

Spiritual & Religious Care

Version Number 2

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These guidelines offer some specific information about faith traditions and cultures in a healthcare setting. They are intended to assist ward staff & other clinicians in provision of appropriate spiritual, religious & pastoral care for patients during their stay in this hospital, & for their families.

**The Chaplaincy team is available to assist:
please ask the Switchboard to bleep the Duty Chaplain.**

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1 Chaplaincy Support

Please be aware of the availability of a Hospital Chaplain every day 06:00 -22:00

The duty chaplain is there to advise on all matters of religious, spiritual and pastoral care and support; and to liaise, where appropriate, with leaders of other faith groups outside the hospital.

“If in doubt, call us out!”

(Please ask Switchboard to page the Duty Chaplain)

2 Introduction

The spiritual component pervades every aspect of healthcare, complementing the physical & psychological aspects in its concern for the whole person & provision of holistic care.

Spiritual care is concerned with whatever gives meaning, value & purpose to life & relationships for each person.

It is important to ask each patient what their religion or religious denomination is & to record it on their medical notes. This is so often a useful starting point, especially in emergency situations.

The **Chaplaincy Team** is committed to meeting the religious, spiritual & pastoral needs of patients, relatives, carers & staff; & to contribute to an environment where each individual's humanity & spirituality are valued & respected, whether expressed in religious or other terms.

We aim to:

- Recognise & respond appropriately to spiritual needs of all, of whatever religious, faith or philosophical tradition, or of none.
- Support, assist & encourage all staff in provision of spiritual element of care
- Provide regular opportunities within the hospital. for worship, prayer & quiet reflection, in Chapel, at bedsides & elsewhere
- Foster links with other local faith leaders & communities & encourage appropriate involvement
- Help explore & clarify ethical issues
- Contribute to development of policy & good practice at regional & national levels

The Hospital Chaplaincy Team is **multi-denominational** and **ecumenical** within the Christian tradition, but is also the local point of contact for all spiritual matters, responsible for liaising with leaders of other faith groups outside the Hospital.

The content of these notes has been prepared by the Chaplaincy Team. Some aspects are drawn from various sources, including those listed (see **Bibliography**) below. We are grateful to the authors.

3 'Spiritual' and 'Religious' Care

Spiritual and religious care are important elements of holistic care which is in our remit to provide. This is particularly significant as patients approach end of life, whether or not they are on the Personalised Care Framework (PCF).

3.1 Definitions

If a person's spiritual values, beliefs, attitudes and religious practices do not enable them to deal satisfactorily with questions concerning the infinite realities and ultimate meaning and purpose in life, then this may well lead to a state of *spiritual distress* or *spiritual pain*.

Such distress or pain are distinct from *spiritual health* where the belief system is supportive and helpful in adversity and motivates the person to work through whatever crisis they are experiencing.

What we understand by the terms '**Spiritual**' and '**Religious**' is important in how we relate to '**Spiritual Needs**'. The words 'spiritual' and 'religious' are often thought to have the same meaning and are often used interchangeably, blurring the important distinction between them.. This can lead to confusion and to the needs of some people being overlooked.

3.1.1 Spiritual

Describes the way in which we make sense of our experience. It includes all those aspects of life that enable us to be human; uniqueness, dignity, worth, conscience, values, attitudes, beliefs, relationships. It is about coping with pain and loneliness and with accepting ourselves as we are without embarrassment or shame. It helps us to choose between alternative lifestyles, to realise our human potential, to build our confidence and self-esteem. It makes it possible to face stress, to handle conflict, anxiety, failure and rejection. It enables us to come to terms with loss and bereavement. The spiritual dimension of a person encompasses the need for finding satisfactory answers to his ultimate questions about the meaning of life, illness and death. A person's deepest relationships with others, himself and with God are the centre of his spiritual dimension.

It is important that all those engaged in healthcare think about the relevance of spirituality in order to help manage illness (the experience of losing health) as well as disease.

Skilled, sensitive and appropriate spiritual care can be provided by a variety of people, including volunteers, family members, health and social care staff and faith groups. It is essential that health and social staff have the necessary skills, knowledge and support to deliver sensitive care (NICE 2004, p.100)

Nurses are seen to be in a key position to respond to patient's needs for spiritual care (NICE 2004, p.102)

3.1.2 Religious

Describes one way in which some people find expression for the spiritual. Religious activities may give an outlet for some of the spiritual needs mentioned above. People may wish to say prayers, attend a service, receive the sacraments, speak to a minister of their faith etc. as a way of working out the spiritual questions and needs which they are experiencing.

It is important that all those engaged in health care familiarise themselves with the religious and cultural practices of those who come into hospital, especially with regard to privacy, diet, birth and death.

3.2 Spiritual Pain/Suffering

Suffering has been defined as 'the state of severe distress associated with events which threaten the intactness of the person' (Cassell 1991). Spiritual needs are particularly significant when a person is suffering. Pain and suffering are not the same thing, but they do frequently occur together. Usually, pain can be seen as a physical symptom that can be fixed by healthcare workers. Suffering on the other hand should be seen as an experience of the 'whole person' that probably cannot be fixed by another. A helpful response to suffering will probably flow through a relationship

and environment that promotes change from within the suffering person. This might be called healing.

The challenge to the nursing profession is to assist individuals who are spiritually distressed, dispirited and at times emotionally and physically dysfunctional to explore life's crisis in an attempt to rediscover meaning and value so that once again they can invest positively in life (MCSherry 2000, p.39)

3.2 How might we suspect that a person is experiencing spiritual pain?

The following are all relatively common and should prompt an assessment of spiritual needs:

- **Intractable Pain/Symptoms** eg where "tried and tested" medications appear to have little or no effect on the individual's symptoms and doses may escalate rapidly causing additional symptoms, eg over opiation.
- **A Break with Religious/Cultural Ties** eg 'I don't believe in God any more. I can't ask for help - I've not been to church for years'. 'I used to believe when I was a child'.
- **Loss of Sense of Meaning or of Hope** eg Cynicism, suicidal feelings, lack of will to live, apathy and withdrawal.
- **Sense of Guilt/Shame/Loss of Identity** eg Illness = punishment, feel unacceptable, bitter and unforgiving of self/others, loss of role, route, loss of control.
- **Intense Suffering** eg Self-pity, intense questioning, feelings of not being able to endure suffering. Here, requests for termination of life arise - "You wouldn't let a dog suffer like I'm suffering!"
- **Unresolved Feelings/Fear about Death and Dying** eg Fear of sleep, awake in early hours, fear of darkness, disturbed dreams, pre-occupation with death, morbid humour, fear of unknown, obsessive thoughts, concern for family dependants.
- **Anger** eg anger towards doctor, God, religion, clergy, also shown in undue stoicism and a desire to be an example in illness and death.

3.2.1 Principles of Assessing and Helping with Spiritual Pain

There are many ways in which to help directly or indirectly with Spiritual Pain and we do not need to be experts in religion. They include a wide range of aspects of care that all help the patient to find meaning and purpose. Any individual can acknowledge spiritual issues and it may or may not be appropriate to involve the chaplaincy team. **However, it is important to ask the patient/family whether they wish to see a chaplain and to explain that chaplains will not be 'into hard sell religion or death bed confessions', but can help people explore issues that are important to them.**

The Importance of Spiritual Needs:

- Everyone will have spiritual needs but not everyone will have religious needs.
- Each person in an individual with their own spiritual needs arising from their own person story.
- Responding to these needs can enable a patient and their family to come to terms with dying and provide valuable support during their last days.
- Always consider who else may be able to help in meeting spiritual needs.

The Importance of Presence or of just 'being', which is about:

- Good listening.
- Giving time and space.
- The power of silence as well as 'saying.'
- Sitting alongside as well as 'doing'.

The Importance of Good Communication:

- Between patients and families, staff and families, between staff - including the multidisciplinary team.
- Requires time, quality, continuity, repeating, honesty,
- Be aware of non-verbal communication.
- Much unnecessary anxiety and fear arises for all concerned because of poor communication.

The Importance of Self-Awareness, which is about:

- Recognising how this situation is affecting me – how do I feel about it? Being honest.
- Thinking about why I feel as I do?
- Reflection and debriefing.
- How do I care for myself?
- If I need to talk to someone, where do I go?

3.3 Initial Assessment of Spiritual or Religious Needs

What we need to know:

- Religious affiliation if any
- Any rites or rituals which are important to the patient
- Do they wish to see a chaplain or other faith leader.
- Consider the patient's wishes, feelings, values and cultural needs.
- Assessment of spiritual needs may be difficult please call a chaplain to help you. **'If in doubt call us out'**

If possible, it is helpful to determine:

- Spiritual/religious needs now
- Spiritual/religious needs at time of death
- Spiritual/religious needs after death

Care after death:

- Please remember to call a chaplain
- Please offer chaplaincy support to bereaved relatives and friends.

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5 Guidelines For Specific Faith Groups

The Chaplaincy Team liaises with many **other faith communities**, locally or nationally, to offer appropriate cultural or spiritual support for all. We seek constantly to extend our network of denominational and faith contacts.

5.1 CHRISTIANITY

In the Salisbury area the majority of patients who have a faith are, at least, nominally Christian. They may or may not be practising.

The individual person's denomination should be recorded in his or her notes.

5.1.1 All Denominations

Although the doctrines of Christian churches vary greatly both within and between countries, there are firm features of Christianity that are almost universal (eg initiation (baptism), worship, ministry and 'good works'). The sacred text of the Christian religion is the Bible.

5.1.2 Christian Denominations

- Anglican (incl. Church of England, Church in Wales, Church of Ireland & Episcopal Church of Scotland)
- Baptist
- Coptic
- Independent churches and missions
- Methodist
- Moravian Brethren
- Orthodox Churches (Greek, Syrian or Russian)
- Plymouth Brethren
- Presbyterian
- Roman Catholic
- Salvation Army
- The Religious Society of Friends (Quakers)
- United Reformed Church

5.1.3 General Guidelines: *Diet*

There are no general dietary requirements. Some Christians observe Friday as a day when they do not eat meat; some may wish to abstain from food (fast) before receiving the ritual of Holy Communion. This can also be referred to as the Lord's Supper or mass, whereby bread and wine, symbolising the body and blood of Christ, are taken in His memory. Some abstain from alcohol.

5.1.4 General Guidelines: *Death and dying*

Routine last rites are appropriate for all Christians.

Always ask the individual and/or family or friends if they would like to see a chaplain or their local minister. Prayers may be said at the bedside of the dying patient. Sometimes the family or the patient will ask to receive the Sacrament of the Sick. This involves anointing with special oil. After death, some families may like to offer prayers of thanksgiving for the person's life.

5.1.5 General Guidelines: *Organ donation*

Christians consider organ donation an act of love and a way of following Jesus' example. They believe in eternal life, and preparing for death should not be feared: nothing that happens to our body, before or after death, can impact on our relationship with God.

Making a donation is a personal choice, but can be seen differently even in the same religious groups or denominations.

Discuss with patient and family if possible and appropriate.

5.1.6 QUAKERS (THE SOCIETY OF FRIENDS)

Quakers believe the whole of life is sacred and the experience of God available to everyone.

Quakers have found corporately that the Spirit, if rightly followed, will lead them into truth, unity and love: all their testimonies grow from this leading. These insights, attitudes and practices form a way of life, rather than a dogma or creed. Although their spiritual experience cannot ultimately be expressed in words, Quakers base their whole lives on it.

The Religious Society of Friends (Quakers) arose in the mid-17th Century. Its members call themselves Friends of Truth, or simply, Friends. There are no ministers or pastors. Elders and Overseers are appointed to oversee the spiritual and pastoral well-being of Quaker meetings and their members. In meetings for worship, Quakers do not sing hymns or use set prayers, but wait together on God in silence, with a member on occasion speaking briefly, perhaps praying, or reading from the Bible or other religious work.

While in hospital or hospice, Quakers: may like to be visited by another Quaker.

It may also be helpful to be aware of the following, concerning Quakers:

Blood Transfusion and Organ Donation. There are no religious objections to transplantations. Organ and tissue donation is believed to be an individual decision.

Diet. No special considerations, some Quakers are vegetarian and a few are vegan.

End of Life Care. There are no special rituals or practices for the dying. Patients will appreciate a visit from an Elder or other Quakers who may sit in silent worship.

Last Offices. Routine last offices are appropriate. A number of people are appointed to support and advise families after a death and to assist with practical arrangements.

Post Mortems. There are no objections on religious grounds.

5.1.7 ROMAN CATHOLICS

The patient will probably wish to be visited by a Roman Catholic priest and to receive Holy Communion and/or the Sacrament of the Sick. This is not only for the dying but also for the sick, especially before an operation. The sacraments are very important. The Roman Catholic priest must be called to dying patients or, if the death is sudden, immediately afterwards.

5.1.8 SPECIAL DENOMINATIONAL CONSIDERATIONS

Special considerations may impact on members of specific Christian denominations. Discuss with patient and family if possible and appropriate. The Chaplaincy team can advise and assist with any queries from staff or patients.

5.2 BUDDHISM

Buddhism centres on the teachings of the Buddha, who is served not as a god but as an example of a way of life. Buddhists believe in rebirth (a kind of reincarnation) and so accept accountability for their actions, including the results of present action potentially affecting rebirth. 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. Buddhism has always been culturally adaptable, and a variety of forms and movements have developed, each with different traditions. Motivation is often concerned with the concept of 'mindfulness' and meditation is an important practice and discipline for most Buddhists. Ask the individual and/or family and friends how best to provide support.

5.2.1 Diet & Fasting

As Buddhism encourages its followers to practise non-violence, most Buddhists are likely to be vegetarian, some may be vegan. Most refrain from alcohol and some refrain from stimulants such as caffeine. Some devout Buddhists will fast every afternoon and on other specific days (egg new moon, full moon and certain days associated with the life of the Buddha).

Mode of greeting. Considerable cultural variation, handshake usually OK but best to wait for patient to extend hand first.

Birth No special arrangements. Nothing prescribed but parents family or friends may wish to recite a short prayer.

Care in serious illness or EOL: Buddhists will appreciate an honest prognosis, as they would wish to put their minds, as well as their affairs, in order if they are approaching death. Discuss with patient and family if possible.

5.2.2 Death and Dying

Care of the dying. Buddhists believe the state of mind of a person at the moment of death is important in determining the state of rebirth after death. 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 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. The sooner spiritual friends are aware the person is nearing death the better it is for the dying person.

Procedure at death. If other Buddhists are not in attendance, the patient's Buddhist teacher should be informed of the death as soon as possible. Routine last rites are appropriate. If possible the body should be left untouched for as long as possible. This is to allow the spirit to leave the body in the correct way. Cremation is preferred

Organ donation. Discuss with patient and family if possible and appropriate. There are no injunctions in Buddhism for or against organ donation and views as to its acceptability differ. Death is a very important time, to be treated with great care and respect. In some traditions, the moment of death is defined by different criteria from those of modern Western medicine. The needs and wishes of the dying person must not be compromised by the wish to save a life and each decision will depend on individual circumstances.

Central to Buddhism is a wish to relieve suffering and in some circumstances organ donation may be seen as an act of generosity. If there is doubt as to the teachings within the particular tradition to which a person belongs, expert guidance should be sought from a senior teacher within the tradition concerned. (Contact Chaplaincy).

Special Considerations. *Vesak* is a celebration of the birth, enlightenment and passing into *Nirvana* (where death is meaningless) of the Buddha. It is held on a night with a full moon in May.

Buddhist patients may request access to the *Sutras*, the sacred texts of some strands of Buddhism. (Contact Chaplaincy).

Sensitivity towards families of Buddhist patients is especially recommended: unless they also happen to be Buddhist, they may not know how to behave respectfully.

5.3 HINDUISM

Central to Hinduism is a belief in reincarnation, in which the status, condition and cost of each life is determined by the behaviour in the last life. Hindus believe that there is one god, who can be understood or worshipped in many different forms.

5.3.1 Diet

Most Hindus do not eat beef and some will not eat eggs or chicken. Dairy produce is acceptable as long as it is free of animal fat. However, it is best to ask each individual. Some Hindus are strict vegetarians and will not eat food that has come into contact with prohibited food or utensils.

5.3.2 Personal care

Hygiene/cleanliness. Hand washing is considered essential before and after eating. Water for washing is needed in the same room as the toilet. If a bedpan has to be used, bowls and jugs of water should also be provided. Hindu patients prefer to wash in free-flowing water.

Modesty. Women prefer to be treated by female medical staff where appropriate. Hindu women should not be accommodated in mixed wards unless absolutely unavoidable. A Hindu woman may find it difficult to accept an X-ray gown because it is short. Hindu women may wear bangles or a thread, which should **not** be removed without permission. Some Hindus wear a red spot on their foreheads or scalp, which should **not** be removed or washed off without permission.

Dress and jewellery. Jewellery usually has a religious or cultural significance – for example, a woman's bangles are removed only on her husband's death. Some Hindu boys wear a 'sacred thread' over the right shoulder and around the body – this is a symbol of a male Hindu's second birth when he starts to learn from his guru. None of these items should be removed or cut without the permission of the patient or the next of kin. If the thread has to be cut or removed it should be retained and be given to the patient later.

5.3.3 Death and dying

Care of the dying. Hindu patients would very much want 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 holy books and to perform holy rites. These may include tying a thread around the wrist or the neck, sprinkling the person with water from the Ganges or placing a sacred tulasi leaf in his or her mouth. Their belief is in cremation, and the body being returned to nature may involve a dying person asking to be placed on the floor during the final few breaths.

Procedure at death. Cremation should be on the same day as the death, if possible. Distress may be caused if non-Hindus touch the body. The family will usually want to wash the body at home. If no family members are available, the following procedure should be followed:

- Wearing disposable gloves, close the eyes and straighten the limbs.
- Jewellery, sacred thread 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 (for example, because 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 wishes to view the body, staff should ask the mortician to ensure the room is free of any other religious 'symbols'.

Organ donation. Discuss with patient and family if possible and appropriate. No religious law prevents Hindus from donating their organs and tissues. There are many references that support organ donation in Hindu scriptures and mythology, where such a gift is seen as a form of 'selfless giving'. It is also third in the list of the 10 *Niyamas* (virtuous acts). Hindus believe in life after death and rebirth is an ongoing process. The law of *Karma* decides which way the soul will go in the next life. The *Bhagavad Gita* describes the mortal body and immortal soul as rather like the relationship of clothes to a body. Scientific and medical treatises are an important part of the *Vedas*.

5.4 ISLAM

Islam is the Arabic name for the Muslim religion. The term means 'surrender to God's will'; it includes acceptance of articles of faith and commands revealed through the Prophet Mohammed. Mecca is the religious centre for Muslims and a place of pilgrimage from all parts of Islam. It was here that Mohammed was born and began his teaching. There are four chief religious duties for a Muslim: prayer (5 times a day), alms giving, fasting and a pilgrimage to Mecca (the *Hajj*).

There are many different branches of Islam the main ones being Sunni, Shia and Sufi.

There are many Muslim festivals, all calculated by the lunar calendar. Ask the patient or the family if any important dates for their faith occur during their stay in hospital.

There are regular services in the Hospital Chapel on Fridays at 1.10pm

5.4.1 Diet

Some meat is permitted as long as it has been slaughtered according to the *Halal* ritual, which drains the animal of blood. *Halal* lamb, beef and chicken are eaten, but pork meat and blood are forbidden. Fish and eggs are allowed but must not be cooked where pork and non-*halal* meat is cooked. During the month of Ramadan, Muslims fast between sunrise and sunset, although those who are sick or in hospital are not required to fast.

5.4.2 Personal care

Hygiene/cleanliness. Muslims attach great importance to cleanliness – hands, feet and mouth are always washed before and after prayer. After menstruating, women are requested to wash their whole bodies. Muslims prefer the use of a shower rather than a bath.

Modesty. Muslim women may prefer to be seen or treated by a female doctor.

5.4.3 Death and dying

Care of the dying. Dying Muslims may wish to sit or lie facing Mecca. Moving the bed to make this possible will be appreciated. The family may recite prayers around the bed. If the patient's family is not available, any practising Muslim can help. The patient may wish the Imam (religious leader) to visit.

Procedure at death. After death, non-Muslims should not touch the body. Health workers who need to touch the body should wear disposable gloves. The body should be prepared according to the family's wishes. If the family is not available, the following procedures should be followed:

- Turn the head towards the right shoulder before rigor mortis begins. This is so that the body can be buried facing towards Mecca.
- Do not wash the body, or cut hair or nails.
- Wrap the body in a plain white sheet. Muslims believe in the resurrection of the body after death, so they are always buried and never cremated. The family and Muslim undertakers will ritually wash the body. Muslim funerals take place as soon as practicable. If a delay is unavoidable, explain the reason carefully to the relatives.

If the death has to be formally reported, the Coroner should be informed of the patient's religion and a request made for the body to be released for burial as soon as possible. If the family wishes to view the body, staff should ask the mortuary staff to ensure the room is free of any religious 'symbols'.

Organ donation. In Islam there are 2 schools of thought with regard to organ donation. One is that the human body, whether living or dead, enjoys special honour and is inviolable, and fundamentally, Islamic law stresses the preservation of human life. The general rule that 'necessities permit the prohibited' implies support for human organ donation in order to save or significantly enhance the life of another: "Whosoever saves a life, it would be as if he saved the life of all mankind." (*The Holy Qur'an, Ch 5, v 32*). The second incorporates a proviso: that the benefit outweighs the personal cost that has to be borne.

Discuss with patient and family if possible and appropriate.

5.5 JUDAISM

Jewish religion and culture are entwined. They are based on worship of one God, obeying the 10 Commandments and the practice of charity and tolerance to others. There are 2 main groups:

- Orthodox Jews are usually more traditional and observant of strict religious/dietary laws.
- Non-Orthodox Jews (incl Conservative, Liberal, Progressive & Reformed) make their religious observance fit into modern society.

Diet Jews may ask for kosher food: ie, meat that has been prepared in a special way according to Jewish Law (shellfish, pork, rabbit and their derivatives are prohibited). Milk and meat products are not eaten at the same meal, so 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 about his or her level of dietary observance and the necessary arrangements made. Orthodox Jews may not be happy to take non-kosher meat.

Personal Care: Modesty. Orthodox Jewish women prefer to have their bodies and limbs covered. They may also prefer to keep their hair covered with a headscarf. Orthodox men keep their head covered with a hat or skull cap (*kappel*).

Death and dying

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.

Procedure at death The son, if present, may wish to close the eyes and mouth. The body should be handled as little as possible by non-Jews. Depending on the sex of the patient, a fellow male or female washes and prepares the body for burial. Usually 3 members of the community are present. Traditionally, Jews will arrange for this to be done by the Jewish Burial Society. If members of the family are not present, however, 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 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 this instance, or if the family wish to view the body, staff should ask the mortician to ensure that the room is free from any religious 'symbols'. If the death has to be reported to the coroner, he or she should be informed that the patient was Jewish and be asked if the procedures can take place as soon as possible. Orthodox Jews are always buried, but non-Orthodox Jews allow cremation.

Organ donation. Discuss with patient and family if possible and appropriate. In principle Judaism sanctions and encourages organ donation in order to save lives (*pikuach nefesh*). "One who saves a single life, it is as if he has saved an entire world" (*Pirke D'Rav Eliezer, Ch 48*)

Regardless of whether the deceased's wishes are known, it is widely recognised that families are entitled to consult their own experts in Jewish law and tradition before making a final decision.

Judaism holds that organs may not be removed from a donor until death has definitely occurred. For some Jews the 'brain stem death' criteria are acceptable. Others may agree to removal of organs only from a 'non-heart beating' donor. After donation it is important to continue to respect the dignity of the body (*kavod hamet*). A prime concern, therefore, is avoidance of any further unnecessary interference with the body, and its immediate interment (burial within 24 hours, if possible).

Special considerations The Sabbath (Shabbat) begins at sunset on Friday and lasts until sunset on Saturday. On the Sabbath, 'work' is prohibited. During Passover (in March or April), some Jewish patients may require special foods. The Day of Atonement or Yom Kippur (in September or October) is a special day of fasting. A Jewish patient will normally wish to keep that day for prayer 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.

5.6 SIKHISM

Sikhs, as an act of faith, wear the five signs of Sikhism, known as the '5 Ks':

- *Kesh* – uncut hair, kept under a turban.
- *Kangha* – a small comb worn in the hair.
- *Kara* – a steel wrist band or bangle (or ring).
- *Kirpan* – a sword or dagger.
- *Kaccha* – white shorts worn as an undergarment.

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 or her family.

Diet. Many Sikhs are vegetarian. Some may not eat eggs or fish. A few who eat meat will not eat beef. It is helpful to explain the ingredients of dishes with unfamiliar names, such as 'hot pot'.

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 use just this religious title – for example, Mr Singh. The wife of Mr Singh is never Mrs Singh but Mrs Kaur, and vice versa.

5.6.1 Personal Care

Particular sensitivities. Baptised Sikhs vow never to cut their hair, on any part of their body. Some Sikh women would prefer a female doctor when being examined or treated. Sikh women should not be accommodated in mixed wards unless absolutely unavoidable.

Personal hygiene. Sikhs prefer to wash in free-flowing water, rather than sitting in a bath; and they will appreciate having water provided in the same room as the toilet. Sikhs will want to wash their hands and rinse their mouth before meals. The uncut hair is kept clean and neat by washing regularly and combing normally twice a day.

Modesty. A Sikh woman may find it difficult to accept an X-ray gown because it is short. Baptised Sikh men always have their uncut hair in a turban, and baptised Sikh women will also cover their hair. You should be particularly sensitive about removing the turban, as it is worn to maintain the sanctity of Kesh (hair) and is treated with the utmost respect. Sikh women wear a long Punjabi scarf (*chunni*) for the same purpose.

5.6.2 Death and dying

Sikhs believe in life after death and a cycle of rebirth; that the physical body is not needed in this cycle; and that, though the body is perishable, the soul is eternal.

Care of the dying. A dying Sikh may receive comfort from reciting hymns from the *Guru Granth Sahab*, the Sikh Holy Book. The family or any practising Sikh may help with this.

Procedure at 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, the following procedures should be followed, in addition to the normal last rites:

- Special regard should be given to the 5Ks, which should be respected and should be left intact.
- Do not trim the hair or beard.
- If the family wishes to view the body, staff should ask the carers, mortuary technician and funeral director to ensure that the room is free from all religious 'symbols'. Apart from stillbirths and neonates, who may be buried, Sikhs are always cremated. This should take place as soon as possible.

After death, the body is washed and then dressed in new clothes before being cremated.

Organ donation. Discuss with patient and family if possible and appropriate.

Sikhism has no taboos attached to organ donation or transplant. Sikhs believe that the body does not need all its organs at or after death, so donating organs after death is generally considered

acceptable is a good thing. Sikhism stresses the importance of giving (without seeking reward or recognition), putting others before oneself and that saving a human life is one of the noblest of actions.

Special considerations. Sikhs do not have a specific holy day. British Sikhs have adopted Sunday as the holy day. Prayers are said up to five times daily and patients may like to have an early bath or shower before saying prayers; perhaps as early as 3 am.

5.7 OTHER SPECIFIC FAITH TRADITIONS

5.7.1 CHRISTIAN SCIENTISTS

Death and Dying. Routine last offices are appropriate. Only female staff should handle a female body, and cremation is normally preferred

Organ donation. Discuss with patient and family if possible and appropriate.

Christian Scientists have no specific position on transplant or organ donation. They normally rely on spiritual rather than medical means of healing. Organ and tissue donation are issues left to the individual church member.

5.7.2 JEHOVAHS WITNESSES (JWs):

Jehovah's Witnesses try to live their lives according to the commands of "Jehovah God", as written in the Old Testament. They regard Jesus Christ as the Son of God but have their own version of the New Testament.

JWs normally carry a card which identifies them as such and which contains advice on relevant aspects of their care, in the event of being admitted to hospital. This is likely to be in a safe place (eg in a wallet or handbag).

Diet Food containing blood or blood products is not acceptable: meat must be from animals slaughtered by approved means and where the blood has been drained – ie not by strangulation.

Clinical procedures

A local JW Hospital Liaison Committee is available to advise healthcare professionals regarding medical care of JWs. The local contact is accessible through the 'on call' chaplain.

Each Hospital will have a JW Patient Support Group contact, who can be contacted through the Hospital chaplaincy team and the 'on call' chaplain. They have a close-knit community spirit and will normally be aware of one of their members being in hospital, unless the individual prefers not to disclose that fact.

Blood transfusions

JWs believe that taking blood into one's body is morally wrong; it is therefore prohibited. This includes whole blood or its components, eg packed red cells, plasma, white cells and platelets.

JWs can choose whether or not to accept products such as albumin, immunoglobins and clotting factors. Blood samples may be taken for pathological testing, provided that any unused blood is disposed of.

Dialysis will usually be accepted.

Organ donation. Discuss with patient and family if possible and appropriate.

Jehovah's Witnesses do not believe that the Bible comments directly on organ transplants; hence: decisions made regarding cornea, kidney, and other tissue transplants must be made by the individual. The same is true regarding bone transplants. Jehovah's Witnesses are often assumed to be opposed to donation because of their belief against blood transfusion. However, this merely means that all blood must be removed from the organs and tissues before being transplanted

5.7.3 MORMONS (the church of the latter day saints)

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

Organ donation. Discuss with patient and family if possible and appropriate.

Mormons believe the donation of organs and tissues is a selfless act that often results in great benefit to individuals with medical conditions. The decision to will or donate one's own body

organs or tissue for medical purposes, or the decision to authorize the transplant of organs or tissue from a deceased family member is made by the individual or the deceased member's family. The decision to receive a donated organ should be made after receiving competent medical counsel and confirmation through prayer.

5.7.4 PAGANISM

There are many and diverse strands or 'paths' of Paganism. Some of which fall into what is called the neo-Pagan tradition, including **Wicca**, **Druidry** and **Shamanism**.

Broadly speaking, Pagans seek a nature-based, spiritual path with little formal organisation. They understand deity to be manifest within nature and recognise divinity as taking many forms, finding expression in goddesses as well as gods. Goddess worship is central in paganism. Pagans believe that nature is sacred and the natural cycles of birth, growth and death observed in the world around us carry profoundly spiritual meanings. Human beings are seen as part of nature, along with other animals, trees, stones, plants and everything else that is of this earth.

Paganism seeks to be a faith of 'harmony and balance' between the individual, other people and their surroundings; it stresses personal spiritual experience, often found through their relationship with the natural world.

Attitudes to healthcare staff and illness. Most pagans have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick.

Religious practices. Most pagans worship the old pre-Christian gods and goddesses through seasonal festivals and other ceremonies. Observance of these festivals is very important to pagans, and those in hospital will generally wish to celebrate them in some form. As there are many diverse traditions within paganism, you should ask individual patients if they have any special requirements. Some pagans may wish to have a small white candle or a small figure of a goddess on their locker.

Some Pagans may seek to mark or celebrate *sabots* and "other" sacred times and festivals on certain days and seasons according to the Lunar Calendar.

Diet and Fasting. For ethical reasons, most pagans strongly prefer foods derived from organic farming and free-range livestock rearing, while many are vegetarian or vegan. There are no organised fast days, but some pagans choose to fast in preparation for Ostara (spring equinox).

Ideas of modesty and dress. There are no particular points to be noted in this area and few pagans would object to being examined by doctors of the opposite sex.

Birth customs. As paganism celebrates life, birth is viewed as sacred and empowering. Pagan women will wish to make their own informed decisions regarding prenatal and neonatal care.

Family planning. Pagans will generally plan pregnancies, and use contraception as appropriate. Paganism emphasises women's control over their own bodies, and the weighty decisions relating to abortion are seen as a personal matter for the woman concerned, who will be supported in the choices she makes.

Death and Dying. Discuss with patient and family if possible and appropriate.

Some individuals feel that for them, nature should take its course when terminally ill. There can be a fear that any such decision will be overruled by the Mental Health Act.

Most pagans believe in some form of reincarnation, viewing death as a transition within a continuing process of existence. Pagans accept death as a natural part of life and will wish to know when they are dying so that they may consciously prepare for it. Individuals may ask for rituals (as soon as possible after death)

Blood Transfusions, Transplants and Organ Donation. Most pagans would have no objection to blood transfusions and may receive transplants or donate organs for transplant.

Discuss with patient and family if possible and appropriate.

Special Considerations

As with other less common belief systems, there is a possibility that patients with Pagan beliefs may be unwilling to discuss their spiritual needs in case they are misunderstood. There may be

some discomfort among other patients and staff about the nature of Pagan beliefs and terms used such as 'Goddess'

It is important not to make judgments about the specific needs or preferences of Pagan patients – it is always best to ask the individual, or their family or friends.

Many individuals will have some Spiritual Guide or Advisor who they may wish to be contacted.

The Pagan Federation has a network of Hospital visiting managers who provide help and spiritual support for Pagans in hospital, hospice, care home, or sick at home. This may include visits to Pagan patients, by 'befriender' or 'minister', in response to a specific request. The Pagan minister need not be of the same path as the individual, so rituals tend to be generalised.

The Pagan Federation is also hoping to set up a bank of appropriately qualified Pagans who would be able to provide professional Counselling to those Pagan patients who request it.

Information extracted from material provided by the Pagan Healthcare Support Network, The Pagan Federation, BM Box 7097, London WC1N 3XX. More information and contacts can be found at

<http://www.paganfed.org> or <http://www.paganfed.org/comsrv-hosp.shtml> [Accessed 20 Mar 2014]

or <http://www.waht.nhs.uk/en-GB/NHS-Mobile/Our-Services/?depth=4&srcid=2007> [Accessed 5 Jan 2017]

5.7.5 SPIRITUALISM

A Spiritualist is someone who believes in the ability and desirability of communicating with the spirits of the dead. Spiritualists believe that these reside in the spirit world. Anyone may receive spirit messages, but formal communication sessions are held by "mediums", who can convey detailed information regarding the afterlife. Spiritualists believe in God (often referred to as "Infinite Intelligence"), but do not assign God human qualities.

Religious symbols. Christian spiritualists may wear a cross.

Spiritual advisor / counsellor. Contact the chaplains.

Organ donation, blood transfusion and transplants. There are no religious objections to transplantations. Organ donation is believed to be an individual decision. Discuss with patient and family if possible and appropriate.

Care in serious illness and EOL. May request a spiritual healer. Contact a local spiritualist church who will identify a suitable, qualified healer (Contact chaplaincy for advice). Spiritualists believe that funerals are a celebration of life, not a mourning of the death.

Discuss with patient and family if possible.

Death. Discuss needs with patient and family if possible.

Post mortem. No special issues. Discuss with patient and family if possible.

Burial / cremation. Burial or cremation is acceptable.

5.7.6 TRAVELLERS

The general term Travellers includes several ethnic groups including Romany, ('Gypsy'), Irish and New Age Travellers. Romany and Irish Travellers have a long history New Age Travellers have emerged more recently and are people who live a nomadic lifestyle for diverse reasons including ecological concerns and homelessness.

Religion. Many Romany travellers are Christian, and many Irish travellers are Roman Catholic Christians. Superstition features strongly in Romany culture. A wide range of religious beliefs is to be found among New Age travellers, including Christianity, Buddhism and Paganism, including such affiliations as Druidism. To non-Gypsies, Romany culture appears very male-dominated, which has implications for care in hospital. The Gypsy way of life is dominated by family connections, and admission to hospital can create an intensely painful sense of isolation.

Diet. Generally, all foodstuffs are acceptable, but the method of preparation is important. Non-Gypsies are considered to be ritually unclean, and the hygiene rules (see later) stipulate which washing vessels must be used. For these reasons it is unlikely that a strict Romany would find food prepared in the hospital to be acceptable, and the patient's family may wish to prepare and supply food. Sensitive review of the suitability of this food to the patient's medical condition may be needed.

Hygiene/cleanliness. Romany households have several washing bowls, each for a specific purpose, such as the upper part of the body, the lower part, the interior of the mouth, and for utensils. Non-Gypsies using the toilet facilities on a Romany settlement would render those facilities ritually unclean and unable to be used by that community. Disposable bottles and bedpans overcome some of these concerns in hospital, but a sensitive discussion of hygiene arrangements with the patient may be helpful.

Modesty. Strictly, a Romany woman may not remain alone in a room with a man who is not her husband. Nor may another man look a Romany woman in the eye. However, many Romany women will consent to examination by a male doctor. Below the waist, the body is considered ritually unclean and should therefore be covered, with implications for gowns and some other clothing supplied by the hospital. Romany men may feel extremely uncomfortable being directed by female staff, even on such routine matters as when to eat, wash and sleep, and discouragement from smoking. Valuables are typically kept on the person, which can present difficulties when disrobing is required.

Death and dying. When death is imminent, a Romany traveller must not be left alone. The immediate family will usually summon the extended family and many friends to the bedside. It may become necessary to explain sensitively to the family that visitor numbers need to be restricted for the wellbeing of nearby patients. Strictly, the dying patient should be taken outdoors and a candle lit under the bed to light the way to the afterlife. It may be possible to offer a substitute – for example, the chaplaincy can supply an electric flicker candle. There may be a strong wish to take a dying patient home. Death will usually be followed by burial rather than cremation.

Post-Mortem. A strong belief in the afterlife dictates that the body must be kept whole. For this reason, post-mortem examinations will generally be strongly resisted. If a post-mortem is necessary, reassurance that all body parts have been returned will be necessary.

Organ donation. Travellers tend to be against organ donation. Although they have no formal resolution, their opposition is associated with their belief in the afterlife. They believe that for one year after a person dies, the soul retraces its steps. All parts of the body must remain intact because the soul maintains a physical shape. Discuss with patient and family if possible and appropriate.

Special considerations. Illiteracy is more widespread among Romanies than in the community at large. They may need extra help and guidance, therefore, in matters such as the completion of consent forms and the self-administration of medication.

5.7.7 ATHEISM & AGNOSTICISM

Atheists do not believe in God or a higher being. However by virtue of being human they have a spiritual dimension and experience spiritual need.

An atheist, like a Christian, holds that we can know whether or not there is a God.

The Christian holds that we can know there *is* a God; the atheist, that there *is not*.

The agnostic suspends judgment, saying that there are not sufficient grounds either for affirmation or for denial.

6 Appendix

Appendix 1	The Chaplaincy Team & The Chapel	
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