

The Religious, Spiritual & Cultural Needs of Patients

A Guide and Reference Document for Staff

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Section 1. Foreword

In today's society we meet people from numerous and very diverse religious and cultural backgrounds with an enormous variety of practices and beliefs. There are also many who do not identify with any specific religious or cultural tradition but who nevertheless may well have, and acknowledge that they have, very real spiritual needs in their lives. This is particularly true of people in hospital who are having to deal with all that their illness may mean for them and their families at a very personal level.

Consequently, all carers need the skills, competence and confidence to discern and address patients' religious, cultural and spiritual needs in order to give appropriate holistic care to those for whom such issues are very important. It follows, therefore, that all those involved in the delivery of healthcare should have some basic knowledge of our patients' religious traditions and cultural requirements. Above all is the need to be willing to be proactive in exploring and addressing these needs with the patients and their families.

As you read this guide you will notice that there is a huge range of beliefs and practices, not only between different religions and cultures but also within them individually. Do not be alarmed by this or allow it to prevent you from offering spiritual support. The very fact that we are showing an interest in this aspect of the patient's life will often lead to the patient or their family sharing information with us. More often than not such concern will be greatly appreciated and enhances the relationships we have with our patients and their families.

Whilst a patient's religion or ethnicity can give us clues regarding their possible spiritual needs, it is easy, albeit unintentionally, to make false assumptions about our patients based on their stated religion. We should remember that patients may simply have opted for a label and, whilst being sensitive to the possible requirements, we ourselves must take care not to label them. Similarly, we should never assume that patients who have not identified with a particular religion (even atheists) will not have spiritual needs. The golden rule is always to ask the patient or their relatives in as non-threatening a way as possible.

Similarly, we should never impose our own beliefs and we should learn to be tolerant and respectful of views which differ from our own. We must never allow our own personal views, attitudes or prejudices to be detrimental to the level of care we offer.

Many people, including those with no particular religious affiliation or cultural ties, have a very real need for their spiritual concerns to be taken seriously by those who are caring for their physical needs. It is widely recognised that the quality of our patients' lives can be much improved if we are aware of and give sensitive attention to their spiritual well-being. Without doubt people value and gain enormous support from being cared for at more than just the physical level. Furthermore, good spiritual care promotes healing and aids recovery. It can also enable a dying patient to live their last days with an inner peace and with dignity.

It is worth remembering that the Chaplaincy Service is not always immediately available to provide the support required. If a person has begun to explore deep, possibly sensitive issues, it may not be possible or appropriate for them to hold back until a chaplain can arrive. We should also be sensitive to the fact that a chaplain is not always the only appropriate person to help a patient with their spiritual concerns. Sometimes patients may prefer to explore this personal side of their life with a member of staff with whom they have more regular contact and have built up a trusting relationship. In such cases a chaplain would be happy to support the member of staff if needed, without necessarily having direct contact with the patient.

There is a heightened awareness today of the spiritual dimensions of being human and a broader recognition amongst healthcare professionals that discerning spiritual need and responding appropriately is an integral part of our duty of care.

I very much welcome and commend this guide to you. Not only does it provide us with basic information about cultures and religions but also I hope that it will encourage us to do whatever we can to transform adequate care into quality care and good practice into excellent practice. I hope too that it may inspire people of all healthcare disciplines to acknowledge the challenge to become skilled practitioners of spiritual care throughout the Trust.

The time is right for us to be working together to deliver a level of spiritual care which equates with the standards of all other aspects of healthcare provision to those who are diseased in any way – body, mind or spirit.

Kevin Skippon
Chaplaincy Services Manager
(January, 2005)

Section 2. Introduction

This is a basic document, which is prepared as guidance for staff when caring for patients. The spiritual, cultural and religious needs of patients are integral parts of holistic care, and must be taken into consideration when planning and delivering care. In times of illness personal faith and beliefs can play an important part in the well-being of many patients.

Being aware of the individual's spiritual needs, beliefs, culture and customs, respecting their privacy, and preserving their dignity will enhance and enrich their experience in our environment. Awareness means that you will understand their concerns and needs, you will be more confident in approaching and dealing with patients, and you will be able to treat them in such a way that is acceptable and not offensive to them. You will be more able to show empathy and understanding, which will help to reduce stress, anxiety, isolation and unhappiness in the patient. This will help to gain co-operation and trust, and so contribute to aiding recovery.

Spiritual care comes in many forms. It doesn't have to be specifically religious but is often based on personal values, beliefs and interpretations. Religions, of which there are many, often have very different beliefs, customs and practices, even within branches of the same order.

This document is not the panacea for all spiritual care needs, nor does it provide a complete list of all religions. It reflects the majority of religions and faith-groups of which we are aware in the local community. It is a basic reminder to raise awareness and is to be used as a reference in understanding the needs and aspirations from a spiritual point of view of all those for whom we care.

This document should not be seen as a substitute for exploring individual spiritual care needs with the patient, nor should it be used for stereotyping people of the same faith or religion. It is a basic overall guide. It is best to "Always ask the Patient". If unable to do so then ask the next of kin, a close relative or carer.

Advice and practical help is always available from the Spiritual & Pastoral Care Team (Chaplaincy Services) on both sites, with support available from the Interpreter Services if required.

Section 3. Standards for Patients

The Trust is committed to ensure that all patients have full access to all of its service provisions, regardless of their ethnic origin, cultural background, religious beliefs, spiritual needs, language, race, creed, colour or religion. The Trust will continue to improve standards of care from a holistic approach, involving patients and building partnerships with other organisations.

Derby Hospitals NHS Foundation Trust will ensure that:

- Facilities and services appropriate to patients' spiritual care needs are provided.
- Staff are trained to understand individual spiritual and religious needs and to respect cultures, customs and beliefs.
- Offence is not caused to patients through ignorance, and care is provided in an acceptable manner, which is both appropriate and sensitive.
- Staff are courteous and respectful of patients' spiritual needs, cultural expression and religious observations.
- Partnerships are developed and maintained with statutory and voluntary groups to identify and enhance service provisions related to ethnic groups.
- Chaplains are always available to provide or facilitate spiritual healthcare especially in cases of emergency.
- A system is in place to contact and liaise with external religious leaders on a patient's behalf.
- Interpreters are available to aid in communication.
- Information is available in appropriate languages and formats.
- Dietary needs and nutrition are not compromised by lack of provision.
- Privacy, dignity, self-esteem and confidentiality are maintained.

Section 4. Languages

Differences in language can often hamper communication between people in hospital. Please contact the Interpreting Service if you need assistance.

Some of the most commonly spoken Asian languages are:

Place of origin:

China
Bangladesh
Pakistan
Sikhs & Hindus from the Punjab region
Indians from Gujerat
Other Indians
Hindus - Punjabi, Hindi and Gujerati
Muslims - Spoken is Urdu, Mirpuri and Punjabi, and the written word is Urdu.
Sikhs – Spoken and written is Punjabi
Bengali is also spoken

Language spoken:

Cantonese or Hakka
Bengali, Hindi or Urdu
Urdu or Punjabi
Punjabi or Hindi
Gujerati or Hindi
Most will understand and speak some Hindi

Other languages spoken locally are: - Amharic, Albanian, Algerian, Arabic, Bosnian, Cantonese, Chinese, Czech, Farsi, French, German, Italian, Kurdish, Lithuanian, Polish, Portuguese, Pushto, Romanian, Russian, Serbo-Croat, Somalian, Spanish, Swahili, Turkish and Ukrainian

Section 5. Local Religious / Faith Groups *

Agnostic	Episcopal	Pagan
Anglican	Evangelist	Pentecostal
Assemblies of God	Free Church	Plymouth Brethren
Atheist	Greek Orthodox	Presbyterian
Baha'i Faith	Hindu (Hinduism)	Protestant
Baptist	Jainism	Quaker
Buddhist	Jehovah's Witness	Rastafarian
Chapel	Jewish (Judaism)	Roman Catholic
Christadelphian	Latter-Day Saint	Russian Orthodox
Christian	Lutheran	Salvation Army
Christian Science	Methodist	Serbian Orthodox
Church of Christ	Moravian	Seventh-Day Adventist
Church of England	Mormon	Sikh (Sikhism)
Church of God	Muslim (Islam)	Spiritualist
Church of Scotland	New Testament	Unitarian
Church of Wales	Non-conformist	United Reformed Church
Congregational	Non-denominational	Wesleyan
Druid	None	White Witchcraft

* Declared by patients admitted

Section 6. Christian Denominations

The major Christian denominations are Anglican, Roman Catholic, Orthodox and Free Church.

Members of the Church of England, Church of Scotland (Episcopal), Church of Wales and Church of Ireland are all part of the worldwide Anglican Church, also sometimes referred to as Protestant.

Other Protestant Churches in England are referred to as “Free Churches”, and these include Wesleyan, Methodist, Congregational, United Reformed, Presbyterian, Pentecostal, Church of Christ, Church of Scotland, Church of the Nazarene, Evangelical Churches, Free Church of England, Independent Churches and Missions, Salvation Army, Lutheran Church, Quakers, and Plymouth Brethren. There are also others.

Orthodox Churches are mainly Greek, Russian, Serbian and Ukrainian.

Most Polish patients are Catholic.

The majorities of “Travellers” are Christians and tend to belong to the Roman Catholic faith.

Section 7. Beliefs

a. Baha'is

Baha'is believe in one God who reveals His purpose progressively throughout human history. They are required to say an obligatory prayer each day and to read from the Holy Scriptures of the faith each morning and evening.

b. Buddhists

Buddhists do not revere Buddha as a god, but as the teacher and founder of a way of life. They are united in their recognition of Siddhartha Gautama, an Indian prince who became the Buddha, or the 'enlightened one'. The aim of Buddhists is to achieve Nirvana, which is a state of liberation, characterised by freedom from suffering, death and rebirth. Central to Buddhist belief is the injunction not to cause harm to others and to help all human beings.

c. Christians

Central to Christianity is the belief that the nature and purpose of God has been revealed in the life and teaching of Jesus Christ, a Jewish prophet and healer who lived in Palestine some 2,000 years ago and who was put to death by crucifixion but who rose from the dead and ascended to heaven. Christians believe in one God but with a Trinitarian nature – Father, Son and Holy Spirit.

Most Afro-Caribbean people believe that everyone will have to answer to God, and those who live a good Christian life will go to heaven to be with Jesus Christ. Their main churches are Methodist, Anglican, Pentecostal and Church of God.

The Greek Orthodox Church condemns all forms of birth control, abortions and euthanasia. Mental illness and suicide in the family is often kept a secret and is seen as something to be ashamed of.

d. Christian Scientists

Christian Scientists believe in healing through prayer and are reluctant to accept medical intervention, so there would be few in ordinary hospitals. They prefer care in nursing homes or their own home where Christian Science practitioners administer treatment. They may, however, be admitted after accidents, during pregnancy and childbirth, or because of family or legal pressures. They will accept medical treatment for their children where the law requires them to do so.

e. Hindus

India's oldest religion (2500BC) is a fusion of traditions and shared beliefs, which have shaped its culture. It has no one founder, holy book, central authority or hierarchy. They believe that all living things have a soul, which passes through successive cycles of birth and rebirth, with an emphasis on purity and a preference for sons. Belief in karma and rebirth to many Hindu patients will influence their care. The core idea of karma is that each person is reborn so that the soul may be purified and ultimately join the divine cosmic consciousness. The belief in reincarnation and transmigration of the soul encourages Hindus to avoid killing even the smallest insect. Purity (Suddha) is very important in Hindu culture, so it reinforces the need for personal cleanliness. Bodily discharges are considered to be impurities. Hindus disapprove of abortion and divorce. Divorced people may even be rejected. Often it is the duty of parents, grandparents, aunts and uncles to arrange the marriages of younger family members. Elders are looked after by the family rather than be sent to a care home. Illness may be explained in terms of sorcery and evil spirits. In some cases, faith healers qualified to deal with spirits will be brought in.

f. Jains

Jains believe that a living being consists of gross physical body, subtle luminous and karmic body and soul. They believe that all souls have characteristics of infinite perceptions, knowledge, energy and bliss, but these capacities of the self are hampered by karma, which is responsible for perverted conduct, injustices in the world, rebirth and transmigration. They do not believe in a supreme creator – God. The universe has always existed.

g. Jews

Jews believe in one universal God. They must obey the Ten Commandments given to Moses on Mount Sinai, and practice charity and tolerance towards fellow human beings. The Jewish Sabbath is a 'day of rest' which begins before nightfall on Friday afternoon and ends with the first sighting of three stars on Saturday night. Orthodox Jews will not write, travel, work, switch on electrical appliances or cook on the Sabbath. There are services in the synagogue on Friday evenings and Saturday mornings. The religious leader of the community is the Rabbi. Progressive (or liberal) Jews will probably be less strict. It is important to distinguish between orthodox and progressive (non-orthodox) especially when contacting a Rabbi from a synagogue.

h. Muslims

Islam (an Arabic word) is the religion of Muslims and means submission to the will of God (Allah). For the Muslim there is no other God worth worshipping except Allah who created the Universe and who is Lord, the sovereign of the Universe. He is one and has no associate with Him in divinity. Mohammed (born AD 570) is the final messenger and prophet sent by God for all humanity. Islam is not only a religion but also a complete way of life. Muslims pray 5 times per day. Running water must be available at all times for ritual washing associated with prayer. The holy place is Mecca in Saudi Arabia, the birthplace of Mohammed. Ramadan is the month of fasting when all healthy Muslims should fast from dusk to dawn, so check with patients and arrange services as appropriate. Muslims believe in heaven and hell.

Islam is based on 5 fundamental principles: -

- 1) To bear witness that there is no one worthy of worship but Allah and that Mohammed is Allah's servant and Apostle for all humanity at large.
- 2) To establish daily five stated prayers (Salat). First early in the morning before sunrise, second at noon, third midway between noon and sunset, fourth at sunset and fifth at night.
- 3) Fasting in the month of Ramadan requires abstaining from food and drink and sexual contact from dawn to sunset.
- 4) Regular Charity (Zakat). Charity to the poor is obligatory.
- 5) Pilgrimage to Mecca. It is an incumbent duty to be performed once in a lifetime if one can afford it.

Muslims believe in the Divine Books as revealed by Allah to his Apostles for the guidance of mankind. The Torah revealed to Moses, the Psalms to David, the Gospels to Jesus and the Quran to Mohammed. They believe in the resurrection when Allah will call together all mankind in order to carry out his just account with them.

Islam holds that men are protectors of women, and so important decisions such as consent for treatment, require that they be consulted. Homosexuality is condemned and is considered sinful and punishable by Allah. Sex outside marriage is discouraged, but contraception and family planning are allowed. Abortion is not permitted even in the case of rape or incest.

i. Pagans

Pagans seek to lead ethical lives in harmony with Nature, and see God as manifested within the natural world. Most Pagans worship the old pre-Christian gods and goddesses of the land through seasonal festivals and other ceremonies.

j. Rastafarians

Rastafarianism is a personal religion, as there are no churches, set services or official clergy. All members share in the religious aspects, have a deep love for God, and believe that the Temple is within each individual. They believe the ascension of Ras (Prince) Tafari as the Emperor of Ethiopia (Haile Selassie 1) is central to Rastafarian belief. Ras Tafari (hence the name Rastafari) is considered to be a divine being who has a direct linkage from the biblical King David. The Emperor also bears the titles of “King of Kings” and the “Lion of Judah”. Spirituality is central to Rastafarianism, with particular emphasis on mysticism, recognising others dignity, and the importance of humility and peace. The spirit is believed to live on after death. The Old Testament is a major source of scriptures, although the notion of original sin is rejected.

k. Sikhs

Sikhs believe there is only one God and the Gurdwara (Sikh Temple) is not only a place of worship but also a community centre and a focal point within their society. Their holy book is the Guru Granth Sahib. This was given to them by Guru Gobind Singh (the tenth and last Guru). The holy book focuses on spiritual and moral guidance. Sikhism encourages people to make the most of the opportunity to achieve reunion with God through truthful conduct, humility, family life, meditation and prayer, and by serving the needs of the community. This includes donating money, clothes, food and shelter to those in need.

l. Zoroastrians

Zoroastrians believe in heaven and hell, the resurrection of the dead, and the last judgement. Their holy book the Avesta tells of two spirits – Spanta Mainyu, the good spirit representing the forces of creation, and Angra Mainyu, the evil spirit representing the forces of destruction. Sacred symbols include cattle, earth, water and plants.

Section 8. Holy Book, Place of Worship, Significant Place

a. Buddhists

They have no single creed, authority or sacred book. Place of worship is the Temple.

b. Christians

The holy book is the Holy Bible (Old & New Testament). Place of worship is the Church or Chapel.

c. Hindus

The Ramayana, Mahabarata and Bhagavad Gita, the latter being the most widely read. Place of worship is the Mandir and the holy place is Haridwar in India. The Hindu priest is called a Pandit.

d. Jehovah's Witnesses

Place of worship is called the Kingdom Hall and a regular publication is a magazine called The Watchtower.

e. Jews

The Torah (5 books of Moses) is the holy book, and the place of worship is the Synagogue. The significant place is Jerusalem.

f. Mormons

The holy book is the Holy Bible, the place of worship is the Church or Tabernacle, and the significant place is Salt Lake City in Utah USA.

g. Muslims

The holy book is the Quran (Koran) and the place of worship is the Mosque. Holy place is Mecca in Saudi Arabia.

h. Rastafarians

Significant place for Rastafarians is Ethiopia in Africa.

i. Sikhs

Holy Scripture is the Guru Granth Sahib and the place of worship is the Gurdwara or Temple. The holy place is The Golden Temple in Amritsar.

j. Zoroastrians

The Zoroastrians' holy book is the Avesta, and the place of worship is the Temple.

Section 9. Worshipping / Holy days

When identified by the patient, do not plan to have investigations, treatments or therapies on special days if possible

For Christians, Sunday is the day of worship, although Seventh-day Adventists worship on a Saturday. On Sundays Christian patients may wish to attend worship in the hospital chapel. The Chaplaincy team will endeavour to facilitate this and your co-operation will be appreciated. Those patients who are immobile or not well enough to attend may wish to receive Holy Communion or prayer at the bedside. The Chaplaincy team will provide this and respect for privacy and quiet will be important while this takes place. Christian patients will especially value the opportunity for worship at Christmas and Easter and some may like to attend a chapel service or receive Holy Communion during the week. This is particularly the case for Catholic patients.

Patients of other faiths or cultural beliefs may indicate their worship needs whilst in hospital. Please ask the patient, relative or carer to identify needs and requirements prior to these days, so that appropriate arrangements can be made to accommodate their wishes. If staff are unsure, then contact the Chaplaincy Services.

Section 10. Main Religious Festivals

It must be remembered that the Celebration of a New Year falls at various periods during the year depending on the religion, and not necessarily on the 1st January. Always ask the patient or their relatives.

a. Buddhist

Parinirvana Day Wesak (Buddha Day) Dhamma Day

b. Chinese

Lunar New Year

c. Christian

Epiphany Ash Wednesday Palm Sunday Good Friday
Easter Day Ascension Day Pentecost Corpus Christi
Assumption Advent Sunday Immaculate Conception Christmas Day

d. Christian Orthodox / Greek Christian Orthodox

The Holy Epiphany (Greek Orthodox) Christmas Day (Christian Orthodox)
Lent Monday Easter Day Pentecost
Dormition of the Holy Mother of God (Greek Orthodox)
Christmas Day (Greek Orthodox)

e. Hinduism

Maha Shiva Ratri Holi Rama Navami Janmashtami
Navaratri Dussehra Diwali New Year
Raksha Bandhan (bond between brothers and sisters)

f. Islam

Eid Al-Addha Al-Hijra (Islamic New Year) Ashura
Eid-Miladul Nabi [Milad Al-Nabi] (birth of Prophet Mohammed)
Ramadan (First day) Eid-ul-Fitr (after Ramadan)
Eid-ul-Azha (pilgrimage to Mecca)

g. Jewish

Purim Pesach, First Day (Passover) Shavuot (Pentecost)
Tisha B'Av Rosh Hashanah (Jewish New Year)
Yom Kippur (Day of Atonement) Succot, First day (Tabernacles) Hanukkah, First Day

h. Pagans

The main seasonal festivals are: -
Samhain (31st October); Yule (21st December); Imbolc (1st February); Spring Equinox (21st March); Beltane (30th April); Midsummer (21st June); Lughnasadh (1st August) and Autumn Equinox (21st September); Wicca.

i. Sikhism

Birth Celebration of Guru Gobind Singh Ji Vaisakhi
Martyrdom of Guru Arjan Dev Ji Birthday of Guru Nanak Dev Ji
Martyrdom of Guru Tegh Bahadur Ji Baisakhi and Diwali

Section 11. Diet / Nutrition / Fasting

Adequate nutrition of a well-balanced diet is necessary for good health and a healthy existence. The spiritual wellbeing of some patients depends on their nutritional intake. Carbohydrates such as potato, rice etc, and vegetables such as peas, beans and salads are not an issue in most religious denominations.

However, the emphasis here is based on protein provision namely meat, fish, eggs and dairy products. The way in which meat is prepared is also an issue in some cultures. You will also find that food that is acceptable on certain days is not acceptable on other days e.g. Some practising Catholics and other religions do not eat meat on Fridays but eat fish.

Fasting (sometimes linked to prayer) is an integral part of spiritual belief in some religions, which must be observed. It is usually excused for the elderly or sick in hospital, but some traditionalists and purists may insist on doing so. Give the necessary support with appropriate arrangements.

Please refer to Section 12 for special fasting requirements for patients of particular religions.

Some food products acceptable in a vegetarian diet:

Beans, Peas and Pulses
All varieties of nuts
All dairy products
Vegetables
Pastas, Potatoes & Rice
Wheat products

For more information on Vegetarian diet contact:

The Vegetarian Centre
53 Marloes Road
Kensington
London NW6 3RU

Section 12. Dietary needs of different groups

a. Baha'i

Baha'i fasting takes place on the 19 days from 2nd to 20th March from sunrise to sunset, and during this time they may not take food or drink. It is not obligatory during illness, pregnancy, and menstruation periods or for breast-feeding mothers, people under the age of 15 or over 70.

b. Buddhism

Buddhists' diet varies according to the climate of the country. Most Buddhists are vegetarians or vegans whilst others are not. Fasting days occur on New Moon and Full Moon days, but there are also other days. On such days one is required to eat at regular times, which means that one should eat before 12 noon and not after. The taking of anything that mars judgement may be refused including alcohol, opiates, sedatives and tranquillisers as they have an impact on awareness and consciousness.

c. Christianity

For the majority of Christians (including Catholics, Anglicans (C of E), Methodists etc.) there are no specific dietary requirements although individuals may restrict themselves by choice. For example, during the period of Lent * some Christians may wish to fast to a greater or lesser extent. Some Christians do not eat meat during the whole period of Lent, but will eat fish dishes. On Fridays some Christians, particularly Catholics, might refrain from eating meat and would prefer fish or vegetarian food. Some Christians may wish to fast for a particular length of time before receiving Holy Communion. The Greek Orthodox Church requires healthy adults to fast at least three days prior taking Holy Communion, and during the holy periods of Easter (40-50 days up to Easter Sunday), the Assumption of the Virgin Mary (1st-14th August), and Christmas (40 days up to Christmas day). Alcohol is forbidden in some Free Church traditions.

* *The 40 day period between Ash Wednesday and Easter (Sometime between February and April)*

d. Christian Science

The only dietary prohibitions are for alcohol and tobacco.

e. Hinduism

The majority of Hindus are vegetarians but non-vegetarians do not eat beef because they regard the cow as a sacred animal, and they do not eat pork. Vegetarian Hindus cannot eat off a plate on which meat has been served, so disposable plates and utensils need to be considered. Prohibited foods are all meats, fish and eggs. Alcohol is not permitted, although some may drink. Hindus may fast during Mahashivratri, Ram Nuami and Janmastami but this does not necessarily involve abstaining from all food and liquids, as Hindus who are fasting may eat one meal per day. Very few will insist on fasting when in hospital, but those who do may take hot milk, fruit, tea and salad without salt.

f. Islam

Only Halal meat is acceptable to strict practising Muslims as opposed to Haram (non-halal) foods. It is the way in which the animal is slaughtered and the meat is drained of blood. Halal lamb, beef and chicken are eaten, and all dairy products including eggs are permitted. Haram foods such as pork and their products, cheese, fat or gelatine with non-halal substances, blood products (e.g. black pudding) and alcohol are unacceptable. If in doubt "Always ask the patient" or supply a vegetarian diet. Muslims eat with their right hand and consider it rude to be handed anything with your left hand, as the left hand is

used for washing private areas of the body. Food is thought to be contaminated if touched by utensils that have been used to serve non-halal food. Removal of non-halal meat from any dish will have contaminated it and will not be acceptable. During the month of Ramadan which varies, a Muslim eats before observing the fast, which begins 1½ hours before sunrise, and is not allowed to eat or drink any lawful things (including water) until after sunset. Fasting is excused during menstruation and after a recent childbirth. Those who are sick, on a journey or breastfeeding are not asked to fast, but they should make up for this later.

g. Jains

Jains usually only eat a strict vegetarian diet which omits root vegetables such as potatoes, onions, shallots, garlic, carrots, beetroot, parsnips, turnips etc. They will not eat figs or take honeys and may not eat cheese or butter, but they do drink milk. They do not eat meat, fish or eggs or any product containing them. Jains who eat any of the above products knowingly or unknowingly may feel revulsion and spiritually polluted. In food preparation, it is important to keep prohibited products separate from food intended for Jain patients. Some object to sitting with someone who is eating prohibited foods, and may prefer to eat alone. Some Jains only eat during daylight hours. Always discuss their requirements and preferences with the patient.

Fasting is an important part of Jain spiritual life and women are especially likely to fast. Some Jains fast regularly on the 5th and/or 14th day of each lunar month. During the fast, Jains will not take anything except boiled water during the day, and some may not. Neither will they take solids, except in semi-fasting when they may take one or two meals a day. They may also fast for a week during the festival of Paryusana-parva in August or September.

h. Jehovah's Witness

Jehovah's Witness will not take any food containing blood products. E.g. Black pudding. There is dietary prohibition against blood and against the consumption of animals that have been strangled. This also includes game that has been shot and improperly bled.

i. Judaism

Orthodox Jews' diet is determined by the Jewish dietary laws. These forbid all animals which do not have a cloven hoof and chew the cud, all birds of prey, and all sea creatures which do not have fins and scales (notably shellfish). They only eat kosher meat, which has to be from animals ritually slaughtered, certain forbidden parts removed, and the meat salted to remove the blood before it can be eaten. Meat and milk cannot be cooked together, and different kitchen utensils must be used for them. It is also necessary to wait for a period of time after eating meat before milk dishes can be eaten.

The main day for fasting for Jews is Yom-Kippur which is the day of atonement which is a 25 hour fast, and is usually in September or October.

j. Mormon

Mormons (Latter-day Saints) live by a health code known as The Word of Wisdom, which warns against the use of stimulants, so they will not take tea, coffee, alcohol or use tobacco. Hot drinks may be refused, but milk, water and fruit juice may be acceptable. They are not strictly vegetarians and will eat meat sparingly, which does not contain too much blood.

k. Paganism

Most Pagans are vegetarians or vegans.

l. Rastafarian

Rastafarians do not eat pork or pork products. Some Rastafarians do not eat meat and are vegetarians. Others regard some fish as unwholesome such as herrings and sardines, which are unacceptable.

m. Seventh-day Adventist

Seventh-Day Adventists do not eat pork or pork products.

n. Sikhism

For Sikhs cows are sacred so beef and beef products are strictly forbidden. However, all dairy products are acceptable. A strict practising Sikh will not eat any meat products, but for most Sikhs - meat, fish and eggs are allowed. Food is thought to be contaminated if touched by utensils which have been used to serve prohibited food. Halal meat is strictly forbidden and so are alcohol, smoking and taking of intoxicating substances, although some Sikhs may indulge in these. Ritualistic fasting is prohibited by the faith, but may be performed as part of the individual's culture.

o. Vietnamese

Vietnamese use rice and clear soups as their staple diet. They are suspicious of lamb, which is not available in Vietnam. They do not use much milk or dairy products. Vegetables are chopped and fried, not boiled in the way they are in this country. The use of fish or Soya sauce can help to make unfamiliar foods more acceptable.

p. Zoroastrian

Some Zoroastrians may not eat pork or beef and may prefer a vegetarian diet in hospital, although there are no dietary restrictions.

Section 13. Dress

a. Jews

Very orthodox Jewish males wear a small cap called a 'kippah' or 'yarmulke' at all times. Some married orthodox women cover their head with a wig called a 'shaytel'. They sometimes use a scarf, a hat or beret.

b. Mormons

Mormons who have undergone a special Temple ceremony may wear a sacred undergarment, which is very private and will normally be worn at all times, in life and in death. It may be removed for hygiene purposes and laundering, but it must at all times be considered private and treated with respect.

c. Rastafarians

Rastafarians wear their hair in long plaits called "dreadlocks" or "locks" and men have beards. Men usually wear a hat to cover their heads and women wear a hairnet or scarf. Orthodox members may not permit their hair to be cut. Women dress modestly and do not like to wear second hand clothes or clothes that have been worn previously by someone else. Disposable clothing or their own may be preferred. Women consider hospital gowns to be immodest.

d. Sikhs

Sikh men wear the Turban and the 5 Ks – Kesh (uncut hair & beard); Kangha (wooden or plastic comb); Kara (iron or steel wrist bangle); Kirpan (symbolic dagger) and Kaccha (special underpants). These items of dress must never be removed or placed on the floor. If any of these items need to be removed, the reasons must be clearly explained to the patient prior to removal. It is better for the patient or relative to remove these. Sikh women may wear a scarf (Chuni or Dupatta) to cover their hair. Boys have a plait of hair in a knot (Jura) which is covered with a small piece of cloth (Rumal). Women may dress as men if they wish, but the traditional Punjabi female dress consists of Salwar Kameeze (loose trousers and tunic) and a Chuni.

e. Zoroastrians

Zoroastrians have a sacred dress, the Sadra (shirt) and Kusti (girdle), which is to be worn at all times. Daily prayers are fundamental, and the girdle is tied and untied during the prayers. Very sick patients may need help to do this.

Section 14. Ablutions & Toilet

a. Hindus

Hindus will need water for washing in the same room as the toilet itself. If a bedpan is used, they will be grateful to have a container of water and a bowl for this purpose. Hindus prefer to wash in free-flowing water rather than sitting in a bath.

b. Jews

Jews are expected to follow a religious observance of washing their hands and saying a brief prayer before eating. Very orthodox women prefer to keep their head covered with a headscarf, and men prefer to be bearded or will only use an electric razor [a modern circumvention of a ruling against shaving].

c. Muslims

Muslims attach great importance to cleanliness. Water must be in toilet areas (toilet paper is not considered adequate). If a bedpan is used, they will be grateful to have a container of water and a bowl for this purpose. Muslims prefer to wash in free-flowing water rather than sitting in a bath. Washing before prayer is necessary (a ritual call Wusu – a partial wash with clean water). They wash their whole head including inside their ears, nostrils and mouth, and their face. They also wash their feet up to their ankles, and hands up to the wrists. Ghusal is a complete body wash with clean water after lovemaking and at the end of the menstrual cycle.

d. Sikhs

Sikhs have the same requirements as Hindus and Muslims above. They will want to wash their hands and rinse their mouth before meals.

e. Zoroastrians

Zoroastrians have a high standard of hygiene, and running water will be preferred for washing. A bowl of freshly drawn water is an acceptable alternative.

Section 15. Modesty

Modesty, Self-esteem, Dignity and Privacy are the basic rights of every individual. It is common decency that we strive not to embarrass or degrade the patients for whom we care, regardless of their religion or cultural background.

a. Hindus

The women are very modest and they wear a sari. They may be reluctant to undress in front of a male doctor and could ask to be examined by a female doctor. They may refuse to wear an open-back gown. If possible, longer closed gowns should be provided.

b. Muslims

Muslim women usually prefer to be seen by a female doctor. In Islam free mixing of sexes is prohibited and women are required to cover their head and chest to maintain modesty and moral standards. Muslims should be accommodated in mixed sex wards only in emergency situations and with adequate explanation.

c. Sikhs

Sikh women usually prefer to be examined by a female doctor, but in the case of emergencies they may not mind being examined by a male doctor provided that there is a female member of staff present.

Section 16. Blood Transfusions / Organ Transplant

a. Buddhist

Most Buddhist would consider blood donation an excellent opportunity to give to another person, and request for organ and tissue donations are likely to be received favourably.

b. Christians

In Afro-Caribbean Christian religions, there are no religious beliefs banning organ donation or the giving or receiving of blood, but many of them fear contamination and may only choose to receive blood from their own families believing that it is less likely to be contaminated.

c. Christian Science

Christian Scientists regard blood transfusions and organ transplants as material methods of treatment, so neither donation or reception would usually be acceptable for adults. Parents would consent to transfusion for their child if doctors were of the opinion that it was essential.

d. Islam

Muslims are allowed to donate and receive organs. They have no objections to blood transfusions. For strict orthodox Muslims, blood transfusions and transplants may only be accepted with reluctance. The decision lies with the individuals and their families. Staff must never initiate the subject of organ donation for transplants as strict Muslims will not agree, and this may cause offence, unless the relatives initiate the discussion.

e. Jehovah's Witness

Jehovah's Witnesses' religion prohibits the taking in of blood and blood products into the body. This applies to receiving a blood transfusion or reception of an organ transplant, except in cases where no blood is involved as with corneas. Consult the individual in all cases.

Artificial blood is only used in extreme cases such as heart surgery, but plasma expanders such as Dextran is usually used, which is not classed as artificial blood.

f. Judaism

Jewish law both encourages blood donation and allows patients to receive blood and blood products. In Judaism, mutilation of the corpse is not permitted, so post mortems / autopsy is not permitted, but there is no objection in principle to organ donation provided that no organ is removed until death is definitely established. Organ donation may be permitted for specific and immediate transplant, but not for medical research or an organ bank.

g. Rastafarian

Rastafarians fear contamination of the body, so willing participation in blood or organ transplant, either as a donor or recipient will be unlikely. There is a belief that to do so is to interfere with God's plan for mankind.

h. Zoroastrian

Zoroastrians consider that pollution of the body is against the will of God. They will not accept or donate blood, and likewise for organs as it is forbidden in strict religious law. For similar reasons intermarriage is also strictly forbidden.

Section 17. Care of the dying

Whenever possible always ask the patient, relative or carer (whatever their religion or spiritual belief may be), what are their spiritual, religious or cultural requirements at such a sensitive time. Try to ensure that their wishes are met in plenty of time. If in doubt please contact our Chaplaincy Services on either site as appropriate. They will be happy to advise you, come to provide what is required or arrange for the appropriate faith leader to do so.

a. *Buddhists*

Resuscitation is acceptable. They may request to have a monk or nun present to chant or assist in the passing from this life. There is no one Buddhist death ritual, type of funeral or afterlife requirement. In some traditions, it is desirable for the body to remain at the place of death for up to seven days to allow rebirth to occur, which may cause a problem.

b. *Christians*

Practising Catholics and Orthodox Christians may want a Priest for confession, Holy Communion or Last Rites (Sacrament of the Sick) at such a time. Very often the family or patient will know a particular priest whom they wish to call in, but in emergencies the Trust's own Catholic Chaplain will normally be acceptable.

Others may appreciate a Chaplain or religious leader according to their religion or belief. There can be many spiritual issues that a dying patient may wish to explore, even though some may not indicate that this is so. Please make sure they are given the opportunity. In some Afro-Caribbean religions, a visit by a Pastor, prayer meetings and singing form part of the preparation for dying.

c. *Hindus*

Most Hindu patients would rather die at home. Some Hindus may receive comfort from readings from the Bhagavad Gita (Holy Book), and may wish to lie on the floor. This symbolises the closeness to Mother Earth. If the patient wishes, a Hindu priest may be called to perform holy rites, who may tie a thread around the wrist or neck of the patient, sprinkle blessed water from the Ganges, or place a tulsi leaf in the mouth. Relatives may bring trinkets, clothes or money for the dying person to touch prior to distribution to the needy. They may insist that the eldest son be present before, during and after death, even if he is a small child.

d. *Jews*

A Jew may wish to hear readings from the 5 books of Moses, recite or hear special psalms, particularly Psalm 23 or the Shema (which is a special prayer). Please make sure you know whether the patient is Orthodox (conservative) or Progressive (liberal) as their needs will be different. Jewish law forbids active euthanasia as human life is considered sacred.

e. *Muslims*

Muslims may wish to lie or sit facing Mecca. At this time prayers are usually said for religious comfort in conjunction with other Muslims from the community. Readings from the Qur'an / Koran (Holy Book) may be recited. Human life is regarded as precious and suicide and euthanasia are considered as major sins. Resuscitation is allowed but is also a matter of choice.

f. Sikhs

A Sikh may receive comfort from readings from the Guru Granth Sahib (Holy Book), and a relative or reader from the Gurdwara (Sikh Temple) may be able to oblige if the patient is unable to perform this task. Another practising Sikh may be able to help if the patient has no objection.

g. Travellers

Although Travellers are not regarded as a spiritual or religious group, it is worth mentioning that the majority are Christians and are mainly Catholics. They would prefer to have a Priest present at the first sign of non-recovery for prayers and last rites etc. Visitors may place religious artefacts on or around the patient, e.g. crucifix, rosary beads, prayer cards, religious medals. Please respect these religious items. Please ask relatives or visitors what are their requirements.

There could be disruption at this time as it is their culture for all to be present when a member of the group is dying. Controlling the volume of visitors may be a major problem. If so, contact your manager or person on call if out of hours for their opinion and advice.

h. No declared religion

Just because a patient has not indicated a particular religion, it is important for us to remember that this does not mean that the person does not have spiritual needs. Always try to assess spiritual needs for all patients, not only on admission but throughout their stay in hospital. If you feel you need help and advice contact the Chaplaincy Services.

Section 18. When a patient dies – Last Offices, Post Mortems & Funeral Procedures

a. Baha'is

Baha'is do not cremate or embalm the body of the dead, and the burial should not be more than an hours journey from the place of death.

b. Buddhists

When a Buddhist dies, a Buddhist priest should be informed as soon as possible; ideally he should be of the same school of Buddhism as the deceased patient. The body should not be moved too much before the priest arrives. Most Buddhists prefer cremation, which normally takes place within 3 to 7 days of death.

c. Chinese Muslims

As with all Muslims, Chinese Muslims will have objections to post mortems. On the death of a child or infant the burial takes place immediately with no special ceremony.

d. Christians

Dying people of Christian denominations should always be offered the services of the appropriate chaplain. Some older people in some Afro-Caribbean religions are unlikely to agree to a post mortem and burial is preferred to cremation. In the Greek Orthodox religion, cremation is not condemned, but is rare because of the belief in life after death, so burial is preferred.

e. Christian Scientists

Christian Scientists have no ceremony of any kind for a sick person of any age. There are no last rites. They would wish the body to remain inviolate after death. Routine last offices are appropriate, and a female body should only be handled by female staff. Cremation is usually preferred, but this is a matter for family choice.

f. Hindus

Disposable gloves should be worn for last offices to prevent body contact. The eyes should be closed and limbs straightened. Religious objects should not be removed from the body. Hair and beard should not be trimmed. Cover the body with a plain white sheet. Do not wash the body, as the family will usually do this as part of the funeral rites, and will put on new clothes before taking the body from the hospital. Adult Hindus are always cremated, but young children may be buried. Wherever possible the funeral should take place within 24 hours.

If the coroner is involved, this must be clearly explained to relatives. The coroner must be made aware that the deceased is a Hindu, so that early arrangements can be made for the autopsy and issue of death certificate. In Hinduism, there is no objection to a post mortem if unavoidable, but all organs must be returned to the body before cremation.

g. Jains

Jains like to have all their family present and this may create an accommodation problem. Controlling the volume of visitors may be a major problem. If so, contact your manager or person on call if out of hours for their opinion and advice.

h. Jews

A dying Jewish patient should not be left alone and families will wish to stay with their relatives. Psalms and a special prayer may be recited and a Rabbi may be requested.

When the patient dies the eyes and mouth should be closed, external catheters and equipment removed, and all incisions dressed. The body should be laid flat with hands open and arms parallel and close to the body. The legs should be stretched out straight. The body should be covered and left untouched. The body should be wrapped in mortuary sheets and removed to the mortuary. The immediate family should be notified immediately, and asked to contact the Jewish undertaker. They will also contact the synagogue and set the ritual proceedings in motion. If no family are available, the local Jewish undertaker or synagogue should be contacted for advice and help. The Chaplaincy Service will assist with this.

Members of the family or local Jewish community will wash and shroud the body while prayers are said. Usually three people of the same gender as the patient will carry this out.

It is important that the funeral takes place within 24 hours, being delayed only for the Sabbath (Friday evening to Saturday evening). If death occurs after commencement of the Sabbath, strictly speaking the body should not be moved until after the Sabbath is concluded.

Cremation is forbidden. Burial is usually in a Jewish cemetery. No mutilation of the body is allowed including post mortems (unless legally required).

i. Mormons

Mormons do not encourage cremation although it is not forbidden, but burial is preferred. There is no objection to a post mortem if unavoidable, but all organs must be returned to the body before the funeral.

j. Muslims

Non-Muslims should not touch the body after death, so disposable gloves should be worn. In Islamic culture, the next of kin will want to arrange for the washing of the body before burial.

The family usually prepares the body, but in their absence, the following should be done. Wearing disposable gloves, close the eyes and mouth, straighten the limbs and body, and bandage the lower jaw to the head. Turn the head towards the right shoulder (facing Mecca), do not cut hair or nails and do not wash the body. Religious trinkets should never be removed. Cover the complete body with a sheet.

Help and advice may be obtained from the local Muslim community or the Chaplaincy Services. Muslims are always buried and never cremated. Many are sent back to Pakistan for burial.

It is customary amongst Pakistanis and Arabs to express their emotion freely when mourning a deceased relative. Whenever possible they should be given the privacy to do so; this will avoid disturbing other patients.

The funeral is usually as soon as possible after death and certainly within 24 hours after death. It is therefore necessary to have the death certificate available as soon as possible.

Muslims believe the body belongs to God and no part or organ should be removed. Post mortems are strictly forbidden, unless ordered by the Coroner and then clear reasons and explanations should be given.

Because it is required to bury the body as soon as possible after death, the coroner must be made aware that the deceased is a Muslim, so that early arrangements can be made for the autopsy and issue of death certificate. All organs should be buried with the body.

k. Pagans

In Paganism, some families may wish to take the body home and prepare it for burial or cremation themselves.

l. Rastafarians

Rastafarians prefer burial, but cremation is not forbidden. Post-mortems are likely to be unacceptable because of the unnatural invasiveness.

m. Sikhs

Generally Sikhs have no objection to anyone touching the body and carrying out last offices. Someone of the same sex should wash the body paying special regard to the 5 K's which, along with any other holy trinkets, **should not be removed**. If in doubt – do not remove! The eyes and mouth of the deceased should be closed, limbs straightened and the body covered in a plain white sheet without religious emblems. Hair and nails should never be cut. Otherwise routine hospital procedures can be followed. The family may wish to say prayers.

Adult Sikhs are always cremated (wearing the 5Ks), before which the body is washed and white clothes are put on. Cremation takes place as soon as possible after death, and normally within 24 hours. Stillborn babies, neonates and infants may be buried.

In Sikhism, post mortem is not liked, but will be accepted if it is a legal requirement. The body should be released as soon as possible to enable the funeral to take place. If the coroner is involved, this must be clearly explained to relatives. The coroner must be made aware that the deceased is a Sikh, so that early arrangements can be made for the autopsy and issue of death certificate.

n. Zoroastrians

Zoroastrians/Parsees do not accept post mortems or donation of organs as they are forbidden. Body donation or parts of, are also forbidden. Burial or cremation should take place within 24 hours of death. Most families will provide a special Sadra (shirt) which is to be worn next to the skin under the shroud, with the sacred Kusti (girdle). The family may wish the head to be covered with a cap or scarf. In the UK both burial and cremation are accepted.

Section 19. Funerals Abroad

After a death some families may wish to send the body back to its country of origin for burial. Steps must be taken to arrange this, but a funeral director will normally arrange almost everything.

Once the death has occurred, the family must:

- ◆ Contact the funeral director of their choice and tell them their wish to send the body home.
- ◆ Register the death and inform the registrar that the body is to be transported back to its original homeland.

Instead of issuing the usual certificate of disposal, the registrar will make a copy of the death certificate for the family to give to the funeral director (a small cost may be involved).

The funeral director will do the rest. This includes applying to the coroner for an out of England order, which is usually granted within a day or two.

The funeral director also needs to supply the airline, which will be carrying the body with the following:

- ◆ A freedom from infection certificate.

The funeral director will obtain this from the doctor who signed the death certificate (a fee may be involved). The freedom from infection certificate is a public health measure, and the airline may refuse to carry a body that had suffered from an infectious disease.

- ◆ A zinc-lined coffin which must be hermetically sealed.

Modern sealing methods enable the coffin to be opened at the destination if required.

- ◆ A certificate to prove that the body has been embalmed.
- ◆ Some countries require a consular seal from the relevant embassy.

The arrangements can usually be completed in a matter of days. The cost varies as different airlines have different freight charges. It is therefore advisable to ask more than one airline for a quote.

If the body to be transported was the subject of a coroner's inquest, and if the verdict was natural causes, there are no problems and the above procedure can be followed.

However, if the death was unnatural – for example, as a result of murder or violence – then repatriation will not be allowed until the court case is over, which may take many months. In this case the body will be held in the city mortuary, and will be released once the court proceedings are complete.

Section 20. Local Resources

a. Derby Hospitals NHS Foundation Trust - Spiritual & Pastoral Support Team (Chaplaincy Services)

The chaplains provide 24-hour cover.

If you need a chaplain urgently please contact the Switchroom and ask for the on-call Chaplain to be paged. If the Catholic Chaplain is required please state this when you ring.

Non-urgent messages may be left on ext.2324 (voicemail). Please remember that it may be some time before a voicemail message is heard.

b. Interpreter Services

Access to language interpreters including British Sign Language is via the Interpreter Services on the DRI site. The service is operational during office hours Monday to Friday from 9.00 a.m. – 5.00 p.m. on ext. 4617 or bleep 3387 or 1399

c. PALS (Patient Advice and Liaison Service)

The PALS may be able to help, advise and deal with some of your concerns. They can be contacted during office hours Monday to Friday from 9.00 a.m. – 5.00 p.m.

The service is available at the DRI on ext. 4390 or 2850, and at the DCGH on ext. 5156 or 6960. The PALS is also accessible via free phone 0800 783 7691

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