrine is that of 'Karma', good or evil deeds resulting in an appropriate reward or punishment either in this life, or through reincarnation along a succession of lives. From its very beginning, Buddhism has always been culturally adaptable, and as a result a variety of forms and movements have developed within the religion, each with different traditions. Ask the individual and/or family/friends what is required.

Diet - As Buddhism encourages its followers to practice non-violence, Buddhists will mostly be vegetarian. Meals will vary considerably depending upon their country of origin.

Family Planning - Buddhists believe that life begins at conception and so do not condemn contraception. However as abortion and active euthanasia are seen as taking life they are condemned.

Blood Transfusion - There is unlikely to be any objection.

Organ Transplantation - There is unlikely to be any objection.

Care of the Dying - Buddhists believe in rebirth after death. The state of mind of a person at the moment of death is important in determining the state of rebirth. They like to have full information about their imminent death to enable them to make preparation. Some Buddhists may not wish to have sedatives or pain killing drugs administered at this time. Peace and quiet for meditation and visits from other Buddhists will be appreciated. Some form of chanting may be used to influence the state of mind at death so that it may be peaceful.



Death - If other Buddhists are not in attendance, then a Buddhist minister should be informed of the death as soon as possible. Routine Last Rites are appropriate. Cremation is preferred.

Post Mortem - There is unlikely to be any objection.

Special Considerations - WESAK - a celebration of enlightenment of Buddha - held on full moon in May.

Christian Science

Established in the United States of America in 1879.

Christian Science teaches a reliance on God for healing, rather than on medicine or surgery. It will be unusual, therefore, for Christian Scientists to be patients in ordinary hospitals. They will usually seek nursing care at home or in a Christian Science Nursing home. They may, however, be admitted to hospital following accidents, or during pregnancy and childbirth, and because of family or legal pressures. They will accept medical care for their children where the law requires them to do so. The Church does not attempt to control the actions of its members and the decision about whether to accept medical intervention lies with the individual.

A Christian Scientist will appreciate the normal care of the hospital if it is necessary for him/her to be admitted, but will normally wish to be totally free of drug treatment. S/he will probably wish to contact a Christian Science practitioner for treatment through prayer. The patient will appreciate privacy for prayer and access to the "holy" books of the Christian Science faith.

Diet - Alcohol and tobacco are not allowed. Strict Christian Scientists may not drink tea or coffee.

Blood Transfusion - It is not normally acceptable for adults, but parents usually consent to transfusion for their child if doctors consider it essential.

Organ Transplantation - It is not normally acceptable for adults to donate or receive organs.

Care of the Dying - There are no rituals to be performed.

Death - Routine Last Rites are appropriate. A female body should be handled by female staff only. Cremation is usually preferred.

Post Mortem - Christian Scientists object to post mortems, unless required by law.

Christianity



Anglicans - Roman Catholics - Orthodox - Free Churches

The Christian faith centres on the life, death and resurrection of Jesus Christ. Although the practices of Christian churches vary greatly both within and between countries, there are four features of Christianity that are nearly universal: initiation (baptism), worship, ministry and 'good works'. The sacred writings of the Christian religion are in the Bible. A Christian's individual faith and religious practice will be influenced by the tradition of the church to which they belong as well as their own personal relationship with God. Please record the individual's specific denomination in their notes.

Diet - There are no general dietary requirements. Some Christians observe Friday as a day when they do not eat meat. Some Christians may wish to abstain from food (fast) before receiving Holy Communion. Some abstain from alcohol.



Family Planning - Varies from denomination to denomination. Please refer to individual patient.

Blood Transfusion - No religious objections.

Organ Transplantation - No religious objections.

Death - Routine Last Rites are appropriate for all Christians.

Special Considerations:

Baptism/Christening - There is no age limit for baptism. When babies or children are very ill, baptism should be offered.

A lay person may perform this ceremony if death is imminent.

In the absence of a Minister of Religion, **anyone** may perform baptism. This is done by making the sign of the cross on a person's forehead. A little water is poured on the forehead, with the words, "...(Name)...", I baptise you in the name of the Father, and of the Son, and of the Holy Spirit. Amen".

The Chaplain should be informed as soon as possible.

If a child dies unbaptised the Chaplain will offer a Blessing and Naming service and a certificate to commemorate this will be given to the parents. This is particularly appropriate following a miscarriage or stillbirth.

Patients may wish to see a Chaplain, Priest or a Minister from the local church, especially before an operation or when there is something that is of concern to them. They may wish to receive Holy Communion and be prayed with. They may request a Bible or wish to attend services in the multi-faith Prayer Room.

Christmas and Easter are the most important festivals/celebrations. Christians will usually wish to receive Holy Communion at these times.

Post Mortem - No religious objection.

Christianity



Church of England (Anglican)

Always ask the individual and/or family/friends if they would like to see a Chaplain or their local minister.

Prayers may be said at the bedside of a dying patient. Sometimes the family or the patient will ask to receive the "Sacrament of the Sick". This involves anointing with holy oil.

After death some families may like to offer prayers of thanksgiving for the person's life.

Roman Catholic

The patient will probably wish to be visited by a Catholic Priest and to receive Holy Communion and the "Sacrament of the Sick". This is not only for the dying, but for any who are ill, especially before an operation.

The Sacraments are very important. The Catholic Priest must be called to the dying patient or if the death is sudden, immediately afterwards.

Orthodox

If a patient is very ill, or near death, it is imperative to call an Orthodox priest immediately so that the patient may receive spiritual comfort and the relatives have pastoral support. An Orthodox priest offers similar religious offices to those of the Anglican and Roman Catholic priests, as detailed previously. Therefore, the procedure is similar, but culture and language differ.

Free Churches

-Baptist - Independent churches and missions - Methodist - Moravian Brethren - Pentecostal - Plymouth Brethren - Presbyterian - Salvation Army - The Religious Society of Friends (Quakers) - United Reformed Church

Free Church patients may like to receive a visit from a Minister, a member of their own church or a Free Church Chaplain. Ceremony / sacraments, may not be observed as strictly as the Anglican and Catholic religions; however, patients may welcome prayers being said with them.

Hinduism

Central to Hinduism is the doctrine of reincarnation. Hindu religious practices vary a great deal, depending on area of origin. Hinduism is a social system as well as a religion, therefore customs and practices are closely interwoven. Please refer to the individual and/or family/friends about particular requirements.

Diet - Most Hindus do not eat beef. Some will not eat eggs/chicken. Dairy produce is acceptable, so long as it is free of animal fat. However, it is best to ask each individual. Some Hindus are very strict vegetarians who will not eat food which has come into contact with prohibited food/utensils.

"Hot and Cold Foods" - This relates to perceived medicinal properties of food and has nothing to do with either temperature or spicy qualities.

Tobacco and alcohol are not generally accepted.

Fasting - This means eating only "pure" foods such as fruit or yoghurt rather than complete abstinence. However, very few would insist on fasting when in hospital.





Hygiene/Cleanliness - Handwashing is considered essential before and after eating.

Water for washing is needed at regular intervals. Patients should be provided with bowls/jugs of water/bidet etc. Hindu patients prefer to wash in free flowing water e.g. a shower, as baths are considered unhygienic. If a shower is not available ask the patient if they would like a jug to use in the bath.

Modesty - Women prefer to be treated by female medical staff where possible.

Dress/Jewellery - Jewellery usually has a religious or cultural significance e.g. a woman's bangles are only removed on her husband's death. Some Hindu boys wear a "Sacred Thread" over the right shoulder and around the body. None of these items should be removed or cut without the permission of the patient or next of kin. If the Thread has to be cut or removed it should be retained and given to the patient later.

Family Planning - No Hindu objection to contraception.

Care of the Dying - *Hindu patients prefer to die at home.* This has religious significance and death in hospital can cause great distress. The patient's family may wish to call in a Hindu priest to read from the Hindu holy books and to perform holy rites. These may include tying a thread around the wrist or neck, sprinkling the person with water from the Ganges, or placing a sacred 'tulsi' leaf in his or her mouth.

Blood Transfusions - Generally acceptable.

Organ Transplantation - No objections to organ transplantation.



Death

- Distress may be caused if the body is touched by non-Hindus. The family will usually want to wash the body themselves. If no family members are available, the following procedure should be followed:
 - Wearing disposable gloves, close the eyes and straighten the limbs.
 - Jewellery, sacred threads and other religious objects should not be removed.
 - Wrap the body in a plain sheet.
 - In most cases the body should not be washed as this is part of the funeral rites and will usually be carried out by relatives later.
 - If there is a delay, e.g. because the death has to be reported to the Coroner, this must be carefully explained to the family because it is their practice for the funeral to take place as soon as possible.
 - If a body is to be left in a room overnight a light or candle should be left burning throughout the night.
 - If the family wish to view the body, staff should ask the mortician to ensure that the room is free of any other religious "symbols".

All adult Hindus are cremated.

Post Mortems - Generally disliked.

Sacred Thread - This thread is a symbol of the Hindu male's second birth when he starts to learn from his guru. The three strands symbolise his duties to God, his parents/teacher and to the world.

Islam



The followers of the Islamic faith are called Muslims. The Holy Book for Muslims is the Holy Qur'an. There are two main denominations: Sunni and Shi'ite. The religious duties are summed up in 'five pillars':

1. **Creed - God is one and Mohammed is the Prophet of God.**
2. **Prayer - Five times a day facing Mecca (South-east) with ritual washing beforehand.**
3. **Almsgiving**
4. **Fasting**
5. **A pilgrimage to Mecca, at least once in life.**

Diet - Muslims are forbidden to eat any product containing pork. Other meat can be eaten but it has to be HALAL meat, i.e. killed in a special manner stated in Islamic law. Fish and eggs are allowed but not if they are cooked near pork or non-halal food. Nurses should discuss dietary requirements with the patient. Alcohol is prohibited.

Fasting - During the month of Ramadan a Muslim fasts between sunrise and sunset. Those who are sick are not expected to fast. If, however, a patient wishes to do so, food should be made available before sunrise and after sunset. Essential drugs and medicines can be administered during Ramadan.

Hygiene/Cleanliness - Hands, feet and mouth are always washed before prayer.

Modesty - Women prefer to be treated by female staff where possible.

Dress/Jewellery - A locket containing religious writings is sometimes worn around the neck in a small leather bag. These are kept for protection and strength and therefore should never be removed.



Family Planning - Strictly speaking orthodox Muslims do not approve of contraception, in practice, individuals vary widely in their approach.

Abortion is frowned upon, but is often tolerated if it is for medical reasons.

Childbirth - Some women may refuse to be examined internally before giving birth. When a Muslim child is born it is required that as soon as possible a member of the family recites in the baby's ear a short prayer.

Blood Transfusion - No religious objection.

Organ Transplantation - No specific rulings prohibiting transplantation. However, strict Muslims will not agree to organ transplants.

Care of the Dying - The dying Muslim may wish to sit or lie with his/her face towards Mecca. Moving the bed to make this possible will be appreciated. The family may recite prayers around the bed. If no family members are available, any practising Muslim can help.

The patient may wish the IMAM (religious leader) to visit.

Death - After death the body should not be touched by non-Muslims. Health workers who need to touch the body should wear disposable gloves.

The body should be prepared according to the wishes of the family. If family members are not available, the following procedure should be followed:

- Turn the head towards the right shoulder before rigor mortis begins. This is so that the body can be buried with the face towards Mecca.
- Do not wash the body, nor cut hair or nails.
- Wrap the body in a plain white sheet.



Muslims believe in the resurrection of the body after death, therefore Muslims are always buried, never cremated. The body will be ritually washed by the family and Muslim undertakers before burial. Muslim funerals take place as soon as practicable, as delay can cause distress. If a delay is unavoidable explain the reasons carefully to the relatives.

If the death has to be reported to the Coroner, s/he should be informed that the patient was a Muslim and be asked if the procedures can take place as soon as possible.

If the family wish to view the body, staff should ask the mortician to ensure that the room is free of any religious "symbols".

Post Mortem - Post mortems are **forbidden** unless ordered by the Coroner, in which case the reasons for it must be clearly explained to the family. The family may request that organs removed should be returned to the body after examination.

Special Considerations - There are many Muslim festivals, all calculated by the lunar calendar. Ask the patient or family if any important occasions for their faith occur during their stay in hospital. The most important is the month of Ramadan during which Muslims practice self-discipline in order to achieve tolerance, love, sacrifice and equality.

Jehovah's Witnesses

Jehovah's Witnesses try to live their lives according to the commands of God as written in the Old and New Testaments. They regard Jesus Christ as the Son of God, but not in the sense of being equal with God or one with God.

Diet - Food containing blood or blood products is not acceptable.

Jehovah's Witnesses do not smoke.

Blood Transfusions - Jehovah's Witnesses have religious views that taking blood into one's body is morally wrong and is therefore prohibited. This includes whole blood or its components, such as packed red cells, plasma, white cells and platelets. Jehovah's Witnesses can choose whether to accept products such as albumin, immunoglobins or clotting factors.

Blood samples may be taken for pathological testing providing any unused blood is disposed of.

Dialysis will usually be accepted.

Jehovah's Witnesses will accept medical treatment in all other respects apart from those involving the use of blood or blood components.

Organ Transplantation - Generally not permitted. Components where blood is not involved, e.g. corneas, are more likely to be acceptable. Jehovah's Witnesses are not likely to be willing either to donate or receive an organ through which blood flows. They will want reassurance that blood will not be used against their wishes.

Care of the Dying - There are no special rituals for the dying but they will usually appreciate a visit from one of the Elders of their Faith.

Death - Routine Last Rites are NOT appropriate.

Post Mortem - This is a matter of individual choice for the family.

Special Considerations - Jehovah's Witnesses do not usually celebrate birthdays or Christmas.

Judaism



In Judaism, religion and culture are entwined. Judaism is based on the worship of one God; carrying out the ten commandments; and the practice of charity and tolerance towards one's fellow human beings. There are different groups within Judaism:-

Orthodox Jews - Are usually more traditional and observant of religious/dietary laws.

Non-Orthodox Jews (including Conservative/Liberal/Reform) - Align their religious observance to relate to modern society.

Diet - Many Jews will ask for Kosher food, i.e. meat that has been prepared in a special way according to Jewish Law.

Shellfish, pork, rabbit and derivatives are strictly prohibited (treif). Milk and meat products are not eaten in the same meal. This means that they do not have milk in their drinks or cream with their desserts after their meat meal and do not use butter on meat sandwiches.

The patient should be consulted over his/her level of dietary observance and the necessary arrangements made.

Orthodox Jews may not be happy to take non-Kosher medication.

Fasting - See special occasions below. If fasting would be a danger, even Orthodox patients will accept medical advice.

Modesty - Orthodox Jewish women would prefer to have their bodies and limbs covered. Married women may also prefer to keep their hair covered with a head scarf. Orthodox men keep their head covered with a hat or skull cap (Kappel).



Family Planning - Some Orthodox Jews forbid contraception or family planning unless the woman's health is at risk.

Birth - Nearly all Jewish boys are circumcised, usually eight days after birth ('Briss'). A trained and medically certificated religious functionary called a "Mohel" performs this. If there is any doubt about the child's health the circumcision is delayed.

Care of the Dying - The patient may wish to recite or hear special psalms or prayers, especially Psalm 23 (The Lord is My Shepherd), and may appreciate being able to hold the page on which it is written.

The relatives may say prayers and they may wish a Rabbi to be called to help the dying person with their formal confession and to bring comfort.

Death - In some cases the son or nearest relative, if present, may wish to close the eyes and mouth.

Non-Jews should handle the body as little as possible. Depending on the sex of the patients a fellow male or female washes and prepares the body for burial. Usually three members of the community are present. Traditional Jews will arrange for this to be done by the Jewish Burial Society.

If, however, members of the family are not present, most non Orthodox Jews would accept the usual washing and last rites performed by hospital staff.

The body should be covered with a clean white sheet. The family may wish for the body to be placed with the feet pointing towards the doorway and to light a candle.

Some Orthodox Jewish groups may wish to appoint someone to stay with the body from the time of death to the burial, which **usually takes place within 24 hours**. This person is called a "watcher" and he or she may need to stay with the body throughout the night.



In the above instance or if the family wish to view the body, staff should ask the Mortician to ensure that the room is free of any religious "symbols".

If the death has to be reported to the Coroner, s/he should be informed that the patient was Jewish and be asked if the procedures can take place as quickly as possible.

Orthodox Jews are always buried but non Orthodox Jews allow cremation. The funeral has to take place as soon as possible.

Post Mortem - Post mortems are not permitted unless legally required.

Special Considerations - The Sabbath (Shabbat) begins at sunset on Friday and lasts until sunset on Saturday. On the Sabbath 'work' is prohibited and this includes things such as writing, travelling and switching on lights or electrical appliances.

Passover (in March or April) is when special foods may be required by some Jewish patients.

Day of Atonement or Yom Kippur (in September or October). This is a special day of fasting. A Jewish patient will normally wish to keep that day to pray and be quiet. It is the holiest day of the Jewish Calendar and is considered to set the path for the year to follow. Orthodox patients must be offered alternatives to oral medication, such as injections or suppositories.

Mormons



The Mormon Church is also known as the Church of Jesus Christ of Latter Day Saints. It began in America in 1830.

Mormons follow a very strict health code, known as the 'Word of Wisdom' which advises against the use of tea, coffee, alcohol, tobacco etc, and advocates healthy living.

Family unity has great importance for Mormons.

Diet - Mormons eat sparingly and avoid products which contain a lot of blood.

Tea and coffee are avoided and some Mormons will avoid all hot drinks. Milk, water and fruit juice are acceptable.

Blood Transfusions - Generally no objections.

Organ Transplantation - There is no objection to organ transplants.

Care of the Dying - There are no rituals for the dying, but spiritual contact is important. The church has "home teachers" who offer support and care by visiting church members in hospital.

Death - Routine Last Rites are appropriate.

The sacred garment, if worn, (see Special Considerations), must be replaced on the body following the last rites.

Church burial is preferred, although cremation is not forbidden.

Post Mortem - There are no religious objections. It is a decision for the individual family members.

Special Considerations - Some Mormons who have been through a special temple ceremony wear a sacred undergarment. It is an **intensely private** item and is worn at all times. It is only removed for hygiene purposes. It may be removed for surgical operations but it must at all times be considered private and be treated with respect.

Rastafarianism

Rastafarians are followers of a movement which began in the 1930s in the West Indies, among the descendants of slave families who had come from Africa.

The Old and New Testaments are still regarded as scriptures, but Rastafarians do not consider themselves to be Christian.

Rastafarianism is a personal religion. It places emphasis on personal dignity and a deep love of God. There are no churches, services or official clergy.

For some, legal marriage is unnecessary and thus extended families may be complex.

Diet - All forms of pork and shellfish are forbidden. Some Rastafarians are completely vegetarian. Some do not drink milk or coffee.

Modesty - Rastafarian women dress modestly. There is a taboo on wearing second-hand clothing, and therefore the patient may be unwilling to wear hospital garments which have been worn by others. A disposable theatre gown may be preferred.

Family Planning - The majority of Rastafarians do not believe in contraception.

Blood Transfusion - There will probably be anxieties about this because of concerns about contamination of the body. Assurance will need to be given.

Organ Transplantation - This is not generally acceptable.

Care of the Dying - Amongst Rastafarians, visiting the sick is important. Visits are often made in groups. Family members may wish to pray at the bedside. Apart from this there are no rites or rituals, before or after death.

Death - Routine Last Rites are appropriate. Burial is preferred.

Post Mortem - A post mortem will only be agreed to if ordered by the Coroner.

Special Considerations - Rastafarians will be unwilling to receive any treatment that will contaminate the body. They will prefer alternative therapies such as herbalism or acupuncture. However, those who seek the advice of doctors are likely to accept some conventional treatment.

The distinctive hairstyles (dreadlocks or locks), are a symbol of the Rastafarian faith. Orthodox members may not permit their hair to be cut.

Sikhism



Sikhs, as an act of faith, wear the 5 signs of Sikhism, known as the 5 K's.

Kesh - uncut hair, kept under a turban

Kangha - small comb worn in the hair

Kara - steel wrist band or bangle (or ring)

Kirpan - sword/dagger

Kaccha - white shorts worn as an under garment.

These symbols should not be disturbed unless it is absolutely necessary, in which case the necessity should be explained to the patient and/or his/her family.

Diet - Many Sikhs are vegetarian. Some may not eat eggs or fish. A few Sikhs who eat meat will not eat beef. It is helpful to explain to patients the ingredients of dishes with unfamiliar names, e.g. "Hot Pot".

Sikhs do not smoke and alcohol is forbidden.

Names - Most Sikhs have three names: a first name, a religious middle name and a family name. The religious middle name is always SINGH for men, and KAUR for women. Some Sikhs just use this religious title, e.g. Mr Singh. The wife of "Mr Singh" is never "Mrs Singh" but "Mrs Kaur" and vice versa.



Family Planning - Contraception can be used but is not openly spoken about.

Blood Transfusion - Generally no objections.

Organ Transplantation - Generally no objections.

Care of the Dying - A dying Sikh may receive comfort from reciting hymns from the Guru Granth Sahib, the Sikhs 'holy book'. The family or any practising Sikh may help with this.

Death - Generally Sikhs are happy for non-Sikhs to attend to the body. However, many families will wish to wash and lay out the body themselves.

If members of the family are not available, in addition to the normal Last Rites, the following procedure should be followed:

- Special regard should be given to the 5K's. These should be respected and should be left intact.
- Do not trim the hair or beard.

If the family wish to view the body, staff should ask the mortician to ensure that the room is free of all religious "symbols".

Apart from Stillbirths and Neonates, who may be buried, Sikhs are always cremated. This should take place as soon as possible.

Post Mortem - No objections to post mortem examinations.

Special Considerations - Sikhs generally do not have a specific weekly holy day, though British Sikhs have adopted Sunday as the holy day. Prayers are read up to five times daily.

4

Further Information



THE INTER-FAITH PRAYER ROOM

There are regular services in the Inter-Faith Prayer Room, on the ground floor of the Surgical Block to which all are welcome. These include Anglican and Roman Catholic celebrations of Mass and daily Muslim prayers. Times of service are detailed on the Chaplaincy notice board. The Chaplains also regularly bring Holy Communion to the wards by request.

The Prayer Room is a sacred space and is open daily 24 Hrs, for quiet reflection and prayer. Whilst basically Christian in ethos, the Prayer Room nevertheless exists for patients and staff of all faiths and none, providing an oasis of peace and tranquility amidst the busyness of a large hospital community. One of its aims is to act as a place of reconciliation and wholeness at the very heart of a cosmopolitan and multi-cultural environment.

The Bereavement Office

The Bereavement Office is situated next to the Mortuary.

The Hospital Bereavement Officer is Sue Evans: Ext 2938

Her role is to deal with all the paperwork following the death of patients in hospital. She will liaise with the medical staff, mortuary technicians, and the Coroner's Office, as appropriate.

She sees the immediate Next-of-Kin of deceased relatives to issue them with the hospital's Death Certificate, signed by the attending Doctor, and the information necessary to proceed with the Registration of a death, contacting the Social Security Dept (where required) and how to engage the services of a Funeral Director.

The Bereavement Officer is also responsible for arranging the hospital's Contract Funerals - an option offered ONLY in exceptional circumstances:

- a) Where there is no known next-of-kin to take responsibility for deceased patients (Adults)
- b) In the case of Babies - when parents suffer bereavement in pregnancy, i.e. miscarriage, stillbirth, or neo-natal death, and may not have the financial resources available for their baby's funeral arrangements.

Relatives of deceased patients are requested to ring the Bereavement Officer on 020-8887-2938 to make an appointment.

Relatives must not be encouraged by Ward Staff simply to 'turn up' at the mortuary to view the deceased or discuss bereavement issues. An appropriate appointment must always be made.

The Mortuary

Portering Services:

Procedures: There is a comprehensive guide from the Executive Hospitals Services Department, which describes in detail the duties expected from the Portering Service. It covers the duties, in and outside of working hours, which are connected with ward deaths, deaths occurring external to the hospital, death on the Labour ward, viewing procedures and appropriate Religious Practices for 'viewing' a body.

Religious Needs:

The catchment area of the hospital contains a wide variety of cultures - many of which have particular religious laws, which must be adhered to after death.

When preparing a body for viewing, which takes place in the MORTUARY CHAPEL, and NEVER in the main Chapel, the Porters will look at the Death Notice on the shroud to check the patient's religion. If there is none noted, it is wise to leave the altar bare of any symbols, and to cover the body in a plain sheet. If the Religion is noted, the Porters should use the appropriate symbols, which are located in the glass-fronted cupboard in the ante-room. In the Mortuary Chapel there is now a wood, wall-mounted 'altar shelf' on which symbols may be placed.

Below is a Guide to most of the major religions and church denominations which are encountered, and their particular requirements.

Christian denominations:

Anglican, Roman Catholic, Orthodox: use Crucifix, i.e. a Cross with the figure of Jesus on it, an icon (a painted picture with the figure of Christ or Mary, and two lighted candles placed on the altar, and a sheet with a Cross on it placed over the body.

The Free Churches (includes Baptist, Methodist, United Reformed, Evangelical, 'Chapel'/'Nonconformist', Salvation Army): use the plain Cross on the altar, no candles, and the sheet with a Cross over the body.

Quaker (Religious Society of Friends): No religious symbols used.

Jewish:

There must be no cross or crucifix, or candles in sight. The Star of David is placed on the altar, and a plain sheet is placed over the body.

Muslim:

No symbols, and a plain sheet over the body.

Hindu:

Place the Hindu symbol 'Om' [i.e. the painted Blue and Gold disc] on the altar, and a plain sheet over the body.

Buddhist:

When viewing the deceased it is customary for the family to bring incense, fruit, rice, and candles to use. Leave the altar bare and place a plain sheet over the body.

Sikh:

Use a plain sheet to cover the body - place the Sikh symbol 'KHANDA' beside it.

Porters attendance requirements:

Two Porters must be available at all times to carry out the following duties:

1. Collection of bodies from Wards/Departments to the Mortuary.
2. Dealing with Ward/Department deaths out of hours, including entering details in the Mortuary Register.
3. Escorting Police Officers requiring to view bodies in the mortuary.
4. Preparing bodies for the Mortuary Chapel viewing - out of hours. (See Protocol for Viewing Arrangements).
5. Arranging the appropriate religious symbols for Mortuary Chapel viewing.
6. Release of Coroner's Cases (if urgent).
7. Out of hours: 1730 - 0800 hrs and over 24 hrs. Saturdays and Sundays, to monitor temperatures of the Mortuary refrigerators.

The porters must at all times observe appropriate codes of respect and dignity when conveying bodies from wards to the mortuary. Special care must be taken when facilitating 'viewing'.

Infant mortality

The mortuary keeps a special 'Moses basket' for the viewing of infants.

When viewing is requested, the Moses basket should be placed on the table from the Mortuary ante-room and situated in the Mortuary Chapel in front of the wall-mounted altar shelf. The child should be placed in the Moses Basket and covered with a white sheet.

The Porter should show the parents in quietly and respectfully, then leave the Mortuary Chapel, but remain nearby ready to escort the parents outside at the conclusion of their visit.

The Chaplaincy Team

The role of the Chaplain is to assist the hospital team in providing care for those in pain, anxiety or grief on their journey through life. The Chaplain essentially provides support and befriends patients, relatives and staff. He/she is therefore a crucial member of the healing team.

The Chaplaincy Department of the North Middlesex University Hospital NHS Trust represents most of the world's great faiths. We have Christian, Muslim and Jewish chaplains among our staff and volunteers and can call on religious leaders representing many other faiths and denominations. The Chaplains make regular visits to all wards and departments. To call a Chaplain, Bleep 642 in the first instance. If the Chaplain does not respond, dial extension 2724 where **non-urgent** requests may be recorded. Please use the Pager number **ONLY** in an emergency i.e. Major Incident, or if a patient is in imminent danger of death.

Hospital Chaplains:

ANGLICAN CHAPLAIN (Whole-Time)

The Reverend Fr Dominic Fenton.
Chaplain's Office. EXT. 2724; BLEEP 642; Pager 07693-295474

ROMAN CATHOLIC CHAPLAIN (Part-Time)

Fr Mark Leenane
Tel: 020-8803-6631; Pager 01893 297254.

GREEK ORTHODOX CHAPLAIN (Part-Time)

Fr. Anastasios Yianni.
Tel: 020-7485-5524 (CHURCH); 020-8881-0980 (Home).

MUSLIM CHAPLAIN (Volunteer)

Mr S Sulaiman
Tel: 07957-340102

JEWISH CHAPLAIN (Volunteer)

Mr Irving Bernard
Tel: 020-8886-2989

The Hospital Chaplain keeps lists of all local churches and names of Priests/Ministers (Bleep 642/Ext 2724).

National Contacts

The following addresses may be used to make contact on behalf of a patient. However, the Chaplain should be contacted for advice, in the first instance. Ward staff should always ask the patient or a close relative what their needs are. If, for any reason, the patient is unable to answer for themselves, the contact should be with the next of kin or a close member of the family.

Baha'i

National Spiritual Assembly of the Baha'is
27 Rutland Gate, London, SW7 1PD
Tel: (020) 7584 2566

Buddhist

The Buddhist Society
53 Eccleston Square, London, SW1
Tel: (020) 7834 5858

Chinese

- possibly influenced by Buddhism, Taoism or Confucianism

Please refer to the individual patient or the Local Community Unit.

Chinese

- Christadelphian

Christadelphians
404 Shaftmoor Lane, Hall Green,
Birmingham, B28 8SZ
Tel: (0121) 777 6328

Christian Scientist

The Church of Christ Science
108 Palace Gardens Terrace, London, W8
Tel: (020) 7221 5650

Greek Orthodox

Greek Orthodox Archdiocese of Thyateira and Great Britain
Thyateira House, 5 Craven Hill, London, W2 3EN
Tel: (020) 7723 4787

Hindu

Bharatiya Vidya Bhavan
4a Castledown Road, London
W14 9HQ. Tel: (020) 7381 3086

or

National Council of Hindu Temples (UK)
26 Hillingdon Avenue, Great Barr, Birmingham, B43 7HS

or

Ramakrishna Vedanta Centre, Unit House, Blind Lane,
Bourne End, Bucks, SL8 5LG

Humanist

British Humanist Association
14 Lamb's Place, Conduit Pass, London, WC1R 4RH
Tel: (020) 7430 0908

Jehovah's Witnesses

Watch Tower House, The Ridgeway, London, NW7 1RN
Tel: (020) 8906 2211

Jews (Orthodox)

The Office of the Chief Rabbi
Alder House, Tavistock Square, London, WC1.
Tel: (020) 7387 5772

Jews (Reform)

Reform Synagogues of Great Britain
80 East End Road, London, N3 2SY
Tel: (020) 8349 4731

Jews (Liberal and Progressive)

Union of Liberal and Progressive Synagogues
109 Whitfield Street, London, W1

Mormons

Church of Jesus Christ of Latter-Day Saints
Public Affairs Department, Church Offices
751 Warwick Road, Solihull, West Midlands, B91 3DQ
Tel: (0121) 711 2244

Muslim (Ahmadiyya)

London Mosque, 16 Gressenhall Road, Putney, London, SW18

Tel: (020) 8870 8517

Muslim (Shi'ite)

Iranian Embassy, London

Muslim (Sunni)

London Central Mosque, 146 Park Road, London, NW8 7RG

Tel: (020) 7724 3363

Or

Islamic Foundation

Marketfield Dawah Centre, Ratby Lane, Marketfield, Leicester, LE6 0RN

Tel: (01530) 244944

Rastafarian

Not organised on a national basis. Please refer to the individual patient, your local Race Equality Council or Community unit

Russian Orthodox

Russian Orthodox Church, All Saints, Ennismore Gardens, London, SW7 1NH

Tel: (020) 7584 0096

Seventh-Day Adventist Church

British Union Conference

Stanborough Park, Watford, WD2 6JP

Tel: (01923) 672251

Sikh

Contact the Sikh Temple or Gurdawara in your local telephone directory

Or

Sikh Council for Inter Faith Relations

43 Dorset Road, Merton Park, London, SW19 3EZ

Spiritualist

The Spiritualist Association of Great Britain
33 Belgrave Square, London, SW1X 8QB
Tel: (020) 7235 3351

Vietnamese -**possibly influenced by Buddhism, Taoism or
Confucianism**

Vietnam Refugee National Council
25 Station Road, London, SE25 5AH
Tel: (020) 8771 8960

Zoroastrian

Zoroastrian Association of Europe
88 Compayne Gardens, London, NW6 3RU
Tel: (020) 7328 6018

Useful Reference Material

- Health Care Needs of a Multi-Racial Society
Perminder and Gurdev Bal
- The World's Religions : Understanding the Living Faiths
Consultant Editor : Dr Peter Clarke
- The Ethnic Health Handbook - a fact file for Health Care Professionals
Ghada Karmi - Blackwell Science Ltd
- The Hutchinson Encyclopaedia - 10th Edition
Dealing with Death, Practices and Procedures
J Green and M Green, Published by Chapman & Hall
(1992)
- Caring for Dying People of Different Faiths
Julia Neuberger, Published by Lisa Sainsbury Foundation
(1987)
- Death with Dignity - Meeting the Spiritual Needs of Patients in a Multicultural Society
available from the Nursing Times Book Service, York House, 26 Bourne Road, Colsterworth
- Access to Health Care for People from Black and Ethnic Minorities
Edited by Anthony Hopkins and Veena Bahl, published by the Royal College of Physicians of London.