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	<b>Status:</b> Ratified

<b>Scope:</b> Trust Wide	<b>Classification:</b> Organisational
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<b>Author/Originator and Title:</b> Rev Graeme Harrison, Chaplaincy Team Leader in consultation with Chaplaincy colleagues and representatives of local faith communities	<b>Responsibility:</b> Directorate of Clinical Governance
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<b>Replaces:</b> Version 1 Religious And Cultural Beliefs CORP/GUID/027	<b>Description of amendments:</b> New format, contact numbers separate document, amended information on faith groups
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<b>Ratified by:</b> Clinical Governance Committee	<b>Ratified Date:</b> 11/06/2009	<b>Date of Issue:</b> 11/06/2009 <b>Review Date:</b> 01/09/2012
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<b>Review Dates:</b> Review dates may alter if any significant changes are made	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
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**Does this document meet with the Race Relation Amendment Act (2000) Religious Discrimination Act, Age Discrimination Act, Disability Discrimination Act and Gender Equality Regulations?** Applicable

**1 PURPOSE.**

The aim of this document is to provide staff with information and guidance needed when caring for patients from a variety of different religious and cultural backgrounds. Blackpool tends to have few patients from ethnic minority groups, so staff may not be routinely aware of their needs. While it is always important to discuss needs with a patient or family, it shows respect to have some understanding of what may be important to them.

**2 SCOPE.**

Trust wide

**3 GUIDELINE**

**INTRODUCTION**

A person's religion and culture is central to their very being, and will have a direct effect on their needs, their behaviour and often on their attitude to illness. At a time of crisis, such as illness and hospitalisation, a patient may receive a great deal of comfort and benefit from practising their faith, and from having their religious and cultural needs recognised and respected.

Many people today view faith as irrelevant: it is never considered. Even if this is the case for a member of staff personally, the addressing of spiritual, religious and cultural issues should still be recognised as an integral part of patient care.

The beliefs of each person should be respected. This includes treating with respect items that are important to them, whether religious or not. It may be offensive to put articles considered holy on the floor or in a locker or bag with dirty washing or shoes.

It is customary when a patient dies to put a bible, cross and flowers on the bedside locker. However, not all relatives may wish for this. It is not appropriate to do this for people of other faiths, or to use their holy texts, as close proximity to a dead body could be considered as lacking respect. It is best just to tidy the patient area, maybe putting a cloth over the locker. Relatives may wish to have holy items present, but it must be their choice.

It is important to be aware that this document can only give an overview of issues, and the degree of observance of religion and culture will vary between individuals. Some may be very devout; others may only be nominal, not practising, and might be offended by e.g. a visit from a religious leader.

**PLEASE NOTE**

It is important never to make assumptions about another person's cultural or religious views or requirements: **ASK THEM**

Aspects of each faith or cultural tradition are dealt with in the appendices.

### **Spiritual Needs**

All people have a spiritual dimension, and a patient may show signs of spiritual distress regardless of religion. Indications of this may include:

- A sense of hopelessness/meaninglessness. The patient becomes apathetic or withdrawn.
- Intense suffering. The patient asks “Why me?”
- Sense of the absence of God/ loss of faith/ giving up on religion.
- Anger towards God/ religion/clergy and religious institutions.
- Sense of deep-seated guilt or shame
- Unresolved feelings about death.

In such cases it may be appropriate to involve a chaplain who can talk to the patient and refer on as required.

### **What Is Religion?**

Religion is a particular outworking of one’s spirituality. It is usually in relation to an understanding of God or gods, (but not in Buddhism: the Buddha was a teacher who taught about self-enlightenment). It usually involves:

- a Holy Book, Scripture or Tradition that tells of God.
- forms of prayer or meditation
- a group of like-minded people following a certain moral code.

The main world faiths represented in this country are Christianity, Judaism, Islam, Hinduism and Sikhism. There are also numbers of Baha’is and Buddhists. Although this country has a Christian heritage, many people now only have a hazy idea of Christian teachings. Also some have an eclectic understanding, choosing parts of different faiths.

### **What Is Culture?**

Each person is unique. However, we function in social groups, and have identities which relate to our ethnic origin, culture, religion, etc. Some features of these will be shared with others, and some will be unique.

A simple definition of culture is ‘how we do and view things in our group’ Some aspects of culture are visible or otherwise obvious, such as:

- clothes,
- language,
- how home life is conducted
- how hospitals are organised.

Differences in these are easily noticed.

Shared norms and values may be less obvious, but are as important, as they define what we consider to be right, normal or important behaviour. These include:

- ideas about the meaning of life and illness,
- who should care for the ill, where and how;
- who should make decisions when someone is ill;
- how the dying should be treated, and what they should be told;
- what should happen after death.

Within any cultural or religious group there is a range of views. Also, sometimes aspects of culture may be particularly associated with a religious understanding, but this may be

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overlaid by ethnic background, or vice versa. For example, Muslims from Eastern Europe, the Middle East, and from Pakistan may have very different views and needs.

**Good Practice Guidance:**

The Department of Health produced guidance for NHS organisations entitled ‘Religion or Belief – A Practical Guide for the NHS’ (DH Jan 2009). This guidance includes an overview for providing patient services.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093133](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133)

*‘The wide range of religions and beliefs in the UK today, and how these impact on and influence attitudes to planning, giving and receiving healthcare from pre-conception right through to dying and even after death, require NHS staff and clinicians to be aware of and sensitive to the many perspectives that patients bring to ethical decision making.*

*It should never be assumed, however, that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients’ reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual, and those treating them should try to ascertain their views and preferences before treatment begins.’ Page 25, DH Religion or Belief, Jan 2009*

**Some key issues to consider in Religious and Cultural Care:**

- a. Diet** – *Patients should always be asked to state their dietary needs; nutrition is an essential element in the treatment and recovery of patients, and patients could refuse food if it does not meet the requirements of their religion or belief. This is especially relevant in older patients, who may not indicate their needs unless they are asked, or in those who fear they are likely to die and are therefore even more observant in their religious practice at the time. There is a risk that the refusal of food may be attributed to a loss of appetite, leading to poor nutrition if the real reason for refusing food is not established. An example of this could be offering a chicken sandwich with butter to a Jewish person, whose religion forbids the mixing of meat and dairy or milk-based products. (page 25, Religion or Belief, DH Jan 2009)*
- b. Modesty** - *Modesty in dress and a requirement to be treated by a doctor/nurse of the same sex is also important in some religions. NHS staff should consider these requirements in order to preserve the dignity of the patient. However, it is not always possible or feasible to provide same-sex attendance, particularly without adequate notice that this might be an issue, and this should be made clear at the time of making appointments. (page 26, Religion or Belief, DH Jan 2009)*
- c. Beginning of Life** – *As described in the DH guidance, many religions will have concerns in relation to contraception, abortion / termination, prenatal medicine*

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*(artificial reproductive technologies (ARTs), prenatal diagnosis (PND), prenatal genetic diagnosis (PGD)) and practices at childbirth. Issues such as these should always be sensitively considered & discussed if there is a particular religious understanding.*

- d. Palliative Care** - *Palliative care aims at the enhancement of the quality of life for terminally ill patients as well as their relatives/family. Both the physical and the spiritual aspects of individual patients are (should be) considered, allowing for individual religious views on the relationship between body, mind, soul and spirit. The inclusion of family is particularly relevant in religious communities where large emphasis is placed on familial bonds. Where palliative care includes families and relatives in the care of patients, it is particularly important that the staff involved are aware of religious attitudes towards disease, suffering, dying and death and religious practices (such as anointing of the sick in Christianity, and prayer in Islam), as well as views on familial responsibilities and traditions. (page 30, Religion or Belief, DH Jan 2009)*
- e. End of Life Concerns** - *Many religions and beliefs include in their teachings views on dying, death and the afterlife.....For many religions, life does not end with death. Often the process of dying is seen as an opportunity for spiritual insight. In Buddhism, Hinduism and Sikhism, for example, the way in which one dies may influence one's rebirth.....In the event of a death, NHS staff should consult the patient's relatives to determine their preferences with regard to preparation of the body and other religious requirements. It is important to remember that early burial is a requirement in some religions. (page 31, Religion or Belief, DH Jan 2009)*
- f. Concerns with certain drugs and treatments** – some religious patients may raise issues with prescribed medicines or treatments that involve porcine-based drugs or alcohol-based drugs / treatments. However, if there is no ready alternative the patient may be happy to take the prescribed medicine as allowances in their religious observance may be made for the sake of their physical health. (see pages 31-32, Religion or Belief, DH Jan 2009)
- g. Organ / Tissue Donation** – it should not be assumed that the patient who is of a particular religion will be against organ / tissue donation. Many religious groups are positive about donation being a great gift of life to others. Sensitive discussion should take place with patients / families around this issue taking into consideration any religious perspectives / concerns.
- h. Visiting faith leaders / clergy** – An essential part of a patient's religious and spiritual care may involve a faith leader / clergy visiting them. If appropriate this may be facilitated outside of normal visiting hours with permission from the senior nurse on duty. Visits outside of hours should be allowed if convenient with ward routines and that there is a specific need for the patient to discuss their needs with a faith leader / clergy without any other family or friends present.
- i. Chaplaincy Support** – Chaplaincy can be helpful in a number of ways both for the patient / family and staff either by providing direct care or advice to staff as needed.

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**4 ATTACHMENTS.**

- Appendix 1: Bahá’í faith
- Appendix 2: Buddhism
- Appendix 3: Chinese Community
- Appendix 4: Christianity
- Appendix 5: Christian Scientists
- Appendix 6: Hinduism
- Appendix 7: Islam (Muslim)
- Appendix 8: Jehovah’s Witnesses
- Appendix 9: Judaism (Jewish)
- Appendix 10: Mormonism (Latter-day Saints)
- Appendix 11: Rastafarianism
- Appendix 12: Romany Origin
- Appendix 13: Sikhism
- Appendix 14: Resources
- Appendix 15 Equality Impact Assessment Form

**5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION.**

Held By: Clinical Governance/Chaplaincy/Graeme Harrison  
 Held in format: Electronic and hard copy  
 Database for Policies, Procedures, Protocols and Guidelines  
 Archive/Policy Co-ordinators office

**6 LOCATIONS THIS DOCUMENT ISSUED TO.**

Copy No	Location	Date Issued
1	Intranet	11/06/2009
2	Equality & Diversity files on wards	

**7 OTHER RELEVANT /ASSOCIATED DOCUMENTS.**

Procedure No.	Title
	Reference list of Ministers of Religion (all faiths) – to be held by chaplaincy department and switchboard only
CORP/POL/012	Bereavement Policy <a href="http://bfwnet/departments/policies_procedures/documents/Policy/Corp_Pol_012.pdf">http://bfwnet/departments/policies_procedures/documents/Policy/Corp_Pol_012.pdf</a>
CORP/PROC/149	Bereavement Procedure <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093133</a>

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## **8 AUTHOR/DIRECTORATE MANAGER APPROVAL.**

<b>Issued By</b>	Rev G Harrison	<b>Checked By</b>	M Thompson
<b>Job Title</b>		<b>Directorate</b>	Director of Nursing and Quality
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>	June 2009	<b>Date</b>	June 2009

## **APPENDIX 1: BAHÁ'Í FAITH**

Blackpool Fylde and Wyre Hospitals NHS Foundation Trust

**I.D. No:** CORP/GUID/027

**Revision No:** 2

**Review Date:**01/09/2012

**Title:** Religious and Cultural Beliefs

*Do you have the up to date version? See the intranet for the latest version*

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The Bahá'í Faith began in Persia in the mid Nineteenth Century, but is now world-wide. Its founder Bahá'u'lláh (a title meaning Glory of God) lived from 1817 to 1892, and is regarded by Bahá'ís as a Messenger of God. A Bahá'í believes in one God, and accepts many people (e.g. Jesus, Buddha, Mohammed) as prophets. The faith emphasises the unity of mankind and of religions, the harmony of religion and science, the equality of men and women, and the abolition of prejudice. There are no clergy, and affairs are managed by elected administrative bodies known as 'Spiritual Assemblies'; at present there are some 200 of these in the UK.

The majority of Bahá'ís in this country are of British background, and their cultural approach and needs are basically the same as those of other patients. Bahá'ís believe in the healing power of prayer, but have no objection to orthodox medical practice, seeing them as different aspects of the same God-given healing process: they are exhorted by their faith to trust and follow the recommendations of the doctors treating them.

**Key issues and special considerations**

Bahá'ís observe a period of fasting during March each year, from sunrise to sunset; invalids, children, the elderly, expectant and nursing mothers are exempted from this. However, a patient may wish to fast.

Patients would wish to be at home to celebrate Nawruz (New Year) on 21st March.

Under normal circumstances, Bahá'ís abstain from alcohol and other harmful or habit-forming drugs, but it is permitted where prescribed as a necessary part of treatment. Narcotics will similarly be permitted for control of pain as prescribed.

Termination of pregnancy is permitted only where there are strong medical grounds such as risk to life and health of the mother.

There is no objection to the giving or receiving of blood transfusions or organ transplants.

**Diet**

There are no special requirements as far as food and diet are concerned except that the abstention from alcohol extends to cooking as well.

**Care of the dying and what to do after death**

- A patient may wish for a Bahá'í member to pray with him (see 'Ministers of Religion' list for current contact – available via Chaplaincy or switchboard)).
- Organs donation after death is regarded as praiseworthy.
- Necessary post-mortems are permitted.
- The body should always be treated with great respect after death. Routine last offices are appropriate.
- Before burial, the body is washed and wrapped in a shroud of cotton or silk, and a special ring is placed on the finger.
- Cremation is not permitted, and burial should take place as close as reasonably possible to the place of death, certainly within an hour's travel time.

**Local Contacts**

There are a small number of Bahá'ís in Blackpool. Check with Switchboard or the Chaplaincy dept for current contact number.



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## **APPENDIX 2: BUDDHISM**

Buddhism arose in the Sixth Century BC in northern India; it is widespread in Tibet, Sri Lanka, the Indo-China peninsula, China, Japan, Korea, and there are many converts in western countries. Buddhist faith centres on Buddha (the Enlightened), revered not as a god but as the Founder of the Way of Life. While there are several 'schools' of Buddhism, all their teachings are based on non-violence, brotherhood, and the seeking of spiritual growth. Buddhists believe in re-birth (not the same as re-incarnation) and that their actions in this life influence the quality of the next, so have a strong sense of personal responsibility. The usual Buddhist symbol is the eight-spoked wheel of the law. Buddhist monks and nuns in the New Kadampa Tradition (NKT, a form of Mahayana Buddhism) will often have shaved heads and wear gold (saffron) and maroon robes. NKT monks and nuns usually have the religious name/title 'Kelsang'.

### **Basic Buddhist tenets common to all traditions include:**

#### **• *Nature of the Mind and Rebirth:***

Buddhists believe that the body and mind are separate entities. Instead of ceasing, the mind simply leaves the present body and goes to the next life. The quality and character of the next life is determined by the karma at the time of death.

• ***Karma***, is the law of actions and effects (eg, "as you sow, so shall you reap" or "what goes around, comes around").

• ***Renunciation*** is not a wish to abandon our family, friends, home, job, and so forth, rather, it is a mind that functions to stop attachment to worldly pleasures and that seeks liberation from all suffering by abandoning delusions from the mind.

• ***Compassion*** is a mind that is motivated by cherishing other living beings and wishes to release them from their suffering. This is the main aim of Mahayanist traditions and the cause of 'bodhichitta', the wish to become enlightened.

We can understand from these basic tenets some of the needs of a Buddhist patient, remembering that Buddhism allows for a great deal of individual choice, depending on the individual's level of, and approach to, their personal practice of these tenets. Also, *Buddhists come from many different cultures. There are now many Western Buddhists.* In addition, Buddhists will apply different teachings of Buddha according to the needs of each individual situation, this can appear contradictory and confusing to non-Buddhists. So it is always useful to check with the individual patient.

### **Special considerations**

- Indian/eastern Buddhists may have strict hygiene rules (including washing before meditation, after urination, etc.)
- Monks and nuns in particular, should be asked by what name they wish to be known.
- Peace and quiet for meditation (and maybe chanting) would be appreciated, as would visits from other Buddhists, preferably of the same school.
- A statue of Buddha or scriptures should always be treated with great respect.
- Buddhism embraces modern medicine. Buddhists are generally against abortion and euthanasia, but regard this principally as a matter of personal choice.

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## **Diet**

Many Buddhists are vegetarian. Alcohol is forbidden to monks and nuns, although total abstinence for lay Buddhists is a matter of personal choice.

**Gender & Modesty Issues: these will vary from culture to culture, and from individual to individual, so it is helpful to check. Cleanliness and washing are generally important.**

**Prayer / Meditation needs:** These are an important aspect of Buddhist spiritual practice. Depending on the tradition they belong to, and individual levels of practice and commitments to practice, Buddhists may meditate/pray several times a day: There are many different types of meditation, all with the purpose of making the mind calm and peaceful. For this reason, it is important to allow them external 'peace and quiet', minimising disruptions and interruptions.

Care of the dying and what to do after death

- A side room is a priority.
- Support from another Buddhist (ideally from the same school) should be offered (see 'Ministers of Religion' list for current contacts – available via Chaplaincy or switchboard).
- The patient should be involved at all stages. Personal preparation for death is very important (Some Buddhists spend a lifetime preparing for their death). The state of mind at the time of death is believed to influence the character of re-birth. Death is considered an important point of transition, and the ideal is to remain clearly conscious as long as possible. For this reason, Buddhists may not want to be given drugs that have a sedating or tranquilising effect.
- If possible, some Buddhists, including those of the NKT, may prefer the body of the dying person to be touched as little as possible, except for the area around the crown of the head.
- Quiet, meditation, and chanting may be used. Death should be peaceful and joyful.
- There may be no objection to organ donation, nor to post-mortems, but this is a matter of personal choice.
- After death, it is essential that a Buddhist minister or monk is informed. Routine last offices are appropriate as long as the body is treated with respect.
- Members of the Buddhist community may request time (up to an hour) to pray with the deceased, before the body is touched.
- Buddhists are usually cremated.

## **Local Contacts**

There is a Kadampa (NKT) Centre in North Shore, which is the base for a nun. There are also contacts for the Gelugpa and Zen traditions. Check with Switchboard or the Chaplaincy dept for current contact numbers.

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### **APPENDIX 3: CHINESE COMMUNITY**

The main period of Chinese immigration was in the 1950's and '60's, from various parts of the Far East. China itself is very diverse, this diversity being reflected in the community in Britain. While many Chinese are now British born, aspects of traditional Chinese culture and philosophy remain important. A 1997 survey indicated that over 50% of Chinese in Britain have no formal religion, some 25% are Christian, 20% are Buddhist, with some Taoists and Muslims.

There are many different Chinese dialects e.g. Mandarin, Cantonese, but only one written language. Check that your interpreter speaks the same dialect as the patient. Because of its complexity, many Chinese are not skilled at writing.

- Many older Chinese speak little English. Traditionally the family is extended, with people of several generations living together. The reputation and honour of the family is considered important.

Chinese philosophy is based on three main strands: Confucianism, Taoism and Buddhism (see separate entry). Confucius lived about 2,500 years ago and taught social harmony through a code of personal and social conduct. Taoism contains the idea of a unifying force underlying as reality and stresses the importance of achieving purity and union with the natural world through meditation. The concepts of good and bad luck are important.

The Chinese New Year is the major festival, and is celebrated in January or February.

#### **Key issues and special consideration**

- Chinese medicine is a well-organised and highly respected system of medical knowledge based on balance and harmony within the human body. Treatment includes diet, herbal medicines and acupuncture. Such treatment may be preferred.
- Treatment by a medical attendant of the same sex may be preferred.
- Physical modesty and dignity are very important.
- The emphasis on courtesy and respect may mean a patient may not feel able to question medical decisions or complain about issues. Staff should be sensitive to non-verbal cues.
- It is important to involve family members as much as possible in decisions and care.
- People may pray to their departed ancestors and many believe in reincarnation, but others do not.
- They may bring a picture or statue of their deity in to hospital, or may wear a pendant showing their deity which they may not wish to remove; these must be treated with respect.

#### **Names**

Traditionally the family name comes first, followed by a two-part personal name always used together. On marriage, a woman usually adds her husband's family name before her own. Chinese people do not usually expect to use first names, so prefer to be addressed as Mr, Mrs etc.

#### **Diet**

Rice is a staple, traditionally eaten at each main meal. A balance of food types is eaten to maintain or restore the harmony of the body.

#### **Care of the dying and what to do after death**

- Death may be regarded as dangerous and unlucky to others, so death away from home may be preferred. Children and pregnant women may avoid a dying person.

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- A dying person may wish to put practical affairs in order, but there may be little emphasis on discussing feelings.
- Traditionally it is important that the body is buried whole, so some may be reluctant to allow post mortems or organ donation.
- Some people grieve loudly as a sign of a good relationship with the deceased.
- The family may request a room to keep a vigil with the deceased, and may wish to burn incense. This should be accommodated if possible, but liaison with the fire officer is essential.
- The family may wish a coin to be placed under the tongue of the deceased. This should be left there and recorded as appropriate in the patient records.

**Local Issues**

The Chinese community is the largest ethnic minority group in Blackpool, and have a Chinese community association. Check with Switchboard or the Chaplaincy dept for current contact number.

There is a Chinese Christian Fellowship in Preston.

The nearest large Chinese community is in Manchester. We are currently seeking a faith contact

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## **APPENDIX 4: CHRISTIANITY**

The Christian religion acknowledges the divinity of Jesus Christ. Christians believe that some 2,000 years ago God became man on earth in the person of Jesus. He was crucified, was raised from the dead and ascended into heaven.

Approximately one third of the world's population professes some form of Christianity. There are many different Christian churches, with differing structures, beliefs and rituals, but the concept of one God, who reveals himself as Father, Son, and Holy Spirit (the Trinity), is central to all Christian teaching. The principal holy book is the Bible, consisting of scriptures shared with the Jewish faith (the Old Testament) and the collection of Gospels and Epistles specific to the Christian faith (the New Testament).

The Gideons provide Christian scriptures at every bedside within the Trust (New Testament and Psalms)

Sacraments are ceremonies which Christians believe were ordained by Jesus Christ, and confer spiritual gifts on those who receive them. They are only for the living. Baptism (the 'essential' sacrament) marks the entry of the person into the family of Christ. Within the traditions there are a variety of approaches towards seeking Baptism ranging from those who would wish new born & infant baptism through to those who would wait until adulthood where informed choice can be applied. Anointing a patient with holy oil is another sacrament, also called by Catholics the 'Sacrament of the Sick'. The most frequently celebrated sacrament is Holy Communion, and according to the differing Christian traditions also called the Eucharist, Lord's Supper or Mass . Patients in hospital may find particular comfort from receiving Holy Communion, whether or not they are currently connected with a church. Chaplains or their authorized assistants can bring Holy Communion to the bedside. Denominational differences are respected, where appropriate.

Christians are encouraged to develop their own pattern and discipline of prayer, which includes private devotions and attending church services. In hospital this is often not possible, but staff can respect the patients desire to find moments of peace for prayer.

Prayer can contribute greatly to the healing process. Chaplains can help patients with prayers in a wide variety of circumstances. Roman Catholic patients may like to pray the Rosary (a special set of beads). The Chaplains can supply some Rosaries, as well as a variety of prayer cards and booklets.

### **Christian churches include**

- Anglican/Church of England,
- Roman Catholic and
- Free Churches, encompassing among others, Methodist, Baptist, United Reform,

### **Presbyterian, Church of Scotland, and Salvation Army.**

The proportions of people belonging to different Churches varies with the area. In many countries, Roman Catholicism is dominant, and there are also relatively more Catholics in the north west of England than elsewhere, mainly due to immigration from Ireland and in more recent times members of the Polish, Indian and Pilipino communities have added to the local Roman Catholic population. Increasingly Churches are working together, but respecting differences. The Church of England ordains women as well as men as Priests. Some patients may have conscientious objections to women Priests, and prefer not to be visited by such. In these situations, the Hospital Chaplain is available to call in an acceptable Priest.

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Many people are only nominally Christian (not practising), even if a Christian does not regularly practice or belong to a church then they may still find support helpful in time of crisis.

### **Key Issues and special considerations**

- Chaplaincy services should be offered routinely to all patients and, where appropriate, to their families.
- Patients may wish to see a Chaplain, especially before an operation. Some may wish to be anointed and/or to receive Holy Communion.
- Most Catholic patients will wish to be visited by the Catholic Chaplain whilst in hospital, especially in times of crisis.
- There is no *religious* objection to the giving or receiving of blood or organs, nor of the donation of the body for research.

### **Issues around birth**

Some parents may appreciate prayers of thanksgiving or a blessing for their baby.

If a baby is critically ill, parents should be offered the possibility of baptism. Although this is usually performed by a priest or chaplain, in an emergency, anyone (preferably a practising Christian) may baptise. If a baby has already died, a naming and blessing ceremony should be offered. Sometimes other family members (e.g. grandparents) may need support, even if the parents decline.

### **Care of the dying and what to do after death**

- The dying patient and/or the family may value support from either their own minister or a Chaplain. Around the time of death, prayers may be said, and the person may be anointed (this used to be called the ‘last rites’ by Catholics).
- Routine last offices are appropriate.

### **Churches and sects**

There is a great spectrum of belief and practice within Christianity, and there are many different Christian Churches, each tradition having a slightly different emphasis and structure. Some have definitely different practices: for example, the Seventh Day Adventist Church keeps the Saturday as the Sabbath, the holy day each week. Quakers (or members of the Religious Society of Friends) do not have ordained Ministers, but Elders, and in worship wait in silence on God, rather than having any formal prayers etc.

Some groupings are not recognised as mainstream Christian Churches, even though they might use the terms ‘Church’ and ‘Christian’. Such groups may be called ‘sects’. There is always debate about boundaries: which beliefs are essential for someone to be recognised as Christian. The Unitarian Church does not recognise the Trinity of God revealed as Father, Son and Holy Spirit: Jesus is recognised as a good man and special teacher. Mormons and Jehovah’s Witnesses are also not recognised as Christian by most people.

### **Local Issues**

Blackpool Victoria Hospital has a Chapel, located off the main corridor. It is open to all. Services are held on special occasions, and are publicised round the wards. The Chaplains and Volunteers visit the wards regularly, but are not able to visit everyone routinely, so it is helpful if requests for visits are passed on promptly, either to the person visiting the ward, or to the office on (30)3876 / (30)6299.

***This is a guide only – please discuss specific care with patient and family as appropriate***

Chaplains are available to respond to emergency calls at any time. Switchboard always has the current on-call rota

The other community hospitals have weekly visits from Chaplains (Anglican & Free Church). There is also a local Roman Catholic Chaplain assigned by the Catholic Bishop for each community unit. Each unit should have their own contact details as well as switchboard at Blackpool Victoria.

***This is a guide only – please discuss specific care with patient and family as appropriate***

## **APPENDIX 5: CHRISTIAN SCIENCE**

Founded in 1879 by Mary Baker Eddy, the Church of Christ, Scientist is probably best known for its reliance on prayer alone for the healing of disease and sickness. It is unusual for Christian Scientists to be patients in ordinary hospitals: they would more usually seek help from a nursing home run by the church, where the emphasis is on healing through prayer alone. However, the church does not rebuke those who defer to family or legal pressures to undergo conventional medical treatment.

Christian Scientists may be admitted to hospital for these reasons:

- following accidents, a surgeon is allowed to set bones;
- childbirth, when a midwife is required by law to attend the woman;
- lack of finance: if they can no longer afford care in their own hospital, although the church gives financial support;
- church gives financial support;
- lack of faith.

### **Individual Choice**

The Church does not dictate to members what their healthcare options, or other lifestyle choices should be. Specifically the *Church Manual* (the guiding By-Laws of The Church of Christ Scientist) allows for freedom of choice between spiritual healing and medical treatment.

### **Church Organisation**

There are no clergy, ordained preachers or leaders within The Church of Christy Scientist or its branches and societies. Members of the church fill important posts, in rotation. Among these, readers are elected to conduct services. Important decisions are made democratically at members meetings.

### **Key Issues And Special Considerations**

- Transfusions are not usually acceptable for adults; parents would consent for children if essential.
- A Christian Scientist practitioner may be requested.
- Access to the Bible and Christian Scientist literature would be appreciated, along with privacy for prayer and healing.
- There are no dress codes, and no dietary restrictions, associated with the study and practice of Christian Science.

### **Diet**

Alcohol and tobacco are prohibited.

### **Care of the dying and what to do after death**

- There are no last rites.
- Post-mortems are only permitted if required by law.
- Organ donation or transplants are not usually acceptable.
- Routine last offices are appropriate, but a female body should be handled by female staff.
- Cremation is usually preferred, but this is personal choice.

### **Local Issues**

There is a Christian Science reading room in Blackpool. Check with Switchboard or the Chaplaincy dept for current contact number.



***This is a guide only – please discuss specific care with patient and family as appropriate***

## **APPENDIX 6: HINDUISM**

Hinduism is the religion of the majority of the population of India, and is closely linked with culture and social structure. It encompasses a great tolerance of beliefs and practices.

Hindus believe there is one God, who can be understood and worshipped in many different forms; an immortal soul that exists in all living things; the cycle of birth, death and rebirth through which everyone must go; release from that cycle as the ultimate aim of life, and a clear code of right behavior. Every Hindu should pray, revere the old, and offer generous hospitality to any visitor. Belief in Karma, a natural moral law of reward and punishment for all thoughts and deeds, leads to a strong sense of personal responsibility. It is important to prepare for a good death.

The principal holy book is the Bhagavad-Gita. A religious leader is called a priest or pandit, but usually the family offers the prayers and supports the patient.

### **Key issues and special considerations**

- Hindu women prefer to be treated by female staff.
- Many prefer to wash themselves with running water, or at least damp tissue, after using the toilet, rather than using dry toilet paper.
- The right hand is usually used for ‘clean’ tasks (e.g. eating, greeting people); the left hand for ‘unclean’ tasks (e.g. personal care). The position of drips etc may therefore be an issue.
- For most Hindus, washing is important before prayer.
- Holy articles and books should be treated with respect. This may include items of jewellery, and holy water from the Ganges.

### **Diet**

Most Hindus will be vegetarian. Consumption of beef and beef products (animal fat, some drugs and vaccines) is often prohibited. For some Hindus, the use of crockery previously used for meat is not acceptable.

### **Issues around birth**

- Customs and ceremonies vary. Soon after birth a family member may write ‘OM’ (representing the Supreme Spirit) on the baby’s tongue in honey or ghee (clarified butter). The baby may be wrapped in a special cloth. On the sixth day, the women of the family may gather to pray and give presents.

### **Care of the Dying**

- Large numbers of family may wish to visit. This should be balanced with the needs of other patients.
- For many it is essential that the patient is supported and does not die alone, and that religious rituals are carried out correctly.
- Some families may wish to bring clothes or money for the patient to touch before distribution to the needy.
- A Hindu priest may be requested.
- A devout Hindu may wish to receive hymns and readings from holy books, especially the Gita. Some may wish to lie on the floor, symbolising closeness to Mother Earth. They may be sprinkled with water from the River Ganges, and a sacred thread may be tied round the arm.

***This is a guide only – please discuss specific care with patient and family as appropriate***

### **After Death**

- Funerals must take place as soon as possible.
- The family should be consulted before the body is handled, as distress may be caused if it is touched by a non-Hindu. Staff touching a body should be of the same sex as the deceased.
- The family will usually want to wash the body later.
- Unless the family wishes otherwise, close the eyes, straighten the legs. Do not trim nails or hair. Place the hands on the chest with the palms together and the fingers just under the chin (in a traditional sign of greeting). Do not remove any jewellery threads or other sacred objects. Wrap the body in a plain sheet.
- Post mortems are disliked but accepted. Prior to a post mortem, family members may wish to remove sacred threads from the deceased.
- Hindus are usually cremated.

There are no special arrangements within the hospitals for dealing with the death of a Hindu patient, but paperwork should be completed and arrangements made as quickly as possible.

***This is a guide only – please discuss specific care with patient and family as appropriate***

## **APPENDIX 7: ISLAM (MUSLIM)**

Islam means ‘surrender to God’s will’, and Muslims submit themselves to the will of Allah, whom they believe is the one true God. They follow the teachings of the prophet Mohammed (‘peace be upon him’). Over 1.2 billion people worldwide profess Islam; it is the main religion of Pakistan and Bangladesh, for most Arabs and Indonesians, and there are also significant numbers from central Europe. There can be wide cultural variation and language differences. There are two major groups of Muslims – Sunni Muslims (the majority in Britain) and Shi’ite Muslims.

Mecca (Makkah) in Saudi Arabia is the religious centre for Muslims. It was here that the prophet Mohammed (pbuh) was born and began his teaching. The Muslim holy book is the Holy Qur’an (Koran), which should always be treated with great respect. The person who leads worship in the Mosque is the Imam. Islam follows the lunar calendar (354 days in a year) so the festivals fall 11 days earlier each year. The main events are the month of Ramadan, a time for fasting during daylight hours, the festival of Eid-ul-Fitr, marking the end of this period and a family time of celebration, and Eid-ul-Adha, the festival of sacrifice.

### **There are five main religious duties for a Muslim:**

1. declaration of faith (the Shahadah);
2. Salah - praying five times a day, preceded by ablution (ritual washing);
3. Zakaat - alms giving;
4. Saum - fasting in the month of Ramadhan
5. Hajj a pilgrimage to Mecca.

The holy day is Friday, when the main service is held at around midday. Men attend the Mosque, whereas women usually pray at home. The Athaan (declaration of faith along with other sentences) is the call to prayer. Prayers can be conducted anywhere which is clean and convenient. Prayer times are dawn, midday, late afternoon, sunset and late evening.

The person faces Mecca (South East East, 118 degrees from true north in Blackpool) and uses a prayer mat. Usually prayer involves:-

Standing, bowing, prostrating and sitting, and memorised verses from the Qur’an are recited.

Before prayer washing is essential: ablution involves washing the face, mouth, nostrils and passing wet hands over the hair; the arms and the feet. Washing is done in running water. If the patient is unable to wash with water they may choose to do a ‘dry ablution’ using a rock with specific hand movements as if they were washing.

### **Key issues and special considerations**

- A Muslim patient may wish to pray five times a day. This may be in a private room or by the bed using a prayer mat, or sitting on the bed. The patient may like the curtains closed for privacy. Patients may bring their own mat, but if a mat is not available, a clean towel may be used instead. There are some prayer mats and a copy of the Holy Qur’an in the Prayer Room by the Chapel. Prayer takes 5-10 minutes.
- Before prayer ablution in running water is necessary. A jug or cup may be used to pour water for washing.
- Strict modesty: men must be covered from the navel to the knee; only the face and hands of a woman should be visible. This may be of great concern to female patients during their transfer from their bed to the operating theatre. The clothing should be such that it can cover the body of the patient to avoid any discomfort and embarrassment.

***This is a guide only – please discuss specific care with patient and family as appropriate***

- The mixing of sexes is not allowed in Islam, and a practicing Muslim may feel very uncomfortable if their bed is near one occupied by someone of the opposite sex.
- A Muslim man will usually not wish to shake hands with any woman; similarly a Muslim woman will wish not to have any physical contact with a man. Respect modesty and privacy as far as possible on the ward. Limit eye contact and do not touch while talking.
- Treatment by a medical attendant of the same sex is strongly preferred.
- Muslims attach great importance to cleanliness. Hands, feet and mouth are washed before prayer; after menstruation, women are required to wash the whole body. In hospital the use of a shower rather than a bath will be appropriate. Most Muslims are accustomed to having water in the same room as the toilet. If a bedpan has to be used, then a bowl of water must be provided for washing.
- Patients may prefer not to receive treatments derived from pigs (e.g. heart valves, porcine insulin), and should be made aware of the proposed use of such products at an early stage.

**Issues around birth**

For many parents, the baby should be washed immediately. The father may then whisper the adhaan (call to prayer) into the baby's ear. The baby's name may be given on the seventh day, when the baby's head may be shaved, and rubbed with oil, and boys circumcised.

**Neo-natal and post-natal deaths:**

These are complex and sensitive situations that may involve the observance of certain religious & cultural customs. Many parents may not be aware at the time what decisions to make with regards to burial (a foetus / baby should not be cremated according to Islam) It is best that these issues are discussed with the family and the Muslim Chaplain at the hospital, with consent from the family (contact through switchboard).

In the event of a pregnancy loss, Muslim parents will wish to take the foetus or products of conception for burial.

Termination of pregnancy is not permitted unless the life of the mother is in danger.

**Names**

Bangladeshi Muslims usually do not have a shared family name. Women traditionally have a personal name followed by a title such as Bibi or Begum. (To call a female patient Mrs Begum would be like calling her Mrs Mrs!) Men have a religious name (e.g. Mohammed) followed by a personal name. The religious name should never be used alone; however this is acceptable in Muslims from the Middle East, for example.

Children will not usually have the same name as either parent. A Muslim will often have a name including the name of Abdul meaning 'servant of', with Allah or one of His 99 attributes, e.g. Abdullah, which means 'servant of God'.

**Diet**

The hospital provides recognised Halal meals (meals containing meat slaughtered according to the Halal ritual) and a menu is available; vegetarian options from the standard menus are also acceptable. Nurses should discuss dietary requirements with Muslim patients.

Pork and pig products (e.g. lard, some gelatine and products containing these, such as pastry), and alcohol are forbidden.

During the month of Ramadan a Muslim fasts between sunrise and sunset, although those who are sick are not expected to fast.

***This is a guide only – please discuss specific care with patient and family as appropriate***

### **Care of the dying and what to do after death**

If no family are able to be present, Please contact the Trust's Muslim Chaplain, who can be reached through the switchboard, he is also accessible out of hours in an emergency through the switchboard.

The dying Muslim patient may wish to sit or lie with his face towards Mecca. Another Muslim, usually a relative, may read from the Qur'an, and will whisper the Shahadah, the declaration of faith into the ear of the dying person, to encourage the dying to recite the shahadah as this will guarantee a place in paradise Procedure at death

- After death the body should not be touched by non-Muslims and for this reason health workers should wear disposable gloves. The body should be handled by a health worker of the same sex as the deceased, if possible. At all times the body should be modestly covered.
- Under normal circumstances the body should be prepared according to the wishes of the family. However, if no family members are present, the following steps should be taken:
- Do not wash the body, nor cut hair or nails; a minimal medical wash may be required (any leakage of fluid / blood needs to be dealt with appropriately in accordance with agreed last offices – see Bereavement Proc. - CORP/PROC/149).

Washing is an important ritual carried out by a Muslim of the same sex, usually a family member.

- Wearing disposable gloves, close the eyes.
- Bandage the lower jaw to the head so that the mouth does not gape.
- Straighten the body immediately after death but flex the joints of the limbs to stop them becoming rigid, to enable washing and shrouding.
- Tie the big toes together to keep the feet and legs modestly together.
- Turn the head towards the right shoulder so that the body can be buried with the face towards Mecca.
- Cover with a plain sheet
- It is forbidden to cremate the body of a Muslim. Coffins are not usually used for burial.
- Post mortems are only permitted if essential. During a post mortem the body should be modestly covered, it should in no circumstances be fully undressed, only the parts of the body which are necessary during post mortem should be exposed.

Ideally, burial should be within 24 hours, or as soon as possible. An area in the Layton cemetery on Talbot road has been specifically designated for Muslim Burials. However, there are no arrangements at present for the Registrar or Coroner's Officer to be available out of hours.

The family may wish to remove the body from the hospital immediately.

Please refer to the Bereavement Policy and Procedure for arrangements to release the body 'out of hours' –

[http://bfwnet/departments/policies\\_procedures/documents/Policy/Corp\\_Pol\\_012.pdf](http://bfwnet/departments/policies_procedures/documents/Policy/Corp_Pol_012.pdf)

[http://bfwnet/departments/policies\\_procedures/documents/Procedure/Corp\\_Proc\\_149.pdf](http://bfwnet/departments/policies_procedures/documents/Procedure/Corp_Proc_149.pdf)

### **PLEASE NOTE:**

Under no circumstances can a body be released from the hospital, until a doctor has given a correct cause of death. If the doctor is unable to issue a certificate, and the Deceased is 'Referred to Coroner' the body must remain in the hospital until the Coroner's Officer can be contacted.

### **Local Issues**

There is a small but growing Muslim community in Blackpool, Fylde and Wyre, The Central Mosque Blackpool on Revoe street behind the Revoe library, off Central drive is the Centre of worship for all. There are much larger communities in Preston and East Lancashire, from where some patients come e.g. for cardiology procedures or surgery.

***This is a guide only – please discuss specific care with patient and family as appropriate***

## **APPENDIX 8: JEHOVAH'S WITNESSES**

Jehovah's Witnesses believe in Almighty God Jehovah, Creator of the Heavens and Earth; they do regard Jesus Christ as a son of God, but not divine. Jehovah's Witnesses await the end of the present world system which they believe will begin with the battle of Armageddon. Jehovah and his true witnesses will be the only survivors, his true witnesses being their group. After Armageddon there will be 1,000 years of peace and life under 'favourable conditions'.

Jehovah's Witnesses believe in the importance of evangelism, especially to those at home. They often offer literature, 'the Watchtower' being a common publication. Witnesses conduct meetings in Kingdom Halls on a weekly basis, and also assemble in private homes for Bible Studies each week. The only festival celebrated is the annual memorial of the death of Christ, the date of which varies, being calculated according to the Biblical formula. Witnesses do not celebrate Christmas.

### **Key issues and special considerations**

- Jehovah's Witnesses avail themselves of the various medical skills to assist them with their health problems. They love life and want to do whatever is reasonable and Scriptural to prolong it.
- Jehovah's Witnesses have definite objection to blood transfusions for religious reasons, but many also have medical objections. Witnesses are deeply religious people who believe that blood transfusion is forbidden by Biblical passages. Alternative treatments should be offered.
- Immediate intra-operative autotransfusion is permitted by many Witness patients when the equipment is arranged in a circuit that is constantly linked to the patient's circulatory system and there is no storage.
- Deliberately induced abortion simply to avoid the birth of an unwanted child is the wilful taking of human life and hence is unacceptable to Jehovah's Witnesses. If (at the time of childbirth) a choice must be made between the life of the mother and that of the child, it is up to the individuals concerned to make that decision.

### **Issues around birth**

Babies are not baptised.

### **Diet:**

Jehovah's Witnesses reject food containing blood. They do not smoke or use tobacco.

### **Care of the dying and what to do after death**

- There are no special rituals or practices for the dying, but patients who are very ill will appreciate a pastoral visit from one of their elders.
- They do not support euthanasia, but if death is imminent/unavoidable then life should not be prolonged artificially.
- The living body is dedicated to God, but the body has no particular religious significance once the breath of life has passed from it.
- There are no religious objections either to post-mortems or transplants, and the Witnesses' view is that the use of tissue for research or transplantation is a personal choice.
  - Jehovah's Witnesses may be buried or cremated and there are no specific funeral rites, though a simple, personal service will probably be held in the Kingdom Hall, at the grave.

***This is a guide only – please discuss specific care with patient and family as appropriate***

## **APPENDIX 9: JUDAISM**

'Jew' is the name given since the sixth century BC to the members of the tribe of Judah (descendants of the Patriarch Abraham from about the year 2000 BC).

Jewish religion and culture are inextricably entwined. Judaism is based on the belief in one universal God, and the religious precepts followed are simply to worship one God, to carry out the Ten Commandments, and to practise charity and tolerance toward one's fellow human beings. The family has great importance in Jewish life.

In Britain today there is a wide spectrum of observance amongst Jews, from 'reform' to 'liberal' to the ultra-orthodox communities. The Jewish Holy Day is Saturday, the Sabbath (Shabbat). It starts at nightfall on Friday, which Jewish people usually mark with a short ceremony of candle lighting and blessing of wine and bread, and a family meal. Jewish people worship in the Synagogue: usually women sit apart from the men. A Jewish teacher/pastor is a Rabbi. The holy book is the Torah, the books of Moses. In the Synagogue this is written in Hebrew on a parchment scroll, covered by a mantle when not in use. A patient may bring a printed version, maybe an English translation, for personal use. Traditionally prayers are offered three times a day; a male over 13 may wish to wear a prayer shawl to pray. The main festival is Passover, the festival of Unleavened bread, which celebrates the Exodus of the Jewish people from slavery Egypt. During the 8 days of the festival, no yeast or bread is eaten.

### **Key issues and special considerations**

- Orthodox Jews may wish to observe the Sabbath and will prefer not to write, travel, or switch on electrical appliances during the Sabbath. They will therefore appreciate such things as having the bed light switched on for them.
- Orthodox Jews will not use transport but will walk on the Sabbath, so where possible, a Jewish patient may prefer not to be transferred or discharged on a Saturday.
- Orthodox Jewish women will dress with modesty and, for example, will never enter synagogue with their head or arms uncovered. In hospital they will prefer to have their bodies and limbs covered, and may be reluctant to expose themselves to others, as, for example, in teaching situations.
- They do not wish others to look at their hair and may wear a wig. In hospital they will prefer to keep their hair covered with a head scarf.
- Despite this modesty, they are unlikely to make a special request to see a female doctor.
- It is considered an important religious duty to visit those who are ill, so Jewish patients often receive many visitors. The Rabbi will usually visit regularly.

### **Issues around birth**

Strict orthodox couples are prohibited from physical contact during and after birth.

Washing the baby may be very important. Boys are traditionally given their name and circumcised on the eighth day after birth, usually at home, but it may take place in hospital. This may be postponed for health reasons. Girls are usually named on the Sabbath. Among Reform and Progressive Jews, both boys and girls have baby blessing ceremonies, usually held during the Sabbath morning service. In Jewish law, life begins after forty days of pregnancy; however, if a baby dies within thirty days of birth, traditional mourning rituals are not followed. The parent's wishes should be followed.

***This is a guide only – please discuss specific care with patient and family as appropriate***

## **Diet**

For orthodox Jews the dietary laws are strict, and only 'kosher' food will be acceptable. Milk and meat are not eaten at the same meal, and different implements should be used in the preparation of 'dairy' and 'meat' meals.

The hospital provides recognised kosher meals (meals containing meat slaughtered according to the Kosher ritual, and prepared in kosher kitchens) and a menu is available; vegetarian options from the standard menus are also acceptable. Pork and pig products (e.g. lard, some gelatine and products containing these, such as pastry) and shellfish are forbidden. Not all Jewish patients have the same level of observance, and nurses should discuss dietary requirements.

## **Care of the dying and what to do after death**

- A dying Jew may wish to hear or recite special psalms, particularly Psalm 23, and the special prayer (The Shema), and will appreciate being able to hold the page on which it is written.
- The body should be handled as little as possible by others and burial should take place as soon as practicable, preferably within 24 hours of death, and will be delayed only for the Sabbath.
- If the patient is near to death, with the relatives' consent, contact Rabbi David Braunold on 392 382. (It is considered important for the Rabbi to be present at the moment of death.) If this is not possible, inform him as soon as possible. The Rabbi cannot be contacted directly on the Sabbath (Friday evening - Saturday evening, times vary) or during Jewish festivals, but a message should be left on his answerphone.

## **Preparation of the body**

- Gloves should be worn
- The eyes should be closed, preferably by a family member.
- Do not move the body for 30 minutes (during this time, death may be certified).
- The mouth should be held closed by a bandage under the chin, tied over the head.
- Any jewellery should be removed.
- The limbs (including fingers) should be straightened, and placed parallel to the body.
- Full washing is part of the preparation for burial, carried out later by members of the Jewish Community, however a medical wash may be required by nursing staff to clean any soiling / leakage (any leakage of fluid / blood needs to be dealt with appropriately in accordance with agreed last offices – see Bereavement Proc. - CORP/PROC/149)..
- The body, still fully clothed, should be wrapped in a sheet, and labelled 'Jewish', is then transferred to the mortuary.
- The family may wish to remain with the deceased, either at the bedside or in the Chapel of Rest. This is Jewish tradition, and compromise may be necessary.

Non-essential post-mortems and cremation are not permitted, and to suggest them may cause offence and distress. If a death has to be referred to the Coroner, every effort is made by him to remove the need for a p.m. (e.g. by contacting the GP of the Deceased, if less than 24 hours in hospital)

## **Death during office hours**

*If the doctor attending the Deceased is available*, the death certificate should be completed on the ward. The cause of death must be entered in the patient notes.

The certificate and case notes, together with the relatives should be brought to General Office, where the certificate is checked and issued.

*If the doctor is not available*, the notes should be taken as soon as possible to General Office, who will issue the certificate. In this case, a telephone number of relatives should be taken, so they can be informed as soon as the certificate is available.



***This is a guide only – please discuss specific care with patient and family as appropriate***

Usually Rabbi David will be available to assist in this process. If he is away, Switchboard will be aware, and advice may be obtained from the Chairman of the Burial Board, Mr Goodstone, on 764 275 or Nigel Gilliat, Co-op Funeral Directors on 596 754.

If the Burial is to take place out of town, it is the relatives' responsibility to contact the appropriate Burial Board. For Manchester, they should contact Mr. Goldfine, Funeral Director on 0161 773 2487. If it is elsewhere, and the number is not known, Rabbi David will sort it out.

**For deaths out of office hours:**

The family may wish to have the body released from the hospital as soon as possible.

Please refer to the Bereavement Policy and Procedure for arrangements to release the body 'out of hours' –

[http://bfwnet/departments/policies\\_procedures/documents/Policy/Corp\\_Pol\\_012.pdf](http://bfwnet/departments/policies_procedures/documents/Policy/Corp_Pol_012.pdf)

[http://bfwnet/departments/policies\\_procedures/documents/Procedure/Corp\\_Proc\\_149.pdf](http://bfwnet/departments/policies_procedures/documents/Procedure/Corp_Proc_149.pdf)

Rabbi David should be contacted if possible. If it is during the Sabbath or a festival, or he is out, a message should be left on his answerphone. The Co-op Funeral Service should also be informed on 596 754, and may also be able to give advice if needed.

**At weekends**

For burials in Blackpool and Lytham:

Relatives should be informed that no weekend burials are undertaken, so the funeral service will have to wait until Monday. They should be advised to contact General Office first thing on Monday morning. There is no need to register the death over the weekend.

However, as the death certificate must be ready for collection at the earliest opportunity on Monday, the on-call doctor should certify the death on the ward, and the cause of death entered in the patient's notes.

The notes and certificate should be sent to General Office as early as possible.

**For burials out of town, where weekend burials are possible (e.g. Manchester):**

The Duty Manager must authorise the removal of a body from the hospital (see Trust Bereavement Policy & Procedure).

The on-call doctor should certify the death on the ward, and the cause of death entered in the patient's notes.

If available Rabbi David will contact the Registrar on the Sunday, to arrange registration.

Once this is completed, the body may be released. Rabbi David will liaise with the Duty Manager, the Funeral Directors and the Portering Supervisor.

The Duty Manager informs the General Office at the start of the next working day.

Under no circumstances can a body be released from the hospital, until a doctor has given a correct cause of death. If the doctor is unable to issue a certificate, and the Deceased is 'Referred to Coroner' the body must remain in the hospital until the Coroner's Officer can be contacted.

**Local Issues**

There is a small Jewish community in Blackpool, more are in St Annes. The Orthodox Synagogue is in Leamington Road, Blackpool, the base for Rabbi David Braunold.

Rabbi David cares for both Orthodox and Reform Jewish patients, and is very willing to provide information and support.

## **APPENDIX 10: MORMON/LATTER DAY SAINTS**

The Mormon Church (properly known as the Church of the Latter-day Saints) arose in America in the early 19th Century. Joseph Smith founded the Church based on his report of a personal encounter with God the Father and Jesus Christ. In 1827 he announced that an angel (Mormon) had given him a text, the Book of Mormon. The King James Bible, the Book of Mormon, the Pearl of Great Price and Doctrine and Covenants are considered sacred. The Articles of Faith, written just before Joseph Smith's death, are in general use. There have been several splinter groups and sects over the years, some still practicing polygamy, which the Mormons discontinued in 1890.

Mormonism considers itself the only true Christianity, but many Christian churches would consider it polytheistic and outside of the general Christian tradition. Mormons believe that God, Christ and Holy Ghost are separate divine beings. Each human being can develop into a god, following the pattern of Jesus Christ. There is a belief in the "God-Adam" theory, rejecting the concept of original sin, which states that "As man now is God once was, and as God now is man can become." Jesus Christ atoned for all, but each person is seen as responsible for his own salvation, which can be attained by undergoing Mormon Baptism and living in accord with the laws of the Church.

A central understanding is the call of each male to priesthood, and the role of the man as head and priest of his family. A strong importance is placed on a man and woman being "sealed" in a covenant marriage, with children born of that union being "sealed" at birth.

Obedience to Church authority is strongly emphasized, but the Church rarely takes an official stance on special social issues. The guiding principles could be summarized as: the central beliefs of the Church; the primary role of marriage and children (including "children-to-be" referred to as "tabernacles"); the preservation of free agency and personal responsibility; and the rejection of decisions based on "selfish" motivation.

Missionary work is mainly done by young people (19-22 years) who travel in pairs serving full-time without pay. They spread the word of the Mormon Church visiting homes and the community. Sunday is a day of observing the Sabbath and resting. The one sacrament is the Lord's Supper using bread and water. There are two ordinances, Baptism and the laying on of hands for the gift of the Holy Spirit. Local Church leaders are called Bishops.

### **Key issues and special considerations**

- Some Mormons who have undergone a special Temple ceremony wear a sacred undergarment. This intensely private item will normally be worn at all times, in life and death.
- It may be removed for hygiene purposes and laundering and for surgical operations, but it must be considered private and treated with respect.
- Members view themselves as part of a close community, and strong support, both emotionally and practically, is provided members who are sick. The Church should be considered an important practical resource. Members delegated as "home teachers" may visit. They may offer prayers for the patient, perform the priesthood blessing of anointing the sick, or administer the Lord's Supper.

### **Diet**

Mormons try to take care of their body, take proper rest and exercise and eat a healthy diet. They are not usually vegetarians, but will eat meat sparingly avoiding products with much blood (i.e. black pudding). There is concern over the effects of stimulants including caffeine, and Mormons drink neither tea nor coffee. Some will avoid all hot drinks. In hospital, water, milk or fruit juice will be acceptable. Alcohol and tobacco are forbidden.

***This is a guide only – please discuss specific care with patient and family as appropriate***

### **Issues around birth**

In Vitro fertilization, with the common practice of fertilizing and freezing multiple embryos, with the possible discarding of some, is strongly discouraged.

Many will have difficulties with termination of pregnancy.

### **Care of the dying and what to do after death**

- Care of the dying and what to do after death
- Death, if inevitable, is regarded as a blessing and a purposeful part of eternal existence.
- There are no rituals for dying, but spiritual contact is important and active members of the church may want to contact their Bishop.
- Routine last offices are appropriate.
- The sacred undergarment must be replaced on the body following last offices.
- There is no religious objection to post-mortems or organ transplantation or donations - it is a choice for the individual.
- Burial is preferred, although cremation is not forbidden.

### **Local Contacts**

The local Church is on Warren Drive, Anchorsholme. There is a large temple, serving the north of Britain, on the outskirts of Chorley, by the M61. Check with Switchboard or the Chaplaincy dept for current contact numbers.

## **APPENDIX 11: RASTAFARIANISM**

Rastafarians prefer "Principles" rather than "Beliefs", holding that the latter infer doubt. Rastafari was founded in Jamaica in the 1920s, but only took the name with the Coronation of Emperor Haile Selassie of Ethiopia in 1930. It is linked to early Christianity and Judaism. Rastafarians try to follow the Nazarite Vow of Separation, which forbids the cutting of hair, proscribes certain foods and also requires the shunning of the dead, emphasising life, not death. The body is regarded as a Temple of God.

Haile Selassie is seen as a personally revealed Christ. Prior to Haile Selassie's death, many Rastafarians joined the Ethiopian Orthodox Church, because the Emperor was responsible for its establishment in the Caribbean. Most Rastafarians do not belong to this Church, as they do not make a distinction between it and other orthodox Churches.

Many Rastafarians in Britain belong to an organisation known as the Twelve Tribes of Israel. They seek to educate the young to help in the advancement of black people, the liberation of Africa, and the promotion of Ethiopian and African culture.

### **Key issues and special considerations**

- Hair is worn in dreadlocks (uncut hair, washed but not brushed), covered with a woolly hat often in the Ethiopian colours of red, green and gold, in that order, called a Tam. Rastafarian men uncover their dreadlocks during worship, but women cover their heads during worship, when in public, or when receiving visitors. A variety of Rasta hats are called "Crowns", an alternative name for a Tam. Clothing may be conventional, or more elaborate and distinctive; Khaki outfits, with sandals or African styles. Women wrap their hair, and wear colourful dresses concealing the body, as required by Rastafarian beliefs.
- Herbal treatment is favoured, but conventional medical treatment is acceptable.
- Blood transfusion may be refused.
- Visiting the sick is important, and visits are often made in groups, which may be frowned on by hospital staff. Rastafarian visitors therefore often feel they are made unwelcome in the hospital environment.

### **Issues around birth**

There is no special ceremony to welcome a baby, which is named by the parents. When the baby is three or four months old a religious ceremony may be held when a spiritual name is given.

Contraception is rejected, and birth control should be by self control. Departure from this is considered a compromise, and is unlikely to be openly discussed

### **Diet**

Most do not eat meat, but fish with scales may be acceptable. Pork is absolutely forbidden. Fresh natural (ITAL) foods are preferred to processed food. Natural herbs and spices are liberally used. Many Rastafarians follow Mosaic dietary restrictions, and they will not eat grapes, currants or raisins.

### **Care of the dying and what to do after death**

Family members may pray at the bedside of the dying person, but there are no rites or rituals before or after death.

At death, routine last offices are appropriate.

Post-mortems and organ donation or transplantation would be extremely distasteful to most Rastafarians, and few would agree to a post-mortem unless it is ordered by the Coroner.

***This is a guide only – please discuss specific care with patient and family as appropriate***

The fear of contamination of the body will influence the attitude to transfusion and transplantation. There is also the belief that to do so is to interfere with God's plan for mankind. Organ donation and reception to and from other family members may be considered. Burial is preferred, but cremation is not forbidden.

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## **APPENDIX 12: ROMANY ORIGIN**

**Please Note** . The term Gypsy is offensive to many Roma or Travelers

The Roma originated in India and migrated to Europe around 1000 A.D; they spread throughout Western Europe by the 15<sup>th</sup> Century. Because of their alternative lifestyle and refusal to conform the Roma have often been persecuted. Loyalty to the family is maintained at all cost. The Roma do not have a "religion" of their own; they have usually adopted the faiths of the countries in which they live so may be Roman Catholics, Orthodox, Protestants, or Muslims. Most in Blackpool are Roman Catholic.

Many prefer to carry out religious rituals in their own homes or in the context of folk observances. Formal religion is often supplemented by faith in the supernatural, in omens and curses.

Although a Traveller may have relinquished their nomadic lifestyle, this does not mean the loss of their ethnic identity, but communities vary in the maintenance of traditional culture.

Travellers often experience difficulties in seeing a GP, and when this happens, will present themselves at A & E departments, as this is their only means of gaining the health care needed.

Romanes (the Romany language) is still spoken today. However the majority of Travelers speak English, but may need assistance with filling in forms.

### **Key issues and special considerations**

- Romanies have strict rules of cleanliness. Washing should be in running water.
- The lower part of a woman's body is considered unclean; it must be kept covered, usually by a long skirt. Separate soap and towels are used on the upper and lower parts of the body and they must not be allowed to mix. To the Roma, failure to keep the two sections separate in everyday living may result in serious illness. For this reason, most Romany women will not agree to a gynaecological examination unless the procedure is clearly explained as being essential to her well being.
- Modesty is important, especially for women, and they prefer to keep legs and feet covered, where possible.
- Roma who enjoy good health are believed to be blessed with good fortune, and those who are ill are said to have lost their good luck. Roma believe that actions (e.g., clean or polluting/*marimé*) can promote health or result in illness.
- For the Roma, illness is a problem shared by the entire clan. Family members are expected to remain with their relative day and night to watch over, protect, and perform caring and curing rituals. Roma are especially fearful of any surgical procedure that requires general anaesthesia because of a belief that a person under general anaesthesia undergoes a "little death". For the family to gather around the person coming out of the anaesthesia is especially important.
- Christian patients may wish to see a Chaplain, and/or request a Bible.
- English Travellers are recognised as an ethnic minority and their culture should be respected.

### **Diet**

There are no foods that are always prohibited. Some foods - pepper, salt, vinegar, garlic, and onions- are considered lucky. To eat them encourages good health.

Roma try to eat only food that is known to be pure and clean. Consequently, there are many regulations regarding the preparation and handling of food. Food prepared by non- Roma may be considered impure, so avoided. This can also apply to implements, plates etc. where disposable ones may be preferred Eating together is imbued with great social significance. Refusing to share food is a serious affront, implying a person is not pure and clean.

***This is a guide only – please discuss specific care with patient and family as appropriate***

### **Issues around birth**

- A woman may be considered impure, during pregnancy and after the birth of the infant until its baptism or until she has prayers said for her (is 'churched'). The woman must be isolated as much as possible from the community. She is cared for mainly by other married women in the community. She may not enter other people's homes until the prayers have been said, so this is often requested in hospital, before discharge. The baptism usually takes place between two and three weeks after birth.
- In traditional communities, it may be that until then, the baby's name cannot be pronounced, it cannot be photographed, and sometimes the baby's face is not even permitted to be shown in public. At the baptism, the impurities are washed away by immersion in water. This is most frequently practiced by washing it in running water, an act that is separate from any subsequent baptism. After washing, the child might be massaged with oil in order to strengthen it. In some cases, amulets or talismans are used to protect the baby from evil spirits. Babies are traditionally given three names. The first one, whispered by the mother at birth, remains forever a secret, and it is never used. (This is to confuse the supernatural spirits by keeping the real identity of the child from them.) The second name is a Roma name, the one used among the Roma themselves. The third name is given at the religious baptism. However, such traditional practices are increasingly rare, although family names are often used.
- Because of the strict code of modesty and the lack of privacy in a caravan, a woman may feel unable to breastfeed her baby. Bottle feeding is usually preferred.
- If a baby dies, it is considered bad fortune and the parents may avoid the baby's body. Another way to avoid bad luck after the death of a baby is to leave the funeral and burial to hospital authorities.

### **Care of the dying and what to do after death**

- Romani belief in the supernatural and fears about death play a significant role in their rites and customs related to dying and death. All relatives who can possibly do so appear at the bedside of the person who is reaching the end of his life. It is necessary to show family solidarity, and to obtain forgiveness for any harmful act they might have committed toward the dying in the past. This often means that there will be a large number of people visiting and wishing to stay in/near the hospital.
- The dying Rom must never be left alone. It is important, where possible that relatives be allowed to be present at the moment of death. After death, the family will request that the person be laid out in clothing of their choice.
- Grief is often displayed loudly and may include moaning and shouting out to the deceased, scratching their faces, pulling their hair out and throwing themselves to the floor.
- The family will also want to take the deceased back with them in order to sit up all night with him/her allowing family and friends to pay their last respects before the funeral.
- The release of the body should be organised where possible, according to hospital procedures (see entry under 'Islam' for details).
- Family and friends will often place items in the coffin - things that the deceased was fond of - jewellery, photographs, children's toys.
- Burial is preferred, although cremation is not forbidden.
- There is no religious/cultural objection to the giving of receiving of blood or organs.

### **Local Issues**

There are quite a number of Travellers in Blackpool, many of whom live in houses or on residential caravan sites, especially in the Marton / South Shore / Hawes Side areas.

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## **APPENDIX 13: SIKHISM**

Sikhs (disciples) are members of the religious faith which originated in the 16th century in the Punjab in Northern India as a reformist movement of Hinduism. After much persecution, Sikhs eventually became a people with military organisation (Khalsa Panth) in defence of their faith.

The Sikh beliefs are based on the teachings of the Ten Gurus (supreme teachers) and the Guru Granth Sahib (the Holy Book). The religion believes in one God (Ek-Onkar) who is the eternal source of light and creator of all being. The spiritual message taught by Guru Nanak has three elements: Meditation, which involves chanting hymns composed by the Gurus; honest toil, and almsgiving. Daily prayers are important. The Sikh faith believes in rebirth, and that the soul is reborn in many bodies, to achieve true understanding and unity with God. Sikhism preaches the equality of all people, irrespective of caste, colour or creed.

A Sikh who is baptised may be recognised by his wearing of the 'five K's'. These are *Kesh* - uncut hair; *Kangha* - the wooden comb; *Kara* –steel bangle; *Kirpan* - a short sword; and *Kachehra* - underwear. These symbols should not be disturbed unless it is absolutely necessary. Sikh people worship at the Gurudwara (Temple), usually on Sundays, and share a meal together after the worship to which visitors are welcome.

### **Key issues and special considerations**

- All Sikhs are required to bathe every morning.
- A Sikh may have a smaller version of the Holy Book containing morning and evening prayers. It is kept wrapped in a clean cloth, and should be kept in a clean place and respected.
- Female doctors for female patients whenever possible.
- The Five K's worn by men should NOT be disturbed.
- Sikhs will keep their hair covered at all times.
- A Sikh is not allowed to shave hair from any part of the body. If it is necessary to cut the hair, the reasons should be carefully explained to both patients and family.
- The Kara (steel bracelet or ring worn on the right wrist) should only be removed from the right wrist, for surgery or X-ray, otherwise it should be sealed with tape.
- Most Sikhs are accustomed to having water in the same room as the toilet plus a small plastic vessel for washing. This is preferred to using toilet paper. If a bedpan has to be used, then a bowl of water must also be provided for washing.
- Sikh patients would prefer to be on a single sex ward.

### **Issues around birth**

When a baby is thirteen days old, a ceremony may be held where prayers are said, and mother and child blessed with sweetened water. A larger celebration may be held on the fortieth day. The baby may be named on one of these days; before this a pet name may be used. Babies are usually buried, not cremated.

### **Names**

Traditionally there is no family name, but a personal name and a title; Singh for men, Kaur for women. To call a woman Mrs Singh may be offensive; however some do now use family names.

### **Diet**

Many Sikhs, especially women, are vegetarians. They may exclude eggs and fish from their diet. It is forbidden for Sikhs to eat Halal, Kosher and beef. Chicken, lamb and pork may be eaten.



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### **Care of the dying and what to do after death**

- The family will normally be present and will say prayers. They may request the service of a Sikh priest, and where possible should contact the Temple where they belong.
  - If the family are not present, the body of the deceased should be covered, and as far as is possible, must not be sent to the mortuary before they arrive (unless express permission is given).
  - At death, routine practices may be performed, but do not remove the five K's.
  - The body may be covered with a plain white sheet.
  - There is no religious objection to post-mortem or transplantation, although the former is disliked (relatives should be reassured that the 5 Ks will be treated with respect and replaced).
  - The body should be released as soon as possible to enable the funeral to take place.
- There are no special arrangements with the Registrar at present.
- Sikhs over five years old are always cremated.

### **Local Contacts**

The nearest Sikh Gurudwara is in Preston, where there is also a Cultural and Recreational Centre. Check with Switchboard or the Chaplaincy dept for current contact numbers.

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## **APPENDIX 14: RESOURCES**

### **Useful books and articles**

Henley, Alix and Schott, Judith, 1999,  
*Culture, Religion and Patient Care in a Multi-Ethnic Society*  
London: Age Concern England. ISBN 0 86242 231 0

Schott, Judith and Henley, Alix, 1996,  
*Culture, Religion and Childbearing in a Multiracial Society*  
Oxford: Butterworth-Heinemann. ISBN 0 7506 2050 1

Neuberger, Julia, 1987,  
*Caring for Dying People of Different Faiths*  
London: Austin Cornish/Lisa Sainsbury Foundation. ISBN 1 870065 00 X

Green, J. (1993)  
*Death with dignity. Meeting the spiritual needs of patients in a multi-cultural society.*  
Volume II. London: Nursing Times Publication.

*Nursing with dignity* A 9 part series on healthcare issues for different faith groups  
Nursing Times, vol 98, issues 9 - 17

### **Website**

Ethnicity On line, a website created for healthcare practitioners  
<http://www.ethnicityonline.net>

Multi-Faith Group for Healthcare Chaplaincy  
[www.mfghc.com](http://www.mfghc.com)

For contacts names and numbers of local religious leaders, please refer to the ***Reference List of Ministers of Religion (all faiths)***, copies of which are with Switchboard and in the Chaplaincy Office.

**A calendar of festivals of world faiths** is posted on the noticeboard outside the Chapel and made available to wards / departments.

**For further information**, please contact the Chaplaincy department on 3876 or 6299.

**Equality Impact Assessment Tool**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Would the relevant Equality groups be affected by the document? (If Yes please explain why you believe this to be discriminatory in Comment box)

**Title & Identification Number of the Document**

**Religious and Cultural Beliefs Guideline CORP/GUID/027**

	<b>Questionnaire</b>	<b>Yes/No</b> Double click and select answer	<b>Comments</b>
<b>1</b>	Grounds of race, ethnicity, colour, nationality or national origins e.g. people of different ethnic backgrounds including minorities: gypsy travellers and refugees / asylum seekers.	No	
<b>2</b>	Grounds of Gender including Transsexual, Transgender people	No	
<b>3</b>	Grounds of Religion or belief e.g. religious /faith or other groups with recognised belief systems	No	
<b>4</b>	Grounds of Sexual orientation including lesbian, gay and bisexual people	No	
<b>5</b>	Grounds of Age older people, children and young people	No	
<b>6</b>	Grounds of Disability: Disabled people, groups of physical or sensory impairment or mental disability	No	
<b>7</b>	Is there any evidence that some groups are affected differently?	No	
<b>8</b>	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
<b>9</b>	Is the impact of the document/guidance likely to be having an adverse/negative affect on the person (s)?	No	
<b>10</b>	If so can the negative impact be avoided?	N/A	

***This is a guide only – please discuss specific care with patient and family as appropriate***

11	What alternatives are there to avoid the adverse/negative impact?	<b>Please Comment</b>	
12	Can we reduce the adverse/negative impact by taking different action?	N/A	<b>Please Identify How</b>
<p>13 Q1 (a) <b>Is the document directly discriminatory?</b> No <b>(under any discrimination legislation)</b></p> <ul style="list-style-type: none"> <li>• Racial Discrimination</li> <li>• Age Discrimination</li> <li>• Disability Discrimination</li> <li>• Gender Equality</li> <li>• Sexual Discrimination</li> </ul>	<p><b>Q2 (b) (i)</b> Is the document indirectly discriminatory? No <b>b (ii)</b> If you said yes , is this justifiable in meeting a legitimate aim No</p>	<p><b>Q3 (c)</b> Is the document intended to increase equality of opportunity by positive action or action to redress disadvantage Yes Please give details</p> <p><b>Positively promotes religious and cultural needs of patients</b></p>	
<p><b>14</b> If you have answered <b>no</b> to all the above questions <b>1-13</b> and the document does not discriminate any Equality Groups please go to <b>section 15</b></p> <p>If you answered <b>yes</b> to Q1 (a) and <b>no</b> to Q3 (b) this is unlawful discrimination.</p> <p>If you answered <b>yes</b> to Q2 (b) (i) <b>no</b> to Q2 (b) (ii) and <b>no</b> to Q3 (c), this is unlawful discrimination</p> <p><b>If the content of the document is not directly or indirectly discriminatory, does it still have an adverse impact?</b> No</p> <p><b>Please give details</b></p> <p><b>If the content document is unlawfully discriminatory, you must decide how to ensure the organisation acts lawfully and amend the document accordingly to avoid or reduce this impact</b></p>			
<p><b>15</b> Name of the Author completing the Equality Impact Assessment Tool.</p> <p>Name Graeme Harrison</p> <p>Signature.....</p> <p>Designation Chaplaincy Team Leader</p> <p>Date 3<sup>rd</sup> July 2009</p>			