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Nursing with Dignity.  
[Version 2]

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# Chapter 1

## Nursing with Dignity

### 1.1 Judaism.

There are an estimated 13 million Jewish people in the world, of whom 300,000 live in the UK and 200,000 in London. It is important to note that there is a wide spectrum of observance among Jews. For example, some non-orthodox Jews identify themselves with the Jewish people but do not fulfil many of the religious observances. However, most Jews follow the customs of Jewish life. Jews are divided according to their beliefs and their origins, having their roots either in central Europe (Ashkenazi Jews) or in Spain and the Middle East (Sephardi Jews).

The main divisions of belief and practice are as follows:

- **Orthodoxy** this is made up of two main groups the modern orthodox, who have largely integrated into modern society while still observing Jewish law, and the ultraorthodox, who live separately and dress in a traditional fashion;
- **Non-orthodox** at the other end of the spectrum, conservative, reform and liberal Jews consider themselves non-orthodox.

This article reflects the opinions and beliefs of orthodox Jews. This does not cover all members of the Jewish faith and, as with all religions, it is best not to generalise but to discuss patients' needs with them or their families.

It is important to note that when it comes to vital medical procedures, especially those that relate to saving life or limb, Jewish law requires that the doctors' rulings be followed, even when this would conflict with other laws. This is based on the Biblical legal principle that saving one's life is of cardinal importance.

### Beliefs

Judaism is the belief in one eternal and omnipotent G-d (it is customary for Jews never to write the word God as this prevents His name from being erased). The Jewish people have a highly moral lifestyle and regard the Jewish Bible (the Torah) and its commandments and teachings as a way of life rather than a religion.

Worship takes place in a synagogue and the religious leader of a community is a rabbi.

In its broadest sense, the Torah refers to the whole body of Jewish law and teachings. This has two distinct elements: the written law, which consists of the five books of Moses, The prophets and the rest of the Old Testament; and the transmitted (or oral) law, which is made up of the teachings of the rabbis from earliest history and includes the Talmud and the Code of Jewish Law. When meeting an ultraorthodox Jewish person for the first time, bear in mind that physical contact between men and women is reserved for immediate family only. It would be inappropriate for a man to offer to shake a woman's hand or vice versa. Ultraorthodox patients may be more comfortable with a nurse or doctor of the same gender, where possible.

### Dress

In strict orthodox practice, most men and boys cover their heads with a small skullcap known as a kippah or yarmulke. Some married orthodox women keep their heads covered by wearing a wig called a shtetel, a hat, a beret or a scarf. This is to distinguish between married and unmarried

women. The wig or head covering is not a religious item but fulfils a religious requirement. If necessary, it can be removed in an emergency.

## Diet

Jewish people are required to eat kosher food, that is food that is fit to be eaten in accordance with Jewish law. Many diverse laws relate to eating kosher food so it is always advisable to ask patients or their families what their custom is.

Broadly speaking the laws on food govern two areas food types that cannot be eaten, such as pork and shellfish and derivatives thereof, and the utensils in which food must be cooked. Meat and milk may not be eaten or cooked together. For this reason orthodox households always have two sets of pots and pans, crockery and cutlery one for meat dishes and one for dairy products. Hospital plates and cutlery cannot be used.

These laws are predominantly kept by orthodox Jews, but not by all. Cooking methods are different so offering patients a vegetarian meal is not a suitable alternative. Hospitals can order kosher meals, which may be reheated in the hospital ovens. These meals come prepared, with plates and cutlery.

Orthodox Jews wait up to six hours between consuming meat and dairy products, and some drink only kosher milk. All medication is permitted, except when there is an alternative. For example, some cough sweets/throat lozenges contain gelatine, which is not kosher.

## Sabbath.

Throughout history, the Sabbath has been central to Jewish life. From biblical times onward, it has been observed as a day of rest and spiritual rejuvenation. It has its origins in the Torah. Genesis relates that, after creating the world in six days, G-d rested on the seventh day. The Sabbath begins at sunset on Friday and continues until nightfall on Saturday (a 25-hour period). During the Sabbath, orthodox Jews will do nothing that might be counted as work. For example they cannot drive, cook, use electricity/telephones (including using the patients buzzer), watch television, bath or write.

Once again, where there is a threat to health, many of these restrictions can be set aside. However medical staff are allowed to carry out all necessary tasks on behalf of any patient in hospital. Certain customs are normally carried out in an orthodox home on the Sabbath, such as lighting two special candles on Friday just before sunset to mark the beginning of the Sabbath. Most hospitals will not allow this, and the blessing can be made on electric (not fluorescent) lights instead.

In a life or death situation, the laws of the Sabbath are temporarily set aside as saving life takes precedence.

## Sexuality

In a Jewish marriage, the woman sets the pace of the relationship and her monthly cycle influences the most intimate areas of the couples life together. During her menstrual period, the couple will abstain from sexual relations and tactile affection for about 12 days. This time is referred to as Niddah, and begins with the onset of her period.

This monthly cycle of abstinence and intimacy helps to maintain a healthy sexual relationship while allowing other areas of the couples relationship to develop in tandem. As any discharge from the womb renders a woman Niddah, a gynaecological examination may interrupt the natural flow of a couples relationship. Similarly, a woman is considered to be Niddah when her waters break during labour.

## Homosexuality.

Societys perceptions of homosexuality have shifted over the years and many people see single-sex relationships as natural and valid. The Torah does not debate the validity or otherwise of a single-sex relationship but it does forbid homosexual acts, condemning them in the strongest possible terms.

## **Circumcision.**

Circumcision is the removal of the foreskin from the crown of the penis, which usually occurs when a baby boy is eight days old. A mohel, who is certified medically to perform this procedure, will carry out the circumcision, known as a Brit.

The Brit will be postponed if the baby is too small, jaundiced or unwell for any reason. The boy is given his name at this time. If the baby's mother is readmitted to hospital for any reason, it may be possible for the Brit to take place in an appropriate room in the hospital. As the procedure is carried out by qualified people who are often medical professionals, complications are rare. Also, the mohel's task includes visiting the mother and child a number of times over the next three days.

## **Contraception**

Judaism values two fundamental principles in marriage. First, the value of intimacy in a relationship and the bonding of two individuals. Second, procreation underpins this relationship with the promise of a future generation. In light of these two dynamics, contraception and the methods used need to be handled delicately, which would include the advice of a rabbi.

The advice given by a rabbi will depend largely on the family's physical, emotional and psychological health. Although there are acceptable forms of birth control, methods of contraception vary significantly and not all recommendations would be appropriate for a religiously observant family. For example, the use of condoms is not appropriate as only female contraception is allowed.

## **Abortion**

Abortion is allowed only if the pregnancy represents a danger to the health (mental as well as physical) of the woman. Pregnancies that result from rape or incest will normally be terminated according to most rabbinical authorities. It is preferable that abortion takes place within the first 40 days of the pregnancy.

In certain circumstances foetuses in a multiple pregnancy may be terminated to allow the others to develop normally. Foetal illnesses or abnormalities present complex challenges and require specialised rabbinical guidance.

## **Organ donation**

Organ donation is as complex an issue as life and death itself. In many cases the harvesting of organs for donation is not permitted. There are many legal considerations in Jewish law and a rabbi must be consulted before going ahead with any procedure.

Organ donation may be permitted when the organ is needed for a specific and immediate transplant. Yet in consideration of the prohibition against desecrating the body, Jewish law forbids the donation of organs for general medical research or to an organ bank, where there is no specific and immediate recipient.

## **Blood transfusions**

Jewish law encourages blood donation and allows patients to receive blood and blood products.

## **Prolonging life/euthanasia**

Withdrawing life support after a patient has been certified as brain-stem dead is a highly controversial area of Jewish law. In all instances, a rabbi should be consulted. Jewish law forbids active euthanasia as human life is considered sacred.

## **Autopsy**

Judaism does not allow post-mortem examinations out of respect for the human body. Where a body is referred to the coroner, every effort should be made to contact a rabbi, who then liaises directly with the coroner.

## Death rituals

When a Jewish patient dies, nurses should always try to contact the patient's rabbi or the Jewish chaplain designated to the hospital. If they are not available, staff are permitted to carry out basic procedures immediately. These include closing the eyes and mouth, with strapping if necessary. Any external catheters and medical equipment attached to the body may be removed and all incisions should be dressed. It is essential that the body is laid flat, with hands open, arms parallel and close to the body, and the legs stretched out straight. There is no need to remove identification bracelets or wash the body as the Jewish Burial Society will prepare it for burial.

The body should then be wrapped in the mortuary sheet and removed to the appropriate place, according to hospital procedure.

It is traditional for relatives or friends to keep vigil by the body and recite prayers. If possible, their wishes should be accommodated. Although the recital of prayers is encouraged, there is no concept in Judaism of last rites.

A Jewish burial should take place as soon as possible after death and arrangements for the release of the body should be made without delay. Even if the patient had not been a particularly observant Jew, he or she would want to hasten the burial. But if death occurs on the Sabbath or a festival, there is little that the Jewish community can do to prepare for a funeral.

## Bibliography

Bleich, J.D. (1995); Contemporary Halakhic Problems (Jewish Law And Ethics); Volumes 1-4; New York; Yeshiva University Press.

Fishman I (1986); Introduction To Judaism; London; Jewish Chronicle Publications.

## Useful telephone numbers

Chai Lifeline Cancer Care (Jewish cancer support service); 020 8202 2211

Drugline Chabad (support line for drug users, former users and their families); 020 8518 6470

Hospital Kosher Meals Service; 020 8795 2058

Jewish Association for the Mentally Ill; 020 8458 2223

Jewish Bereavement Counselling Service; 020 8349 0839

Jewish Community Information; 020 7543 5421

Miyad (Jewish crisis helpline); 08457 581 999

The Board of Deputies of British Jews; 020 7543 5400

United Synagogue Burial Society; 020 8343 3456

Source [1]

## 1.2 Buddhism.

The followers of Buddha should be thought of as individuals as the religion has no single creed, authority or sacred book. They are united in their recognition of Siddhartha Gautama, an Indian prince who became the Buddha, or the 'enlightened one'.

He lived about 2,500 years ago and renounced his inheritance, claiming no higher personal or spiritual status. However, he did teach freedom from 'suffering'. In Buddhism, suffering is that which arises in our human form by our attachment and craving, and from which we can break free by choosing a path of wisdom, morality and mental culture (meditation).

## Teachings

Buddhism is a chameleon religion that exists in many forms. These have sprung up as the central teachings of the Buddha have become amalgamated with the cultures and people that embrace it. There are millions of Buddhists around the world, with about 50,000 in the UK, and countless different groups and sects.

In the West, Buddhism creates a degree of consternation as it is a religion with no god. There is no supreme personal god or godhead, but the religion is based on a way of life that the Buddha commended.

Buddhism has no beliefs. Instead, it has teachings to guide one through daily life. These focus on individual effort and commend reflective practice.

Buddhists take refuge in the Buddha, his teachings and the community of Buddhists, and strive to



live 'skilfully' and to abandon 'unskilful actions'. Followers strive to achieve impersonal ultimate reality through a purifying life of ethical thinking and by carrying out good deeds.

The aim of the Buddhist is to achieve Nirvana. This is a state of liberation, which is characterised by freedom from suffering, death and rebirth. The Buddha also commends mindfulness; being aware of the impact and effect of one's behaviour so that it may be skilful. A skilful life is one that follows the precepts and divine abidings: a peaceful harmonious existence that values humility and makes few demands.

### **Individuality**

Buddhists are as varied as the cultures, nations and people that embrace the religion. Some Buddhists chant teachings, practise silent meditation, chant meditative mantras (a spiritual symbol in sound), burn incense, light candles and try to sit in the lotus position. Others do all or none of these.

Like all patients, Buddhists should be cared for holistically and with sensitivity to their individual needs, and nurses should avoid making assumptions about any aspect of their lives. The accommodating nature that Buddhists should strive for usually means that it is easy to care for them, especially if you ask, rather than assume, from the outset.

However, in all traditions of Buddhism there are ordained monks and nuns who have taken specific vows and care should be taken to ensure that the requirements of these vows are met. It is usual for them to wear distinguishing robes, which may be of different styles and colours depending on the tradition they follow.

To ensure that you have the information you need to provide appropriate care, ask the patient, his or her family and loved ones, or a Buddhist chaplain, lay adviser or elder of the relevant Buddhist community.

There is a dedicated Buddhist prison chaplaincy of more than 40 visiting 'ministers' and an effective hospital chaplain should be able to locate local Buddhists or Buddhist groups to assist patients and staff.

### **Birth.**

There is no universal Buddhist baptism or initiation into the religion; you cannot 'join' but choose to enact the teachings voluntarily. There are no infant or childhood rituals, such as circumcision or head-shaving, but Buddhists may prefer a peaceful birth environment to allow a meditative state to arise.

### **Contraception.**

Most methods of birth control are not a great concern to Buddhists, who might practise any of the conventional methods. However, most would not consent to abortion on the grounds that it compromises the sanctity of living beings.

### **Gender/dignity.**

Most Buddhists have no additional needs other than those we all have - to be cared for respectfully with regard to our bodies. However, in accordance with their vows, ordained monks and nuns may be prohibited from being in the presence of a member of the opposite sex without a chaperone of their own gender. They may also have particular needs associated with their vows, so ask them.

### **Diet.**

Buddha commends a harmless life, and although it does not appear in the teachings many Buddhists prefer a vegetarian or vegan diet. Ordained and strict Buddhists may decline anything but a vegan diet and may refuse food after midday (unless for medicinal purposes), acknowledging that we often indulge a craving for food by eating more than we need. The use of intoxicants, such as alcohol and psychotropic drugs, are likely to be resisted as they mar judgement. Buddhists are also likely to refuse opiates, sedatives and tranquillisers as these drugs may have an impact on their awareness and consciousness.

### **Organ and tissue donation.**

Most Buddhists would consider blood donation an excellent opportunity to give to another person. Equally, requests for organ and tissue donations are likely to be received favourably, but remember the individual nature of Buddhists and their families, who may have different spiritual views.

### **Mental health problems.**

Research presented to the 2001 annual conference of the Royal College of Psychiatrists found that using Vipassana (Buddhist meditation) as a therapy can benefit prisoners and people with mental health problems.

The US National Institute of Health is also funding a study to determine whether Vipassana can help patients with drug and alcohol addictions, and some US experts advocate 'mindfulness' as a way of reducing pain in patients with cancer, HIV and psoriasis. Most Buddhists would recognise the organic cause of mental ill health and the need for the range of treatments available. However, they might see anxiety and phobic disorders as arising, in part, as a result of violating an ethical way of life through indulgent cravings and desire.

With regard to treatments, Buddhists are likely to favour cognitive approaches in conjunction with a balanced lifestyle, including a healthy diet, exercise, regular sleep times, and the avoidance of alcohol and tobacco coupled with meditation and relaxation techniques.

Buddhists recognise the value of equanimity, or mental composure, and the importance of a modest lifestyle. Regrettably, the pace of modern life and the competition and expectations it creates place unrealistic burdens on most people, which can give rise to mental ill health and stress-related problems.

Buddhists believe that 'phenomenon and ignorance and attachment lead to suffering'. Those with mental health problems might want to meditate to help them search for the meaning of well-being. The practice of meditation produces calmness, peace, contentment, confidence and strength. This might lead them to bring about a change in self.

### **Euthanasia.**

Euthanasia is not countenanced in Buddhist teachings for two reasons. The first is that we all have past kamma or karma to work out, and death will achieve only a temporary alleviation of the suffering that arises from the 'rewards' of unskilful action. The second is that euthanasia, a 'violent' act by which life is extinguished, contravenes the Buddhist view of the sanctity of life.

This is not to say that other actions to alleviate suffering would not be acceptable, but active euthanasia such as suicide or self-harm would be considered 'unskilful' (the term preferred by Buddhist for acts that are not meritorious/good), and would attract 'bad karma'.

### **Care of the dying.**

Resuscitation is an acceptable procedure for Buddhists, but some traditions have special needs as death approaches. To assist in the passage to the next rebirth, which is not the same as reincarnation, wholesome acts such as generosity, service, kindness or pleasant thoughts are recalled.

Dying Buddhists may request that a monk or nun be present to chant or assist in the passing from this life. Because rebirth is a fundamental part of Buddhism, the preparation for death prevails over the rituals associated with death. There is no one Buddhist death ritual, type of funeral or after-life requirement.

However, 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. This may be a problem, but again Buddhists are noted for their tolerance, equanimity and moderation, rather than for making demands, and usually a solution can be found.

Buddhists often opt for cremation as the body is considered a vehicle that is impermanent. In Tibetan tradition a 'sky burial' is still practised, in which the body is dismembered and scattered for vultures to eat. Niema Ash (1999) describes this practice of returning the flesh of the body to nature in a way that matches the rigours of living on mountains without soil or trees.

## Conclusion.

Caring for Buddhists means that health care professionals must address the issues of variability and difference. Like all patients, each Buddhist has individual needs. Nurses should remember to be 'mindful' of each person they care for, and to explore and try to meet their needs and wishes. Buddhism has no commandments but a number of preferred and desired approaches that its followers will be pleased to share and may wish to follow in hospital.

## Useful Addresses And Websites.

To find Buddhist groups in your area the best thing to do is ask the patient, or his or her friends and relatives. Alternatively, consult local newspapers or search the internet.

The Buddhist Hospice Trust, PO Box 123, Ashford, Kent TN24 9TF.

Website: [www.buddhishospice.cjb.net/](http://www.buddhishospice.cjb.net/)

The Buddhist Society, 58 Eccleston Square, London SW1V 1PH. Tel: 0207 834 5858.

Website: [www.thebuddhistsociety.org.uk/](http://www.thebuddhistsociety.org.uk/)

Friends of the Western Buddhist Order, a global support network with centres around the world.

Website: [www.fwbo.org/](http://www.fwbo.org/)

Snelling, J. (1987) *The Buddhist Handbook*. London: Century Paperbacks.

Ash, N. (1999) *Touching Tibet*. Bridgnorth: Travellerseye.

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Source [15]

## 1.3 Christianity 1

There are an estimated seven million practising Christians in the UK and many more who would describe themselves as Christians [8]. Christianity is found in almost every country around the world but, although the core beliefs remain the same, the interpretation of its teachings may be modified by local customs and cultures.

There are many different branches of Christianity. These include the Church of England, Catholicism, Orthodox Christianity, Presbyterianism, Methodism, Pentecostalism, Seventh Day Adventism and many others. Each takes a different approach to the core teachings and reflects different traditions of discussion and interpretation of the scriptures.

It is impossible to include every branch of Christianity in this series, but in this and next weeks articles we hope to help nurses to develop their understanding of the diversity within Christianity and the implications for nursing care. These articles address branches of Christianity that some readers may be less familiar with.

### The Afro-Caribbean community.

Many people in Afro-Caribbean communities try to live their lives according to the Bible. They believe that Jesus Christ was the son of God and that he was resurrected, and that all people will have to answer to God. Those that have lived a good Christian life, according to the Bible, will go to heaven and be with Jesus Christ.

A significant proportion of the UK's Afro-Caribbean community are Christians, particularly the older generation. Within this community there is a range of Christian faiths and variations in religious practices. The main churches are Methodist, Anglican, Pentecostal and Church of God. Like many other cultures, there is conflict between the older and younger generations over the latter's reluctance to continue with cultural and traditional ways of life.

### Birth control/termination of pregnancy.

With the exception of Rastafarians, most religions that are practised by Afro-Caribbean people do not object to any form of birth control.

However, members of the older community in particular may consider the termination of pregnancy as murder and others may see it as morally wrong. In the past, few mothers would have encouraged their teenage daughters to terminate a pregnancy, but nowadays there is greater freedom of choice and individuals are more aware of their legal rights.

**Hair/skin.**

The specific hair type of Afro-Caribbean people requires regular moisturising. The hair and scalp are moisturised every other day, or more often if required, and the skin should be moisturised once or twice a day, otherwise it becomes dry and white patches appear.

**Hygiene.**

In general, an Afro-Caribbean person would be viewed as unclean if he or she left the house without having had a bath, shower or a wash. Some men consider their wives or partners as unclean when they are menstruating.

**Diet.**

Although there are no dietary restrictions, most of the community will not eat pork. Traditional foods include rice and peas, chicken, curried goat or mutton, yam and green bananas. Some hospitals, such as Birmingham's City Hospital, provide Caribbean dishes for patients and staff. Older people prefer traditional foods, which may present problems when they are admitted to hospital.

Traditionally, Christians are supposed to refrain from eating meat during Lent, a forty-day period before Easter which begins on Ash Wednesday. Fish should be served instead.

**Marriage.**

According to the Bible and religious teachings, marriage is sacred and Christians should not have sex outside of it.

Like the rest of society, although having a child out of wedlock was considered a disgrace in the past, nowadays many parents do not marry. A study by the Commission for Racial Equality (1999) found that the West Indian community had the largest proportion of one-parent families in the UK (45%), compared with 21% among whites and 8% among south Asians.

However, family influence remains strong and grandparents play an important role in family life, and will often bring up their grandchildren.

**Homosexuality.**

Many Afro-Caribbean people believe that homosexuality is expressly forbidden by the Bible, so it can be difficult for homosexuals to acknowledge their sexual preferences, even among their own families.

**Mental health.**

Mental health is an emotive subject in the Afro-Caribbean community, which has a high incidence of schizophrenia. One study of Afro-Caribbean people in Barbados [7] shows a lower incidence of schizophrenia (3.2 per 10,000) among those living on the island than among those who have moved to the UK (6.6 per 10,000). Poor quality housing, unemployment and living alone have been suggested as contributing factors.

The behaviour of Afro-Caribbean people is often misinterpreted and may be misdiagnosed as mental illness, and they are more likely than most in the UK to have been detained under the Mental Health Act [6].

Nurses may find that older people are embarrassed when a member of their family is diagnosed with a mental illness.

**Organ donation.**

Although there are no religious beliefs banning organ donation, members of the older generation are highly unlikely to agree to donate any organ because of their belief that the body should be intact for the resurrection. The younger generations are more receptive to the idea.

### **Blood transfusions.**

There are no particular religious objections to blood transfusion, but many Afro-Caribbean people fear contamination by blood products. For this reason many older people would prefer to receive blood from members of their own families in the belief that it is less likely to be contaminated. There is no evidence to support this, but hospital policies should be in place to accommodate such cases and patients should be given the choice of receiving alternative blood products. In an emergency, saving a patients life must take precedence.

### **Suicide.**

Christians in the Afro-Caribbean community see suicide as a terrible waste of life. The Bible teaches that God creates life and that at no point in life, no matter what the circumstance, should an individual take his or her own life.

### **Death rituals.**

Visitors are extremely important to the sick and dying, and large numbers of them are seen as a mark of respect. Apart from visits by family members, it is common for the pastor and members of the church or community to visit people in hospital.

Nurses should be sensitive to the needs of the patient and his or her visitors, who may wish to pray and sing hymns. Ideally, patients should be allocated a side room so that visitors can conduct a prayer meeting and sing, s this is not feasible on an open ward because of the disruption it could cause.

Older people are unlikely to agree to a post mortem unless it is a legal requirement, and burial is preferred to cremation. It is customary for members of the deceaseds family to receive visitors from the community every night until after the funeral, and for most of the community to attend the funeral as a mark of respect.

### **Conclusion.**

The NHS must be sensitive and responsive to the diversity of cultures, languages and religions in the Afro-Caribbean community. Equality of care is important to most nurses, but equality should not mean that we treat everyone in the same way. What is important is negotiated care giving, and all nurses have a responsibility to deliver culturally competent health care.

Performing a nursing assessment involves gathering a wide range of information on the patients current and past health, family circumstances, lifestyle and preferences. The object of an assessment is to focus on the patient and his or her family as individuals. The information gathered should serve as the basis for providing care that meets the individuals needs. As a public service, the NHS has a responsibility to ensure that it provides health care in a way that is accessible and relevant to the population it serves.

### **References and further reading.**

Commission for Racial Equality (1999); CRE FACTSHEET: ETHNIC MINORITIES IN BRITAIN. London: CRE.

Fertleman CR et al (1997); Evaluation of fast track admission policy for children with sickle cell crisis: questionnaire survey of patients preferences. BRITISH MEDICAL JOURNAL; 315; 7109; 650.

Sickle Cell Society (2000); SICKLE CELL DISORDERS FACTSHEET. London; SCS.

### **Useful addresses and websites.**

Commission for Racial Equality, 10-12 Allington Street, London, SW1E 5EH. 0207 828 7022.  
[www.cre.gov.uk](http://www.cre.gov.uk)

The Sickle Cell Society, 54 Station Road, London, NW10 4UA. 020 8961 4006/7795. [www.sicklecellsociety.org](http://www.sicklecellsociety.org)

Source [13]

## 1.4 Christianity 2.

A number of countries practise Christian orthodoxy, including Ethiopia, Serbia and Russia. Practices differ slightly from country to country, depending on culture, but all orthodox Christian religions share most of the fundamental elements of the Greek Orthodox Church, on which their religions were originally based.

In 1996 the Greek Orthodox Archdiocese estimated that there were more than 250,000 Greeks and Greek Cypriots living in the UK, two-thirds of them in London. These figures were based on records of church attendance, marriages, baptisms and deaths, plus the number of children attending Greek schools.

According to a study that explored the views of second and subsequent generations of Greeks and Greek Cypriots, most said the Greek orthodox religion was the most significant marker of their identity [16].

Religion is central to Greek culture. But, unlike Islam, which is seen as both a religion and a way of life, the Christian orthodoxy occasionally conflicts with the Greek culture and way of life. This article explains the teachings of the Greek Orthodox Church, although some people who consider themselves orthodox Christians do not adhere strictly to these principles. These teachings are offered as knowledge tools, which should be useful when patients are too ill or unable to express their religious preferences and/or when there is no family member to act as an advocate.

### Dignity.

According to orthodox Christian religions, all people should be treated with dignity and respect because they have been created in the image of God. This divine dignity gives them fundamental human rights.

Preserving the dignity of a patient does not have to mean being cared for by staff of the same gender. Although some older women would prefer to be examined by a woman doctor and to be cared for by a female nurse in a single-sex ward, preserving dignity depends on respect for divine dignity and the human rights that are derived from it.

Practitioners who are knowledgeable about Greek culture and religion can offer care that is sensitive and maintains patient dignity.

### Marriage and sexual issues.

Home and family life is central to the orthodox lifestyle. Marriage is one of the seven sacraments. The others are: baptism; chrismation (anointing with sacred oil after baptism, similar to confirmation); confession; holy communion; holy ordination and anointment of the sick.

Marriage is regarded as the only appropriate and morally-fitting place for a sexual relationship. Premarital and extramarital sex, homosexuality and sexual behaviours that are considered abusive are seen as immoral and as attacks on the institution of marriage.

### Homosexuality.

Nurses need to know that the view of the Greek Orthodox Church is that people with homosexual preferences should receive medical and psychiatric help to restore them to the heterosexual lifestyle intended by God. In practice, the church treats them as sinners but provides pastoral support.

Despite the legal position in the UK, Greece and Cyprus, which accord homosexual people equal rights (with a few exceptions), the attitudes of many orthodox Christians are closer to the church than the state. For this reason it is difficult to be openly homosexual, which can put enormous strain on homosexuals and their families and leads to many negative social and health-related consequences.

### Birth control.

All forms of birth control are condemned by the church, but in reality most orthodox Christians plan their families and use a wide range of contraception.

**Termination of pregnancy.**

Abortion is condemned as an act of murder, except in certain specific circumstances such as when a woman's life is in grave danger or she became pregnant after being raped. But some women, particularly those who are not married, have terminations as they feel the negative consequences of having a child out of wedlock are more severe than the consequences of having a termination.

**Baptism.**

Babies are baptised soon after birth, and in doing so become members of the orthodox church. For this reason it is important that nurses who care for sick babies who have not been baptised do all they can to help parents who wish to have them baptised on the ward.

If someone has not been baptised, he or she cannot marry in the orthodox church. Since only one baptism is allowed, the church recognises the validity of baptisms performed in other Christian churches.

**Names.**

Many children are named after their grandparents out of respect. Most Greek orthodox names come from the Bible or are the names of saints. Popular names for men are Andreas, George and Christos, while popular women's names are Maria, Eleni and Androula. Nurses can call older adults by their first name with the prefix Mr or Mrs, for example, Mr Andreas or Mrs Eleni.

**Circumcision.**

This is not practised unless it is required for medical reasons.

**Diet and fasting.**

There are no dietary restrictions except during periods of fasting, which are seen as a spiritual catharsis. Unlike Muslims, who abstain from food from dawn to dusk during holy periods, for orthodox Christians fasting means abstaining from animal and dairy products. The church requires healthy adults to fast at least three days before taking communion and during the holy periods of Easter (50 days up to Easter Sunday), the Assumption of the Virgin Mary (August 1 - 14), and Christmas (40 days up to Christmas Day).

Apart from the older generation, in practice few people observe the rules of extended fasting. Those who wish to take holy communion usually fast for three days during the year, apart from before Easter and Christmas, when they fast for a week. Young children and the sick are excluded from fasting.

**Blood transfusions.**

These are permitted and are seen in the same way as any other treatment designed to maintain life.

**Organ transplants.**

After careful evaluation of the consequences for the donor and recipient, the Greek orthodox religion allows organ transplants. Although some people will not consent to organ donation because of the importance they place on the integrity of the body after death, the church teaches that organ donation is an act of Christian love.

**Mental health problems.**

Mental illness is considered a stigma for those with the condition and their families. Many orthodox Christians see mental health problems, and to some extent illnesses in general, as either a punishment from God or a test of their faith.

However, the church teaches that people with a mental health problem are complete beings, are loved by God and should therefore be loved and helped by their fellows. This conflicting position results in close family protecting and caring for a person with mental health problems while keeping their condition hidden from the wider community.

**Suicide.**

The church teaches that no matter how hopeless a person may feel, with god all things are possible and there is always hope. Although it is acknowledged that there are complex issues surrounding suicide, orthodox Christianity states that life is a sacred gift from god that must be nurtured lovingly and accepted thankfully, regardless of the difficulties encountered. As someones life is not therefore theirs to take, suicide represents a lack of faith and the families of those who commit it feel ashamed and conceal the fact.

**Dying and death rituals.**

A very sick person or a member of his or her family may ask a priest to perform one or more of the holy sacraments. By anointing the sick with oil in Christ's name, the priest asks Him to alleviate suffering and heal the person, either in this or the eternal life. The dying person may also want to take confession and holy communion. These rituals are important preparations for the journey to the next life.

In areas with large orthodox communities, contacting priests should not be a problem. In areas with a small orthodox community, health care staff should plan ahead.

**Euthanasia.**

The orthodox church is pro-life, seeing death as evil and the opposite to its life-giving God and Christs victory over death through His resurrection. It opposes euthanasia, which it sees as suicide for the individual and murder by those who assist.

**Resuscitation.**

Despite its views on euthanasia, the church does not support the excessive use of technology to prolong life. It teaches that people have a responsibility to take care of the life given to them by God, but accepts the inevitability of death. Orthodox Christians expect to be resuscitated but may not wish to see life prolonged by the long-term use of artificial support.

**Cremation.**

This is not condemned, but is rare because of the belief in life after death. Traditionally, the body is buried complete to await resurrection.

Source [9]

**1.5 Hinduism.**

Hinduism is India's oldest religion, dating from about 2500BC. A fusion of tradition and shared beliefs have shaped its culture. The words Hindu and Hinduism are geographical, derived from the name of the river that is now called the Indus.

A Hindu was originally an Indus-valley dweller. Hindus call hinduism sanata dharma, the eternal tradition or religion. This refers to the idea that its origins lie beyond human history, and its truth has been divinely revealed (shruti) and passed down the ages to the present in the most ancient of the worlds scriptures, the veda.

Hinduism has no one founder, holy book, central authority or hierarchy. There is a tremendous diversity within the religion, which depends on peoples region of origin, group and family. A persons own religious beliefs and duties are clear and very important.

**Settlement in the UK.**

Migration from India in the early years was mainly confined to the Punjab and Gujarat. The first evidence of Indians arriving in the UK was in the 1920s [14]. After the Second World War, Britain had a severe labour shortage and its empire provided a ready-made source of labour. In 1998, government figures put the number of Indians living in the UK at one million.



### Religious beliefs and practices.

Customs, beliefs and values are grounded in religion and culture. Hindu religious belief begins with the assumption that all living things have a soul, which passes through successive cycles of birth and rebirth. Hinduism includes ideas of karma and rebirth, collective versus individual identity, an emphasis on purity and a preference for sons. Belief in karma and rebirth will be important to many Hindu patients and 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 [?]. Every action or thought, whether good or evil, leaves a trace in the unconscious that is carried into the next life. The belief in reincarnation and transmigration of the soul encourages Hindus to avoid killing even the smallest insect.

Many Hindus worship in temples (mandir), dedicated to a particular god or goddess. The resident priest (pandit) offers support and advice to community members. Many Hindus will also worship at home, setting aside a special place as a shrine. Shoes are removed before entering a Hindu home to avoid bringing dirt into the house.

In western secular society the individual is viewed as having autonomy in decision-making. In Hinduism the person is viewed as a combination of mind, soul and body in the context of family, culture and environment [17]. Thus, the person is seen as intimately integrated within the family, social group (caste) and environment.

This necessitates a holistic approach to nursing interventions. Purity (Suddha) is a very important value in Indian culture. It evokes the image of the human body in the most pure, perfect and desired state of being and reinforces personal cleanliness. The most impure substances are bodily discharges. Some Indian patients are meticulous about personal hygiene. A Hindu woman is traditionally regarded as unclean during menstruation, at the end of which she may take a special shower.

### Social divisions.

Indian society is divided according to a caste(jati) system. There are four inclusive castes: the Brahmins, or priests; the Kshatriya, or warriors; the Vaisya, or merchants; and the Sudra, or peasants and workers. There are also the untouchables, who have been expelled from their caste either themselves or through the actions of their ancestors, for violations of rigidly enforced codes of caste behaviour.

The castes are further divided into sub-castes. It is a very rigid social order with clear-cut distinctions. Social status is ascribed at birth and virtually unchangeable. Members of the higher caste tend to enjoy better social privileges. Unlike the class system, the caste system is not based on wealth, but those at the top tend to have more wealth and better access to resources. In the 1950s, the Indian government tried to dismantle this rigid hierarchical system, but change has been slow.

Hindu rites or practices (Samskaras) are enshrined and ordained in Hindu scriptures to guide an individual towards a proper sense of duty and obligation during various stages of life. There are ceremonies to mark major events in a Hindu's life. Some of the most significant samskaras are childbirth (jata karma), marriage (vivaaha) and cremation (anthyeshti).

### Pregnancy and childbirth.

After marriage there is often fervent prayer for a child. Owing to the notion of karma, Hindus believe that the movement of conception is the rebirth of a person who has lived many previous lives. Prayers will be offered regularly during pregnancy for the healthy development of a child.

The foetus protection ceremony (Punsavna) is performed in the third or fourth month of pregnancy to invoke divine qualities in the child. In the seventh month, prayers (Simantonnayana) are offered. According to Hindu belief, this is when the soul enters the body.

If a woman miscarries before this time, there are no special religious requirements but after seven months the baby should be given a proper religious funeral. Abortion is disapproved of but individual attitudes vary. Hindus believe termination will break the cycle of birth and rebirth (karma).

Customs and ceremonies may vary between different groups after birth. In some, a member of the family writes Om, a mystical sound representing the Supreme Spirit, on the baby's tongue with honey or clarified butter (ghee). The person who does this may take on a role similar to that of a Christian godparent. In the UK, this ceremony may be delayed until mother and baby return

home.

Some families may wish to wrap the baby in a special cloth after the birth. The mother usually stays in bed for a few days, to build up her strength, while other female family members help care for the baby. Ten days after the birth, a naming ceremony is held, where the priest draws up the baby's horoscope and chooses the first letter of his or her name.

### **Families and relationships.**

Hindus are expected to marry and have children, with both men and women taking an active part in their upbringing. Parents remain responsible for their children all their lives. Children are expected to obey and show respect for elders. Most children will look after their parents rather than allow them to be cared for in a care home.

Often it is the duty of Hindu parents, grandparents, aunts and uncles to arrange the marriages of younger family members. Divorced people may be strongly disapproved of or even rejected. In most Hindu families, although men have ultimate authority, both sexes generally share decisions. Women are mainly responsible for the comfort and well-being of their families, and the upbringing and moral education of their children. Motherhood is probably one of the highest accolades accorded to a Hindu woman. A woman's most sacred duty is to honour and obey her husband who, in turn, has a duty to treat her with kindness and respect.

### **Dietary requirements.**

Many Hindus restrict what they eat and drink on religious grounds. Some may refuse food prepared by other people because they cannot be sure that the cooking methods have adhered to the purity code of the religion. They may also avoid processed foods or any containing animal products.

Vegetarianism is highly regarded as an indication of spirituality. A strict Hindu vegetarian who eats any food containing meat, fish or egg products is likely to feel spiritually polluted. Hindus will not eat beef and pork. The cow is a sacred animal, generally revered and protected, and the pig is seen as a scavenging animal whose meat is dirty.

A minority from the higher caste may avoid alcohol and smoking. Some Hindus may fast on certain occasions as they believe it has physical and spiritual benefits. Close relatives, especially women, often fast and say special prayers for the recovery of someone ill. Some may fast in thanksgiving for a successful operation or recovery.

Certain foods are classified as hot or cold, in terms of their effect on the body and emotions (Henley, 1983)[]. Hot foods are usually salty, sour or high in animal protein. They are believed to raise body temperature and excite the emotions, rather like alcohol. Cold foods are generally sweet or bitter and are believed to cool body temperature, calm the emotions and make the person cheerful and strong. An imbalance of hot or cold foods can disturb the body's energy equilibrium and lead to ill health.

Illness is thought to be a punishment for bad behaviour in a former existence. Suffering has meaning, and most Hindus won't ask: Why me? The family elders, rather than the patient, may make all decisions relating to treatment.

Most Hindus who are ill believe their doctors and family will act in their best interests. Relatives sometimes place blessed items of jewellery on a black string round a patient's neck, arm or body. This is intended to protect and help the patient, and should not be removed. Second and third-generation Hindus may want more input in decision making but may be hindered by their culture. Although they passively accept their situation, Hindus have hope during an illness even when they feel helpless. Prayers, rituals and conforming to duty might favourably influence the outcome, even if this is death. Hope also stems from Hindu belief in the supernatural.

Illness can be explained in terms of sorcery and evil spirits. In some cases, faith healers qualified to deal with spirits will be brought in.

### **Death and dying.**

If death is imminent, the patient's family may wish to stay near the bedside and be involved in care. They may also insist on the patient's eldest son being present before, during and after death, even if he is a small child. It is important to the patient that all close family members are present. The family may bring clothes and coins for the patient to touch before they are given to the poor to symbolise the dead person's generosity. Families who have not carried out the essential rituals may become distressed and anxious, both about the long-term well-being of the soul of the dead

person and about the spiritual consequences for themselves.

It is vital to ensure that relatives know that death is imminent and that they can be present. They may wish to pray by the bedside and ensure that all religious rituals are carried out properly. Any jewellery or religious object on the patient should not be removed. There is often a wish to die at home, which has a religious significance. A Hindu priest (pandit) may pray with the dying person and relatives to help the soul transmigrate into another body. They may recite hymns (bhajans) from holy books. A sacred thread may be tied around the neck or wrist, and holy water sprinkled over the person or used to wet his or her lips. A dying person is placed on the floor on a clean sheet or mat, symbolising closeness to Mother Earth, freedom from physical constraints and the easing of the souls departure.

Some Hindus are very strict about who touches the body after death. Some families may feel distressed if a non-Hindu touches it. Close family members usually wash the body and may wish to do so on the ward. The eyes are closed and legs straightened. The hair or beard should not be trimmed without first checking with the family. Some may wish to light a clay lamp using a piece of cotton wool soaked in ghee, while others may wish to burn an incense stick in the room.

A death is registered as soon as possible and the body cremated within 24 hours. Close relatives of the same sex may wish to prepare the body. Many people may wish to pay their last respects - this is a binding duty and should be accommodated on the ward. The eldest son or another male relative traditionally deals with the funeral arrangements.

### **Nursing implications.**

Second and third-generation Hindus may happily adapt to ward routines and procedures, but parents may wish to adapt them to suit their customs. Hindus are modest and women may prefer to wear a sari. They may be reluctant to undress in front of a male doctor and could ask to be examined by a woman. Sometimes, grandparents or parents will ask to be present. Hindu women may refuse to wear open-back gowns. If possible, longer closed gowns should be provided.

Hindus prefer a shower to a bath. The body and hair is particularly important to Hindu women. Many have long hair and may refuse to cut it without their husbands permission. They may also be unwilling to sign a consent form without first consulting their husband or father.

It is important for the nurse to recognise the concept of karma and rebirth. The foetus is considered a person from the moment of conception so, in most cases, abortion is unacceptable except when necessary to save the mothers life.

In matters of diagnosis, treatment and consent, the senior elder and, in some cases, the extended family, will expect to be involved. It is vital for the nurse to involve the family while ensuring that the patients wishes are respected.

Many Hindu patients may continue to take traditional Indian medicines while in hospital. These are largely herbal and are used along with changes in diet, habits and thoughts to overcome an imbalance in the three bodily humours: wind (vata), bile (pitta) and phlegm (kapha).

Every effort should be made to find an interpreter familiar with the patients traditions and culture. It is vital in issues of consent to ensure that information given to, or received from, the patient is not censored or altered by the interpreter.

Source [5]

## **1.6 Rastafarianism.**

Rastafarianism is a way of life largely associated with people from an Afro-Caribbean background. The movement, which began in Jamaica in the 1920s, emerged as an alternative to the predominance of western colonial influences and values. It was inspired by the teachings of a Jamaican, Marcus Garvey (1887-1940), who worked to promote the interests of people of African descent.

During the early 1970s, it was estimated that six out of every 10 Jamaicans followed the Rastafarian way of life. Although the total number of Rastafarians living in the UK is not known, there are sizeable communities in London, Leeds, Manchester, Birmingham, Liverpool, Bristol and Nottingham.

### **Philosophy and culture.**

The main aim of the movement is to bring about the fundamental transformation of an unjust society. However, as a relatively young religion, Rastafarianism is still developing and this is

reflected in its fluid structure and non-rigid belief system.

Rastafarianism stresses the importance for black people to:

- Become aware of worldwide western economic and cultural domination;
- Gain a clearer understanding of their African heritage;
- Commit themselves to working towards a return to Africa (their true home and heaven on earth);
- Develop their own independent potential.

Most Rastafarians are politically aware and have a particular consciousness of white racism and its effects. Self-determinism, sufficiency and cooperative group production are central to its teachings. Reggae music (an inseparable and expressive ingredient of Rastafarianism) is an area where the movement has been particularly successful. The rise in popularity of reggae music, led by the late Bob Marley, a practising Rastafarian, has also stimulated interest in Rastafarianism outside Caribbean communities.

### **Spirituality.**

Spirituality is central to Rastafarianism, with a particular emphasis on mysticism. Recognising the dignity of each individual, the assertion of self and the importance of humility and peace come through strongly in their beliefs and attitudes. There is a deep conviction that God (called Jah) is within everyone and that everyone can speak directly to God. The spirit is believed to live on after death.

The influence of religion on the movement's development reflects Jamaican history, which was deeply influenced by Christianity. While not regarding themselves as Christians, many Rastafarian beliefs are influenced by this religion. The Old Testament is a major source of scripture, although the notion of original sin is rejected.

### **Affiliation.**

Rastafarians in the UK may belong to one of four major groups: the Ethiopian World Federation; the Twelve Tribes of Israel; Nyahbinghi; or Boboshanti/ Ethiopian National Congress. Believers may also be affiliated to the Ethiopian Orthodox or Judah Coptic churches. Members are all regarded as equal, with nobody having any special position or power. Fasting and praying may be practised as a way of spiritual cleansing.

Distinctive characteristics within Rastafarian patterns of speech include the phrase 'I and I' (meaning 'you and I') which reinforces the oneness of people and the interconnectedness of people with God. 'Irie' is a term of greeting and a compliment. Fellow members are referred to as brethren (males) and sistren (females).

Rastafarians generally place little emphasis on formal theology and there are variations in forms of religious worship among individuals and groups, but much of their religious expression is personal and private. Meetings are held to discuss and debate issues of importance and to provide support and fellowship to members.

The secularism of the young (and increasingly the middle class) often vies with the pious spiritualism of many of the elders.

### **Diet.**

The body is regarded as the temple of God, which should be protected from contamination. Food is considered to have a key influence on the well-being of body and soul. Many Rastafarians adhere to a system of dietary and hygiene laws, which uphold and advocate a naturalistic and holistic lifestyle.

What is acceptable is down to individual choice, but on the whole natural food that is as fresh and pure as possible (known as ital) is highly valued. Pork, predatory fish and some types of crustaceans are regarded as especially unwholesome. Dairy products, white flour, sweets, sugar-based beverages and anything containing salt is generally avoided. Preserved foods, such as those in tins and foods containing additives, are avoided. Alcohol is rarely taken. The most orthodox Rastafarians are vegans.

Nurses may well be expected to explain the content of hospital meals to allow Rastafarian patients to choose a suitable diet. Nurses also need to recognise that patients may wish to fast or pray.

### **Herbal remedies.**

Many of the traditional aspects of Afrocentric Jamaican culture are preserved within the Rastafarian lifestyle. The use of herbal remedies and massage are important. While some Rastafarians abhor smoking of any kind, others use cannabis, which they regard as a herb that aids religious meditation.

Their belief in the body's natural ability to heal itself leads to much scepticism about invasive forms of medical treatment that 'interfere with God's plans'.

Nurses should be sensitive to Rastafarians' beliefs and provide detailed information about the options, risks and benefits of treatments and tests.

### **Family.**

Most families reflect traditional gender role patterns, with men seen as providers and women seen as needing protection. Women are put on a pedestal and a man may refer to his wife as his queen. However, in reality, as in the rest of society, most women play a substantial role in contributing to the welfare of the family.

Some Rastafarians believe that men who are prepared to support more than one partner should be allowed to do so. This remains a long-running debate between the sexes both inside and outside the movement. However, children are highly valued and it is rare for fathers not to acknowledge and support them.

Some Rastafarians have biblical or Ethiopian names. Old Testament names such as Moses, Benjamin, Ezekiel and Zephaniah are common.

### **Maternal and child health.**

There are a range of issues that nurses should be aware of when caring for Rastafarian women and children:

- Decisions about contraception are a matter of personal choice, although natural means may be felt to be more acceptable;
- Circumcision is a matter of family choice;
- If internal examinations are necessary, most women prefer it to be done by another woman;
- Breastfeeding is highly encouraged. Where bottle-feeding is necessary, women will want to know the content of the milk and will avoid brands containing animal products.

### **Dress and modesty.**

Many Rastafarians wear their hair natural and uncut in obedience to God who told the Nazarenes (a group of ancient Israelites) to do so. Their distinctive dreadlocks and beards are regarded as a symbol of physical and moral strength as well as of black pride. Some Rastafarians, both male and female, keep their heads covered: hairnets or scarves for women; knitted woollen hats for men. Many Rastafarians may not agree to have their hair cut or shaved. Where this is necessary, it should only be done as a last resort and kept to the minimum required.

Modesty in dress is important. Clothes influenced by traditional African fabrics and designs are often worn. Some Rastafarians dress in a robe and turban and women may wish to keep themselves covered at all times. Many women consider hospital gowns to be immodest.

### **Sensitivity.**

Cultural and religious issues are always dynamic. Rastafarianism is a developing system of religious thought and a lifestyle and there will be many individual differences. Never assume that someone is a Rastafarian by their appearance, as popular hairstyles and dress can mimic the appearance of genuine Rastafarians. It is essential to find out directly from patients what forms of care will be important for them and to listen to their concerns. Most Rastafarians will be unsure whether their beliefs will be respected while they are in hospital. It is therefore important to create an environment in which they feel able to ask questions and share their views.

The following are important areas to consider when caring for Rastafarian patients:

- Some will want to avoid any medication that is not entirely necessary;
- Blood transfusions or organ donation may not be acceptable;

- Procedures such as organ transplants, dialysis, amputations and the fitting of a prosthesis may need to be discussed within their community before a decision is made;
- Rastafarians have a duty to visit the sick and may do so in groups - a practice which may be difficult to manage on the ward.

### Dying.

Friends and relatives are likely to visit and pray for a gravely ill patient. As there is no formal structure or hierarchy, someone such as an elder may approach staff to request administering last rites to the dying person. Others may wish to avoid touching a dead body, as to do so would require them to shave off their hair. Staff should be sensitive to the wishes of the patient and their family, as there are no firm rules on who should carry out specific duties.

After death there are no particular requirements and, with the relatives' consent, the body can be prepared in the usual way with the arms placed at the sides. Post-mortems, unless ordered by a coroner, are likely to be unacceptable because of their unnatural invasiveness. Rastafarians prefer burials to cremation.

### Note.

Cannabis and cannabis resin are class B drugs under the Misuse of Drugs Act 1971, and cannabis oil is deemed class A. People found in possession of or supplying the drug face a fine or imprisonment. However, the Advisory Council on the Misuse of Drugs has recommended that cannabis be downgraded from a class B to a class C drug, paving the way for a relaxation in the law. Subject to the outcome of current trials, cannabis could be prescribed by doctors.

### Useful Contact.

Ethiopian World Federation,  
28-34 St Agnes Place,  
Kennington,  
London SE11 4BE  
Tel: 020 7735 0905

<http://home.clara.net/ewfinc/rasinfo.htm>

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Source [4]

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## 1.7 Sikhism.

Sikhism originated in the Punjab, northern India, in the 16th century. Its founder, Guru Nanak, drew features from Islam and Hinduism to establish a reformist movement with the aim of creating a new world order based on equality and social justice for all. His writings, along with those of nine subsequent gurus, several Muslim and Hindu saints, and Sikh poets, form the Sikh holy book, the *Guru Granth Sahib*.

About 300,000 Sikhs live in Britain, many of whom settled here in the 1950s and 1960s. One can either be born into a Sikh family or choose to become a Sikh. Sikhism does not condone coercion in any form; it supports the right of free belief, the pursuit of knowledge and free inquiry.

## Beliefs.

Sikhism is a monotheistic religion so Sikhs believe in one God. It does not advocate blind following of the faith and Sikhs are instructed to accept the word of the guru only after they have been convinced of its value: 'first evaluate and only then accept the wares' (Guru Granth Sahib).

After the founding of the religion, a succession of gurus provided religious guidance for about 250 years until the holy book was written and mediation was considered unnecessary. The holy book personifies the 'eternal guru' and is the focus of spiritual, moral and social guidance. It is a code of conduct for daily life and an instruction for reaching true understanding and unity with God, the ultimate goal. It is regarded with great respect. Sikhism encourages people to make the most of the opportunity afforded by the human form of life to achieve reunion with God through truthful conduct, humility, family life, meditation and prayer, and by serving the needs of the community (sewa). This includes donating money, clothes, food and shelter to those in need. Failure to do so means the person will 'languish' in the cycle of birth, death and rebirth.

Practising Sikhs are baptised in their place of worship, known as a Gurdwara. This may occur at any age, although children would need to have reached the age of responsibility. During this ceremony, followers commit to the Sikh faith and the worship of God. From this point they are expected to follow strict dietary, dress and social codes. If a person transgresses or lapses significantly from the path one may recommit to the faith at any time by undergoing the ceremony again.

## Symbols of the faith.

Sikhism has a symbolic dress code that is often referred to as the five Ks, as each item begins with the letter 'k':

- Kesh: uncut hair for both men and women is a symbol of saintly qualities and a nature-loving disposition. For men, this includes an untrimmed beard and moustache;
- Kangha: a small (3-4cm) wooden comb, symbolising cleanliness. This is worn in the hair, above the top-knot of men and above a bun or plait in women;
- Kara: a steel bangle, worn on the right wrist (it is considered social vanity if this is made of precious metals), symbolising strength and restraint. It is a reminder of the Sikh's bond with the guru;
- Kirpan: a short sword or dagger, representing the Sikh's duty and right to take up arms to defend the weak and meek, and destroy evil. This is often worn secured in a cotton body belt under the clothes;
- Kaccha: a particular design of unisex undershorts, similar to modern-day boxer shorts, but often with a drawstring waist. These represent chastity/sexual morality.

Nurses should not disturb these symbolic items without permission or before washing their hands. For initiated Sikhs, it is preferable not to remove any of these items unless absolutely necessary as the symbols are mandatory. However, most ordinary Sikhs maintain only Kesh and Kara, with many third-generation Sikhs opting to follow a western style by having their hair cut short.

Illness tends to increase people's dependency on their faith and religious symbols often acquire more significance. For this reason nurses need to think about how to prepare patients for surgery or other medical and nursing procedures. For example, think about the possibility of padding and taping over a patient's Kara rather than automatically instructing the patient to remove it. Offering disposable underwear, and paper caps for men wearing turbans, may also be appropriate. If preoperative shaving is necessary, most Sikhs will comply with medical advice. However, instead of performing the procedure routinely, it would be appreciated if nurses inquired whether there was a specific need for this.

## Dress.

The Sikh turban can be worn by both sexes, although it is usually worn by men. Traditionally, women cover their heads with a light headscarf (dupatta). Removing a turban without permission, except in an emergency, is considered an insult. Although the scriptures contain a reference to avoiding provocative or gaudy clothing, there is no restriction on what women may wear. They may dress exactly like men if they wish, but the traditional Punjabi female dress consists of salwar kameeze (loose trousers and tunic) and a dupatta.

**Gender.**

Sikh theology teaches that all people are equal, irrespective of caste, colour, gender or creed. Men and women enjoy equal status in all aspects of Sikh life, including marriage and participation in religious rites/roles. The scriptures suggest specific gender roles, but this is mainly for social guidance. Culturally, women tend to adopt a subservient role, at least in public. However, in the family setting, the mother-in-law or oldest female has significant power, which can affect the choices open to younger women. It is important to consider this when planning or delivering care to ensure autonomy for female patients.

**Birth.**

There is a conflict between faith and culture, as the former preaches equality of the sexes while Sikh society values boys more highly. The birth of a daughter, especially in a family with girls, can have a devastating effect on a couple and there is a tendency to blame the mother. Family elders may be miserable and their behaviour can make the parents feel guilty. Attitudes are changing but staff need to be vigilant and ready to offer support to parents if necessary. Although infanticide is forbidden, couples have been known to seek a termination, either voluntarily or under family pressure, if they know the unborn child is female. In contrast, the birth of a son is seen as a joyous occasion.

Most Sikh names are unisex. Gender is differentiated by the shared middle name bestowed by the 10th guru, demonstrating the unity of all and the eradication of caste. All Sikh men have the second name Singh which means lion, while women have Kaur, meaning princess. These should not be confused with surnames. The correct way to address a person is to use their first and middle names: so Balbir becomes Balbir Kaur. However, many younger Asians follow the western practice of using only their first name.

**Marriage and sex.**

Married life is accorded the highest status: 'Such is the glory of the True Guru, that in the midst of children and wife, man obtains emancipation' (Guru Granth Sahib). Marriage is seen as a physical and a spiritual relationship, and a way to achieve balance in life: two bodies with one soul. Symbolically, a Sikh marriage is an attempt to unite the individual soul with the universal soul. Monogamy is the Sikh ideal. However, divorce is permissible and divorcees, widows and widowers are allowed to remarry.

Sexual activity is allowed only within marriage. Great cultural importance is attached to sexual behaviour and celibacy, and both are promoted through the concept of Izzat or family honour. While this applies to both sexes, the onus on girls is greater because of the risk of pregnancy from premarital sex. The belief that sex education may encourage experimentation means that information is limited, occurring in single-sex groups or in the home.

**Homosexuality.**

Homosexuality is frowned on, as the family is the base unit in both religious and secular terms. As a result of the religion's innate tolerance, Sikhs who are homosexual or lesbian are not actively castigated. However, a family would be devastated to hear that a relative was homosexual.

**Contraception.**

Large families are encouraged, more for cultural than religious reasons. However, the use of contraceptives is not prohibited and most methods are acceptable. Termination of pregnancy is not approved of, either socially or religiously, and is accepted only where the health or safety of the mother is in danger.

**Infertility treatments.**

The importance of children to a Sikh family is enormous, from both religious and cultural perspectives, and most families would suppress news of infertility problems or treatments. While many forms of infertility treatment would be considered, most Sikhs would not agree to egg-and-sperm donation. In India, infertility is still regarded as a curse or social stigma and assumed to



be the woman's fault, often resulting in the husband marrying his wife's sister or cousin. In the UK, this is rare as the attitudes of second and third-generation Sikhs are more tolerant towards childlessness.

### **Mental illness, learning and physical disabilities.**

Socially and culturally, these conditions are stigmatised mainly because of the unlikelihood of arranging marriages for children with such conditions. They would therefore become a burden on the rest of the family as it would be considered morally wrong to place them in a care home.

### **Dignity and hygiene.**

For intimate procedures, Sikhs prefer a nurse or doctor of the same sex. Both sexes should be given privacy if their turban or undergarments are to be removed. At all times the symbols of faith (the five Ks) and turban should be treated with respect. I recall a Sikh woman, who was wearing Kachara, being terribly embarrassed by a nurse laughing at the 'baggiest pair of knickers [she'd] ever seen'.

Personal hygiene is extremely important. Before even drinking a cup of tea most patients will want to brush their teeth and, at least, wash their face and hands. Showering is preferred to bathing, and douching with water after using the toilet is normal practice.

### **Diet.**

Dietary habits vary from not eating beef, eggs or fish to vegetarianism. Ritualistic fasting is forbidden by the faith but may be performed as part of a person's culture, especially by Sikhs whose families originated in or near Hindu towns or villages. Eating meat prepared as part of a ritual, for example halal meat, is forbidden.

Many Sikhs also avoid beef and veal out of respect for the Hindu faith, in which the cow is a sacred animal. Offering an accurate description of the ingredients in unfamiliar hospital dishes can be extremely reassuring, particularly for older people who may refuse food they do not recognise.

The use of tobacco, alcohol and other intoxicating substances is prohibited. Some Sikhs find the smell of tobacco offensive, so ensuring that the doors to any room used to smoke in are closed would be appreciated.

### **Blood transfusion.**

There are no restrictions on receiving blood transfusions.

### **Organ donation.**

There are no restrictions on organ donation on religious grounds. Sikhism is concerned with the soul, which is considered indestructible. Once the soul has left the body, there are few restrictions on what becomes of the body. However, this does not mean that all Sikhs are culturally comfortable with being organ donors and nurses should carry out the usual discussions with sensitivity.

### **Resuscitation/suicide/euthanasia.**

There are no restrictions on resuscitation attempts. Sikhs value the human form of life as a way to achieve unity with God, which conflicts with committing suicide or euthanasia, so both are frowned upon.

### **Community worship.**

Worship is a fundamental part of Sikh philosophy. The congregation meets in the local Gurdwara, which also serves as a community centre for educational and social events. The Gurdwara can be an excellent resource for health care professionals: it is a natural focal point for health education/promotion activities, with translators on hand, and a useful resource for determining the local population's health needs. The local priest (granthi) can offer spiritual support to patients who are admitted to hospital.

### Death/rituals.

Sikhs may be comforted by reciting passages from Guru Granth Sahib. If they are too ill, a relative or someone from the local temple may be asked to read. Giving patients and their families or friends some privacy is appreciated: reciting is done quietly and should not disturb other patients. Holy water from the Gurdwara may be given to sip, or be sprinkled on or around the patient.

As a mark of respect, as many friends and relatives visit the patient as possible. This can cause problems on busy wards, but a little planning and quiet discussion with the family on safety protocols can enable nurses to manage the situation.

Sikhs believe that after death the soul re-enters the cycle of birth and death, taking on different life forms depending on one's actions in the preceding life. Non-Sikhs are permitted to care for the body of the deceased and health care staff may perform normal last rites, remembering not to interfere with the five Ks and, crucially, not to cut or trim hair from the face or head. Most relatives prefer to carry out these tasks themselves, but this should not be assumed.

The body may be viewed several times before the funeral, so care should be taken to ensure that the eyes and mouth are closed and the facial expression is peaceful. Almost without exception, Sikhs are cremated and this should take place as soon as possible. If a delay is likely, the family should be given a full explanation.

### Websites.

Gateway to Sikhism: [www.allaboutsikhs.com](http://www.allaboutsikhs.com)

BBC Overview: [www.bbc.co.uk/religion/religions/sikhism/index.shtml](http://www.bbc.co.uk/religion/religions/sikhism/index.shtml)

Individual: [photon.bu.edu/~rajwi/sikhism](http://photon.bu.edu/~rajwi/sikhism)

Source [3]

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## 1.8 Islam.

Islam for Muslims is not only a religion but a complete way of life that advocates peace, mercy and forgiveness. A Muslim can be defined as a person who accepts the Islamic way of life and complies with the will of Allah (God) without question.

There are one billion Muslims worldwide and, according to the 1991 census, there are 1.6 million Muslims in the UK with the number expected to rise to two million by 2010. The 10 most common languages spoken by Muslims apart from English are Farsi, Arabic, Bengali, Punjabi, Urdu, Gujariti, Hausa, Pushto, Malay and Turkish.

Most British Muslims come from the Indo-Pakistani continent but there are also Muslims from the Middle East, Iran, Malaysia, Indonesia, Cyprus, East Africa and the Caribbean, as well as Britons who have converted to Islam.

Muslims use a universal greeting to each other, Asalam-a-lay-kum, to which the response is Walay-kum salaam. Although there are common beliefs and acts of worship each patients needs will vary, depending on their level of orthodoxy. Health care professionals should be encouraged to use interpreters, but should be aware of the considerable variations in their availability and appropriateness.

### Beliefs.

All Muslims have to fulfil five essential religious duties:

- To declare that there is no other god but Allah, and that the Prophet Mohammed is his messenger;
- To offer prayers five times a day: at dawn, midday, late afternoon, after sunset and late evening. Prayers are performed facing Mecca (south-east in the UK). Praying involves physical movements of standing, bowing and prostration. During illness, prayers can be performed sitting up or lying down, providing that the chair or bed is facing Mecca. A person is exempt from prayer if seriously ill;
- To fast in the month of Ramadan, which falls in November this year. People eat and drink before sunrise and then signify their intention to keep the fast by rinsing their mouth with water. No food or drink is consumed during daylight hours. The fast is broken at sunset usually by eating a date or a piece of fruit, followed by a main meal. Children are expected to start praying and observing the fast when they reach puberty. Muslims who are ill are

exempt from fasting, but some still do and will omit or refuse medication. Simple measures can be taken to accommodate fasting, such as rescheduling the times that medicines are given to the patient and possibly changing the dosage;

- To give money to charity, amounting to 2½% of an individual's annual income and savings;
- To go on a pilgrimage to Mecca, known as Hajj, at least once in a lifetime if they can afford it.

### **The Holy Quran.**

The Quran is the sacred book of Islam. Written in Arabic, it is the essential guide for all aspects of a Muslim's life. It is placed above all other books, both philosophically and literally it is never put on the floor.

### **Gender and modesty.**

Muslims prefer to be cared for by someone of the same sex. This reflects the separateness of men and women in all aspects of Muslim life. However, men are not seen as superior to women. Muslims appreciate that it is not always possible to be cared for by somebody of the same sex, so during medical examinations certain restrictions are waived.

### **Cleanliness.**

The Islamic faith emphasises cleanliness, so before any type of worship, Muslims must ensure that their clothes are clean and perform a cleansing ritual: Ghusal or Wusu.

Ghusal is a complete body wash with clean water. A shower is preferred to bathing in a tub of water, which is seen as inappropriate. Ghusal must be performed after love-making and at the end of menstruation.

Wusu is a partial wash with clean water, performed before offering prayers. It comprises of washing:

- The palms of both hands up to the wrist three times;
- Inside the mouth three times;
- The nose three times;
- The face three times;
- Each arm from wrist to elbow three times, starting with the right;
- Rubbing the head with wet hands from front to back;
- Washing the ears by placing the index finger inside each ear, leaving the thumbs outside;
- Washing both feet up to the ankle, right one first.

Wusu becomes void after urination, defecation, passing wind or vomiting and therefore needs to be repeated. Muslims prefer to wash their genitals with running water after using the toilet. This process is called Istinja. Therefore, a jug in the bathroom/toilet is appreciated.

Nurses and non-Muslims are allowed to wash people who are ill. However, social conventions often prevail in respect of modesty, gender and body parts. What is acceptable varies according to what is socially permissible and whether it is culturally acceptable to be touched by another person.

In most cases, a close family member of the same sex may be allowed to wash the sick person. However, an initial assessment of the patient should establish baselines for such care.

### **Family and marriage.**

Muslims view the family as the building block of society. Marriage is sacred and the foundation of Islamic society, providing stability and security. Men are seen as the protectors of women, and important decisions, such as giving consent for treatment, require that they be consulted.

The patient's immediate and extended family structure should be considered when there are important treatment issues. For example, in some cases the community elders may also have a say in treatment. In life-threatening situations, or when there is no immediate male family member, a female relative may be able to give consent.

### **Homosexuality.**

Homosexuality is condemned, as homosexual acts are considered sinful and punishable by Allah. However, as in every community, there are homosexuals. There are also issues about whether

homosexuals, covert or not, can be considered truly Muslim. There is a range of views on this issue in western societies.

### **Children.**

Muslims believe it is their duty to marry and have children. A child born into a Muslim family is regarded as a gift from Allah. A small amount of honey is placed on the baby's tongue to make it realise that it is no longer in the mothers womb. It is believed that some of the qualities of the person giving the honey are also transferred.

Any hair the baby is born with is considered unclean after the passage of birth and is shaved off. This signifies the babys innocence and is done on the third day after birth, or any time up to the seventh day.

### **Contraception.**

Muslim couples are encouraged to have children, who are even referred to as their wealth. Sex outside marriage is discouraged. However, contraception and family planning are allowed, and health care professionals should discuss appropriate methods with either the woman or the couple. The coil and emergency contraception (the morning after pill) are considered unsuitable as they effect abortion. Instead, barrier methods are advocated, as they do not interfere with the bodys natural function [12]. The contraceptive pill is also acceptable.

### **Abortion.**

Islam values human life so abortion is not permitted. However, the procedure is allowed if the pregnancy threatens the mothers life.

It is recommended that abortion takes place before the foetus is 120 days old as Muslims believe that this is when the soul is breathed into the foetus.

Islam does not allow abortion in cases of rape or incest because Muslims believe that the child has the right to live.

### **Circumcision.**

Baby boys are circumcised as it enables them to maintain Wusu by preventing urine from collecting in the foreskin [18].

The practice of female genital mutilation by some Muslims in African countries, Asia and the Middle East is not supported by Islamic faith. Although it is banned in the UK under the Prohibition of Female Circumcision Act 1985, a recent all-party parliamentary report estimates that there are 3,000-4,000 new cases in the UK each year.

The practice, which has also been condemned by the World Health Organisation, is mainly found in UK communities of Eritreans, Ethiopians, Somalis and Yemenis. The number of cases is growing as immigrant and refugee communities increase.

### **Diet.**

Muslims eat with their right hand and consider it rude to be handed anything in the left hand, especially a glass of water, as the left hand is used for washing the genital area. Muslims refer to permissible food as halal. Non-permissible food is called haram. Halal meat comes from an animal that has been slaughtered during a prayer ritual. Halal foods include halal meat, fish, fresh fruit and vegetables, eggs, milk and cheese.

Haram foods include pork, non-halal meat, alcoholic drinks and gelatine products. Great care should be taken when serving food to ensure that halal food does not become contaminated with haram food.

### **Organ donation and blood transfusion.**

Muslims are allowed to donate their organs for transplant providing that they are not compromising their own life. They are also allowed to receive organs. However, opinions differ, so tact is necessary; some Muslims believe that the physical body should not be mutilated, but should

remain intact in order to pass easily into the next life. Muslims have no objections to blood transfusions.

### **End-of-life issues.**

#### **Suicide and euthanasia.**

The Islamic faith does not differentiate between killing yourself or asking someone else to do it for you. Human life is regarded as precious and taking a life is considered a major sin.

#### **Life support.**

Muslims believe that a person certified as brain-stem dead should not be kept alive artificially. Resuscitation is allowed, but in some cases the will of Allah should be allowed to prevail, particularly if the person has said they do not want to be resuscitated. Ultimately, resuscitation can be carried out for medical reasons, overriding religious ones.

### **Death/rituals.**

Muslims believe in life after death. When they die the Day of Judgement they know they will be judged by their actions: good deeds will be rewarded with everlasting life in heaven, and bad deeds with everlasting life in hell.

However, sickness and suffering in this life are also seen as a form of purification or recompenses for wrong deeds. Instead of being subjected to everlasting punishment in the next life, it can be a time to make peace with Allah.

Islam advocates that terminally ill people should be treated with sympathy and compassion, and that their spiritual as well as physical needs should be accommodated.

When dying, privacy is appreciated while the person declares their faith. Sometimes they are comforted by a recital from the Quran.

When a person dies, the following rituals should be observed:

- Close the eyes and mouth;
- Straighten the body and limbs;
- Turn the head towards the right shoulder, facing Mecca;
- The body should not be washed but covered completely with a plain sheet;
- A complete Ghusal should be preformed by the family as soon as possible;
- Some Muslims may request that non-Muslims do not touch the body. If this is the case, use disposable gloves.

### **Further information.**

Sarwar, G (1998); Islam: beliefs and teachings; London; Muslim educational trust.

World Health Organisation website; [www.who.int](http://www.who.int)

Source [2]

## **1.9 Jehovah's Witnesses.**

From a medical point of view, one of the distinguishing features of Jehovah's Witnesses is their refusal to accept blood transfusions. But is this actually true? Some nurses may have come across Jehovah's Witnesses who refuse red blood cells, but others may have encountered those who will accept blood proteins such as Factor VIII. And there are still pregnant Jehovah's Witnesses who are rhesus negative but will not accept immunoglobulins.

Nurses need to keep up to date with Jehovah's Witnesses' position on blood and blood products and understand that they do have some autonomy when choosing blood fractions.

### **Beliefs.**

American Charles Taze Russell founded the religion in the 1870s and there are about 125,000 Jehovah's Witnesses in the UK. Acknowledging Jehovah as the only God, believers are baptised by immersion and carry their message from door to door, warning of a future vengeful battle of Armageddon. They are a law-abiding sector of the community who believe that their conduct

reflects their worship of Jehovah. They also believe that Satan was once an angel and is now an evil and powerful opponent of Jehovah.

### **Abortion.**

Jehovah's Witnesses see the elective termination of pregnancy as the wilful taking of human life. In the rare event of a choice having to be made between the life of the mother and that of the child, the individuals concerned have freedom of choice.

### **Birth control and reproductive technology.**

Birth control methods that effectively terminate a pregnancy are avoided. In vitro fertilisation involving eggs and sperm from unmarried people is unacceptable as it is considered adultery, as is gestational surrogacy.

### **Organ transplants.**

Organ transplants and organ donation are a matter of personal choice.

### **Blood transfusion.**

Jehovah's Witnesses refuse all blood transfusions, including stored autologous blood. They also refuse red cells, white cells, plasma and platelets. They may elect to receive fractions of these components, such as albumin, clotting factors, immunoglobulins, interferon and haemoglobin-based oxygen carriers.

A group of Jehovah's Witnesses, the Associated Jehovah's Witnesses for Reform on Blood, is currently seeking to reform the organisation's position on blood and blood products. For further information see the AJWRB website at: [www.ajwrb.org](http://www.ajwrb.org)

### **Blood patch.**

The use of this technique as a haemostatic agent is a matter of personal choice.

### **Blood salvage (autotransfusion).**

Many Jehovah's Witnesses will accept such procedures as intraoperative blood salvage and post-operative blood salvage from drains (cell saver), as well as haemodilution techniques. To make such procedures acceptable, tubing should be visible to show that the diverted blood is still in contact with the patient (tubing is seen as an extension of the circulatory system).

### **Individual choice.**

Members of the organisation make personal decisions on treatment with blood fractions so Jehovah's Witnesses may differ in their choice of treatment. Any changes in blood product policy are conveyed to Jehovah's Witnesses through the Watchtower magazine.

### **Patient confidentiality.**

Jehovah's Witnesses and their relatives are taught by their faith that it is important for them to 'keep Jehovah's organisation clean'. One of the ways in which they are encouraged to do so is to inform those in positions of authority about the indiscretions of others.

Because family members may also speak to those in authority in the organisation, it is important that each patient is asked in private what information may be passed on to relatives. If a patient elects to receive a 'forbidden' blood product there could be grave social implications if that decision becomes known.

In such circumstances it may be necessary to make special provisions to ensure that unexpected visitors do not become aware of any treatment. Indiscreet talk between all members of hospital staff should be avoided to guarantee patient confidentiality. However, if the treatment is discovered by visitors, social services should be contacted in case the patient needs help after discharge.

### **Hospital policies.**

Most hospitals have policies in place to provide Jehovah's Witnesses with the treatment they require. Ideally these policies should:

- Acknowledge the right of patients to be treated with dignity and respect in regard to their religious beliefs;
- Offer appropriate care, advice and education;
- Involve individual patients so far as is practical in making informed choices and decisions on their care and treatment;
- Provide a prepared list of haematologists who can be consulted;
- Encourage patients identified as Jehovah's Witnesses to carry a signed and witnessed advance directive card refusing blood and stating which blood products they are not willing to receive;
- Provide Jehovah's Witnesses with additional identification. Some hospitals offer a coloured wristband to alert staff to their needs;
- Make every effort to ensure that the patient understands the consequences of giving consent or refusing specific treatments;
- Ensure that all appropriate forms are signed when dealing with minors. There is usually another policy to deal with 'consent to procedure';
- Be reviewed at regular intervals to identify changes in acceptable blood products.

Most Jehovah's Witnesses are unwilling to accept the word of a nurse about the suitability of blood products for their condition. It would benefit this group of patients if hospitals investigated the possibility of holding a list of treatments endorsed by Watchtower. This could be used to help Jehovah's Witnesses make informed choices about their treatment.

Baptised Jehovah's Witnesses often carry an advance medical directive/release document instructing health care professionals not to give a blood transfusion under any circumstances and releasing hospitals of the responsibility for damage caused by the refusal of blood. These documents usually state that they can be rescinded only in writing, but there may be problems if the patient is well enough to rescind it verbally but not in writing.

Some patients also fill in a more detailed health care advance directive form which outlines their personal treatment choices regarding blood fractions and autologous blood procedures.

### **Jehovah's Witness hospital liaison committees.**

In response to possible misunderstandings about their specific needs in hospital, Jehovah's Witnesses have formed special committees to mediate between hospital staff and patients. It is important to gain patients' full consent to such committees' involvement as they could be counter-productive if the patient felt under pressure.

Given the importance of patient confidentiality, it is vital that committee members receive no confidential information from hospital staff unless the patient has given permission for them to do so.

### **Conclusion.**

By exhibiting an empathic understanding of Jehovah's Witnesses' anxieties and beliefs about blood and blood products, nurses are in a better position to implement an appropriate care plan. As part of a multidisciplinary team they can, as patient advocates, communicate Jehovah's Witnesses' special needs and help to provide holistic patient care.

### **Further Reading.**

Ellis, A. (2000) Consent and the Teenage Jehovah's Witness. *Paediatric Nursing*; 12: 3, 29-31.

Franz, R. (1983) *Crisis of Conscience*. Atlanta: Commentary Press.

Muramoto, O. (2001) Bioethical aspects of the recent changes in the policy of refusal of blood by Jehovah's Witnesses. *British Medical Journal*; 322: 7277, 37-39.

### **Further Information.**

Hospital Information Services for Jehovah's Witnesses, IBSA House, The Ridgeway, London NW7 1RN. Tel: 020 8906 2211.

Free Minds website: [www.freeminds.org](http://www.freeminds.org)

Watchtower news website: [www.watchtowernews.org](http://www.watchtowernews.org)

Source [10]

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## Chapter 2

# A guide to cultural and spiritual awareness.

### 2.1 African/Caribbean.

The term African/Caribbean is used here to include people of African and Caribbean origin (for example, from Nigeria, Gambia, Uganda, Jamaica, Trinidad, Tobago, St Lucia, Grenada or the Bahamas). Some cultural and traditional patterns are likely to be common among those with roots in Africa and the Caribbean islands, but it is important that patients are consulted individually about how they wish to be referred to.

#### **Religion.**

Religious days are important in the lives of many African/Caribbean people; religions include Christianity, Islam, and Rastafarian, among others, and ritual practices vary widely.

#### **Modesty.**

Patients are likely to have a strong preference for a doctor or nurse of the same sex when being examined or treated.

#### **Clinical procedures.**

##### **Blood transfusion.**

There is no religious objection to receiving blood (except for Jehovah's Witnesses or Rastafarians).

##### **Organ transplantation.**

There is not usually religious objection to the reception of a transplanted organ, but those with belief in the sanctity of the body are unlikely to agree to organ donation.

#### **Death and dying.**

At death, religious differences are likely to be minimal, and cultural identity is of paramount importance. Burial is preferred; funeral and mourning customs vary depending on culture or religious belief. It is customary among some African/Caribbean cultures to express emotions freely when a relative dies; privacy should be given whenever possible.

#### **Post-mortem.**

Older members of the community may believe the body must be intact for the afterlife and will be deeply offended by its disfigurement. They are unlikely to give consent for post-mortems except for coroner's cases.

## 2.2 Asian - Indian Subcontinent.

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

### Religion.

Bangladeshis majority Islam, some Hindus.

Indians majority Hindus, Sikhs and some Muslims; also Christians.

Pakistanis majority Islam.

### Diet.

Neither Hindus nor Muslims will eat anything that has come into contact with forbidden food or utensils (see specific religions).

### Personal care.

#### Hygiene/cleanliness.

Handwashing is considered essential before and after eating. Water for washing is needed in the same room as the toilet, so patients should be provided with bowls, jugs of water or a bidet. Asian patients prefer to wash in free-flowing water, as baths are considered unhygienic. If a shower is not available, the patient may like to use a jug to use in the bath.

#### Modesty.

Asian patients, particularly women, are likely to have a strong preference for a doctor of the same sex when being examined or treated. Sensitivity and care are needed in situations that may cause the patient embarrassment, for example, wearing a gown that the patient may consider too short. In some Asian cultures, direct eye contact is avoided, particularly with the opposite sex.

#### Family planning.

There is no objection to family planning from a religious point of view. It is acceptable to ask the patient whether she wishes to involve her husband or any other family member in the discussion. Orthodox Muslims may refuse family planning.

#### Death.

People from some Asian cultures may express their emotions freely when a relative dies. Wherever possible, they should be given privacy to do so without unsettling other patients.

#### Naming.

Ask patients for their family name and most used personal name. Most Asians are not Christians, so the term 'Christian name' has no significance in most cases. Use the family name as a 'surname' for writing purposes. Recording unfamiliar names can be difficult and may lead to serious errors. Staff should be aware of the different naming systems so that patients are accurately identified.

## 2.3 Chinese.

### Religion.

Taoism, Buddhism and Confucianism are the main religions, with some Christians.

**Diet.**

The Chinese believe that equilibrium between 'hot' and 'cold' in terms of food, herbs or medicines needs to be maintained for good health. Foods are classified as hot or cold this does not refer to temperature and a special diet may be needed to restore balance.

- Hot most pulses, garlic, ginger, eggs, nuts, lamb, honey, onions, dates, tea and coffee.
- Cold cereals, rice, wheat, fruit, potatoes, white sugar, chickpeas, green leaf vegetables and milk.

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

**Personal care.****Hygiene/cleanliness.**

Soaking in a bath is believed to be bad for the body in later life; showers are preferred.

**Modesty.**

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

**Naming.**

The family name tends to come first (for example, Cheung), followed by a one or two-part personal name (for example, Cheung Hung Yung). Family origin is important; hence women tend to keep their maiden name. Many Chinese people have reversed this order so that it corresponds to the British naming pattern.

**Childbirth.**

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

**Death.**

Funeral and mourning customs vary widely depending on culture or religious belief. Some people are buried; others are cremated.

**Special considerations.**

Traditional remedies are sometimes used for certain diseases it is important to consult the individual. The most important festival is the New Year or Spring Festival, celebrated in February; the dates will vary as they are based on the lunar calendar.

**2.4 Travellers.**

The general term 'travellers' includes several ethnic groups such as Romany ('Gypsy'), Irish and New Age travellers. Romany travellers trace their origins to the Indian subcontinent. Irish travellers likewise have a long history. New Age travellers emerged more recently as people who adopted a nomadic lifestyle for reasons ranging from ecological concerns to enforced homelessness. The following notes apply mainly to Romany people but may suggest areas that could be of concern to other travellers.

**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.

**Personal care.****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 any other 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.

**Special considerations.**

Illiteracy is more widespread among Romanies than in the community at large. It may be necessary to offer help and guidance in matters such as the completion of consent forms and the self-administration of medicines.

**2.5 Buddhism.**

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

**Diet.**

As Buddhism encourages its followers to practise non-violence, most Buddhists will be vegetarian.

**Family planning.**

Buddhists believe life begins at conception and so do not agree with contraception or abortion.

**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.

**Procedure at death.**

If other Buddhists are not in attendance, a Buddhist minister should be informed of the death as soon as possible. Routine last rites are appropriate. Cremation is preferred.

**Special considerations.**

Vesak is a celebration of the enlightenment of Buddha and is held on a night with a full moon in May.

**2.6 Christianity.**

The individual's personal denomination should be recorded in his or her notes for example, Church of England or the Anglican (Wales, Ireland) or Episcopalian (Scotland) Church.

**All churches.**

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

**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.

**Family planning.**

Attitudes to family planning vary from denomination to denomination.

**Death.**

Routine last rites are appropriate for all Christians.

**Special considerations.****Baptism/christening.**

There is no age limit for baptism. When babies or children are very ill, baptism should be offered. In the absence of a minister of religion, anyone may perform a baptism. To do this, the minister makes a sign on the person's forehead. A little water is poured on the forehead (or another accessible part of the body), with the words 'John Smith, I baptise you in the Name of the Father,

and of the Son, and of the Holy Spirit, Amen.’ The chaplain should be informed as soon as possible. If a child dies unbaptised, the chaplain will offer a blessing and naming service, and a certificate to commemorate this will be given to the parents. This is particularly appropriate following a miscarriage or stillbirth.

Patients may wish to see a chaplain, priest or minister from the local church, especially before an operation or anything else that is of concern to them. They may wish to receive Holy Communion and be prayed with. They may request a Bible or wish to attend services in the hospital chapel. Christmas and Easter are the most important festivals or celebrations. Christians will usually wish to receive Holy Communion at these times.

### **Roman Catholic.**

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

### **Church of England (Anglican).**

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.

### **Free churches.**

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

Free church patients may like to receive a visit from a minister or member of their own church or the church chaplain. Ceremony or sacraments may not be observed as strictly as in the Anglican and Catholic Religions. However, patients may welcome prayers being said with them.

## **2.7 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, making each person responsible for who he or she is and what he or she does. Hindus believe that there is one god, who can be understood or worshipped in many different forms. Every Hindu should pray, serve the old and offer generous hospitality to any visitor.

### **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. Tobacco and alcohol are not generally accepted.

### **‘Hot and cold food’.**

This relates to perceived medicinal properties of food and has nothing to do with either temperature or spicy qualities.

**Fasting.**

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

**Personal care.****Hygiene/cleanliness.**

Handwashing is considered essential before and after eating. Water for washing is needed in the same room as the toilet, so patients should be provided with bowls and jugs of water or a bidet. 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, as baths are considered unhygienic. If a shower is not available, ask the patient if he or she would like a jug to use in the bath.

**Modesty.**

Women prefer to be treated by female medical staff where appropriate.

**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.

**Family planning.**

Hindus have no objection to contraception. It is advisable to ask the woman whether she would like her husband or a family member or friend to be present during any discussion.

**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 tulsi leaf in his or her mouth. Their belief is 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.**

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, if 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'. All adult Hindus are cremated.

**Post-mortem.**

This is generally disliked.

## 2.8 Islam.

Islam is the Arabic name for the Muslim religion. The term means 'surrender to God's will' and includes acceptance of those articles of faith, commands and ordinances revealed through the Prophet Mohammed. Mecca, near the Red Sea coast of Saudi Arabia, 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 (five times a day), alms giving, fasting and a pilgrimage to Mecca.

### 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.

### 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.

### Organ transplantation.

There are no specific rulings prohibiting transplantation, but strict Muslims will not agree to organ transplants, and the subject should not be raised unless the family initiates the discussion.

### 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 wishes of the family. 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 with the face 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 reported to the coroner, he or she should be informed that the patient was a Muslim and be asked if the procedure can take place as soon as possible. If the family wishes to view the body, staff should ask the mortician to ensure that the room is free of any religious 'symbols'.



**Post-mortem.**

In Islam the body is considered to belong to God; strictly speaking, no part of the dead body should be cut or harmed. Post-mortems are therefore forbidden unless ordered by the coroner. This should be clearly explained to the family. The family may request that organs removed should be returned to the body after examination.

**Special considerations.**

There are many Muslim festivals, all calculated by the lunar calendar. Ask the patient or the family if any important dates for their faith occur during their stay in hospital. During the month of Ramadan, Muslims fast between sunrise and sunset, although those who are sick are not required to fast.

**2.9 Judaism.**

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

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

**Diet.**

Many Jews will ask for kosher food that is, meat that has been prepared in a special way according to Jewish Law. Shellfish, pork, rabbit and their derivatives are strictly prohibited (treifu). Milk and meat products are not eaten at the same meal, which means that they do not have milk in their drinks or cream with their desserts after their meat meal and do not use butter on meat sandwiches. The patient should be consulted about his or her level of dietary observance and the necessary arrangements made. Orthodox Jews may not be happy to take non-kosher meat.

**Fasting.**

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

**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).

**Family planning.**

Jews forbid contraception or family planning unless the woman's health is at risk.

**Birth.**

Nearly all Jewish boys are circumcised, usually eight days after birth. This is performed by a trained and medically certified religious functionary called a Mohel. If there is a doubt about the child's health the circumcision is delayed.

**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.**

In some cases 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 three 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 for the body to be placed with the feet pointing towards the doorway and to light a candle. Some Orthodox Jewish groups may wish to appoint someone to stay with the body from the time of death to the burial, which usually takes place within 24 hours. This person is called a 'watcher', and he or she may need to stay with the body throughout the night. In 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.

**Post-mortem.**

Post-mortems are not permitted unless legally required.

**Special considerations.**

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

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.

**2.10 Sikhism.**

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

- 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'. Sikhs do not smoke, and alcohol is forbidden.

**Names.**

Most Sikhs have three names a first name, a religious middle name and a family name. The religious middle name is always Singh for men and Kaur for women. Some Sikhs just use this religious title for example, Mr Singh, the wife of Mr Singh is never Mrs Singh but Mrs Kaur and vice versa.

**Family planning.**

Contraception can be used, but is not openly spoken about.

**Death and dying.****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; these 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 mortician 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.

**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 3am.

**2.11 Baha'i Faith.**

Although it began in a Muslim country, the Baha'i faith is a distinct religion, based on the teachings of its founder, Baha'u' Llah. It is not a cult, a reform movement or a sect within any other faith, nor is it a philosophical system. It recognises the unity of God and of his prophets, and teaches that the fundamental purpose of religion is to promote concord and harmony. The Baha'i faith promotes the principles of equal opportunity, with rights and privileges for both sexes, and advocates compulsory education and universal peace.

**Death and dying.****Care of the dying.**

No ritual to be performed before or after death.

**Death/funeral arrangements.**

According to Baha'i law, two conditions must be fulfilled:-

- Baha'i are always buried, never cremated.
- The place of internment should be within one hour's journey of the place of death.

Any undertaker may be used. Certain prayers and observations will be arranged either by the family or by the local Baha'i community.

**2.12 Christian Science.**

Established in the US in 1879, Christian Science teaches reliance on God for healing, rather than on medicine or surgery. It is unusual, therefore, for Christian Scientists to be patients in ordinary hospitals. They will usually seek nursing care at home or in a Christian Science nursing home. They may, however, be admitted to hospital following accidents, or during pregnancy and childbirth, and because of family or legal pressures. They will accept medical care for their children where the law requires it. The church does not attempt to control the actions of its members, and the decision about whether to accept medical intervention lies with the individual.

A Christian Scientist will appreciate the normal care of the hospital if it is necessary for him or her to be admitted, but will normally wish to be totally free of drug treatment. He or she will probably wish to contact a Christian Science practitioner for treatment through prayer. The

patient will appreciate privacy for prayer and access to the 'holy' books of the Christian Science faith.

**Diet.**

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

**Clinical procedures.****Organ transplantation.**

Is not normally acceptable for adults to donate or receive organs.

**Blood transfusion.**

Is not normally acceptable for adults, but patients usually consent to blood transfusions if doctors consider this appropriate for their child.

**Death and dying.**

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

**Post-mortem.**

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

**2.13 Jehovah's Witnesses.**

Jehovah's Witnesses try to live their lives according to the commands of God, as written in the Old and New Testaments. They regard Jesus Christ as the Son of God.

**Diet.**

Food containing blood or blood products is not acceptable. Jehovah's Witnesses do not smoke.

**Clinical procedures.****Blood transfusions.**

Jehovah's Witnesses believe that taking blood into one's body is morally wrong; it is therefore prohibited. This includes whole blood or its components, such as packed red cells, plasma, white cells and platelets. Jehovah's Witnesses can choose whether to accept products such as albumin, immunoglobulins and clotting factors. Blood samples may be taken for pathological testing, providing that any unused blood is disposed of. Dialysis will usually be accepted.

**Organ transplantation.**

This is generally not permitted, but components where blood is not involved (for example, a cornea) are more likely to be acceptable. Jehovah's Witnesses are not likely to be willing to either donate or receive an organ through which blood flows. They will want reassurance that blood will not be used against their wishes.

**Death and dying.****Care of the dying.**

There are no special rituals for the dying, but patients will usually appreciate a visit from one of the elders of their faith (there are no separate clergy).

**Procedure at death.**

Routine last rites are not appropriate.

**Post-mortem.**

This is a matter of individual choice for the family.

**Special considerations.**

Jehovah's Witnesses do not usually celebrate birthdays or Christmas. The only festival celebration is the annual memorial of the death of Christ.

**2.14 Mormons.**

The Mormon Church, also known as the Church of Jesus of Latter Day Saints, began in America in 1830. Mormons follow a strict health code, known as the word of wisdom, which advises against the use of tea, coffee, alcohol and tobacco, and advocates healthy living. Family unity is very important.

**Diet.**

Mormons eat sparingly and avoid products that contain a lot of blood. Some Mormons will avoid all hot drinks; milk, water and fruit juices are acceptable.

**Death and dying.****Care of the dying.**

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

**Procedure at death.**

Routine last rites are appropriate. The sacred garment, if worn, (see 'Special considerations'), must be replaced on the body after the last rites. Church burial is preferred.

**Post-mortem.**

There are no religious objections. It is a decision for the individual family.

**Special considerations.**

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

**2.15 Rastafarianism.**

Rastafarians are followers of a movement that began in the 1930s in the West Indies among the descendants of slave families who had come from Africa. The Old and New Testaments are still regarded as scriptures, but Rastafarians do not consider themselves to be Christians. Rastafarianism is a personal religion; it places emphasis on personal dignity and a deep love of God. There are no churches, services or clergy. For some, legal marriage is unnecessary and thus extended families may be complex.

**Diet.**

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

**Modesty.**

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

**Family planning.**

Most Rastafarians do not believe in contraception.

**Clinical procedures.****Blood transfusion.**

There will probably be anxieties about this because of concerns about contamination of the body. Assurance will be necessary.

**Organ transplantation.**

Not generally acceptable.

**Death and dying.****Care of the dying.**

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

**Procedure at death.**

Routine last rites are appropriate, and burial is preferred.

**Post-mortem.**

A post-mortem will only be agreed to if the coroner has ordered it.

**Special considerations.**

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

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

**2.16 Seventh Day Adventists.**

Seventh Day Adventists are a worldwide Christian denomination whose members very much believe that their faith is a way of life. They have strong health principles, worship weekly from Friday sunset to Saturday sunset and live daily in service to God and humanity. Seventh Day Adventists believe in caring for the body God has given them. They uphold health principles, which has on occasion singled them as a group for health studies. Hundreds of health clinics and hospitals around the world have been founded by Adventists, and they are noted for their holistic attitude to life.

**Diet.**

Many Seventh Day Adventists are ova-lacto vegetarians, which means they eat no meat products but do eat eggs, cheese and milk foods. Others are not vegetarian but do not consume pig products, and some also avoid red meats. A few are vegans, eating only fruits, pulses, nuts and grains. Most Adventists avoid stimulants such as tea and coffee. Adventists also promote an alcohol-, nicotine- and drug-free lifestyle.

### **Death and dying.**

There are no death rituals as regards to the body. Calling the minister, next of kin and family members would provide an opportunity for acceptance and goodbyes.

For Seventh Day Adventists the funeral service is one of celebration of the person's life, and they believe the body remains in the grave until the second return of the Saviour Jesus Christ.

### **2.17 Other faiths.**

#### **2.18 Wicca.**

Wicca has its roots in old, pre-Christian earth-based religions, Goddess traditions and witchcraft. At the core of Wiccan beliefs is the last line of the Wiccan Rede; 'An it harm none, do what thou will'. In other words, do whatever you please, as long as it does not harm anyone, including yourself. They also believe that what you do comes back to you three times as intensely.

Wiccans also believe in reincarnation. They believe the soul goes to Summerland between death and rebirth, to reflect on the life that has just passed and to prepare (and wait) for the next.

#### **2.19 Baptists.**

Baptists are a group of Christians who may hold the following beliefs as outlined by the Baptist Church.

- The centrality of the Bible and the importance of personal prayer and sharing in fellowship together.
- The baptism of believers on profession of faith in Jesus Christ.
- A gathered community of believers who meet regularly to discern the mind of Christ.
- The whole church of God expressed in several distinct ways, wishing to be committed to the ecumenical life of God's people, as well as associating with fellow Baptists locally and internationally.
- Supporting the Baptist Missionary Society and the work of Christian Aid, believing that everyone has a responsibility to live out the call of Christ in their own daily lives.
- Religious freedom for everyone and a tolerance of differences of outlook and practice of the spiritual life.

## Chapter 3

# Endings

### **Acknowledgements.**

Thanks to all those who contributed to this guide; James Scott, chief executive; John Rothwell, chaplain; John Ward, director of human resources; Gillian Powell, communications officer; Jean Hill, head of library; Linda Foote, assistant; Julie Vance, deputy director of nursing; Simon Chase, deputy manager clinical governance and also the staff development administration Jess Perry, Sam Thomas and Sid Hawkins.

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