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| **Cultural & Religious Beliefs Policy – Ensuring Beliefs and Culture of Staff and Patients is Respected** |
| Version 2.0 |
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| **Turner Martin (Mr)**  **23 September 2020** |
| **A. Confidentiality Notice** |

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B. Contents

|  |  |  |
| --- | --- | --- |
| C. | Document Details | 1 |
| D. | Document Revision & Approval history | 1 |
| E. | Definitions | 1 |
| F. | Persons Whom Policy Applies to | 2 |
| G. | Responsible Office | 2 |
| H. | Introduction | 2 |
| I. | Practice Statement | 2 |
| J. | Operational Implementation & Procedures | 2 |
| K. | Statement Publication | 28 |
| L. | Additional Information | 28 |
| M. | References & Further Resources | 28 |
| N. | Appendices | 28 |

C. Document Details

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E. Definitions

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| “The Practice”, “We” | On behalf of The Partners of Staveleigh Medical Centre |
| “CCG” | Clinical Commissioning Group for Tameside and Glossop |
| “Office”, “Officers” | Responsible persons for policy |

F. Persons Whom Policy Applies to

Staff, faculties, visitors, stakeholders and other persons or bodies affected by or for whom this policy applies to:

* All Clinical staff.
* Patients.
* 3rd Party Staff.
* All Stakeholders.

G. Responsible Office

Office or officers charged with developing, updating, communicating, training, ensuring compliance with, and providing resources to promote adherence to this issued policy:

* Practice Manager.
* All Practice Staff.
* Practice Partners.

H. Introduction

Infection control is an important and integral part of the function of each and every General Practice. This is the case for services provided within the community (e.g. in a patient’s home) as well as on Practice premises.

I. Practice Statement

Staveleigh Medical Centre is committed to supporting people’s choices regarding culture and belief within the constitutional boundaries set out within legislation and medical Codes of Practice. Patient confidentiality is always maintained.

J. Operational Implementation and Procedures

With the exception of Atheism, most religions have in common the teaching of a particular ‘Way of life’ in relation to power(s) or being(s) that are taken to remain outside the laws of nature – even where they exist within nature, as some religions hold.

‘Way of life’ includes the teaching of what is considered the right attitude towards life and human relationships.

Often such attitudes are expressed in rites, social and cultural customs and liturgical traditions, which can therefore play an important role in the life of the individual believer.

Such recommended or prescribed attitudes towards all aspects of life from beginning to end, (and the afterlife), obviously have ramifications for the delivery and design of healthcare as an area that deals with life, and sometimes death, in the most immediate way.

## Policy implications

Religious and cultural views on the beginning of life can influence attitudes towards reproductive medicine, abortion, contraception and neonatal care.

Views on dying, death and the afterlife can influence attitudes towards pain relief for terminally ill people, means of determining the moment of death, brain death, organ donations and care for the corpse.

Palliative care is the prevention of and relief from suffering by means of early identification and treatment of pain and other problems (physical, psychosocial and spiritual).

It aims to enhance the quality of life for terminally ill patients, as well as for their relatives or family.

It seeks to integrate both physical and spiritual aspects, and leaves room for religious communities’ interpretations of the relationship of body/mind/soul/spirit.

The inclusion of relatives / family is particularly relevant in religious communities, where high emphasis is often placed on familial bonds and responsibilities.

With due attention to confidentiality and the patient’s wishes, where the family and relatives are included in care, it is vital that staff involved are aware on some level of the patient’s religious attitudes towards disease, suffering, dying, death, religious practices and rites, as well as their views on familial responsibilities and traditions, in order to ensure sensitivity and respect when administering care to the patient.

Staff should also be aware that an individual’s level of compliance with their religious belief may well vary according to their perception of their illness, and that relatives and/or next of kin may have differing views on religion, practice and observance.

Religious and other beliefs can also impact on the types of treatment and drugs used: for instance, the prohibition of eating pork in Judaism and Islam means that porcine-or alcohol-based drugs might be forbidden in these communities.

Similarly, the use of bovine-based drugs or cattle-derived cartilage transplants would have belief implications for Hindu communities and for some vegans and vegetarians.

The Practice has a responsibility to enable its staff to care appropriately for a diverse range of patients, whatever their beliefs, culture, or religion.

This requires sensitivity and understanding, especially when staff meet faiths and beliefs that differ from their own.

What may seem a small matter to one person may be of immense importance to another, and make all the difference in terms of the quality of care given.

## Content

The form of this policy comprises a separate Section containing a brief description of each of the major religions in alphabetical order. This is found in [Annex A](#AnnexA).

It includes highlighting any issues which arise in a healthcare setting, where a patient adheres to that religion. It may, for example, give advice on areas surrounding birth, family planning, hygiene and diet.

Each Section concludes with information on appropriate care of the dying and what to do after death, and what to expect from family members and the religious community.

## Flexibility

It should always be remembered that the adherents of major faiths like Islam or Christianity will not be uniform in their requirements the world over.

All religions have followers who are more traditional and those who are more open and flexible. Differences within faiths are likely to occur because of ethnic, cultural and social background.

If in doubt, the carer should ask the patient or their family what an appropriate course of action might be. In the case of children, the wishes of their patients or guardians should be sought.

## Cultural and Religious Needs

### Staff

The Employment Equality (Religion or Belief) Regulations came into force in the UK in December 2003, making it unlawful to discriminate against people on the grounds of their religion or belief.

The Regulations apply to all aspects of employment including recruitment, terms and conditions, promotions, transfers, dismissals, training (including vocational training).

Employees with particular religious or cultural needs that may conflict with work requirements should bring these to the attention of the Practice Manager as soon as possible.

In this regard, the Practice Manager will consider whether it is reasonably practicable to vary or adapt these requirements to enable such needs to be met and must seek to balance the operational needs of the practice with the cultural and religious needs of employees.

In instances where the individual feels unable to approach the Practice Manager, advice should be sought from a GP Partner

If a member of staff requests either unpaid leave or an accumulation of annual leave in order to visit relatives or attend religious events overseas, sympathetic consideration will be given.

Requests time off for religious holidays in addition to the English Public holidays should be regarded as annual leave, although sympathetic consideration will be given to requests for unpaid leave, or exchanging English public holidays for other religious holidays, if practicable.

### Staff Uniform

The recognises the diversity of culture, religion, disability and gender of its employees and will take a sensitive approach when this affects dress and uniform requirements.

However, priority will be given to health, safety, security and infection prevention and control considerations. Headscarves and turbans worn for religious purposes are permitted.

# Annex A

## The Baha'i Faith

### Definitions

The Baha'i Faith began in Persia in the middle of the last century, since then it has established itself throughout the world.

Its founder, Baha'u'liah (a title meaning “a Glory of God”) lived from 1817-1892, and is regarded by Baha'is as a Messenger of God. His teachings centre on the unity of humankind and religions, and include the harmony of religion and science, the quality of women and men, and the abolition of prejudice.

The Faith has no clergy and its affairs are in the hands of elected bodies known, as "Spiritual Assemblies" of which there are nearly 200 in the U.K. Although there are a significant number of Baha'is in this country of Persian (Iranian) origin, most are of British background and their cultural approach and needs are basically the same as those of other patients.

Whilst they believe in the power of prayer, Baha'is have no objection to orthodox medical practice, abstain from alcohol and other habit-forming drugs, but accept medicines prescribed as a bona fide part of treatment. Narcotics are similarly permitted for pain control, as prescribed.

### CULTURAL PRACTICES

### Diet

Some followers of the Baha'i Faith are vegetarian, but there are no special food requirements, except that abstention from alcohol extends to cooking as well, so they will not eat such foods as wine sauces or sherry trifle.

Members of the Baha'i Faith observe a period of fasting each year from 2nd to the 21st March, but invalids, menstruating women, children, those over seventy and nursing and expectant mothers are exempted.

### MEDICAL CARE

### Blood Transfusion and Intravenous Drugs

There are no objections to these.

### BIRTH

### Family Planning

The bearing of children is seen as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practices are left to the couple.

Baha'is believe that the soul comes into being at conception, so methods that prevent the implantation of the fertilised ovum will not be acceptable.

Many Baha'is will not use intrauterine devices, which are regarded more as abortifacients than contraceptives. Sterilisation of either sex is usually unacceptable and must be treated with sensitivity.

Terminations of pregnancy are permitted only on strong medical grounds, when the mother's health is at risk. They are not permitted as a contraceptive measure.

DYING AND DEATH

### Care of the dead

Normal procedures may be followed.

The body must be treated with respect, but beyond this there are no special requirements.

Organ transplants, post mortems and the leaving of the body to medical research are permitted.

The family may want to say prayers for the dead. They or the local Assembly will arrange the funeral.

Cremation or embalming are not practiced, and the body should be buried as near as reasonably possible to the place of death, certainly within one hour's transport.

The same burial laws apply for stillbirth and neonatal death.

## Buddhism

### Definitions

Buddhism is a way of life and body of religious teachings which began circa 2,500 years ago in North East India, with the enlightenment of the ascetic Gotoma (Sanskrit: Gautama), the erstwhile Prince Sidhatta (Sanskrit: Siddhartha), who from that time became known as the Buddha (The Enlightened One).

Buddhism is principally an Asian and Far Eastern phenomenon, and Buddhists come from many lands and ethnic groups.

It is however, important to understand that over the course of the last hundred years or so, it has established itself in the West, taking a number of different forms, and that many indigenous people, British people among them have increasingly adopted Buddhism.

The essential teachings of Buddhism are often presented in the following words:-

* Cease to do evil
* Learn to do good
* Cleanse your own heart
* This is the teaching of the Buddha's

The Five Precepts to refrain from are:

* Harming any living thing
* Taking what has not been given
* A misuse of the senses
* Wrong speech
* Taking drugs or drinks that may cloud the mind

### CULTURAL PRACTICES

### Diet

Buddhists tend to be vegetarian out of respect for the First Precept, which enjoins them not to kill or harm any living thing. Vegetarianism is not invariably the case, however.

### Fasting

There are no prolonged periods of fasting required or prescribed.

Some short customary periods of fasting may occur occasionally on certain festival days, but this would not be essential.

Monks and Nuns of certain traditions will not as a matter of rule eat after midday, except sometimes in the case of illness where specified foods may be taken.

If nursing a Monk, Nun or Priest, enquiries should be made.

### Modesty and Toilet

Except in the case of Monks or Nuns, where especially sensitive attitudes are appropriate to staff, there are no particular points to be noted.

### Family Planning

Contraception may be discussed freely as necessary as objections are unlikely.

Contraception is not considered an infringement of the First Precept – the Precept neither to kill nor harm – since, by definition there is no living being to be harmed.

### Abortion

Although this would represent a potentially serious issue for Buddhists given the implications of the First Precept, it would in practice be prudent to assume nothing.

Buddhists are taught to take full responsibility for the consequences of their actions, decisions included, so they may be approached confidently on this and any matter.

### MEDICAL CARE

### Attitudes to Medical and Nursing Staff and to Illness

As concern for others is fundamental to the Buddhist way of life, the Buddhist patient could be expected to respond positively to medical and nursing staff, with an attitude of respect and gratitude for the care s/he is receiving.

Buddhists could expect to bear personal suffering with dignity and with a degree of equanimity, as they will have been taught that suffering and imperfection are an inseparable part of ordinary existence.

They could also be expected to be positive and co-operative in regard to any treatment prescribed.

### Post Mortem and Organ Donation

There should in principle be no objection for either on Buddhist grounds, whether in respect of giving or receiving.

The donation of an organ at death might even be seen as a positive gift – or act of Dana – to the living.

### DYING AND DEATH

### Care of the Dead

Dying and death may be treated in the normal caring way, if accompanied by an atmosphere of peace, calm and sensitivity.

Buddhists view dying positively and will want to approach it in as clear and conscious a state of mind as possible. Peace and quiet for meditation and reflection are important, and a side room is desirable.

Buddhists, Monks or Priests, particularly from the same tradition as the family, will gladly make themselves available to minister to the dying person if called to do so, and will also conduct “prayers” at their death. These “prayers” may take place afterwards at the Monastery, Vihara or Temple. Western Buddhists may or may not feel the need for such ministrations.

Although in the matter of disposal, cremation might be considered the norm, this is not invariably the case.

## Christianity

### Definition

Christians worship one God in Jesus Christ whose birth, death and rising to new life are central to their faith. At its heart is sacrificial love symbolised by the cross and gospel of peace and hope.

### MEDICAL CARE

### Post Mortems, Organ Transplants and Donation

There is no objection on religious grounds to post mortems or to organ transplants or donations.

### SPIRITUAL CARE IN HOSPITAL

The Chaplaincy is the focus for Christian care and support whilst in hospital.

Chaplains are appointed from Christian groups as follows:

* Anglican (or Church of England), who are full-time
* Roman Catholic (R.C. or Catholic) and Free Churches, who are part-time.

Chaplaincy Volunteers work as ward visitors to enable patient's spiritual needs to be met. The full-time chaplains co-ordinate the team and liaise with other church leaders in the community as appropriate.

### Worship and Prayer

Every hospital has a Prayer Room which is open 24 hours a day for individuals seeking a quiet place in which to pray. The Prayer Room is shared with all faiths.

For current times when Christian prayer takes place, the notice boards outside the Prayer Room should be consulted, as they should for a Eucharist (Holy Communion – open to all denominations) and a Roman Catholic Mass.

The full-time Chaplains co-ordinate an on-call service, which means a Chaplain, can be called at any time and will attend within 60 minutes. Roman Catholic Chaplains are also always on-call for Roman Catholic patients and families.

During weekday evenings, nights and throughout the weekend, this is invariably an emergency service only, so contact with the Hospital switchboard will facilitate this. During such times, Chaplains are only normally called in the event of an imminently dying patient, or after the death of a patient.

Personal Ministry

This includes confession, anointing with oil, prayer for healing, Holy Communion, and final prayers for the dying. Requests for personal ministry are a vital part of religious / spiritual care and should be directed to the full-time Chaplains. It is important to clarify if the patient is a practising Roman Catholic and therefore requires a Roman Catholic Chaplain to attend.

If the patient belongs to another Christian denomination, then an appropriate Minister can be sought via the full-time Chaplains.

Practising Christian patients are also themselves able to invite their own Ministers to visit them in hospital in order to pray with them.

If prayers for healing are offered by such a Minister, or by Church Members, when someone is seriously ill, this may raise concerns about what is in the best interest of the patient, and this can cause stress for staff involved.

The full-time Chaplains can be consulted for support and advice.

### Family Planning

Attitudes to the acceptability of family planning methods may differ. Christianity is a celebration of life, so termination of pregnancy must be treated with considerable sensitivity.

### Birth

Some mothers will want a special service of thanksgiving after the birth of a child. The Chaplains can be advised.

### Baptism

Holy Baptism may be required if a patient (especially a baby) may die before leaving Hospital.

A Chaplain will normally do this - again before calling check if a Roman Catholic Priest is required.

In an emergency, anyone may baptise. This is done by pouring a little water on the forehead, with the words “I baptise you in the name of the Father, of the Son and of the Holy Spirit”.

In the case of babies this is only done at the parents' wish. The Chaplain must be informed of this, as baptisms need to be registered.

### DYING AND DEATH

### Care of the Dead

The Chaplains can be contacted at the time of death to pray and offer support to relatives. (Note that Roman Catholics normally wish to receive a Priest's ministry before death).

Special prayers may be said by a Chaplain around neonatal death or foetal loss. For the parents this may well be viewed as a blessing of their baby.

There are no special points to note about the laying out or viewing of dead bodies. Some Christians will light candles and might require a cross to be placed in the mortuary.

A Chaplain can arrange to be present to offer pastoral support at the bereavement office when relatives arrive to collect the documents. The Chaplain can also accompany them to the mortuary in order to conduct prayers if they are required.

The full-time Chaplains are available to conduct funerals for patients who have died, and may also conduct services of remembrance to which relatives are invited.

Both burial and cremations are allowed, though some denominations of Christians will prefer burial.

## Hinduism

### Definition

Hinduism, the title given to a religion originating in Asia, encompasses a great tolerance of beliefs and practices, and different communities of Hindus have different ways of expressing their faith, and usually have their own local temple.

They believe that God is one and can be understood and worshipped in many forms. Every Hindu should pray, revere the old and offer generous hospitality to any visitor.

### CULTURAL PRACTICES

### Diet

Hindus are vegetarian, but some will eat eggs and meat except for beef and beef products.

Some commercial brands of food may be refused for fear of their containing animal fats. Sausages and cheeses made with rennet will be avoided.

Strict Hindus will not eat any food which has been in contact with beef. Keep beef products separate from any food offered to Hindus.

Milk, yogurt and cheese are considered to be gifts to human beings from the cow, which is a sacred animal, so they may be eaten.

Some Hindus avoid tea and coffee.

### Hygiene and Modesty

Washing should be done in running, not static, water, so after a bath, rinse the patient with a jug of warm water or shower attachment.

Offer a bowl and jug of water to bed patients so they can wash appropriately, especially after using a bedpan.

Hindus wash their hands before and after meals.

Women may prefer to be seen by a female doctor, or, if the doctor is male, to have a woman chaperone present. They may like their own alternative to the x-ray gown to make sure their body is covered. Hindus are very modest about their bodies and appropriate covering.

Both sexes may be reluctant to remove clothing or jewellery, which has a personal or religious significance.

### MEDICAL CARE

### Organ Donation, Transplant and Post Mortems

Organ donation, transplants and post mortems can present difficulties if people hold strictly to the belief that our bodies should be returned to God in the same state that they were given, and the peace of the soul is affected if bits are missing, but attitudes do vary, so treat each case individually.

### Birth - Mothers and Babies

In most Hindu communities, visiting patients and mothers who have given birth is expected of relatives and close friends, so be tolerant of numbers and sensitive if they have to be controlled, explaining the reason and helping them to filter in an acceptable way.

Some mothers may not want to take a bath after delivery until they have a religious bath on the 13th day.

The baby may be washed but not bathed without the mother's consent. Mothers will probably not like the idea of their baby being placed in a separate room, so please be sensitive if the need arises.

There are various traditions, which may be followed after the birth of a baby.

### Family Planning

Family planning is acceptable, so there will be open attitudes to advice. Terminations of pregnancy must be treated with sensitivity. Please check with the individual what s/he wants, as there is much change and variation in attitudes and practice in the Hindu Community.

### DYING AND DEATH

### Care of the Dying

Death is the final and most important stage in a person's life and ideally it occurs at home. Hospital is always a second best. A possible side room should always be considered.

Before death, a Hindu may wish to offer food, money or clothes to the needy or the Hindu Temple. Relatives will normally facilitate this. Sacred grass (kusha) may be placed under the bed of the dying patient and Holy rites may be performed by a Hindu priest, including tying a thread around the neck or wrist and placing a tulsi leaf in the mouth. Some dying patients may wish to lie on the floor.

### Dying

The soul of the dying person must leave the body in a peaceful state. Allow for overt lamenting, vocal and dramatic gestures as an expression of loss.

The family may wish to perform last offices, and will usually want to wash the body with water mixed with Ganges water.

If the family is not present to carry out the last offices, do not wash the body. Straighten limbs, close the eyes and mouth, leave all religious emblems and jewellery intact and cover the body with a plain white sheet. Place the head towards the north and the feet towards the south. In the case of a still birth, wrap the body in a towel or white cloth and make it available for the family to see.

### Mortuary Viewing

The room should be free of decoration with no symbols present except for the “Om” sign.

### Disposal of Bodies

Cremation is always preferred for adults, though burial may be used for stillborn babies and small infants.

**Islam**

### Definitions

**Islam** - Submission to one God, the Creator and Sustainer of the universe

**A Muslim** - is one who believes in the One God and All the Prophets from Adam to Mohammed (Peace and blessings be upon them all)

**Qu'ran (Koran)** - The Holy Book

**Mecca** - A place in Saudi Arabia where all Muslims turn to in prayer.

### CULTURAL PRACTICES

### Diet

Meat should be killed according to Halal regulations (the animal is blessed before slaughter). Pork and all products from pork, carrion and blood are forbidden.

Muslims will prefer to avoid products containing animal fats when the slaughter procedures and origin are not clearly known. It is not acceptable to remove a piece of forbidden meat from a plate and offer the same plate to a Muslim patient again.

There are times of fasting, especially sunrise to sunset in the period of Ramadan, which should be honoured. These are flexible to the extent that they can be excused at times of sickness, menstruation and breast-feeding, but should be made up later.

### Ablutions and Toilet

Muslims prefer to wash in free flowing water. If a bedpan is used, a container of water should accompany it.

Ablution takes place before each prayer. Women wash their bodies after menstruation.

### Modesty

Muslim women may prefer to cover their heads and chests, and men to keep themselves covered from the navel to the knees.

X-ray staff should be sensitive to these requirements. Mixed wards may present difficulties. Muslim women may prefer to be treated by female staff.

### SPIRITUAL GUIDANCE

### Religious Observance

Practising Muslims pray five times a day. Washing is required before prayer.

Patients can offer prayer in a bed or chair and should face Mecca if possible (SE).

If the Muslim Patient is in hospital, visitors and families need to know where the Prayer Room is located.

### MEDICAL CARE

### Blood Transfusions

These may be accepted with reluctance. Individuals may want to consult their families or religious leaders first.

### Organ Transplants

Are tolerated and sometimes welcomed as a means of alleviating pain, of saving life, provided that no payment is made. Muslims may carry donor cards.

### Birth

When a Muslim child is born, family members will want to say a short prayer in the baby's ear. Male children are circumcised as soon as possible.

### Family Planning

Barrier and prevention methods are acceptable, but not post fertilisation methods. Information should be given freely, but no pressure exerted. Discussions should be in strict confidence, not in front of visiting relatives.

### DYING AND DEATH

### Dying

Dying patients may wish to face Mecca. Families and friends may quietly read the Qu'ran. They may request to be visited by the local Imam.

### Death

If the family carries out the last rites;

• Feet tied together

• Jaw bound (to keep mouth closed)

• Body washed (beginning on the right side)

• Camphor placed in armpits

• Body clothed in cotton garments

• Arms placed across chest

• Body covered with white sheet

• The body may be turned to face Mecca

If no family are present

• Eyes closed

• Jaw bound

• Limbs straightened

• Body wrapped in plain garments

• Body covered with white sheet

If possible, relatives should be allowed to wash the body and to have the opportunity to express their emotions freely and in as much privacy as possible.

A man's body should be washed by men, and a woman's body by women, but a child's body may be washed by either sex. A husband may wash his wife's body and vice versa.

### Still Birth and Neonatal Death

If the foetus has started moving (i.e. at around thirteen weeks), then it is treated in the same way as a child, being washed, clothed or covered and later buried. If the foetus is less than thirteen weeks old, then no soul is believed to have been given to the body and the foetus may be disposed of according to routine hospital procedures.

### Post Mortems

Not tolerated unless under Coroner's order. Much sensitivity is needed in this context.

### Funerals

The body should be buried as soon as possible. Cremations are not permitted.

## Jehovah's Witnesses

### Definition

Jehovah's Witnesses believe in the one, true God whose nature and purposes are revealed in the Bible.

They look forward to the coming of God's Kingdom on earth and have confidence in the future resurrection of the righteous. Jehovah's Witnesses maintain political neutrality and, in worshipping God, avoid all conduct condemned in scripture.

There is a fundamental belief against the use of blood and blood products so these should not be used in resuscitation attempts. Many Jehovah's Witnesses carry a card on their person stating their non compliance with the use of blood products.

### CULTURAL PRACTICES

### Diet

There are no particular restrictions on diet. Witnesses will eat meat only if the blood has been properly drained, so food containing blood, either fresh or processed, will not be acceptable. If in doubt, ask.

### SPIRITUAL CARE

### Religious Observance

Jehovah's Witnesses do not celebrate Christmas, which is not perceived as the birthday of Christ, so if celebrations are organised they will prefer not to join in, nor will they wish to be involved in carol singing.

### MEDICAL CARE

A Jehovah's Witness may like to contact a liaison unit or elder to ensure that their rights are respected and that staff may be helped to understand the principles they have espoused.

A doctor or a Witness patient can call on the local Jehovah's Witness Hospital Liaison Committee on 020 8659 3379.

### Blood Transfusion, Organ Donation and Transplants

Jehovah's Witnesses believe that blood ingestion or transfusion is forbidden in scripture. Whilst the cited verses are not stated in medical terms, Witnesses see them as ruling out the transfusion of whole blood, packed red blood cells, white blood cells, plasma and platelets. Nevertheless, Witnesses' understanding does not absolutely prohibit the use of minor blood fractions.

Refusing blood does not mean that Jehovah's Witnesses are anti-medicine. There are many nonblood alternatives to homologous blood. For example, nonblood volume expanders are acceptable and reinfusion of their own blood will be acceptable to many Witnesses when the blood is not stored and when the equipment is arranged in a circuit that is constantly linked to the patient's circulatory system.

As there is a prohibition on the consuming and transferring of blood, patients will need to be carefully informed about the processes involved in transplant surgery. There is no scriptural objection to giving or taking human tissue or bone or against organ donation, but it is blood that is at issue in this context. Great sensitivity must be exercised in this area.

**Immunoglobulins and Vaccines**

The use of minor blood fractions such as albumin, immunoglobulins and haemophiliac preparations is not absolutely prohibited.

Each Witness must decide individually whether they may be accepted. Accepting vaccines from a non-blood source is a medical decision to be made by each one.

### Use of Narcotics and Medications

The taking of mind altering narcotics and drugs, including narcotics for severe pain, under the supervision of a physician, would be a matter for personal decision, though Witnesses would not want to resort too quickly or without good cause to drugs that were hallucinatory or addictive or if other effective methods of treatment were available, or if the endurance of temporary pain would seem the wise and preferable course.

### Fertility Treatment and Family Planning

Family planning is permitted, though methods to end a conceived life are not acceptable and would be viewed as abortion. Pills which inhibit ovulation are permitted but not the progestin only pill which may allow ovulation or the coil which prevents the fertilised ovum from implanting. Barrier or prophylactic methods are preferred.

Fertility treatment is not condemned though blood products should not be used and there is a real concern that excess fertilised ova should not be destroyed as they represent human lives. Sperm and ovum must come from the married couple involved.

### Termination of Pregnancy

Deliberately induced abortion to remove an unwanted child is seen, as the wilful taking of human life and so is not acceptable. If a choice must be made between the life of the child and that of the mother, it is up to the individuals concerned to make that decision.

### The Rhesus Factor in Newborn Babies

Women choose for themselves whether or not to accept immunisation. Parents may request that complications in the baby be managed without exchange transfusion.

### DYING AND DEATH

### Dying

Life is sacred and reasonable, humane effort should be made to sustain it. Scripture does not, however, require that extraordinary, complicated, distressing and costly measures be taken to sustain a person if that would result only in prolonging the dying process or leaving the patient with no quality of life.

Any advance directions by the patient that specifically define what is and what is not wanted should be respected.

### DEATH -

### At the time of death :

Child baptism should not be offered as the baptism of adults is the only acknowledged rite.

For adults and children, the body may be laid out according to routine procedures.

### Post-mortems

Unless there is a compelling reason, such as the post-mortem being required by a governmental agency, Witnesses prefer the body of a relative not to be subjected to post-mortems.

There is no preferred method of disposal of bodies or of foetal remains.

## Judaism

### Definitions

Judaism has been in existence for five and a half thousand years, and is based on the belief in the one universal God, worshipped from the heart of the individual, the carrying out of the Law and the practice of tolerance and love towards one's neighbours.

The main strands are Orthodox Jews and Progressive (Reform / Liberal) Jews.

### CULTURAL PRACTICES

### Diet

Most Jews will require that any meat be slaughtered in a particular way to drain the blood from the animal called “Kosher” meat.

They will not eat pig meat or pig meat products, and many will not drink milk and eat meat at the same meal. Kosher food can be ordered in Hospital. If the patient does not request Kosher food, (s)he may opt for a vegetarian diet.

Fish is normally acceptable, provided that it has fins and scales, which means that shellfish will not be eaten.

Non Orthodox Jews take food laws less strictly and dietary requirements may be relaxed when someone is ill.

### Ablutions and Modesty

Many Jews will probably wish to wash their hands and say a brief blessing before they eat. Orthodox women may prefer to keep their hair and arms covered. Some Orthodox men prefer to be bearded or will only use an electric razor. They may wish to keep their heads covered.

There may be a request for women to be examined by a woman doctor. Women may decline to shake hands with men. Less Orthodox Jews are not strict about these matters.

### SPIRITUAL CARE

### The Sabbath

The Sabbath begins at nightfall on Friday and lasts till the evening of Saturday. Orthodox Jews will not travel, work, cook or switch on electrical appliances during this period. It would be helpful if staff would do this for them.

Less Orthodox Jews interpret the rules less strictly. Many Jews in Hospital may like to be able to light a candle to mark the beginning and end of the Sabbath.

### MEDICAL CARE

### Blood Transfusions

Jews affirm life, so blood transfusions are permitted.

### Organ Transplants and Donations

Organ transplants may be permitted provided that no organs are removed until death is established.

Organ donation must be treated with sensitivity as, except for corneas, the body should remain whole, but this rule may well be relaxed by less Orthodox Jews.

**Birth**

If the child is a boy, circumcision may be requested in Hospital, though this ritual is usually deferred until the mother and child have returned home 8 days after birth.

### Family Planning

Mechanical methods are not strictly permitted, but many Jews have open attitudes to family planning.

Terminations of pregnancy are permitted if the mother's physical or mental health is at risk. As the separate life of a person is thought to begin as the head is born, this means that foetal loss or stillbirth must be handled with particular sensitivity.

### DYING AND DEATH

### Dying

According to Jewish tradition a dying person should not be left alone. Families and relatives may wish to stay. Prayers may be said.

### Death

Death has its rites. Psalms and prayers are said and the family may like a Rabbi to be present.

No mutilation of the body is allowed unless there is a legal requirement for a post mortem.

The funeral should take place within 24 hours if at all possible, though delays are permitted to allow mourners to be present. Cremation is not practised by Orthodox Jews, but less Orthodox Jews may allow it, and stillborn children may be cremated.

The family will probably wish to lay out the body, depending on the sex of the deceased person, males or females prepare the body for burial and usually three members of the community are present.

The body is washed and shrouded before being placed in the coffin. Prayers are said. There is a family mourning of 7 days, during which prayers are said. Mourners visit the bereaved family.

If no family members are present, wearing gloves, close the eyes, tie the jaws so the mouth is closed, straighten the limbs, leave all emblems or jewellery on the body and cover with a white sheet.

Where possible, the body should not be left unattended after death.

## Sikhism

### Definitions

Sikhs are members of a religious faith, which originated in the 15th Century in the Punjab in Northern India.

They believe in one God and their religious book, the Gura Grant Sahab, is a collection of writings of the 10 Gurus.

The Granthi, or reader in the temple, need not be consulted when a patient is in Hospital, but Sikh patients may like to have family members around them during a consultation or around the time of death.

Some Sikhs need to observe special prayers, dietary rules and the wearing of the 5K's:

• Kesh Uncut hair

• Kangha The wooden comb

• Kara Iron wrist band

• Kirpan Short sword

• Kach Short trousers or breeches

These symbols should not be removed or disturbed unless absolutely necessary, so special sensitivity must be shown.

### CULTURAL PRACTICES

### Diet

Many Sikhs are vegetarian and avoid animal products. There are “Jhatka” regulations for the killing of animals. Halal meat is prohibited. Beef is not eaten.

Care needs to be taken in explaining the ingredients of stews or meat dishes, which have unfamiliar names such as “brisket” or “hotpot”. Vegetarian food served from the same trolley as meat is unacceptable.

### Hair

Many Sikhs do not cut their hair, shave or disturb other body hair, so that there are issues around shaving for operations. Hair may be washed as necessary, dried and tied in a bun, both for men and women.

### Family Planning

There are normally no objections to family planning.

### SPIRITUAL CARE

### Prayer Room

Sikhs may well wish to use the prayer room for their prayers.

### MEDICAL CARE

### Blood Transfusions and Intravenous Drugs

These are permitted.

### Abortion

Abortion is unacceptable other than for strong medical reasons.

### Women

Women prefer a female doctor or nurse and will take care over modesty in dress when on the wards or being taken for x-ray.

Women may like to wear their Salwar (trousers) or their own slip on dress for x-ray rather than the usual gown provided as this is open at the back.

### Birth

Devout women giving birth are obliged to keep one leg in their underpants. A blessing may take place at the time of the birth – the religious naming ceremony takes place later at the Gurdwara.

### DYING AND DEATH

### Dying

Family members may read and pray or call the ‘Granthi' from the Gurdwara. Sikhs have a duty to visit the dying – expect a lot of visitors

### Death

Sikhs do not object to non-Sikhs touching the body, though if any doubt exists, gloves may be worn.

The family may like to carry out the last rites and to lay out the body and to read from the ‘Gura Granthi Sahib'.

If no family members are present:

• Wash the body

• Close eyes and mouth

• Straighten the limbs and head

• Leave the 5 K's intact and the turban on men

• Cover with a plain sheet

### Mortuary Viewing

The only religious symbol on display in the mortuary chapel should be the Khanda

### Post Mortems

There is no objection to post mortems

### Funerals

Family members will want the body to be released for the funeral as soon as possible.

Cremation is preferred except in the case of neonatal death when burial may be preferred.

## Vietnamese

### Definition

Vietnamese people tend to come from two communities, Vietnamese and Chinese Vietnamese, so there are cultural differences and religious variations as well.

There are three religious traditions: Buddhism, Taoism and Confucianism though these are not necessarily mutually exclusive.

Most Vietnamese believe in some form of reincarnation, which affects both daily living and attitudes to death.

### CULTURAL PRACTICES

### Diet

There may be many difficulties around food, not so much on religious grounds as on a preference for lightly cooked foods. Traditional British cooking can often seem too over processed and heavy.

Food plays an important part in the culture, having a particular social function, so the family may prefer to bring it in to patients, not as a gesture of repudiation of Hospital cooking, but because offering and receiving food is part of normal social life.

Some Vietnamese may be vegetarian. Virtually all will set a high value on rice and a rather low one on milk and dairy products.

There are two dates in the lunar calendar, the 1st and the 15th , when Vietnamese people will not wish to eat meat.

There are no special dates or times for fasting.

### Modesty

There are no particular rules, but there may be a preference on the part of some women to be examined by a female doctor.

### MEDICAL CARE

### Medicine and Illness

Many Vietnamese people will be used to a very different tradition of medical practice than would be found in British Hospitals. This means that tact and understanding need to be exercised and patients may need reassurance and careful explanations of treatments.

### Blood Transfusions and Transplants

Any difficulties will be cultural rather than religious. There is some resistance to organ transplants, but attitudes are changing fast.

### Family Planning

There is no objection to birth control methods as such, though many Vietnamese value large families and may find the thought of limiting them difficult.

Sterilisation should be approached with sensitivity.

### Birth

Vietnamese people are getting used to the British practice of having babies in Hospital. They may feel that bathing or showering soon after giving birth is inappropriate. A traditional rice dish may be brought to the mother 24 hours after the birth by members of the family.

### DYING AND DEATH

### Death

The Vietnamese people will prefer to die at home. If they die outside the home it is felt that the soul needs ritual help to return home.

The spirit must be purified and there will be expressions of grief that must be handled with tact. Feelings will be shown and the loss spoken openly.

It is believed that the soul wanders for 49 days and there will be rituals every 7 days to carry the soul over the river of death.

The body should be laid out straight. Relatives will probably want to do this themselves and to dress the body rather than leaving it under a sheet or in a shroud.

They may like to shave the head of the dead person and the eldest one in the Chinese Vietnamese family may put a coin in the mouth.

Rice offerings and chopsticks will be set by the body.

### Mortuary Viewing

Bodies should be viewed in a plain setting, with no candles, symbols or ornaments.

There should be a small table where rice and joss sticks can be placed.

Burial is normally preferred to cremation.

K. Statement Publication

Staveleigh Medical Centre will endeavour to update and publish their policy and statement as soon as possible and appropriate. The policy and statement should be reviewed not more than 12 months of the version date.

The statement needs to be approved and signed by an appropriate senior person in the business to ensure senior level accountability.

A copy of the statement is to be provided to anyone who requests one in writing. The copy must be provided to the requestor within 30 days of the receipt of the request.

L. Additional Information

None recorded.

M. References & Further Resources

None recorded.

N. Appendices

None recorded.

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