

Respecting the Religious and Cultural needs of patients.

The patients we care for come from a wide variety of religious and cultural backgrounds. The purpose of this document is to help staff understand more fully and appreciate the religious and cultural needs of all for whom they care.

This document provides information about groups likely to be found in the area. This is arranged in alphabetical order. Each section gives general information about the group covered, however, the needs of the individuals in that group may vary.

All patients need to be treated with respect and understanding when supporting their individual need, ensuring that you understand the dialogue established between care giver and patient/relative in order to ensure their needs are met. It is always advisable to talk sensitively with the patient about their needs. The patient may also be able to provide a contact number for their own spiritual advisor.

Every effort has been made to ensure that the information given is up to date. If there are any questions for which you cannot find the answers then please do not hesitate to contact one of the Trust Chaplains.

Introduction.

The communities in which we live in today are composed of so many diverse groups that conventions which are used to guide our lives can no longer be relied upon as a framework. We find it hard to distinguish between religious and cultural differences and so can very easily jump to the wrong conclusions, and may not even know the answers to some basic questions.

What should we call people? Can we use their first name or would they prefer a more formal style like Mr, Mrs or Ms? How should we address a Sikh or a Muslim? If we are visiting new neighbours should we take off our shoes? Do we need to cover our arms or legs? Is it polite to look someone in the eye? This handbook does not attempt to answer all such questions, but it highlights some important aspects, alongside some background information and basic principles.

To start, it is helpful to remember that while the calendar system we use may be based on Christianity, other faiths and cultures have their own calendars, New Year and festivals which are significant to their lives and require families to get together, adults to miss work or children to be away from school. In recognition of this diversity, many people prefer to use CE and BCE (Common Era and Before Common Era) rather than BC and AD.

People may have set times for prayer. They may have special rituals to mark the various stages of life. Particular attention must be paid to dietary requirements and all aspects of food preparation must be respected. Special arrangements may need to be made to accommodate individual's needs.

When people of different religious and cultural backgrounds meet each other, they may gain new perspectives on life or recall forgotten values. Most faiths acknowledge that every part of life is sacred and that reverence should be shown to all people and to the whole natural world. Putting one's hands together and bowing one's head as Hindus, Sikhs and others do in greeting, is to honour the divine in the other person. Removing your shoes when entering a house may be a sign that the home is also seen as a sacred place.

Such considerations may pave the way for meeting people from different cultural and religious backgrounds, but we must be aware of stereotyping. Nobody can or should be neatly categorised. Certainly we can tell very little about each other from the colour of our skins. Our religious and cultural backgrounds, our individual experiences and our aspirations may be harder to discern, but they can have far more influence on us.

It can be convenient or even appropriate to group people together, but it can also be a distortion and can lead to misunderstanding, discrimination, or even persecution. We need to meet as individuals with open minds.

Using this book.

This book is a handbook for everyone. It is meant to raise awareness of the diversity of our faiths and cultures, and to remind us to engage with each other as human beings not merely as patients, staff, clients or customers. We need to understand where our various traditions are coming from, how our faiths and cultures impact on our lives, and how they affect our society as a whole.

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African Caribbean Community.



There have been people from the Caribbean in Britain since the 17th Century, but the majority of migrants came by invitation to Britain during the 1950s and early 1960s. They came in response to a shortage of manual labourers, expecting that they would eventually return to their own island. 60% of African Caribbean people in the UK are of Jamaican decent.

Each Caribbean Island has its own identity and people do not necessarily feel any affiliation towards the other islands. Religion plays an important in people's lives, particularly for the older generation. Attending church on a Sunday is a big occasion for which people are expected to dress smartly. Gospel music is an important part of the culture. The church is a great source of support in times of illness, poverty and distress.

Birth

It is expected that babies will be christened around the age of six weeks and that children will be confirmed by the age of 11. If these customs are not followed, the family may feel ill at ease within the community. Many African Caribbean women are opposed to abortion. In cases of divorce there is often a strong feeling of shame, and also concern about being criticised by members of the family and the church.

Death

People prefer to die at home with their family around them. Funerals tend to be big affairs. Families are usually prepared to contribute towards the cost. Coffins are open for family and friends to view at the church.

Diet

The typical Caribbean diet includes yams, rice, okra, breadfruit, cassava and maize, plantains and bananas. Spices are widely used. Fish, chicken and goat meats are popular meats. Pork is not acceptable for Rastafarians and Seventh-day Adventists.

Family Values

Traditionally women have had a leading role in the home. This is reflected in the fact that sometimes the family name passes along the mother's line. Members of the older generation are held in respect by the younger and often prefer to be addressed as Mr and Mrs.

Grandmothers have traditionally had a significant role within the family, often bearing the main responsibility for the upbringing of the grandchildren, enabling the mother to work. Older people support each other, share produce and help out in times of trouble – doing jobs and delivering meals to peoples homes. Those living alone will often be invited out for meals.

Hygiene and Health.

Personal privacy should be respected. Cleanliness is important and great attention is paid to care of the skin and hair. Pick style combs are used and cocoa butter or coal tar shampoo is preferred. Some people will treat their whole body with ointments every day, and their hair at least once a week.

Generally black people find it hard to discuss physical ailments with strangers and there is a tradition of keeping personal issues in the family. Most people are prepared to consult GP's, but illness is often viewed as punishment.

Sickle cell anaemia is an inherited disease specific to this community and the incidents of hypertension, strokes and diabetes has been found to be higher among the African Caribbean population than amongst the world's population in general.

****For more information on the faiths of African Caribbean people please see other sections of this file.**

Asylum Seekers and Refugees.



Asylum seekers and refugees are unlike the other groups listed in this file in that they are not a group defined by one particular faith or culture, but rather by their status as victims of oppression. Therefore they come from a diverse range of faiths, cultures and backgrounds.

The movement of asylum seekers is like a mirror reflecting the world's hot spots, an indicator of war, conflict and oppression. In July 2004, the majority of asylum seekers entering the UK were Muslims from the Middle East, especially Iraq and Iran. Previously there were many fleeing Afghanistan, since then there are increasing numbers from East and North Africa from such countries as Sudan and Liberia.

According to the 1951 UN Convention on the status of refugees, a refugee is defined as, "A person who, owing to a well-founded fear of being persecuted for a reason of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of nationality and is unable or owing to such fear, willing to return to it".

People who are requesting refugee status are normally called asylum seekers. Once they have been granted leave to stay, their immediate family members may join them. However, the urgent circumstances in which many refugees have to leave their homes mean that families are often split up. For example, if there is only enough money for one person to travel, it will often be the man of the household who goes ahead, in order to find a safe haven where he can earn enough money to have his family join him. This is especially true of Islamic and other traditional societies, who would often be reluctant to send a woman on her own to a country where she does not know the language, is unprotected and does not have her usual support network of friends, neighbours and extended family. This explains why the majority of asylum seekers in the UK are young men who have travelled on their own.

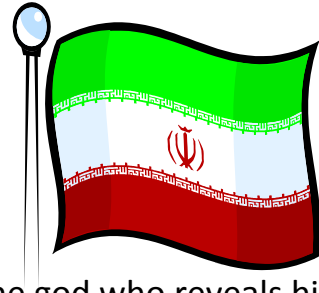
There are many other problems for refugee communities. These include language difficulties, culture, shock, different climate, difficulties with accommodation, unfamiliar diet, unsuitable clothing, lack of money, feelings of

isolation from starting life again in an unfamiliar and very different place, and the fact that they face much negativity from both the press and the general public. Many refugees have faced persecution of some form, as well as varying degrees of physical and psychological trauma and in some cases torture. Many refugees feel insecure because of the separation from their families and uncertain legal status. Consequently their mental and physical health can be affected.

All public service providers should be aware that refugees may be wary of people in authority, and may react badly to uniforms. They may feel that by discussing their problems and being open about the past they will jeopardise their situation further. Refugees need support and advice in accessing public services in an unfamiliar country. Language difficulties can compound potential difficulties in becoming familiar with procedures in the UK.

There are various support systems in every region of the UK, which can advise on any issues that they may have, access translating services and provide information about other helpful organisations.

Baha'i Patients.



About the faith:

This faith began in Iran in 1844 by Baha'u'llah, who is regarded as a messenger of God. Baha'i's believe in one god who reveals his purpose to mankind. They have a great respect of life and are obliged to pray and read from scripture each day.

Most Baha'i's in this country will be Iranian, but many are British and their needs whilst in the hospital are the same as those of any other patient.

Ablutions and Obligatory prayer.

Baha'i's should perform ritual washing before reciting the obligatory prayer. If water is not available or cannot be applied to the hands and the face, the believer may recite 5 times the verse "In the name of god, the most pure, the most pure". The obligatory prayer is performed facing the holy shrine at Bahji in Israel. There are alternative forms of obligatory prayer. In the West the short form is usually recited, once in 24 hours between noon and sunset. Those who are ill, or over 70 are exempt. Menstruating women are exempt if they recite 95 times "Glorified be god, the lord of splendour and beauty".

Admitting a Baha'i patient.

Remember Baha'i's are from diverse backgrounds and if English is not their first language they may need an interpreter.

Diet and fasting.

There are no problem areas, but some may be vegetarian. Baha'i's fast from the 2nd -20th March, but this is not expected of sick people. During the fasting period (2nd-20th March), Baha'i's are not permitted to eat or drink between sunrise and sunset. Fasting is not obligatory for those under the age of 15 or over the age of 70, menstruating women, pregnant or nursing women, the sick or for travellers.

Other considerations.

Blood transfusions are acceptable.

Organ donation is acceptable and a praiseworthy thing to do.

Post mortems – There are no religious objections to this.

Festivals.

The Baha'i New Year (Naw-Ruz) is on 21st March. No work is done on this day and they may wish to be at home for this occasion. The period leading up to the Naw-Ruz (2nd-20th March) is a period of reflection and preparation for the forthcoming year, and it is marked by fasting. Another important festival is Ridvan, from 21st April – 2nd May; this celebrates Baha'u'llah's declaration of his mission. The 1st, 9th, and 12th days within this festival are holy days on which work is suspended.

Greeting.

Some Baha'i's might shake hands, some might bow, and some might hug close friends. Often they will greet each other by saying "Allah-u-Abha".

In Baha'i homes.

There may be a plaque with the Arabic inscription "Ya Baha'ul-Abha" (O Glory of all the Glorious).

Birth.

This is a happy time. The couple should be allowed to decide whether or not the husband is present.

Dying patients.

Baha'i's believe that there is an after life and may like members of their congregation to come and pray with them.

When Baha'i patients die.

Relatives will wish to say prayers for the deceased. They believe that the body should be treated with great respect, but the usual last offices are appropriate. Talk with the family to find out their exact needs. Baha'i's must be buried not cremated, and this must not be more than an hour's journey from where they died.

Buddhist patients.

About the faith.

Buddhism is more of a way of life than a religion, as it does not focus on ideas of god or any other gods. This way of life is based on the teaching of Siddhartha Gautama, a Buddha who lived in 6th Century BC.



Buddhists follow the eightfold path of Buddhism which encompasses understanding of life, right motives, right speech, perfect conduct, right livelihood, self-discipline, right mindedness and perfect meditation.

Buddhists also believe in reincarnation, and that actions in this life will affect the quality of life in a future reincarnation.

Admitting a Buddhist patient.

There are a number of different schools of Buddhism and all have different customs so ask the patient about their specific needs.

Use the straightforward usual method. A Buddhist may have a lay name and a Buddhist name, which is worth noting for any contact with the Buddhist Monastery or other organisations.

Diet.

Some Buddhists may be vegetarians. There are several days of fasting. Ask the patient about these. On these days Buddhists do not eat after noon.

Other considerations.

Peace and quiet for meditation is appreciated, as are visits from other Buddhists.

Organ donation – May not be acceptable as many may wish for their body to be buried or cremated whole.

Blood transfusions and transplants – Are acceptable but ask the individual.

Festivals.

A commonly observed festival is Wesak, or Bodhi Day, (The Buddha's Birthday).

Greeting.

In Buddhist countries the normal form of greeting is to place the hands together in a prayerful manner and bow. Buddhists in Western countries normally adopt the usual styles of greeting found there, like shaking hands. When greeting a monk or a nun, it is not appropriate to take their hand or embrace them.

In a Buddhist home.

Many Buddhists prefer showers to baths. A Buddhist may wish to sleep on the floor. Traditionally Buddhists treat Doctors with respect. However since much emphasis is put on the importance of having a clear mind, Buddhists may be reluctant to take medications that are mind altering, and will need side effects explained to them thoroughly. Buddhists may prefer the use of home remedies – for example, rice porridge (one part rice to two parts water) may be considered beneficial for convalescence.

Buddhist monks and nuns would prefer to be treated by members of the same sex.

PUJA.

The terms prayer and worship are not really appropriate to Buddhism since there is no god figure. Puja meaning 'the acknowledgement of the ideal' is better, though not all Buddhists will use or be familiar with this term. Some Buddhists use the word 'prayer' to mean a devout personal determination, without the connotation of praying to a god. A space should be set aside for Puja, which may involve chanting. Incense, flowers and candles may be used, and they wash before Puja. A Buddhist temple is called a Vihara. When entering a Buddhist centre, visitors will be expected to remove their shoes. Some Buddhists consider pointing the sole of the foot at the figure of Buddha disrespectful.

Birth.

There are no special considerations or ceremonies.

Dying patients.

Buddhists believe that dying is an important part of life.

The patient would probably value open and honest communication about their own death in order to prepare. Similarly, they like a reduction in drugs given so as to approach death consciously and with a clear mind. The patient should be visited by a Buddhist monk.

When a Buddhist patient dies.

There are no particular rituals, but a Buddhist priest should be informed as soon as possible. Ask the family if they have a specific contact. Ideally, the body should not be removed before the Buddhist priest arrives to say prayers and to allow the family to spend some time with the body. The priest may not arrive for an hour or even longer. The priest may recite the prayers at a distance, in the Buddhist Temple instead.

Chinese patients.

About the faith.

There is no one faith for the Chinese people, but rich and varied religious traditions. Chinese people may be Christians, Buddhists or members of other faiths. Ask the patient about their faith or their needs whilst in the hospital. Younger Chinese immigrants may accept the Western ways but it is important to ensure their needs are being met.



Diet.

A strong preference for home cooking and a belief that rice is the only staple food, means that patients will require rice based meals and these may be brought in by relatives. Well boiled soup is thought to purge the system and promote a speedy recovery, particularly after surgery.

Other considerations.

Generally Chinese women are modest and would prefer a female professional.

Clear explanations of medical procedures and why they are being given will gain co-operation and trust.

Some Chinese people will be loyal to traditional medicine. Most Chinese people will reconcile aspects of traditional and western medicine as complimentary.

Blood transfusions and transplants - should be acceptable however check with the individual.

Post mortems – Chinese who are of the Muslim faith may object.

Family life.

A Chinese persona family is of great significance to them. It is important for them to have a son to become the head of the family and to carry on the family name. It may not be acceptable for people from the same village or clan to marry. Families work together and pool their money. Great respect is shown

to the elders and it is traditional for the children to look after their parents in old age. Chinese households are often extended families; however, some of the older generation may not speak English and can become isolated.

Chinese society expects little emotional display or physical contact, even between parents and children. Expressions of loyalty and affection are more likely to be practical, for example gift giving, especially money in red envelopes.

Efforts are sometimes made to suppress left handedness in children. This is a matter of social conformity, rather than a specific taboo. For example, Chinese people traditionally use the right hand to hold chopsticks, so left-handed people might clash with their neighbours at the table.

Festivals.

The most significant festival is the Chinese New Year (Yuan Tan). It is celebrated in Jan/Feb. Business accounts should be settled and all debts paid before the New Year. It is everyone's birthday and everyone becomes a year older. On New Year's Eve everyone is supposed to return to the family home for a reunion dinner. On the first day of the New Year, young people go to pay respects to the older generation, and prayers are offered to the dead. The festivities come to a close on the 15th day with Yuan Sin, the Lantern Festival. In the UK, celebrations last from one new moon to the next.

Other important festivals are Ching Ming, the Festival of Pure Brightness (April), Dragon Boat Festival (June), and the mid-Autumn Festival of Moon Cake (September). At Chung Yuan, the Festival of Hungry Ghosts appear (October), paper objects are made up to aid the dead who have no resting places or descendants, and paper boats are burnt at temples to help the dead on their way.

Greetings.

When greeting each other, many Chinese people will place their hands together in a prayerful manner and bow. When greeting a Western person they would use Western customs.

Names and titles.

Traditionally the family name is written before the personal name. This may not be the case for Westernised Chinese people. A person's family origin is of great significance, so many Chinese women often retain their maiden names. Some add their husbands' family name to their own family name. Children take their father's surname. Through respect for elders, a person would be unlikely to call their parents' friends by their names, but would call them 'aunt' or 'uncle'. A friend of an elder sibling would be addressed as 'older brother' or 'older sister'.

Health and hygiene.

Chinese people usually prefer showering or a sponge down to bathing. Any illness or disability is considered bad luck but medical treatment or an operation to correct this will be acceptable. Visitors to the hospital may be given a red packet containing money so that they will not take the bad luck to their homes. There is frequently a great apprehension amongst the older generation about operations of any kind, and a wide spread dislike of giving blood samples. The tradition of Chinese medicine is very ancient. Preference for Western or traditional medicine may vary with age and upbringing. Medical professionals may need to explain (through an interpreter if necessary) the need for medication, to children and grandchildren as well as the patient. For example, some elderly people may believe that the more medicine they take, the quicker they will get better.

Birth.

Mothers may be unwilling to bathe for a few days after giving birth. Traditionally they should rest. Presents are brought for the new baby. The baby's head is often shaved about a month after the birth.

When a Chinese patient dies.

There is a wide variety of funeral and mourning customs. The position of wealth or poverty of the family are factors to be considered in the performance of rites.

When a child dies the funeral takes place immediately with no special ceremony.

When an adult dies the body is washed. Some Chinese people will want to clothe the body in white or in traditional clothing. Relatives and friends will want to see the body before the coffin is closed.

Christian patients.



About the faith.

A Christian is the name given to a person who believes in the divinity of Jesus Christ. The Christian religion today is represented by many different churches, these as a whole represent one third of the world population. The common thread to all their beliefs is the teaching of God as a Trinity; Father, Son and Holy Spirit. God is seen as the creator of the world, which has been saved through Jesus Christ. The bible is seen as a unique collection of books telling of the revelation of God.

Sacraments are practised by Christians as outward and visible signs of spiritual gifts. Tradition recognises seven sacraments although some churches only recognise two or three. Baptism marks the entry of a person into the Christian faith and churches accept each others baptism. The Eucharist is the principle sacrament and is also called the Lord's Supper, Holy Communion or Mass. In this, bread and wine are used to symbolise the body and blood of Jesus Christ, and are distributed to the congregation. Another sacrament often associated with hospital is anointing the sick with oil.

Christian denominations.

Anglican- These include The Church of Ireland and The Scottish Episcopal Church, The Church of England and The Church of Wales.

Free Church- These include Methodists, Baptists, The Salvation Army, The United Reform Churches, The Society of Friends, Presbyterian, The Church of Scotland and others.

Roman Catholic- The Roman Catholic Church is the religious group which accept the Pope as their spiritual leader.

The Trust employs Chaplains who represent all of these denominations.

Admitting a Christian patient.

Ask the patient if they would like the Hospital Chaplain to call. Messages may be left on the Chaplaincy answer phones.

Practicing Catholic patients usually wish to see the priest whilst in hospital. Staff should never hesitate to call in the priest for the patient or their family. Patients may wish to receive Holy Communion regularly whilst in hospital. Anointing with oil is a very important aspect of Catholic patient's care and this together with confession may be sought before an operation or if a patient deteriorates.

Anglican and Free Church patients may also wish for prayers, Holy Communion or anointing. Please ask the patient about this.

There are no particular requirements. Some may wish to abstain from meat on a Friday, and others may wish to fast before receiving Holy Communion.

Other considerations.

Post mortem- There are no religious objections to this.

Organ donation- There is no religious objections to this. A body may be donated for teaching or research purposes. The church will offer a memorial service and later a funeral service for donated bodies.

Fasting.

During Lent, the 40 days of preparation for Easter, many people choose to observe some kind of fasting. This may mean moderating the diet or total abstinence for that period of time. Fasting is a recognised part of an Orthodox Christian's life. Wednesday and Friday each week, and a long period before Christmas and Easter have traditionally been times when no meat, fish, dairy products or alcohol have been consumed. In the Roman Catholic Church, Ash Wednesday and Good Friday are days when meat is avoided and only one main meal and two lighter snacks are taken. This does not apply to those under 7 or over 60, or to those who are sick. Latter-day Saints hold regular fast days, usually on the first Sunday of each month during which neither food nor drink are taken. This is not expected of children, of the sick or women who are pregnant or breast feeding.

Festivals.

Sunday has been celebrated since the beginning of Christianity as the day of Jesus' resurrection from the dead. Most Christians meet for worship on this

day. They also try to honour the day by avoiding unnecessary work. The important feast days are Christmas Day (25th Dec), celebrating the birth of Christ, Easter, remembering his death and resurrection, and Whitsun/Pentecost, which celebrates the coming of God's spirit and the birth of the church. Most Orthodox Christians celebrate Christmas Day on 25th December but some follow the Julian calendar and celebrate it on 7th January. The orthodox Christians celebrate Easter on a date which is often considerably later than the Western Easter. The Western dates of Whitsun and Easter vary, and they are linked to old Pagan festivals of spring and are based on a lunar calendar. There are many ancient symbols associated with Christian festivals, some of which are also shared by people outside the church.

Pastoral care and social concern.

Pastoral care is a very important aspect of the Christian Ministry. It is particularly important in times of stress. All Christians have the responsibility to show compassion and offer support to others, but at various moments in their lives Christians may want to see a priest for guidance or confession. In hospitals, prisons, colleges or the armed services there are usually Christian Chaplains on hand.

It is important to take seriously the pastoral needs of children. It is equally important to consider the pastoral and spiritual needs of elders, particularly if they are cut out from their regular support networks and are unable to continue with established and valued patterns of worship.

Prayer.

The Lord's Prayer taught by Jesus to his disciples, is treasured by Christians and is used both in private and public worship.

"Our Father, who art in heaven, hallowed be thy name, thy Kingdom come, they will be done on Earth as it is in Heaven. Give us this day our daily bread and forgive us our trespasses as we forgive those who trespass against us, and lead us not into temptation but deliver us from evil. For thine is the Kingdom, the power and the glory, for ever and ever. Amen."

Dying patients.

Christians believe in life after death. As death approaches some may wish prayers to be said or anointing to take place. The Chaplain is also available to comfort the family and is also available to support non-believers or non-practicing people. Ask the patient or family about their needs.

In the Roman Catholic Church, the sacrament of the sick is administered to patients and is adapted according to the seriousness of the illness and can be repeated if circumstances change. This sacrament symbolises forgiveness, healing and reconciliation. It is more important for the priest to be called out before a patient dies. If the health of the patient deteriorates and it is their wish or wish of the relatives, do not hesitate to call the priest.

When a Christian patient dies.

Anglican and Free Church – Ask the family about their needs. Prayers may be said by the bedside at the point of death or over the body soon afterwards. Sometimes prayers are said in the mortuary viewing chapel. The last offices can be carried out according to normal practice. Burial and cremation are both acceptable.

Roman Catholic Church- The priest is often called at the point of death or soon afterwards to administer the Last Rites. The last offices can be carried out according to normal practice. Traditionally burial has been preferred but cremation is acceptable. The main reason to call the priest out when the patient dies is to pray with and help console relatives. It may not be necessary to call the priest out when there are no relatives present.

Greek, Russian and Syrian Orthodox Churches- Can be referred to the Church of England Chaplain.

Christian Scientists.

About the faith.

Mary Baker Eddy found the Church of Christ Scientist in 1879. She had experienced a lot of ill health, which caused her to question God's role in human suffering. She also experienced personal healing. In 1875 she published a book called 'Science and health with the key to the scriptures'. The book and the bible are the textbooks for adherents to this faith.



The Church of Christian Scientists aims to bring back the last element of 'healing' into Christianity, prayer is crucial for the healing of sickness and disease, so treatment is purely spiritual.

This church does not try to control the actions of its members or prevent conventional treatment.

Admitting a Christian Scientist.

It is highly unusual for a Christian Scientist to be admitted to an ordinary hospital except in an emergency because of their reliance on the 'spiritual' healing, rather than medicines etc.

If a patient is admitted, follow conventional procedures.

Voluntary patients- will probably accept conventional, though minimal medical treatment.

Involuntary patients- Will probably wish to be free of conventional medical treatments and be transferred to a place where they can be looked after accordingly to their own religious convictions.

Diet.

Only alcohol and smoking are forbidden.

Other considerations.

Privacy- This would be appreciated. The patient will wish to pray silently and have access to a Bible and “Science and Health with Key to the Scriptures”. Family or friends may be able to provide these.

Children- Christian Scientists accept medical care for their children and would not object to blood transfusions or other treatments being given.

Blood transfusions- Although Christian Scientists have no specific objections of this as a material treatment; they would not wish to participate as a donor or recipient.

Post mortems and organ donations- Christian Scientists would prefer the body to be kept inviolate unless a post mortem is legally required. Christian Scientists would not normally wish to receive or donate organs.

There is no ceremony for a sick patient, but they will make their own silent prayer.

Dying patients.

Death is seen as ‘the last enemy that shall be destroyed’. No one is believed to be beyond the healing power of God. There are no last rites or rituals.

When a Christian Scientist dies.

Routine last offices are acceptable, but a female body should only be handled by female nurses. Cremation or burial is a matter of personal choice.

Hindu patients.

About the faith.

The range of Hindu belief and practice is great, but Hindu's believe in one all encompassing divine reality: God. In worship gods and goddesses represent the different qualities of god. The purpose of human life is to communicate with God and to realise him by living a moral and ethical life.



Hindu's believe in a cycle of rebirth and reincarnation. Deeds in a previous life determine one's position in this life. Similarly, behaviour in this life determines one's station in the next. Everyone must try to live a life that rises above this cycle of rebirth so that the soul can be released and become one God.

The divine dwells in everyone and so a Hindu will show practical care and concern for all around them.

Most Hindus pray at least once or twice a day, usually at sunrise and sunset and the patient may wish to wash and change before doing so. Some Hindus prefer washing in free flowing water and they would require water to be available for washing in the same WC.

Admitting a Hindu patient.

It is important to be sensitive to individuals needs. Ask about dietary requirements. If the patient does not speak English, find out if an interpreter is required or if a family member can act as an interpreter.

Hindus in Britain may speak one of several languages: Gujarati, Hindi, Punjabi, Tamil, Malayalam, or others.

Remember that a female patient would prefer a female doctor and consideration should be given to modesty. Hindu women would prefer not to undress for an examination. Only in an emergency should a Hindu patient be admitted to a mixed ward.

Names can be confusing since Hindu patients have three names, for example;

Personal name: Arima

Middle name: Kumari

Family name: Chopra

The patient may not use the family name and just give two. It is a good idea to use the name given on the medical card or on the GP's register.

Diet.

Always check particular requirements with the individual.

Many Hindu's are vegetarians, but not all. These patients may not be prepared to use crockery and cutlery, which have been used for preparing meat or eggs. If this is so, consult with the catering manager. Do not remove meat from a plate then give the plate to a patient.

Some Hindu patients will want to wash their hands before and after meals and may wish to rinse out their mouth.

Some Hindu patients may have set ideas about not eating certain foods at certain times, for example, if you have a cough it is unwise to have milk or citrus fruits or ice cream as it exacerbates cold symptoms.

Fasting.

Very few Hindu's would insist on fasting in hospital. Even fasting Hindus would eat fruit and drink milk. However at the end of a religious fast, which has been kept at home, relatives may bring small quantities of food offered in thanksgiving to God for the patient to share.

Festivals.

Notable festivals are Holi (in the spring to mark the death of winter) and Diwali (the festival of light, celebrated with lamps and candles).

Greetings.

When a younger Hindu greets an elder, the younger may touch the feet of the elder, as a mark of respect when a younger Hindu greets an elder, the younger may touch the feet of the elder, as a mark of respect. When meeting with a family, or another group of Hindus, it is usual to begin by addressing greetings to the eldest member first. Public displays of physical intimacy such as kissing and hugging are not the norm amongst Hindus.

In a Hindu home.

Most Hindu homes contain a small shrine to one or more gods. These will often feature a statue perhaps an Aum symbol, candles and an offering of food or other gifts for the deity. It would be disrespectful to remove or handle things placed at the shrine.

When receiving a visitor it is considered polite to offer some food and drink and it could be seen as offensive for the visitor to refuse such offers.

Worship.

Hinduism is based on the community, rather than the congregation. The home is a place for devotion, but worship also takes place in the temple, or mandir. Visitors to a Mandir will be expected to remove their shoes and cover their heads. They should also dress modestly. Seating is on the floor, and it is considered disrespectful to sit with feet pointing towards the sacred area at the front of the temple. Mandirs are only likely to be found in major cities.

Footnote.

Although Hinduism was originally an umbrella word covering the various beliefs and practices of the people of the Indus Valley, and strictly speaking only applies to Indian people, it has produced many gurus over the centuries and there are many movements emanating from or influenced by Hinduism which have attracted westerners into their ranks. For example: The International Society for Krishna Consciousness was founded by Srila Prabhupada (Swami Bhaktivedanta) in 1966.

Other considerations.

Cleanliness – Hindus like running water for washing in the same room as the toilet. If a bedpan is used a bowl of water must be provided afterwards. Also, patients prefer to wash in free-flowing water so a shower is preferable to a bath. If there is no shower the patients may wish to pour water over themselves from a small bowl.

Jewellery – This may have religious significance, so always ask before removing it. Some jewellery may be taped to the patient's body during an operation if necessary.

Blood transfusions and transplants – These are both acceptable.

Post Mortems – Are not liked but are acceptable if unavoidable. The family will be most anxious that all of the organs are returned to the body to safeguard peace in the after life. If the coroner is involved, make sure the family know why as they like the funeral to take place within 24 hours or as near as possible.

Birth.

During their pregnancy and delivery, mothers like to eat hot foods, also nuts and have hot drinks such as milk.

Mothers rest for 40 days after the birth and relatives may be anxious to see that this happens – indeed they may even be worried if mum has got up for a bath within the first few days.

Traditionally mum and baby are given body massages with almond, coconut and jasmine oil.

Mothers are given a diet of chapattis with plenty of ghee and sweets mixed with brown sugar and nuts. The family may bring this for them. Breast feeding mothers avoid food containing chillies.

Dying patients.

Hindus would prefer to die at home, and every effort should be made to make this possible.

In hospital, customs and needs will vary depending on the devoutness of the patient and family.

Relatives may wish to bring money and clothes to be touched by the patient; which are then distributed to the needy. If the relatives cannot do this, they may ask a nurse to do so. They may wish to sit with the patient and read from the Holy Book (The Bhagavad – Gita and The Ramayana). Some patients want to lie on the floor to symbolise closeness with Mother Earth or desire to give the bed to someone in greater need. Staff should be able to facilitate this if it is the wish of the patient.

Ask the patient/family if they would like the Hindu Priest (Pandit) to be called.

Some rites that the priest or family may perform: to put a thread around the neck and wrist as a blessing, sprinkling Ganges water over the body or place a tulsi leaf and Ganges water in the mouth.

When a Hindu patient dies.

Ask the patient if they would like to perform the last offices. Treat the body with great respect. Some Hindus may not like non-Hindus to touch the body. If this is so, wear disposable gloves.

The family will want to wash the body with Ganges water (which they will bring with them from the temple). They will also put on new clothes. It is necessary for the eldest son to participate no matter how young he is.

If no family members are present, a limited lying out is appropriate. Wear disposable gloves and close the eyes, straighten the limbs and support the chin. Jewellery, sacred threads or religious objects should be left on the body. Do not wash the body but wrap in a plain white sheet. Contact the Chaplains for advice. Adult Hindus are always cremated. Children under 5 years of age are buried.

Humanist patients.



About the beliefs.

Humanism is an approach to life, based on reason and concern for humanity. Humanists believe that moral values are founded on human nature and experienced alone. They do not believe in God or accept life after death. They aim to live full and meaningful lives and try to help others to do the same. The fundamental moral principles of Humanism are freedom, tolerance and happiness.

Admitting a Humanist patient.

Follow normal procedures.

Diet.

No special considerations.

Other issues.

Post mortems, transplants, transfusions and organ donation- Usually humanist patients will have no objection to these but ask the patient or the patient's family and deal sensitively with their wishes.

Birth.

Ask their patients about their needs.

Dying patients.

There are no particular rules or rituals but ask the patient about their needs and always respect privacy and dignity.

When a Humanist patient dies.

Routine last offices are appropriate. Both burial and cremation are acceptable. The British Humanist Association has a national network of officiates who conduct funerals for their members and anyone else who requires a non-religious funeral.

Jainism.

About the faith.

Jainism is an ancient religion originating in India. It has links with Buddhism and Hinduism but restrictions on foreign travel have limited its spread. Jains believe in an infinite universe with no beginning or end, and that there is no creator God. A sage who has achieved enlightenment is known as a Jina, 'Victorious One'. Of its twenty four sages, the latest is Mahavira, born c600BCE. Central to Jainist philosophy is the idea that all things, including objects such as stones, metal and earth are alive and feeling. Therefore, Jains, practice a strict code of *ahimsa* (non violence) that permeates every aspect of life. Jainism is an ascetic religion, which emphasises the need to distance oneself from material cares, leading to the principle of *aparigreha* (non possession/renunciation).



Ablutions.

Jainism has no dogma, so each individual decides how much to adhere to the Jain code. Strict Jains, such as Mendicants, often give up washing in deference to the two main principles of Jainism. The principle of renunciation teaches that the body is unclean and that spiritual enlightenment can only be attained by austere detachment from material cares (such as hygiene or personal comfort). The principle of non violence means that Jains avoid killing all creatures, including tiny bacteria on the body. They might also wish to avoid polluting water with the dirt from their bodies.

Chastity and Abortion.

Intercourse is usually seen as a procreative function only. The principle of ahimsa means that abortion is not acceptable. Family planning as a means to reduce unnecessary suffering may be accepted by some.

Clothing.

Jainism has adapted to the modern world and attitudes towards clothing will vary, but the Jain code of purity and non possession makes it likely that simple and practical clothes will be preferred. Leather is unlikely to be worn. Jain

worshippers, especially Shvetanbara monks, often wear a piece of cloth over their mouth to prevent them damaging the creatures that live in the air and as a symbol to their dedication to purity to all things. Often a small brush is carried to sweep insects away in their path to avoid killing them.

Compassion.

There is a strong element of personal responsibility in Jainism. Although there is such an emphasis on detachment, to allow people around you to suffer or cause others to suffer is considered contrary to the principle of ahimsa. Jains are often very active on the social and political fronts and are concerned and active on animal rights fronts.

Death.

Since Jains believe in an infinite universe, they subscribe to the theory of reincarnation, and believe that the state of one's karma will affect what happens to a person in the future. Jains believe that it is possible to escape the endless cycle of life and death through absolute detachment from worldly cares. Much emphasis is placed on self purification i.e. Salvation with oneself, through one's own actions. It is considered rare and precious to attain a human birth. Jains are cremated after their death.

Diet.

Jains are usually strict vegetarians, although they may have adapted their diet to the modern world. Some are vegan. Jain monks, and others who wish to observe Jain principles rigorously, may avoid all foods that destroy life, such as root vegetables, or fruits with lots of seeds. Eggs, honey and alcohol are also often avoided. All mendicants and some lay people only eat in the daylight, to avoid hurting insects in the dark. Fasting, often protracted, is an integral element of Jainism, in line with the philosophy of renunciation. Salekahan, the act of fasting to death, is considered a holy way for advanced mendicants to choose to die. The craving of food is seen as the most material, basic instinct that humans possess, tying us to a life of suffering, so ritual fasting represents an attempt to escape this.

Employment.

Jains avoid violent professions, such as the meat trade or military careers. Even farming is considered destructive, since activities like ploughing the earth destroys minute creatures and disrupts the earth itself. Manufacturing presents problems, since Jains believe metal and wood have feelings. Jains tend to engage in trade or become tertiary services providers, such as doctors, lawyers and accountants.

Festivals.

The holiest Jain festival is Paryushana-Parva, the annual festival of confession, which takes place in August or September. The most important socially is Mahavira-jayanti, the celebration of birthday of the Mahavira, which occurs in March or April. Both are attached to lunar cycles.

Jehovah's Witness.

About the faith.

Jehovah's Witness believe the entire bible is the word of God. They believe that Jesus is the son of god and is now ruling as a King of God's Kingdom, which will soon be experienced on earth when God removes wickedness and suffering and resurrects many of earth's former inhabitants. The human soul ceases to exist at death but the resurrection of the dead will come in the future. Witnesses are not divided into clergy and laity as all is committed to spreading the faith.



Diet.

There are no particular dietary requirements, but products containing blood such as black pudding are unacceptable to them.

Blood transfusions.

"Jehovah's Witnesses have absolutely refused the transfusion of blood and primary blood components ever since these techniques become universally available. This is a deeply-held core value and they regard a non-consensual transfusion as a gross violation" (The Royal College of Surgeons of England: Code of Practice for the Surgical Management of Jehovah's Witnesses).

Most Jehovah's Witnesses carry a medical directive/release card, which directs staff not to use blood or blood products in their treatment. It also releases staff from any liability for cooperating with this demand. It will be signed, dated and witnessed by two other people. Jehovah's Witnesses refuse blood for themselves and their children.

Other considerations.

Post-mortems, organ transplants and donations and acceptance of products derived from minor blood factions are a matter of conscience.

Birth.

Children are not baptised.

Dying patients.

There are no rituals, but family, friends and elders of the congregation will want to visit. The routine last offices can be carried out, but there are no particular rites. Burial and cremation are both acceptable.

Jewish patients.

About the faith.

Judaism is the oldest of the world's three great religions, worshipping one God who is creator and ruler of the whole world; he is everything and knows everything. He has revealed his law (Torah) to the Jewish people and chosen them to a light or example to humankind.



To be a Covenant, is seen as a great privilege but it brings with it great responsibilities. Therefore Jews have well developed customs, traditions, liturgies and ways of life to try and help them worship the one God, carry out the ten commandments and practice charity and tolerance towards their fellow human beings.

There are about 13 million Jews in the world, and after many years of dispersal from their land or origin, traditions will vary from place to place. Four kinds of Jewish people are distinguishable.

- **Hasidim** – Identifiable by their black coats and curls of hair, who try to live in isolation from the gentile world.
- **Modern Orthodox/Traditional** – Jews who every aspect of life is governed by the Torah and conforms strictly to the rules and rituals set out in the Pentateuch, (the first five books of the Old Testament).
- **Reform/progressive** – Jews who no longer hold that the Torah is factual and binding and are therefore much more relaxed in their lifestyle.
- **Secular Jews** – Are those who identify with Judaism through culture rather than religion.

Diet.

It is important that diet is talked over with the patient and family **fully involving** dieticians and the catering staff as appropriate, because Jews have a code of dietary laws to ensure that food is fit and clean (kosher) to enable them to maintain their religious purity. How strictly this is adhered to will depend on how orthodox a person is. Most hospital kitchens provide kosher meals with separate crockery and cutlery. Observant Jews may like a vegetarian diet or ask their family to bring food in.

Meat needs to be killed by their religious personnel in a humanitarian way. Jewish patients do not eat pork in any form. Some Jews will not take meat and milk at the same meal and may wish to wait 3 hours before doing so. For instance, lasagne and mince with cheese sauce are not appropriate.

Some orthodox Jews keep separate crockery, cutlery and utensils for meat and milk. Do not remove meat or milk based from a plate and then give the plate to a Jewish patient.

Cheddar cheese may not be acceptable. Eggs and white fish are acceptable but shellfish and fish lacking fin and scales may not be.

To avoid deterioration in health, some laxity may be allowed. A Jew who would not normally eat out because of the risk of inadvertently eating from plates which have contained forbidden foods will take a cup of tea or a bowl of cereal in order to avoid undue health risks.

In consultation with the patient, their families and the Rabbi in exceptional cases, the laws may be relaxed. Staffs are reminded that specifically prepared kosher meals are available.

Fasting.

The most prominent fast is Yom-Kippur, a 25 hour fast, usually falling in late September/October. If health permits, a Jew would prefer to keep this fast, to be quiet, to pray and to be penitential.

Other considerations.

Post mortems – The family will be unhappy to consent unless legally required to do so.

Blood transfusions – Are acceptable.

Organ donation – Is not permitted.

Dress.

Orthodox Jewish men keep their heads covered at all times, and all Jewish men do so in the synagogue. Orthodox women also keep their heads covered and some will wear a wig. Some will not wear trousers or sleeveless tops. Liberal Jews may not be distinguishable by any dress code. Some observant Jews will have a beard and may also have side locks. During various periods in the religious calendar, some Jews will not shave at all.

Festivals.

The Jewish calendar is a lunar calendar, and so festival dates vary from year to year when compared with the secular calendar. Amongst the most important festivals are Rosh Hashanah, which is the New Year, and Sukkot, the autumn feast of Tabernacles. Another is Pesach, or Passover, celebrated in the spring and commemorating the Exodus of the Jews in Egypt. In preparation for the Passover, the house is thoroughly spring cleaned and all traces of leaven are removed. It is important for families to gather together for the major festivals, which like the Sabbath begin at sunset and end an hour after sunset.

Greeting.

There are no fixed forms of greeting. Orthodox Jews would not expect overly physical displays of affection between those of the opposite sex. A very Orthodox Jew will not touch any women other than his wife and immediate family.

In the Jewish home.

A Jewish home can be identified by a mezuzah, a small ornamental case fixed to the right doorpost by the front door. It contains the Shema, the central prayer.

Birth.

Judaism is a family orientated religion. The birth of a child is a very joyful and shared occasion. If the child is a boy, circumcision will take place on the eighth day after birth, providing the child is well; the circumcision is always delayed if there is the slightest doubt about the child's health. The ritual is performed by a trained and medically certified religious functionary, of the local Rabbi. If the mother and child are still at the hospital, a small room may be requested and the men of the family will attend the ritual and name the child. Today it is usual for the mother and child to have returned by the eighth day so that a hospital may not be called upon to participate in any way.

Coming of age.

Jewish boys are Bar-Mitzvah at the age of 13, when they take their full part with other men in the life of the synagogue. Girls are Bat-Mitzvah at 12 years of age.

Dying patients.

The idea of life after death is expressed in the faith although it remains true that Judaism is concerned primarily with this life rather than the next and obeying the Law of God in the present rather than speculating about the future.

Death has its rites. Family and friends will want to be present, as according to Jewish law and traditions, a dying person should not be alone. Visits by the Rabbi and religious leaders will often be requested. A Jew will want to say a special prayer of confession (Vidui) and the words of the Shema (the essences of the faith found in three passages of scripture learned as a child and said every morning and evening). The presence of a Rabbi is not essential for this and if these prayers are not said nothing untoward has occurred.

When a Jewish patient dies.

At the moment of death those present may make a small tear in their clothes as a mark of grief. The family may want to wash and prepare the body for going to the mortuary and might want to remove the body from the hospital as soon as possible. This will depend on how orthodox a family is and with the help of hospital administration there should be no problem. It is important to allow the family to be involved at this stage and to check with them before doing anything. It is usual for the family to arrange for the body to be washed and therefore staff should not wash the body without family's consent.

Funerals.

A funeral will normally take place within 24 hours of death. Orthodox Jews can only be buried, but some reformed Jews allow cremation as well as burial.

No prayers for the dead are offered but Caddish, a prayer of praise to God is recited in their memory. It is the particular responsibility of a son to say Caddish on behalf of a deceased parent.

After the funeral the close relatives return home for seven days of private mourning. This period is known as Shiva, during which prayers are said and mourners visit the bereaved household.

Mormon patients.

About the faith.

The church is also known as The Church of Jesus Christ of the Latter-Day Saints. In addition to the Old and New Testaments of the Bible, the Book of Mormon is used.



Mormons believe in “Pre-Existence” that is, in a spirit world which we are prior to birth, and also after death, the spirit of the body will be resurrected and return to live in the presence of Jesus Christ and God the Father.

Admitting a Mormon patient.

As any other patient.

Diet.

Mormons do not eat much meat, do not drink tea or coffee, do not smoke or drink alcohol. Some will not have any hot drinks. Water, milk and fruit are good alternatives.

Other considerations.

Blood transfusions – Are both acceptable. Organ donation is a matter for the individual and the family to decide.

Post mortems and donations of the body – Are also a matter of family choice.

Birth.

There are no specific needs. Sick children are not required to be baptised. Children are usually baptised around 8 years old.

Dying patients.

No particular rituals are required by the patient, but they would consider spiritual contact important. Members of the Mechizedek Priesthood will come to minister to the sick if asked.

Church members may well visit the patient in hospital and make the appropriate contact for you.

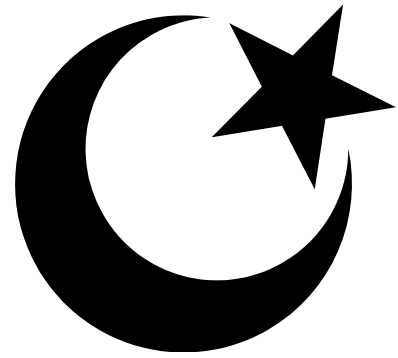
When a Mormon person dies.

Routine last offices are appropriate. If a sacred garment has been provided it should be placed on the body. Burial is preferred although cremation is not forbidden.

Muslim patients.

About the faith.

There are five main principles of the Muslim faith which will remain important to a Muslim whilst in hospital and which may have particular implications.



1. Declaration of Faith (Shahadah). There is only one God who is creator and Sustainer and to whom everyone is answerable. The Prophet Mohammed (peace be upon him) is God's messenger, and both his unique humanity and divine message should be respected.
2. Prayer (Salat). Every Muslim believes he/she has to pray. Such prayer is an attitude of mind, but also a ritual of bodily postures. Prayers are said five times a day, (early morning, noon, afternoon, sunset and night). On a Friday the noon prayer is a major congregational assembly at the Mosque.
3. Fasting if important, especially Ramadan, when no food is taken between sunrise and sunset. Sick people, breast feeding mothers and travellers are exempt and may make up for this at some other time. Children under the age of 12 can fast if they want to but are under no compulsion to do so.
4. Compulsory charity (Zakat). It is compulsory to give 2 ½ % of one's possessions in charity each year and there is a general recommendation that a Muslim should adopt a charitable and hospitable attitude in life.
5. Pilgrimage (Hajj). If possible a Muslim should make a pilgrimage to Mecca during his or her lifetime.

Generally, every Muslim respects his own identity and that of others, therefore if staff listen sensitively to a Muslim's needs and are respectful of the patient's choices, a good relationship should be established.

Admitting a Muslim patient.

A relative or someone else who can act as an interpreter will probably come with the patient. Any information needed should be obtained from the family now. To avoid confusion it is a good idea to write the patients name as given on their medical card or other official document.

Religious name – Mohammad

Personal Name - Yaqub

Family name – Khan

Please ask the patient what name they prefer to be called whilst in hospital.

GP's may already have information, so any confusion should be referred to them or the family spokesperson.

Once again, be respectful of the patient's personal choices and preferences. Women prefer to be looked after by women and a female doctor would be appreciated wherever possible.

Diet.

A vegetarian diet, and also fish and eggs should be satisfactory. Fresh fruit and vegetables are fine, otherwise Halal food is required as animal fat, and alcohol; pork and bacon are not permitted. Only vegetable oil should be used for cooking. Allowing relatives to bring in supplementary food could be helpful. If a patient is fasting remember that they can eat before sunrise and arrange for them to do so.

Other considerations.

A high standard of cleanliness is required. The Prophet Islam said, "God is pure and loves purity and cleanliness". A patient may wish to wash their hands before eating. A bowl of water or a flannel for this purpose would be appreciated by bedridden patients.

Birth.

Birth is seen as the Mother's domain and Fathers tend not to get involved. There is a definite preference for the birth to be attended by female medical

and nursing staff. Some women may refuse to be examined internally before giving birth; indeed they may object to a male doctor being present in an examination suite. If the woman is in any danger and only a male doctor can help, rules do change but consult the next of kin.

As soon as possible after the baby is born an elder of the family or a religious leader is required to recite a short prayer into both of the baby's ears. Within 6 weeks of birth the baby's head is shaved and male babies are required to be circumcised as soon as possible.

Mothers are thought to be unclean for 40 days after birth. They are given a special diet of nutritious concentrated chicken soup.

Fasting.

During the month of Ramadan, a Muslim does not eat or drink (even water) between sunrise and sunset (between the first and fourth prayer of the day). Fasting is exempt for women during menstruation, pregnancy, after recent childbirth or breast feeding. It is excused for all who are very old or young, sick or on a journey. It should be noted that fasting may be interpreted as not accepting anything into the body in any way, including medication by injection.

Festivals.

The major festival is Eid-ul-Fitr, which brings Ramadan to an end, and Eid-ul-Adha, which marks the end of the time of the pilgrimage to Mecca (Haj). These are important times for families together.

Five pillars.

The five pillars of Islam are the tenets and practices essential to faith. These are: The proclamation that God is one and Muhammad is his prophet (Shahadah), offering prayer 5 times a day (Salat), almsgiving (Zakat), fasting during Ramadan (Saum) and undertaking a pilgrimage to Mecca (Haj) at least once in a lifetime if possible.

Greetings.

When two Muslims greet each other they might say "Assalamu Alaikum" (peace be upon you). Modesty discourages physical forms of greeting (kissing,

hugging etc) between members of the opposite sex, unless they are related. For some Muslim communities, shaking hands is acceptable, even between members of the opposite sex. In some Islamic countries such as Morocco, young men may have close friendships and hold hands in public, but this practice is cultural rather than Islamic.

In a Muslim home.

You might see a copy of the Qur'an in pride of place and you might also see prayer mats ready for use. You should offer to remove shoes when entering a Muslim home.

Mosque.

Visitors to a Mosque will be expected to dress modestly, with legs and arms covered. Women should have their heads covered too, and are asked to avoid visiting a Mosque when they are menstruating. Shoes are removed before entering a Mosque. Women and men sit separately in a Mosque. Seating is on the floor and care ought to be taken not to point the feet towards 'Qibla' (the wall niche which shows the direction of Mecca – the directions Muslims face when praying). Music and raising one's voice in the Mosque is forbidden.

Dying patients.

Life and death are two realities accepted in Muslim culture. The Holy Koran says "We belong to God and to him we return".

A Muslim believes in One God, all of his prophets, including Adam, Noah, Moses, Jesus, Christ and Mohammed (peace be upon them all), and also believes that there will be life after death.

Life and death are in the hands of God. The Holy Koran says, "Every soul shall taste of death".

Death is looked upon as a change from this world into the other. The patient's family will try to help them to make this transition and so it is a good idea to give as much privacy as possible. Parts of the Holy Koran will be read out and the patient may say them too, silently or gently aloud. Ask them if they would like the religious leader of their community to be there and if they have any other needs you can help with.

When a Muslim patient dies.

The body of a dead Muslim is as sacred as the body of a living Muslim. Handling should be gentle and respectful. In fact, it is preferable for close family members to be present and to position the hands and close the eyes. The soul has gone and the body is dead, but the soul is believed to watch over its own body and feels pained if it is not treated properly. Try to ensure that the head is pointing East after death, especially for viewing purposes.

The next of kin should be advised to contact the Mosque for funeral arrangements to be made. If no family are available, contact the local Imam or a Muslim Community Leader and seek advice.

If the family do not or cannot, for some reason, take charge of the body, it should be prepared for transfer to the mortuary in accordance with the standard procedure for all patients.

The Muslim Community will then support the bereaved family during the funeral period and in the time ahead.

Pagans.

Pagans are those who follow the polytheistic and /or pantheistic religions of pre-Christian times in a way appropriate to modern life. Paganism is a name for nature based religions. The word 'Pagan' means 'peasants', named after the country people who first practised this way of life. Pagans see the divine in everything around them, especially in nature. Each tree, rock, river and creature is believed to have a spirit. Therefore the sanctity of life is important to Pagans. Pagans also emphasise environmental concerns.



The beliefs about gods are varied in Paganism. Some Pagans believe in many gods and goddesses, whilst others see them as symbols that help to understand the world. Pagans believe that divine forces can be seen in terms of male and female, and can be found and approached both within and without one's self. Pagan traditions tend to stress the importance of the female, especially in the face of patriarchal society.

Pagans have no founding father or holy book, but derive their teachings from a variety of sources including ancient mythology and a study of nature. Therefore Pagan groups tend to see all morality as being relative to the situation. It is the individual's responsibility to make ethical choice for them, whilst trying to live compassionate lives.

There are many pagans around, but because of misunderstandings about their beliefs they sometimes choose to be anonymous. For example, Pagans do not believe in a devil.

There are many different branches within Paganism, such as Heathenry, Druidism, Wicca, and Shamanism. Pagans have no churches, but a network of small inter-related traditions. Some also make use of the large national contact groups, such as the Pagan Federation. Some Pagans will want to give you the name of their spiritual adviser, who can give you guidance about their needs.

Children and conversion.

Since Pagans stress the importance of personal freedom, they think people should choose their own spiritual path. Therefore the children of Pagans are allowed to choose for themselves. Proselytising (persuading to convert) is regarded as inappropriate and ill mannered.

Death.

Many Pagans allow the corpse to rest for three nights before the funeral, to allow the soul to depart. The corpse is normally kept at home for the wake. Pagans usually have no objections to autopsies, if they are considered necessary. Allowing the body to rest inviolate for three nights will obviously render organs useless for donation. However, the choice to donate body parts is an individual one.

Most Pagans believe in reincarnation.

Diet.

Many Pagans are vegetarian, but this is an individual choice. As a central element of many Pagan celebrations, is the drinking of ale or wine and eating bread. Those Pagans that eat meat would be concerned that the animals have been reared kindly and killed humanely.

Festivals.

Pagans celebrate a variety of festivals, depending upon their tradition. Usually these are based around agricultural, solar or lunar tides. In hospital, their main requirement will be privacy, and advice on arranging a time free of ward rounds to observe the festival. The different pagan traditions celebrate different festivals, but some particularly Wiccans, celebrate Imbolc (Feb 2nd), Eostre at the spring Equinox (Mar 21st), Beltrane (May 1st), the Midsummer Solstice (Jun21/22), Lammass at the harvest Season (Aug 2nd), the Autumn Equinox (Sept 21st), Samhain (Oct31st), Yule at the Winter Solstice (Dec 21/22). Festivals are often observed on the night leading up to the day concerned, e.g., for Beltane, sunset on 30th April to sunrise on 1st May.

There are no formal styles of greeting, though Pagans generally tend to be physically demonstrative with each other.

In Pagan homes.

One might expect to see statuary of various gods, connected back to those cultures to which the individual Pagan is drawn (Ancient Egypt, Greece, The Heathen Tribe lands, Ancient Britain etc.). Pictures and iconography are very common too, and various shrines or altars to different deities might be seen around the house. Sometimes the icons and statues may have a strongly erotic element, which could surprise some visitors. For a visitor to handle religious items would be considered inappropriate, but the householder will probably be happy to answer any questions as to the nature of the items and pets are a common feature of Pagan homes.

Marriage.

The Pagan marriage ceremony is called a hand-fasting. The usual form is this: Initially Pagans marry for a year and a day, at the end of which they can renew their vows. Paganism is fully accepting of same-sex marriages. The rights of the marital partner to be with their spouse should be acknowledged.

Medicine.

Homeopathic and other such remedies are commonly used by Pagans. Patients will make doctors aware of any such remedies they are taking and these should be integrated with mainstream treatment, not denigrated or rejected. Some Pagan patients may wish to be attended by a spiritual healer whilst in hospital. Such healings could take place within a quiet room, or more simply by drawing the curtains around the bed to give privacy both to the Pagan and to other patients who might consider such behaviour bizarre.

Pagans believe in a spirit world, and often feel that psychoactive drugs can disturb their interactions with that world. Except in the case of emergencies, doctors should always make clear to the patient any psychoactive side effects of medication before drugs are administered. A Pagan patient who reports seeing spirits (perhaps the soul of a dead relative, or some form of nature spirit) is not necessarily exhibiting signs of mental disturbance or distress, nor having a bad drug reaction. Within Paganism such spiritual visions are considered quite normal and even desirable.

Symbols.

Many Pagans use ritual weapons, such as a knife (known as an athame) in their personal worship. Such are kept for purely symbolic purposes, but may cause concern over security. There may be a talisman and objects of reverence which Pagan patients wish to wear. The pentagram is a well known Pagan symbol, representing the five elements of earth, air, fire, water, and spirit. Please behave sensitively when requesting a Pagan to remove jewellery.

Worship.

Pagans prefer to worship outdoors, communing with nature in a peaceful outdoor setting. Where hospitals have a garden area, the patient should be made aware of its existence and allowed visits, where illness permits.

Pagan worships seek to honour divine powers and to bring the participants in harmony with them, to celebrate the turning of the seasons, and to mark the transitions of human life with appropriate rites of passage. Rituals usually begin with the marking of sacred space. They may involve meditation, chanting, music, prayer, dance, poetry, drama and the sharing of food and drink.

Part of some Pagan traditions is the performance of monthly ceremonies around the lunar cycle. These rituals are performed during the hours of darkness, which may cause some conflict with hospitals regimented curfews. With tactful negotiations, both parties can come to an amicable agreement.

Rastafarian patients.

About the faith.

The Rastafarian movement began in the West Indies in the 1930's and is linked to the roots of resistance to slavery amongst the descendants of black African slave families.

There is a strong identification with Africa. Ras Tafari (Haile Selassie) became Emperor in 1930 and it was thought that he would lead all black people to freedom.

Rastafarians do not see themselves as Christian. They accept the Old and New Testament as scripture but they think that Christ's spirit was reborn in Ras Tafari who is the new Messiah.

There are no churches, set services or official clergy as Rastafarianism is a personal religion. Male Rastafarians usually wear a distinctive dreadlocks hairstyle; they are seen as a symbol of strength, representing breaking away from the 'Babylon' system of western society. The uncut locks also represent the mane of the lion, the symbol of African strength and emancipation. Therefore a Rasta's hair should be avoided. Dreadlocks are often cleaned with olive or coconut oil and they wear red/yellow/green hats.

Admitting a Rastafarian patient.

Routine procedures are appropriate. Remember to ask about diet and any religious needs. Patients may not be willing to wear hospital garments, (pyjamas, and theatre gowns etc. that have been worn by others).

Cleanliness.

During her menstrual period a woman is considered unclean and requires free flowing water. The same applies to men who are being treated for venereal diseases.

Diet.

Pork of any kind is forbidden. Some fish is considered unwholesome, (herring and sardines) and some may be vegetarians.



Other considerations.

Western medicine – May be rejected by some as Rastafarian are unwilling to receive treatments that might contaminate the body. Alternative therapies are preferable to some.

The distinctive dreadlocks hairstyle – Is a symbol of faith so some may not permit it to be cut. Similarly some may refuse to take their hats off.

Women dress modestly – Be sensitive to their needs for privacy and dignity, and remember that they may object to second hand garments.

Blood transfusions and Organ transplant – May not be rejected outright, but the patient may need information that backs up that disease will not be transmitted this way. Donation/reception of blood from family may be considered. Patients are unwilling to participate for fear of contamination. Also, Rastafarians believe that to have a transplant is to interfere with God's plan for mankind.

Post mortem and organ donation – Would be seen as distasteful.

Birth.

There are no particular areas of concern.

Dying patients.

There are no last rites, although the family may pray by the bedside. Rastafarians believe in the resurrection of the soul after death.

Death.

'Dead' and 'death' are considered negative words and are rarely used by Rastafarians who follow the more positive concept of 'ever living'. 'Passed' or 'passing' are terms often used; reinforcing the Rastafarian belief that life is eternal through the spirit. Some believe in reincarnation. There are no religious rituals and a priest is not required, however the head of the 'Twelve tribes' may be sent for. Rastafarians have no objection to cremation but most prefer burial. Attendance at funerals is not emphasised as Rastafarians celebrate life rather than death.

Seventh day Adventists.

About the faith.

Seventh Day Adventism emerged from a number of nineteenth century groups stressing the imminent return of Christ and the observance of the seventh day (Saturday), as the Sabbath. The official organisation was founded in 1863, largely through the efforts and abilities of a Mrs Ellen G White.



Seventh Day Adventists accept the Bible as infallible and require a lifestyle of strict temperance. The Sabbath, a day to be kept for rest and worship, lasts from sunset on Friday to sunset on Saturday and is considered to be a day of delightful communion with God and one another. This day is special and this should be kept in mind.

Admitting a Seventh Day Adventist.

Follow usual procedures.

Diet.

As a result of the Church's long standing health programme, many Adventists adhere to a vegetarian diet but this practice is not incumbent on its members. The Church does however accept and practice the food code of eating only certain 'clean' or 'biblically permitted meats', were a member prefers a meat diet.

Birth.

There are no special rites associated with birth. Adventists believe in Baptism by total immersion and therefore baptism of children should not necessarily be a major issue. Some form of thanksgiving, blessing or dedication service might be appropriate.

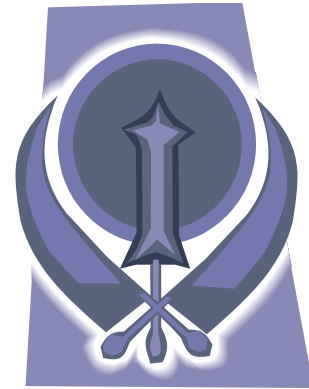
Death.

There are no special rituals but patients and family may request visits from their local pastor. Chaplains will help in arranging this if necessary and are also available to visit themselves. Burial is preferred.

Sikh patients.

About the faith.

Guru Nanak who founded the Sikh Faith in 1469, stressed the 'Oneness of God and his presence everywhere and at all times'. Sikhs believe in the same cycle of birth, death and rebirth as Hindus.



The individual relationship with God is very important. Truthfulness, kindness, generosity and equality are to be admired and achieved.

1. Kesha – uncut hair (Sikhs may be distressed if hair on their head or body is shaved or cut).
2. Kangha – a comb (Do not remove without permission).
3. Kara – a bracelet on the right wrist (should never be removed and should be taped before an operation).
4. Kachha – a special undergarment (should never be removed – this will need to be discussed with the patient if there is just cause for it to be removed).
5. Kirpan – (should never be removed without permission).

Prayers are said five times a day. There are Priests called Gianis, but any competent person can take a service at a Sikh Temple (Gurdwara).

Admitting a Sikh Patient.

Punjabi is the first language of most Sikhs, so help may be needed to interpret through a family member or a recognised interpreter.

Sikhs have three names:

Personal name – Harban Davinder

Religious name – Singh Kaur (always the same)

Family name – Gill Bhuller

British born Sikhs may not use their religious name and devout Sikhs will not use their family name. It's important to ask what name they would like to be used.

Be sensitive to individuals needs, and find out about their dietary needs. Remember that Sikhs dress modestly. Women would prefer to be seen by a female doctor and would always want a women to be present during an examination. Do not ask a Sikh to remove any of the 5 K's unless absolutely necessary, and certainly not in front of others.

Diet.

Many Sikhs are vegetarian, this applies particularly to women and they will not eat meat, fish or eggs, or anything made with these. Non-vegetarian Sikhs will not eat beef and some will not eat pork.

Please explain what kind of meat is in different items of the menu, for example shepherds pie. Sikhs do not eat halal meat. Most Sikhs don't drink alcohol or smoke. Sikhs may fast on certain days, it is important to ask the patient about this.

Other considerations.

Cleanliness – Like Hindus, Sikhs prefer to wash in running water and a shower is preferable to a bath. There should be water in the same room as the toilet and if a bed pan is used a bowl of water should be provided. Before meals, Sikhs will want to wash their hands and rinse their mouth.

Greeting.

As with people from most parts of South Asia, Sikh men and women do not usually touch each other when greeting. Many Sikhs greet each other by putting their hands together and bowing in respect for the divine in the other person. People of the same gender do touch, shake hands and even hug. Sikh greetings are: Sat Sri Akal (the timeless one is true), and Vahiguru Ji Ka Khalsa, Vahiguru Ji Ki Fateh (the Khalsa is with God, the Victory is with God). When meeting a group of Sikhs, it would be normal to greet the eldest first.

In the Sikh home.

On entering a Sikh home you should offer to remove your shoes. Some families keep the guru Granth Sahib in a special prayer room. That room has then become a Gurdwara and should be treated as such by visitors. It is customary to offer refreshments to guests and it is seen as impolite to refuse them.

Principles.

Sikhs believe that an individual should make every effort to overcome anger, greed, pride and passion and should work hard to earn a decent living. Sikhs recognise three levels of service: Physical service, which is being of assistance to those who require help; mental service, which involves enlightening others about God and righteousness; and material service, in the form of financial contributions to noble causes. Sikhs are very tolerant of the view of others, seeing all as friends and respecting people of different faiths.

Worship.

A devout Sikh will rise very early, bathe then spend some time in meditation before saying the morning set of prayers. There are also evening prayers. These prayers may be said privately or with the family. In the UK it is usual for collective worship to be on a Sunday.

Sikhs worship together in the Gurdwara, and it is a centre for educational, social and welfare activities as well as a place for communal worship.

At the Gurdwara, visitors will be expected to dress modestly, with legs and head covered. Shoes are removed and seating is on the floor. Sometimes men and women sit separately. Care should be taken to avoid pointing one's feet towards the dais on which the holy text sits. At the end of the service, Kara Prashad, a holy food, is given to the worshippers. The service is followed by a shared meal in the Langer (community kitchen/dining hall).

Birth.

The family will want to visit the mother and baby as soon after the birth as possible. Mothers rest for 40 days after giving birth and the family look after the baby. The mother does not bathe for 13 days after the birth.

Bear in mind the usual ideas of modesty, privacy and dignity.

After resting for 40 days, the first outing will be to the Gurdwara.

Dying patients.

Sikhs believe that those who have the spirit of God are not afraid to die; death is God's will.

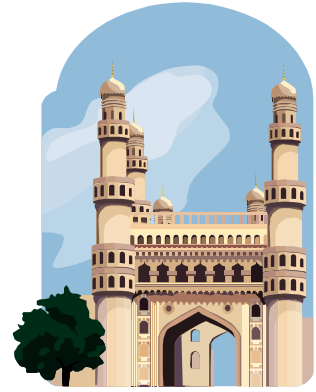
There are no last rites but there are Gianis who will visit and say prayers with the family. However, the dying person should be encouraged to say 'Waheguru Wahegurull (wonderful lord), and the patient, a relative, a friend or representative of the Gurdwara may read from the 'Adi-Granth'.

Death.

If no family members are available, limited lying out is acceptable. Leave the 5 K's intact. Leave hair covered and do not trim the hair or beard. Cover the body with a white sheet. Only Sikh children are buried, adults are always cremated.

South Asians.

The term 'South Asian', is a loose term generally applied to people from the Indian subcontinent – i.e. those from India, Pakistan, Bangladesh, Nepal and Sri Lanka. This land mass is larger than the size of Europe, and contains many different cultures, religions, languages and ethnicities. There are however some common cultural beliefs.



In India, around 85% of the population are Hindus and 10% are Muslims. Prominent also are Sikhs, Christians, Buddhists, Jains, Jews and Parsees (Zoroastrians). Most Sikhs are from the province called Punjab. There are 17 major languages in India, and over 500 dialects. The most commonly spoken languages are Hindi, Urdu, Punjabi, Gujarati, Bengali and English.

Pakistan is an Islamic state, which means nearly all Pakistanis are Muslim. The main language spoken is Urdu, although Sindhi, Pashto and Punjabi also feature prominently. India and Pakistan each have a state called Punjab, since the original Punjab region was divided when Pakistan was created in the Partition of India in 1947.

Bangladesh is only two thirds the size of the UK, but has twice the population – it is therefore one of the most densely populated countries in the world. Most Bangladeshis are Sunni Muslims.

It is important to recognise that not only are there different cultures within South Asian Groups, but that other factors will influence behaviour. For example, attitude in urban areas are often different to those in rural areas. Migrants to other countries may adapt to the majority culture and thus put less emphasis on tradition; alternatively they may adhere to traditions in a more rigid fashion than those in the country of origin, which feel no threat to their culture and so can adapt with the times.

Diet.

Diet will vary according to region, religion and custom. Many South Asians, especially Hindus, Buddhists and Sikhs, follow a strictly vegetarian diet, eating

neither meat nor meat derivatives. Some will also avoid eggs and root vegetables. Hindus do not eat beef. Muslims do not eat pork, and only eat meat that is Halal. Many South Asians eat only with their right hand, since the difficulty in obtaining water has made it a custom to designate the left hand for when using the toilet. Historically, those who ate with their left hand were more likely to be diseased, and so were shunned.

Dress.

Most South Asians dress with modesty. This can be interpreted in a number of ways. People may cover their heads, especially in a place of worship. This is especially true of women, particularly married women. Women will usually cover their legs also. South Asians, especially those from the older generation are often reluctant to undress in front of, or be handled by medical staff, especially those of the opposite sex. Jewellery and other articles about the person, such as bangles, threads and turbans, should be treated with respect, as these items often carry religious or cultural significance.

Family.

South Asians tend to share certain family values. Emphasis is placed on the importance of family. The elder generation is respected, and usually looked after in the home. Families often live in extended relationships, with several generations and sisters' and brothers' all living together in one house. Although family planning is more acceptable, abortion is generally frowned upon. Fertility is privileged, and for many it is particularly important to have a son to carry on the family name. Relatives of the mother are often anxious to see that she has had 40 days of rest following giving birth. Divorce, though not forbidden by any of the religions, often carries social stigma and is avoided. Pre and extra marital sex are not generally condoned and married couples are less likely than Westerners to indulge in public displays of affection. Arranged marriages are common, but all of the religions state that they should not take place without the consent of both parties.

Gender.

Although customs are changing, people are often still expected to follow specific gender roles. Women increasingly work, but are frequently also expected to

fulfil a domestic function. This is a valued role, however, and does not mean that they are considered inferior. Women are the primary educators of children, and so are often the most devout followers of their religions. Both Sikhism and Islam state that women and men are equal, and Islamic law protects the rights of married women to retain their name and property, to be able to be educated and to work, and still be financially supported by their husbands. Some separation of the sexes takes place, particularly in places of worship. In some Muslim homes, women have their own quarters and will not see men who are not family members. This separation means that certain western tactile forms of communication may not be considered acceptable, or may cause discomfort to some people of South Asian origin.

Health.

Since Indian food is rich in saturated fats, people from the subcontinent tend to suffer more with food-related disorders, such as heart disease, diabetes, obesity and strokes. Although all the religions discourage the consumption of alcohol and tobacco, this is not borne out socially in the UK. For example, in certain British Muslim Communities, nearly half of the male population smokes. Some of these same communities are 2 to 3 times more physically inactive and obese than the national average. South Asians generally prefer to wash in free flowing water (showers not baths), so will need this provided for them when they are in hospital.

In the home.

Since many South Asians sit on the floor, they will usually wish visitors to remove their shoes before entering the house. Hindus may have a shrine of worship in their homes, and any religious items should be treated with respect. Social customs regarding the importance of hospitality are upheld vigorously, and it may be considered offensive for visitors to refuse refreshments when offered.

Spiritualists.

Modern spiritualism began in March 1848 in New York as a result of the psychic experiences of the Fox family. The first spiritualist church in the UK was opened in Keighley, Yorkshire in 1853. The Spiritualists' National Union Ltd was formed in 1901. It acts as a trustee and support to the churches and provides educational courses.



Spiritualism is based on seven basic principles. The Fatherhood of God, The Brotherhood of Man, The Communion of Spirits and the Ministry of Angels, The Continuous Existences of the Human Soul, Personal Responsibility, Compensation and Retribution hereafter for all the Good or Evil deeds done on Earth, and Eternal Progress open to every human soul.

Spiritualism is a universal religion which recognises such leaders as the Buddha, Mohammed, Moses and Jesus and considers them great healers and teachers. The main difference between Spiritualism and some other religions is that it is founded on the demonstrated proof that there is life after death and that there is a path of eternal progression for all mankind with an acceptance or responsibility for one's own actions.

Ethical teaching.

We are all part of a divine plan involving the whole universe. Spiritualism is concerned with the way we live here and now. We should live harmoniously with others, doing unto others as we would wish others to do with us.

Mediums.

The work of a medium is to prove the reality of survival after death and to pass on practical help and understanding when needed. The advice given should add meaning and a deeper sense of purpose to life.

Spiritual Healing.

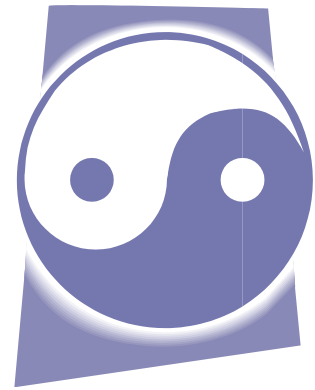
Spiritual healing is practised in churches and centres. It can assist treatment given by doctors and may cure illnesses which fail to respond to other forms of treatment. It is administered the laying on of hands – contact healing – and should not be confused with faith healing.

Worship.

Church services are conducted with reverence. An address is given on the philosophy of Spiritualism and it is normally followed by a demonstration to prove the reality of survival.

Taoists.

Taoism/Daoism is generally thought to have been with the writing of Lao-Tsu, a man from China who is attributed with writing the Tao te Ching, or The Book of the Way and its Power, some time between 604 – 531BCE. It was adopted as the state religion of China in 440CE, but ceased to be so in 1911.



Tao means, 'the way' and the first cause of the Universe: force that flows through all life. It is the producer and source of order and stability. Taoists seek to live in harmony with that force, by leading a balanced life. Taoism is thus a nature-based philosophy, embodying four principles: Oneness (which starts and ends with the observation of nature), Dynamic Balance, Complementary Cycles and Harmonious Action. For Taoists, time is cyclical, not linear like in western thinking.

The principles of Dynamic balance and Complementary Cycles are embedded in the symbol of the Yin-Yang, which depicts the two opposite energies from whose interaction with the universe is believed to have emerged. When these opposites are equally present, everything is calm, which is where the Taoist emphasis on balance comes from. This is also seen in the elements of fire, water, wood, metal and earth, which should be balanced whenever possible to create fortune, as well as in the practice of feng shui, which aims to balance the way the home is set out, in order to generate greater prosperity.

Taoism encourages its followers to accept life, with its good and it's bad. It teaches that most suffering and weakness comes from resistance to natural processes. This is evident in the principle of harmonious Action, which can be illustrated by the example of the bamboo stick bending with the wind. It overcomes the wind by yielding to it. If it were stiff it would break, but because it yields it overcomes. This can also be expressed in the art of wu wei, which is to let nature take its course, but also to be kind to other people because such actions are reciprocated.

Another Taoist principle is that each person has a life force (known as Chi) that should be looked after, and so health is considered very important. An

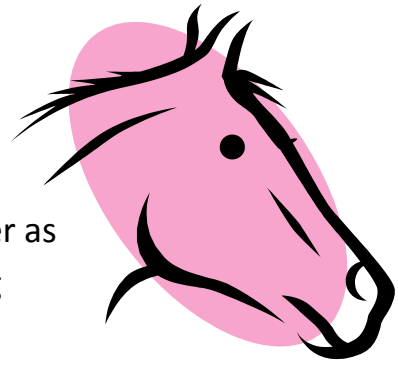
individual's chief task is to develop their virtue – especially the three jewels of compassion, moderation and Taoism emphasis' the individuals responsibility to react to the situation, and is more concerned with guidelines for harmonious living than rules. Matters of dress etc. are, therefore, determined by the culture of the person concerned.

Taoists do not pray, rather they seek to answer life's problems through inner meditation and outer observation. Many Taoists practice Tai Chi, which is a slow, controlled technique of movement and breathing.

Many Taoists believe in spirits of nature, or personified gods. Some may not believe in these as actual entities, but as symbols that help them to understand the world around them.

Most Taoists are of Chinese origin. However, increasing numbers of Westerners are becoming influenced by Taoist principles.

Travellers Gypsies.



The Traveller Gypsies, or Romanic Hals, are a semi-nomadic people with a distinct lifestyle. Scholars differ as to the origin of the Gypsy people, with some tracing them to India, but Gypsies in every country have intermingled with the majority culture, and so the race is not as distinct as it is sometimes thought. Often a Gypsy is identified as such on cultural, rather than purely ethnic grounds. Since their arrival in England in the 16th Century, Traveller Gypsies' strong sense of identity and separateness has been maintained by the experience of persecution. They are often suspicious of bureaucracy and institutions.

Irish Travellers came to England in the mid 19th Century to take advantage of economic opportunities. Their origins can be found in early Irish history. Invasion and famine caused many sedentary families to lead a nomadic lifestyle. Inter-marriage with the indigenous travellers has led to a community with a distinct culture.

'Gypsy Traveller' is a term that covers a range of disparate groups, with different cultural traditions, for example, there are New Travellers, who have adopted a nomadic lifestyle out of choice and who may not follow much Gypsy tradition. There are also Occupational Travellers, such as circus and fairground workers. According to the Traveller Law Research unit in Cardiff, there are around 300,000 Gypsies and Travellers in Britain today. They are a difficult group to quantify however, especially as some may hide their identity fearing discrimination.

In recent years many have adapted to meet the demands made by economic and social change, from living in wagons drawn by horses to travelling in modern trailer caravans from earning a living doing farm work, fruit packing and hawking handmade goods to collecting scrap metal, tarmacking, tree pruning etc. Legislation has made it more difficult to live in a mobile lifestyle and many families have been forced to settle on permanent sites or to move into houses. There is also a variation in lifestyle through choice, with some travellers being generally mobile, others travelling seasonally, and others

mostly sedentary. Distances travelled vary from weekend visits, to traditional horse fairs, to inter-continental journeys.

Many adult travellers have not had the opportunity to attend school and are non-literate. Some cannot tell the time. Documentation (such as birth certificates) may not be readily available. Children are taught the skills to support their lifestyle within the family by example and practice.

Gypsies have their own language, which is Romanes. They also have their own work for certain things, e.g. Non-gypsies are called Gorgios. It is important to remember that some travellers consider their language and many of their traditions as secret and no business of Gorgios.

Death

In hospital, the dying will be visited as often as possible, regardless of hospital rule. Death should be witnessed by the spouse or next of kin. When a gypsy dies it is often common practice for a wake to be held. The coffin is placed in the trailer caravan with the lid open for friends and family to pay their last respects. The release of the spirit (Mulla) is seen as important and the deceased person's caravan will be burnt and possessions smashed so there are no personal items the spirit might cling to thus preventing the spirit's release. Some gypsies will not say the name of a dead person. All friends and relatives attend the funeral; sometimes several hundred mourners will be present. Elaborate wreaths are commissioned in the shape of the deceased person's favourite possession, e.g. a dog, a lorry or even a Guinness bottle. Graves are visited regularly by surviving relatives and fresh flowers are laid. Traditionally the location of death would be avoided by close relatives for a year or more.

Diet.

Many travellers will not eat hospital food, nor food offered to them in Gorgio households, for fear of it being unclean. They prefer to eat food prepared for them by people they know.

Dress.

Traditionally gypsy women dress modestly, with legs covered. They will also have heads and arms covered. Gold jewellery worn is a symbol of status and wealth.

Family life.

The traveller community is comprised of extended family groups and affiliates in which family ties are strong. Each family speaks for itself – there are few community leaders, although old age is respected. Marriages between affiliated groups, often at a younger age, can be popular. Children are highly valued, cared for and protected. Living in trailer caravans means that extended family members can stay together, the men often forming working partnerships and the women supporting each other in the care of children and other activities. Men and women have a distinct and closely defined gender role within the community.

Visitors should wait to be invited into a trailer by the occupant, who may prefer to talk outside the family home. They should avoid any mention of anything at all sexual or related to bodily functions. If tea is offered it should be accepted as it is a sign of acknowledgement of the family's cleanliness and also of acceptance by the family of the visitor.

Hygiene.

Traditionally there have been strict rules about hygiene. The customs are known as 'mochadi' (ritually unclean). As opposed to 'chikli' (merely dusty or acceptably dirty). Most of these rules derive from a strict separation of inner and outer – e.g. the area outside of a trailer can be untidy and dirty so long as the inside is clean. Food preparation techniques are of utmost importance. For instance it is 'mochadi' to have a toilet in a caravan where food is prepared or to wash one's body or hands in a bowl for washing crockery. Tea towels are washed in a separate bowl and menstruating women might not be permitted to prepare food. In some families cats are seen as 'mochadi' and dogs should not be allowed in the home. It is ironic that whilst gypsies have often been stereotyped as unclean by the majority culture, gypsies are just as likely to consider Gorgio practices unclean.

Marriage.

In past years marriages might have been arranged – often between 1st and 2nd cousins – to strengthen family ties. Sometimes a couple would ‘run away’ together. Today young people usually choose their own partner. Marriages are an opportunity to bring friends and family together and take place in a church or registry office.

Medicine.

In the past, traveller gypsies were skilled in the preparation of herbal cures for most diseases and illnesses. These may still be used by the older generation, but most travellers use conventional medical treatments today, although it can be difficult seeing a doctor or keeping appointments at hospital if you are not legally registered anywhere. If a traveller is hospitalised expect lots of people to visit – especially if a new baby is born. Some gypsies think of hospitals as concentrations of Gorgio disease and will only resort to using a hospital for emergencies – for instance when a baby needs treatment.

Many travellers, particularly men, are heavy smokers. As intermarriage is common, there is a higher risk of chromosomal recessive disorders. Sometimes standard immunisations are not carried out, so there may be higher rates of tetanus, polio and tuberculosis.

Names.

An individual may use either of their parent’s surnames dependent upon the situation. Strangers should be guided by the individual as to how they would like to be known.

Prejudice.

With membership of the 4 Eastern European States in the EU, gypsy travellers have become the largest ethnic minority in the EU. Despite this, gypsies and travellers probably experience more social exclusion than any other marginalised group in the UK. Many members of the travelling community will experience the following problems:

The highest infant mortality rates of all groups.

The lowest life expectancy.

Appalling accommodation provision by public service providers.

Racist press coverage.

Highest number of complaints to the Commission for Racial Equality.

Privacy.

Travellers place a high value on privacy, and confidentiality should be preserved.

Religion.

Travellers usually adopt the religion of the country in which they live.

Therefore most gypsies in the UK are Christian. In recent years evangelical Christianity, particularly the 'Gypsies for Christ' movement, has won many converts. Irish travellers follow the Catholic traditions.

Vietnamese patients.

About the faith.

Vietnamese people traditionally follow Buddhism, Taoism or Confucianism. In the North East area of the UK nearly all the Vietnamese people are Chinese Vietnamese (i.e. people who have been expelled from Vietnam) and are mainly all Buddhist. Some may be Christian, particularly Roman Catholic.



Admitting a Vietnamese patient.

Take care to check the spelling of names. If a Vietnamese woman marries an Englishman they tend to keep their Chinese name and add the English surname.

Diet.

Rice and vegetables form the staple diet. The rice should be fluffy, and not washed as this removes the taste. (Most complaints made from people in hospital are about the food).

Other considerations.

Vietnamese women, like Chinese women, are mainly rather shy and may prefer to be examined by a female doctor.

Blood transfusions and transplants – Discuss with the family as they may well be suspicious.

Birth.

Soon after giving birth, the mother will be brought some special food called 'Keung CHOW'. This food is believed to prevent infection. Showers and baths may be considered bad for the health of the mother.

Relatives and friends may want to say prayers or will accept prayers from a chaplain to appease the spirits of the dying person.

When a Vietnamese person dies.

The body of the deceased person will be taken to the Chapel of Rest before burial. This will enable the relatives to view the body and will mean that the spirits do not stay in the home of the deceased. There will be a service of prayers where a chaplain would be acceptable. Alternatively, local Buddhist monks or teachers may officiate or the family can arrange for a Tao leader to attend.

This will be followed by a ceremony to thank people for coming to the funeral. A photograph will be taken and sent to be enshrined in the Buddhist Temple to enable someone to pray for the soul of the deceased. The relatives will want to choose the land where the person will be buried. Joss sticks will be burned and the time and place of the burial will be very important so that the soul of the deceased is at peace.

West Indian patients.

About the faith.

The faith of these islands varies considerably and comprises of Hindu, Muslim, Christian, Rastafarian, Buddhist, Mormon, Jewish, Sikh, and Christian Scientists. Ask the patient which faith they follow.



Admitting a West Indian patient.

English is the predominant language so there should be few difficulties. Some islands speak French, Spanish or Portuguese. Please note that there are dialects, such as Creole, which interpret English work to mean something different. For example:

“I am feeling sick” does not mean physically sick, but unwell/in pain; the patient would say directly “I want to vomit”.

“After lunch” means “evening” not “afternoon”. “I am poorly” means “I have no money”. Creole is more dominant amongst elderly people but always check what they mean.

Diet.

There are no dietary restrictions except according to each individual’s religions.

The majority would eat vegetables which grow in tropical countries.

Other considerations.

Ask the client/family sensitively and refer to the appropriate section of this document. Bearing in mind diversity and it is very important to ask the family about these. Not doing so may disadvantage the patient.

Dying patients.

Ask the patient/family about their needs and then where appropriate refer to the section of this document.

When a West Indian patient dies ask the family about their needs.

Zoroastrian patients.

About the faith.

Zoroaster was the prophet of ancient Iran and this religion is centred on the Middle East. The faith's teaching is more about man's free will to choose between good and evil, and physical and moral purity are very important. Those who choose the good way in their daily action, should live joyful, happy lives. The Avesta is the Holy Book of Zoroastrians.



Parsees are a sect of Zoroastrianism which developed in India.

Admitting a Zoroastrian patient.

Zoroastrians have three names:

Given name (forename)

Fathers forename (middle name)

Surname (family name which may indicate profession).

When a girl gets married, her middle name is changed to that of her husband.

Most Zoroastrians speak English, but Gujarati is also a major mother tongue and an interpreter may be required. The language of ancient Iran – called Avesta - is issued for prayer.

Talk with the patient and discuss any special needs they may have.

Diet.

Some Zoroastrians may not eat beef or pork; also some may not eat any meat on certain days of the month, so a vegetarian diet may be preferable.

Other considerations.

Blood transfusions and transplants – Some of these patients will be westernised in their outlook and would not object. However, Orthodox Zoroastrians believe that pollution of the body is against the will of God.

This ethnic group may be prone to hereditary conditions such as Rh negative, diabetes, cancer or coronary problems and a blood condition called G6PD.

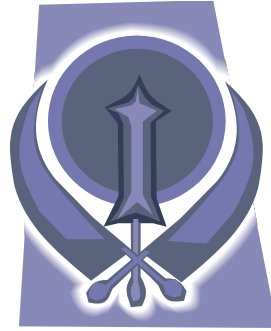
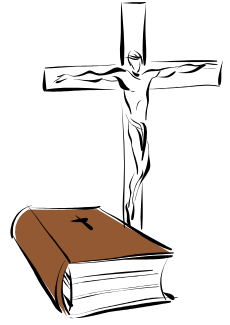
Zoroastrians require a high standard of hygiene and may prefer to wash in running water.

Death.

Routine last offices are appropriate. The body should be bathed and wrapped in white. The family may provide a 'Sadra' to be worn under the shroud next to the skin; they may also wish to cover the head with a scarf.

Zoroastrians believe that the soul is earthbound for three days after death, and so prayers should commence as soon as possible. This can be a problem if there are no relatives. To request that death ceremonies and prayers should be commenced and pending further instructions from any traceable next of kin contact.

Zoroastrians like to be buried quickly and the family may become distressed if there is a delay. Some families may want to prepare the body themselves. Both cremation and burial are accepted.



THE HANDBOOK OF FAITHS AND CULTURES

