

Department of Spiritual Care

Multi-Faith Book

Meeting the Religious Needs of Patients & Families

CONTENTS

	PAGE NO
The Individual	3
The Anglican/Church of England Patient	6
The Roman Catholic Patient	8
The Free Church Patient	10
The Baha'i Patient	12
The Buddhist Patient	14
The Christian Scientist Patient	16
The Hari Krishna Patient	17
The Hindu Patient	18
The Humanist Patient	20
The Jain Patient	22
The Jehovah's Witness Patient	24
The Jewish Patient	26
The Mormon Patient	28
The Muslim Patient	29
The Pagan Patient	31
The Rastafarian Patient	32
The Religious Society of Friends Patient	34
The Seventh Day Adventist Patient	35
The Shinto Patient	36
The Sikh Patient	37
The Spiritualist Patient	39
The Zoroastrian Patient	40
Culture	41
Local Directory of Faiths	43
National Contacts	45
Other Useful Contacts	50

The Individual

This information is intended as a guideline, and the most important point is to ask the individual (and/or their family) what is needed and what staff should be aware of. Whatever religious or cultural beliefs a patient has, they will have preferences and needs which are individual and personal to them alone. The individual has a right to have these wishes respected as long as this is possible and does not impose excessively on the rights of others.

Everyone has spiritual needs, some of which may be expressed in an explicitly religious form. These needs may basically be expressed as:

- The right to love and be loved
- The need for meaning and purpose in life
- The need to feel worthwhile and be respected

Glossary – an Explanation of Terms

While often taken as synonymous, “culture”, “ethnicity” and “religion” express different concepts. It is helpful to define such terms and the following is adapted from advice given in the Cabinet Office publication *Outreach – Building Links with Ethnic Minority Communities*.

Culture An evolving mix of values, lifestyles and customs derived from social heritage. Day-to-day social, economic and political life will have a greater impact on some ethnic groups than on others for whom religion may be almost an all-embracing influence. Culture often includes language or dialect.

Ethnicity Members of the same ethnic group have a sense of shared past and origins; they perceive themselves as distinct from others; and these complementary aspects of common origin and distinctness are enhanced when different groups come into contact with each other. Members of the same ethnic group may often be followers of different religions.

Religion or belief A religion or belief is a world-view or “life stance” – a set of answers to so-called “ultimate questions” involving values –spiritual and moral – and beliefs about the nature of life and the world. Religions usually, but not always, involve belief in a god (or gods). People of many different cultures and ethnic groups may adhere to the same religion or belief. We need only consider how Christianity and Islam in particular have spread throughout the world to realise that culture and religion are far from synonymous.

General Considerations – All Patients

All patients should be treated equally, regardless of gender, race or creed. Diversity of language, culture, religious customs and dietary needs should be respected at all times.

Patients should have free access to those who are most likely to help them meet their spiritual needs, with the opportunity to practise their faith whilst in

The Individual (continued)

hospital. Staff should avoid making assumptions about an individual's spiritual needs.

To help staff meet these requirements, the following guidelines are recommended:

- 1. World Religions.** It is important to recognise that patients within these religions may come from different and very diverse backgrounds. Degree of religious practice and/or Westernisation will influence what the family require.
- 2. The Chaplaincy Team.** Members of the Chaplaincy Team are available at all times to listen and talk to patients, relatives and staff; to offer time and space for spiritual reflection; to help individuals discuss their own feelings, anxieties and fears; to help them find comfort and strength in their illness; and to bring out hidden strengths which give hope for the future.

Ministers of the major Christian denominations are on-call at all times, and ministers of other faiths are available on request. All can be contacted via the switchboard.

Contact with the Chaplaincy Team should be offered at the beginning of and at regular intervals throughout a patient's stay in hospital. Details of regular Chapel Services should be made available to patients and their families.

- 3. Admissions Documentation.** This should be completed accurately and in full. Ensure a patient's religious tradition is recorded. Consult the patient and/or their family about their needs.
- 4. Patient Transfer.** If a patient moves to another ward within the Trust, ensure all relevant documentation, information and requests are communicated to the appropriate staff.
- 5. Dietary Requirements.** Certain requirements regarding particular foods are made by different faiths. This includes abstaining (fasting) from food at certain times of the day/year. Arrangements should be made to accommodate these requirements wherever possible.
- 6. Clothing/Religious Objects.** Respect should be shown to a patient's style of dress, including jewellery, as determined by their faith. Equally, religious objects are often of a very personal nature and special care should be taken to ensure they are not mislaid.
- 7. Modesty.** Great sensitivity should be shown regarding questions of perceived or accepted standards of modesty. This may include both the personal care a patient needs and receives and the behaviour (conscious or otherwise) of other patients. Any requests to be treated solely by male or female staff should be respected wherever possible and appropriate.

The Individual (continued)

8. **Religious Services.** The Chapel is located at the lower end of the surgical corridor.

For the majority of Christian denominations, services are held weekly on a Sunday and at other times throughout the year as advertised. In addition, the Chapel is open throughout the day and is available to all patients, relatives and staff for private prayer and reflection.

Arrangements should be made by Ward Staff for patients wishing to attend Chapel Services or visit the Chapel.

There is also a Multi-Faith Prayer Room for prayer and reflection, which is situated on the Surgical Corridor, opposite the Post-Room. The Multi-Faith Prayer Room is available to people of all religious belief systems.

9. **Care of the Dying.** Issues around death and dying are often surrounded by mystery and confusion. It is difficult to ask patients and carers questions about this sensitive issue when the patient is very ill, or in the case of a sudden death. It is critical, however, that these issues are not ignored and help should be sought from more experienced staff. The effects of an inappropriate intervention can result in long-term distress for the family.

Respect the personal wishes of the dying patient. Where it is not possible to determine what these are, family/friends should be consulted at the earliest possible moment. Certain faiths provide particular rituals for those who are dying and the ministry of the appropriate Chaplain should be offered sooner rather than later. Do not wait until the last minute when it may not be possible to respond in sufficient time.

10. **Bereavement.** Even though previous offers may have been declined, the services of a Chaplain or other faith leader may still be welcomed by the relatives at the time of death. Staff should, therefore, take care not to make assumptions in this regard.

Chaplains are available to pray for the deceased and their families and to support relatives/friends in the initial stages of bereavement. Chaplains can also be an essential link with those who will provide on-going care of the family once they have left the hospital.

Particularly when a sudden death has occurred, relatives may find it difficult to leave the body of the deceased. It may help relatives to know that, if necessary (i.e. other relatives are travelling a great distance), it may be possible to arrange for the family to see the deceased at a later time in the Mortuary Chapel.

The Individual (continued)

11. Nursing Implications

Communications: Appropriate information and interpretation is essential to the concept of informed consent. The use of family may not always be ideal as they may be unfamiliar with the medical terminology and reticent about discussing sensitive information with older or younger relatives.

Spirituality: This can often be misunderstood. Staff should be sensitive to the fact that spiritual needs may be experienced by everyone. Indeed, the acknowledgement of a person's language, culture, customs and dietary needs are important components of spiritual care, as is the recognition of an individual's anxieties and fears, or sense of isolation due to unfamiliar surroundings.

The Anglican/Church of England Patient

The sacred writings of the Christian religion are in the Bible. A Christian's individual faith and religious practice will be influenced by the tradition of the church to which they belong as well as their own personal relationship with God. Please record the individual's specific denomination in their notes. Christmas and Easter are the most important festivals/celebrations. Christians will usually wish to receive Holy Communion at these times. Always ask the individual and/or family/friends if they would like to see a Chaplain or their local minister.

Prayers may be said at the bedside of a dying patient. Sometimes the family or the patient will ask to receive the "Sacrament of the Sick". This involves anointing with holy oil. After death some families may like to offer prayers of thanksgiving for the person's life.

Special Considerations

- Patients may wish to see a Chaplain before an operation and to receive Holy Communion.
- They may request a Bible or wish to attend services at the Chapel.
- Holy Communion and Weddings may take place on the wards or in the Hospital Chapel.
- If a patient is in any kind of spiritual distress, the Chaplain may be called to offer comfort.

Care of the Dying

- Prayers may be said at the bedside of the dying and sometimes it will be appropriate for the patient to be anointed. The close family must be asked.
- After death the family may wish to gather around the bed to give prayers of thanksgiving for the person's life.
- Always ask the patient/significant others if they would like to see the Chaplain or wish their local priest to visit.
- Routine Last Offices appropriate.

Blood Transfusion

- No objection on religious grounds.

Organ Donation/Transplant:

- No objection on religious grounds

Post Mortems:

- No objection on religious grounds

The Anglican/Church of England Patient (continued)

Viewing:

- Handle the body with respect. Routine procedures are acceptable.

Contact

Hospital Switchboard
Press 0 or telephone 0151 600 1616

The Roman Catholic Patient

The sacred writings of Christian religion are in the Bible. A Christian's individual faith and religious practice will be influenced by the tradition of the church to which they belong, as well as their own personal relationship with God. Please record the individual's specific denomination in their notes.

Christmas and Easter are the most important festivals/celebrations. Catholics will usually wish to receive Holy Communion at these times.

The patient will probably wish to be visited by a Catholic Priest and to receive Holy Communion and the "Sacrament of the Sick." This is not only for the dying, but also for the sick, and is appropriate in cases of serious illness, especially before an operation. The Sacraments are very important. The Catholic Priest must be called to the dying patient and, if the death is sudden, immediately afterwards.

Special Considerations

- Patients may request a Bible, prayer books or religious articles such as rosary beads or may wish to attend Mass in the chapel.
- Holy Communion may take place on the wards or in the Hospital Chapel.
- If the patient is in any kind of spiritual distress, the Chaplain may be called to offer comfort.
- Chaplains will often be asked to hear the confession of a Catholic patient.
- The Chaplain routinely visits Catholic patients on the wards, as do his team of religious sisters and lay volunteers.

Care of the Dying

- In addition to the normal visits by the Chaplain, the Sacrament of the Sick with anointing is of particular importance. This may also be required before an operation.
- Inform the priest long before the point of death, so that he may build up a relationship with the patient.
- The Catholic Priest should always be called to a dying patient or one who has just died and he will normally be of assistance in consoling the relatives.
- Routine Last Offices appropriate.

Blood Transfusion:

- No objection on religious grounds

Organ Donation/Transplant:

- No objection on religious grounds

The Roman Catholic Patient (continued)

Post Mortems:

- No objection on religious grounds

Viewing:

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard –
Ext. 0 or telephone 0151 600 1616

The Free Church Patient

The sacred writings of Christian religion are in the Bible. A Christian's individual faith and religious practice will be influenced by the tradition of the church to which they belong as well as their own personal relationship with god. Please record the individual's specific denomination in their notes.

The Free Churches are:

Baptist	Church of the Nazarene
Methodist	Salvation Army
United Reformed Church	Free Church of England
Pentecostal	The Lutheran Church
Church of Christ	Independent Methodist
Plymouth Brethren	The Society of Friends (Quaker)
Church of Scotland	Moravian Brethren
Presbyterian Church	

Special Considerations

- Patients may wish to see a Chaplain before an operation and to receive Holy Communion.
- They may request a Bible or wish to attend services at the Chapel.
- Holy Communion may take place on the wards or in the Hospital Chapel.
- If a patient is in any kind of spiritual distress, the Chaplain may be called to offer comfort.

Care of the Dying

- Prayers may be said at the bedside of the dying and sometimes it will be appropriate for the patient to be anointed. The close family must be asked.
- After death the family may wish to gather around the bed to give prayers of thanksgiving for the person's life.
- Always ask the patient/significant others if they would like to see the Chaplain or wish their local Minister to visit.
- Routine Last Offices appropriate.

Blood Transfusion:

- No objection on religious grounds

Organ Donation/Transplant:

- No objection on religious grounds

Post Mortems:

- No objection on religious grounds

The Free Church Patient (continued)

Viewing:

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard
Ext. 0 or telephone 0151 600 1616

The Baha'i Patient

Although the Baha'i faith has its roots in Babism, a Muslim denomination, it is a separate religion. Its teachings centre on the unity of mankind, the harmony of religion and science, equality of men and women and universal peace.

It has no set doctrines, priesthood or formal public ritual and no authoritative scriptures. The faith has no clergy; however, a patient may wish to have a visitor from the Spiritual Assembly of Baha'i.

There are no unusual requirements for a Baha'i patient in hospital. He/she will accept usual routines and treatment.

Special Considerations

- Patient may need a translator as they come from diverse backgrounds.
- 21st March is their New Year. The patient may wish to be at home to celebrate Nawruz (New Year.)
- The patient may wish to fast, therefore, food should be available before dawn and after dusk.
- Special fasting from 2nd – 21st March.

Care of the Dying

- Belief in after life – not reincarnation.
- Patients may wish for members from the spiritual Assembly of the Baha'i to come and pray with them, this may be arranged by the family. Privacy is required for this.
- Treat the body with great respect after death.
- Routine Last Offices
- A special ring will be placed on the finger of the patient; this is not to be removed.
- Baha'i adherents may not be cremated or embalmed, nor may they be buried more than an hour's journey from the place of death.

Blood Transfusions:

- There is unlikely to be any objection.

Organ Donation/Transplantation:

- No objections to organ transplants, is regarded as praiseworthy.

Post Mortems

- No objection on religious grounds.

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact Hospital Switchboard:
 Ext 0 or 600 1616

The Buddhist Patient

Buddhist faith centres on the Buddha, who is revered, not as a god, but as an example of a way of life. Buddhists believe in reincarnation and so accept responsibility for their actions. The chief doctrine is that of 'Karma', good or evil deeds resulting in an appropriate reward or punishment either in this life, or through reincarnation along a succession of lives.

From its very beginning, Buddhism has always been culturally adaptable and, as a result, a variety of forms and movements have developed within the religion, each with different traditions. Ask the individual and/or family friends what is required.

The following is a general guideline for dealing with death and dying from a Buddhist perspective. Bear in mind, however, that within Buddhism there are many different schools of thought as well as cultural differences and these should be taken into account where possible.

Special Considerations

- Peace and quiet for meditation and chanting would be appreciated, therefore, if available, access to a day room or a single room may be required.
- The offer of the Chapel or visiting Buddhist to pray in with the patient would be appreciated. The use of a side room would be valued.
- The need to wash hands before meditation.
- May wish to sleep on the floor.
- The image of a Buddha would bring comfort as will some flowers and an incense stick. These must be handled with great respect.
- Do not place any books or objects on top of their Spiritual Writings or place these on the ground; their scriptures are to be treated with great respect
- WESAK – a celebration of enlightenment of Buddha – held on full moon in May.
- Full moon days and new moon days are often fast days for many Buddhists. On fast days a Buddhist may eat before noon but not afterwards.

Care of the Dying

- A side room would be appreciated (if available). Buddhists believe in rebirth after death. The state of mind at death influences the character of rebirth.
- They like to have full information about their imminent death to enable them to make preparation. An open, honest, frank manner will be appreciated.
- The need to approach death in a clear conscious state of mind is important, therefore, this may mean the reduction of certain types of medication.
- Patients should be fully involved and consulted at all stages of their treatment.

The Buddhist Patient (continued)

- The need to inform a fellow Buddhist is important. The family may do this, however, if unavailable, the Chaplain will fulfil this function.
- Cremation is preferred.
- Turning the mind of the patient to happy and light-hearted thoughts will put him in the frame of mind required to make his journey into death.
- Body should be left undisturbed for 8 hours after death.
- No special rituals after death, routine Last Offices are appropriate.

Blood Transfusion

- There is unlikely to be any objection, however, some Far Eastern Buddhists may object.

Organ Donation/Transplantation

- No objection on religious grounds

Post Mortems

- There is no taboo against autopsy but Buddhists prefer that this examination is not carried out for several days, to allow time for the deceased's consciousness to separate finally from the body.

Viewing

- Handle the body with respect. It is important that the deceased's family and friends have access to the body for at least a few days, so that they may simply sit with it, or meditate or perform some rituals.

Contact

Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Christian Scientist Patient

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

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

Special Considerations

- If the patient is voluntarily in hospital, they are likely to accept conventional but minimal medical treatment. They will also ask for drug therapy to be kept to the minimum.
- If involuntary, i.e. after an accident, they may wish to be completely free of medical treatment. Therefore, there will be a need to contact the Christian Science practitioner.
- No specific objections to blood transfusions, but would prefer to rely on prayer. Therefore, they would not usually wish to participate as donor or recipient.
- Privacy will be needed for prayer and Bible reading. This should be made available simply by closing the curtains. It would be a kindness to make the offer.

Blood Transfusion

- It is not normally acceptable for adults.

Organ donation/Transplant

- The question of organ/tissue donations is the individual decision of church members.

Post Mortems

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

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Hari Krishna Patient

Hari Krishna is a religion with its basis in the sub-continent of India though now practised worldwide. Its members are known as Devotees. Although similar in some ways to Hinduism it has a more ancient base. Karma is a right or good spirit. Devotees need to achieve the right Karma.

Special Considerations

- Chanting the Lord's Holy names and prayers are a very important factor in the life of a Devotee.
- A place of quiet should be provided for the Devotee to meditate, often they may wish to burn incense sticks.
- Devotees are Lacto Vegans and certain vegetable products and eggs are not acceptable.

Care of the Dying

- It is important that all facts are disclosed to the patient.
- Krishna followers wish to prepare themselves for death
- It is paramount at the time of death to remember God, to this extent other Devotees will be there to read scripture and to chant the Hari Krishna Mantra. This chanting may be done with musical instruments.
- Routine Last Offices are appropriate.

Blood Transfusions

- Generally acceptable

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds

Viewing

- Respect the body and wishes of the family. Routine procedures are acceptable.

Contact

Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Hindu Patient

Central to Hinduism is reincarnation. Hindu religious practices vary a great deal, depending on areas of origin. Hinduism is a social system as well as a religion, therefore, customs and practices are closely interwoven. Hindu patients will come from a variety of backgrounds. Although Hinduism is a diverse religion, there is a baseline of faith common to all sects. Please refer to the individual and/or family/friends about particular requirements.

Special Considerations

- Female patients prefer female doctors and consideration should be given to their modesty.
- Running water or a jug of water in the same room as the toilet is required, if a bedpan is used a bowl of hot water must be offered afterwards, ablutions are important.
- Avoid using the left hand unnecessarily with patients. This hand is regarded as unclean.
- Offer a volume of the Bhagavad-Gita, which can be obtained from the Chaplain's office.
- The patient may require to lie on the floor (close to Mother Earth.)
- The family may wish to stay with the patient all the time.

Care of the Dying

- ("Puja" – last rites) Hindu patients very much want to die at home. This has religious significance and death in hospital can cause great distress.
- Before death there will be a desire to offer food and articles of use to the needy, religious persons and the Temple. These gifts will be brought by the relatives for the patient to touch. Offering a calf (female) is symbolised by placing under the bed "Kusha" grass.
- A Hindu would like to have the leaves of the sacred Tulsi plant and Ganges Water placed in his/her mouth before death by relatives. Therefore warn the relatives if death is imminent.
- After death the wishes of the dead are honoured.
- Consult the family if they wish to perform the last rites in the hospital where the patient will be bathed in water mixed with water from the River Ganges. If they do not wish to, the body should not be washed as this is part of the funeral rites and will usually be carried out by relatives later.
- Do not remove sacred threads or jewellery from around wrist or neck.
- Consult the wishes of the family before touching the body. The use of gloves would be appreciated.
- If a body is to be left in a room overnight, a light or candle should be left burning throughout the night.
- All Hindus are cremated.

Blood Transfusions

- Generally acceptable

The Hindu Patient (continued)

Organ Donation/Transplant

- No religious objections to transplants

Post Mortems

- Post mortems are not liked, but accepted if required by law. All organs and remains must be returned before the funeral. It is preferred that no longer than 24 hours lapses before the funeral.

Viewing

- Respect the body and wishes of the family. Routine procedures are acceptable.
- Remove all Christian symbols
- Place "OM" if available on the altar.
- Allow the head of the patient to be close to the "OM"

Contact

Hospital Switchboard
Ext 0 or telephone 0151 600 1616

The Humanist Patient

Humanism encompasses atheists' and agnostics, but it is an active philosophy far greater than these passive responses to one particular idea. With an approach to life based on humanity and reason, humanists recognise that moral values are properly founded on human nature and experience alone. They value the truth and consider facts as well as feelings in reaching judgement. Humanists reject the idea of any supernatural agency intervening to help or hinder them. Evidence shows that they have only one life and humanists grasp the opportunity to live it to the full.

Humanists retain faith in the idea that people can and will continue to solve problems and that quality of life can be improved and made more equitable. Humanists are positive, gaining inspiration from a rich natural world, their lives and culture.

Humanist thought found particular expression during the Renaissance and the Enlightenment and in the scientific, social and political revolutions of the modern age. Many people are tacit humanists, reaching similar conclusions without meeting like-minded people or reading particular texts, because these ideas are founded on knowledge, not beliefs.

Special Considerations

- Humanists think that this world and this life are all they have.
- That they should try to live full and happy lives themselves and as part of this, make it easier for other people to do the same.
- All situation and people deserve to be judge on their merits by standards of reason and humanity.
- Individuality and social cooperation are equally important.
- Humanists believe strongly in the individual's right to freedom of choice in the main decisions of life and death and this will have a bearing on discussions about a patient's prognosis.
- All people are equal regardless of sex, culture, age, race or sexuality and must endeavour to find solutions for problems within themselves.

Care of the Dying

- No special needs
- May want to have family or a close friend with them or the support of another caring individual. Some may appreciate the support of a secular counsellor or a fellow humanist.
- May refuse treatment that they see as simply prolonging suffering.
- Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife.
- Routine Last Offices are appropriate
- When dealing with a funeral director after the patient has died, they should be informed that a non-religious humanist service will be required.

The Humanist Patient (continued)

Blood Transfusion

- No objection on religious grounds

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds.

Viewing

- Respect the body and wishes of the family. Routine procedures are acceptable.

Contact

Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Jain Patient

Jainism is an Indian faith followed by several millions of people in India and by sizeable numbers of migrant Jains in Europe, East Africa and North America. Jain way of life is regulated mainly by 'non-violence' and reverence for all life in action and relative pluralism in thoughts. Jains are pure vegetarians and do not consume meat, fish, seafood, poultry or eggs. They are involved in extensive philanthropic activities, including the learning, the care of nature and the care of the environment.

Jains aspire to attain spiritual liberation by self-effort and revere twenty-four past tirthankaras, the "spiritual victors" of the descending half of present time-cycle, whom they worship as exemplary persons or Gods. The first tirthankara in this descending cycle was Risabhdeva, who is traditionally believed to have lived thousands of centuries ago, the twenty-third was Parsvanatha and the twenty-fourth (and last) was Vardhamana Mahavira.

Special Considerations

- Some observe fasts without any intake of food or water
- Abstention from fruit and vegetables is practised on many days
- Female patients will usually prefer a female doctor and nurse and consideration should be given to their modesty and this desire.
- The Jain patient may wish to say prayers with their Brahman
- Fasting is also undertaken during Paryushana in August or September and lasts 8-10 days and during Ayambil which is observed for 9 days during June and December.
- If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes.
- The Namokkara mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of pratikramana once or twice a day.

Care of the Dying

- The family may provide a plain white gown or shroud for the deceased patient.
- The family may wish to be present during last offices and also to assist in their administration and should be asked if they wish to do so.
- Jains are always cremated and never buried except for infants.
- Cremation must be performed as soon as practicable, even within hours if possible, without any pomp.

Organ Donation/Transplant

- They may be willing to both give and receive organs for transplant or donation and this should be checked with the individual or the individual's next of kin.

The Jain Patient (continued)

Post Mortems

- Post mortems are usually seen as disrespectful to the body but this will depend on the degree of orthodoxy of the patient.

Viewing

- Respect the body and wishes of the family. Routine procedures are acceptable.

Contact

Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Jehovah's Witness Patient

Jehovah's Witnesses try to live their lives according to the commands of God as written in the New World Translation of the Old and New Testaments. They regard Jesus Christ as the Son of God, but not in the sense of being equal with God or one with God.

Special Considerations

- Strongly held belief that taking blood into one's body is morally wrong.
- They believe that all medical treatment is a matter of informed consent.
- The patient will not accept treatment involving the use of blood components but will accept alternative non-blood medical management.
- Jehovah's Witnesses do not usually celebrate birthdays or Christmas. The only festival is the annual memorial of the death of Christ.

Care of the Dying

- No special rituals
- Those who are very ill appreciate a pastoral visit from one of their Elders. Friends or family may assist with this information.
- Last Rites are **NOT** appropriate
- Routine Last Offices are appropriate.

Blood Transfusions

- Jehovah's Witnesses have religious views that taking blood into one's body is morally wrong and is therefore prohibited. This includes whole blood or its components, such as packed red cells, plasma, white cells and platelets. Jehovah's Witnesses can choose whether to accept products such as albumin, immunoglobins or clotting factors.
- Blood samples may be taken for pathological testing providing any unused blood is disposed of.
- Dialysis will usually be accepted.
- Jehovah's Witnesses will accept medical treatment in all other respects apart from those involving the use of blood or blood components.

Organ Donation/Transplant

- Jehovah's Witnesses do not encourage organ donation but believe it is a matter for individual conscience.
- All organs and tissues, however, must be completely drained of blood before transplantation.

Post Mortems:

- No objection on religious grounds

The Jehovah's Witness Patient (continued)

Viewing:

- Respect the body and wishes of the family. Routine procedures are acceptable.

Contact:

Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Jewish Patient

In Judaism, religious and culture are entwined. It is based on the worship of one God; carrying out the Ten Commandments and the practice of charity and tolerance towards one's fellow human beings. Beliefs amongst orthodox Jews who may even come from diverse backgrounds are more or less the same, whilst Progressive, Reform and Liberal Jews are motivated by their own ideas and attitudes rather than by a belief in Divine/Rabbinical Law.

There are different groups within Judaism:-

Orthodox Jews – are usually more traditional and observant of the religious/dietary law.

Non-Orthodox Jews (including Conservative/Liberal/Reform) – make their religious observance fit into modern society.

Special Considerations

- Sabbaths (Shabbat) and festivals are important. The Sabbath begins at sunset on Friday and will last until sunset on Saturday.
- The lighting of two candles, a small wine glass and some special bread will be needed to welcome the Sabbath. Friends will usually provide the necessities.
- Patients should be consulted about what they can do during the Sabbath. The acts of turning lights and television sets on and off for them would greatly appreciated.
- Special care must be taken with Ultra Orthodox Jews:
 - I. It is immodest for the men to touch women other than their wives, therefore, thought needs to be given about what contact is necessary between nurse and patient.
 - II. May wish to cover hair with a wig or scarf and limbs to be kept covered at all times. This must be respected. Also, men may like to cover their heads during their stay with a hat Kappel.
- Passover (in March or April) is when special foods may be required by some Jewish patients.
- Day of Atonement or Yom Kippur (In September or October). This is a special day of fasting. A Jewish patient will normally wish to keep that day to pray and be quiet. It is the holiest day of the Jewish calendar and is considered to set the path for the year to follow. Orthodox patients must be offered alternatives to oral medication, such as injections or suppositories.

Care of the Dying

- Dying patient should not be left alone; relatives, therefore, may wish to stay.
- Dying patient should to be touched or moved, since it is considered that such action will hasten death, which is not permitted in any circumstances. He or she may wish opportunity for saying a Prayer of confessional and to receive Affirmation of Faith this can be said by relatives.

The Jewish Patient (continued)

- The patient's own Rabbi should be called first, if unavailable then contact the Rabbi via Hospital Switchboard.
- Once death is established:
 - The nearest relatives may wish to close the eyes. The arms should be extended by their side, hands open, mouth closed, the body is to be touched as little as possible.
 - Remove personal effects in accordance with hospital procedure.
 - Remove all external catheters and medical equipment attached to the body.
 - Ensure that all incisions etc are dressed.
 - There is no need to remove any identification bracelets. Washing is not done in the hospital, as this is part of a special ritual performed before burial.
 - Relatives may wish to keep vigil over the body.
 - Burial should take place within 24 hours if possible.
 - Some Orthodox Jewish groups may wish to appoint someone to stay with the body from the time of death to the burial. This person is called a "watcher" and he or she may need to stay with the body throughout the night.

Organ Donation/Transplant

- Orthodox Rabbinical Authorisation should ideally be established by the family before any procedures are carried out.
- Members of Reform, Progressive and Liberal invariably will not insist on this, whilst members of Orthodox congregations should be advised to seek their Rabbi's approval.

Post Mortems

- Orthodox Jews will wish to avoid this examination at all cost, unless it is absolutely required by law. The body is sacred and should be handled as little as possible or with a sheet over it.

Viewing

- This is not carried out by Jewish people. The family may wish to see the deceased. Once the body has been put in the coffin, the body cannot be viewed.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Mormon Patient

The Mormon Church is also known as the Church of Jesus of Latter-Day Saints. It began in America in 1830.

Mormons follow a very strict health code, known as the Word of Wisdom which advises against the use of tea, coffee, alcohol, tobacco etc. and advocates healthy living.

Family unity has great importance for Mormons.

Special Considerations

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

Care of the Dying

- No ritual acts for the dying.
- Contact with other members of the church is important
- The local church will supply a Bishop who will give blessings and minister to the sick.
- 'Home teachers' will visit and support church members in hospital.
- Burial is preferred.
- The Bishop will offer solace and help with funeral arrangements.
- The Relief Society, a women's organisation, will help with the practicalities of a funeral.
- Routine last offices are appropriate.

Blood Transfusions

- There are no religious objections

Organ Donation/Transplant

- There are no religious objections

Post Mortems

- There are no religious objections

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Muslim Patient

The followers of the Islamic religion are called Muslims. The Holy Book for Muslims is the Holy Koran. Muslims come from many diverse back grounds and there are two main sects, Sunnis and Shias. Within these there are again subsections. Although there is a baseline of common belief, there are also small differences. Advice should be sought from patient and family about their needs and wishes.

The religious duties are summed up in 'five pillars':

1. Creed – God is one and only supreme creator and Mohammed is the Prophet of God.
2. Prayer – Five times a day facing Mecca (South-east) with ritual washing beforehand.
3. Almsgiving
4. Fasting
5. A pilgrimage to Mecca once in lifetime.

During the month of Ramadan a Muslim fasts between sunrise and sunset. Those who are sick are not expected to fast. If, however, a patient wishes to do so, food should be made available before sunrise and after sunset. Essential drugs and medicines can be administered during Ramadan.

Special Considerations

- Muslims do not eat pork in any form and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim.
- Great importance is attached to cleanliness. Therefore, before every act of prayer the patient will want to wash. Water poured from a jug will be appreciated.
- Times of the prayer are dawn, noon, mid-afternoon, just after sunset and before retiring for sleep. The patient will need to stand on clean ground or a prayer mat facing Mecca (south-east in Britain.)
- Privacy will be appreciated but not essential.
- An offer of the copy of the Koran will be appreciated. This must be handled with the greatest respect, no object or book being placed upon it.
- Both male and female Muslims are very modest in their dress and outlook. A female may request that her husband or a female companion be present during a medical examination.
- A shower is preferred to a bath. A tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom.

Care of the Dying

- The patient may wish to sit or lie facing Mecca.
- Family or friends may wish to quietly read the Koran.

The Muslim Patient (continued)

- At death close the eyes, apply a bandage to the face around the chin and head to close the mouth (if necessary.) The two big toes are tied together to keep them straight. Straighten arms by the side. Wrapped in a shroud by the same sex.
- Place the foot of the bed facing Mecca or turn the patient onto the right side in order that the deceased's face looks towards the Holy City.
- Do not wash the body or cut nails or hair.
- Do not remove religious threads or amulets.
- A Muslim undertaker will arrange burial.
- The central Mosque will handle washing of the body and prayers at the Mosque. The family may do this for themselves.

Blood Transfusion

- No religious objection

Organ Donation/Transplantation

- No specific rulings prohibiting transplantation. However, strict Muslims will not agree to organ transplants.
- Seek the consent of the patient and family for organ transplantation.
- Donations of organs from a deceased person are generally allowed with the permissions of those concerned.

Post Mortems

- May oppose a post mortem but no restrictions if required by law.

Viewing

- Remove all Christian symbols from room.
- The foot of the trolley should be in a position that the face of the deceased is towards Mecca (facing South East.)

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Pagan Patient

Special Considerations

- A Pagan would be very upset if the hospital admission form stated that he or she has no religion or the nurse put down C of E or N/A.
- Most Pagans will not have any unusual needs, but during one of their festivals they may ask for privacy during visiting hours to allow them to worship with friends.
- Because of the diverse traditions within paganism individual patients should be asked how their needs can be satisfied in hospital.
- It is worth bearing in mind that their families may not be aware of their beliefs and that most Pagans are still wary of making their beliefs known, therefore, this information must be treated with the utmost respect.
- Pagans may wish to have a small white candle or a small figure of the Goddess on their locker.

Care of the Dying

- Pagans will want to know if they are dying to give them time to prepare positively for death.
- It is important that pagans have the name and telephone number of their Spiritual Advisor to attend them in the same way as clergy. The Chaplain would be inappropriate unless requested.
- Most Pagans prefer to die at home.
- Pagans will not welcome prayers at the bedside but at the point of death would appreciate the comforting presence of a nurse or another person. Ideally this would be provided by another Pagan.
- Cremation or burial are equally acceptable. A Pagan will want his or her own Spiritual Advisor to conduct the funeral.
- Wearing a ring to symbolise adherence to paganism is common and to remove the ring would cause considerable distress.

Organ Donation/Transplant

- Most Pagans would be prepared to donate and receive transplants and transfusions. Individual feelings about the above should be discussed with the patients.

Post Mortems: There are no specific teachings on these matters.

Viewing: Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Rastafarian Patient

Rastafarians are followers of a movement which began in the 1930's in the West Indies, among the descendants of slave families who had come from Africa. The Old and New Testaments are still regarded as scriptures, but Rastafarians do not consider themselves to be Christian.

Rastafarianism is a personal religion. It places emphasis on personal dignity and a deep love of God. There are no churches, services or official clergy. For some, legal marriage is unnecessary and thus extended families may be complex.

Special Considerations

- Rastafarians will be unwilling to receive any treatment that will contaminate the body. They will prefer alternative therapies such as herbalism or acupuncture. However, those who seek the advice of doctors are likely to accept some conventional treatment.
- They are easily identified by their distinctive headstyle dreadlocks. Their hairstyle is a symbol of faith and a sign of black pride. Orthodox members may not let their hair be cut.
- Rastafarians may be unwilling to wear hospital garments which have been worn by others. Therefore, disposable theatre gowns may be preferred.
- Visiting the sick is important and their visitors often arrive in large groups. Therefore, they can sometimes feel unwelcome in the hospital environment where there are restrictions on the numbers of visitors.
- The fear of contamination of the body would influence the attitude to transfusion. Therefore, assurance would be needed that no disease would be transmitted.

Care of the Dying

- Rastafarians have a deep love of god and believe that where people are, God is present, therefore, the family may pray around the bedside of the dying member.
- There are no rites or rituals before and after death though family members may pray at the bedside.
- Routine last offices suffice.
- Burial is preferred but cremation is not forbidden.

Blood Transfusion

- There will probably be anxieties about this because of concerns about contamination of the body. Assurance will need to be given.

Organ Donation/Transplant

- Fear of contamination of the body will influence the attitude of transplantation.
- This is not generally acceptable due to their belief that to do so would interfere with God's plan for Mankind.

The Rastafarian Patient (continued)

Post Mortems

- Few would agree to a post mortem, except where it is ordered by the Coroner.

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Religious Society of Friends (Quakers)

Formally Quakers are the Religious Society of Friends and hence often refer to each other as “Friends”. The public more commonly refer to them as Quakers.

Quakers respect the creative power of God in every human being and in the world around us. They work through quiet processes for a world where peaceful means bring about just settlements.

Special Considerations

- A friend will normally be well supported by the local Meeting.

Care of the Dying

- A friend may often want The Clerk of the meeting to know that he/she may be dying if they require spiritual support. Privacy would be appreciated for this if possible.
- Routine last offices are appropriate.

Blood Transfusion

- No objections on religious grounds

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Seventh Day Adventist Patient

The Seventh-day Adventist Church grew out of the world-wide religious revival in the mid-nineteenth century. People of many religious persuasions believed that Bible prophecies indicated that the second coming or advent of Christ was imminent.

Basing its faith and practice wholly on the Bible, the Seventh-day Adventist Church has developed 27 fundamental beliefs. It is these key beliefs which unify the otherwise very diverse world-wide Seventh-day Adventist Church.

Special Considerations

- Saturday is observed as the Sabbath rest, which is from Friday sunset until Saturday sunset. Provision of a room for Sabbath worship may be requested and access to a Bible.
- Vegetarian food from outlets not handling meat would be required.

Care of the Dying

- No specific rituals, but visits from the local pastor may be required.
- Burial is normally preferred.
- Routine Last Offices appropriate.

Blood Transfusion

- There is no objection to the giving or receiving of blood.

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Shinto Patient

Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants and even in things which have no life, such as stones and waterfalls. Shinto has little theology and no congregational worship. There are no prayers but many Japanese follow Buddhist meditative practices.

Special Considerations

- Japanese people would prefer to be touched by a person of the same sex when undergoing medical examination and treatment or being comforted by strangers.
- Baths are considered preferable to showers and the bathroom should be separate from the toilet.

Care of the Dying

- The patient may wish to meditate
- Generally, cremation is preferred to burial
- Funeral services are conducted according to Buddhist rites.

Blood Transfusion

- No objection on religious grounds

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds

Viewing

- Hospital procedures are acceptable. Treat the body with respect.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Sikh Patient

Sikhism is related to Hinduism and was developed in the 16th Century in Punjab, India.

Names – Most Sikhs have three names: a first name, a religious middle name and a family name. The religious middle name is always SINGH for men and KAUR for women. Some Sikhs just use this religious title e.g. Mr. Singh. The wife of “Mr. Singh” is never “Mrs Singh”, but “Mrs Kaur” and vice versa.

Special Considerations

- Female doctors and nurses for female patients whenever possible.
- Do not ask a Sikh to remove their KARA (steel bracelet or ring worn on the right wrists), unless vital for x-ray or surgery to be performed on right wrist or arm. Otherwise secure with tape.
- MRI scan may not be performed unless patient agrees to remove their KARA.
- The community “Gurdwara” (local spiritual leader) must be contacted if there are no relatives.
- Sikhs prefer flowing water to wash in before meals, after toilet or after the use of a bedpan.
- If for any reason the patient’s KACCHA (special shorts-underwear) are removed, they should be replaced by another pair. Consult the patient for method of removal and replacement.
- Sikhs do not have a specific holy day: British Sikhs have adopted Sunday as the holy day. Prayers are read up to five times daily.

Care of the Dying

- The family may wish to say or sing prayers.
- Taped hymns or prayers must be placed beside the patient. A separate room if possible would be appreciated.
- **Sikhs, as an act of faith, wear the 5 signs of Sikhism, known as the 5 K’s.**
 - Kesh: Do not cut hair, beard or remove turban.
 - Kanga: Comb (semi-circular comb which fixes the uncut hair in a bun.)
 - Kara: Steel wrist band or bangle (or ring.)
 - Kaccha: White shorts worn as an undergarment.
 - Kirpan: Sword/dagger (usually a miniature sword/dagger which is worn.)

These symbols should NOT be disturbed unless it is absolutely necessary, in which case the necessity should be explained to the patient and/or his/her family.

- When viewing, remove Christian symbols and place “Khanda”, if available, on the altar. The head of the deceased should be placed close to the Khanda.
- Sikhs are always cremated.

The Sikh Patient (continued)

Blood Transfusion

- No objection on religious grounds

Organ Donation/Transplant

- No objection on religious grounds

Post Mortems

- No objection on religious grounds

Viewing

- Hospital procedures are acceptable. Treat the body with respect.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Spiritualist Patient

Spiritualism began on March 31st 1848, when the Fox Sisters produced spirit rappings in their home in Hydesville New York. Spiritualism believes that this was the first deliberate attempt to communicate with the next world. After this, Spiritualism rapidly developed throughout America, Europe and Britain.

Spiritualism is a rational religion based on the proven knowledge that man's spirit survives physical death. Spiritualist philosophy contains neither dogma nor creed and it is discussed rather than preached.

Spiritualism affirms that man's spirit survives physical death and enters a Spirit world which surrounds and interpenetrates our material life. Spiritualism asserts that the truth of this statement can be demonstrated under the right conditions when communication can and does take place between the worlds of spirit and earth. This communication is possible through individuals who have mediumistic abilities and who are known as mediums.

Special Considerations

- May request a Healer for treatment alongside medical treatment. This will involve the laying on of the hands, an act which can be performed quietly and with discretion.

Care of the Dying

- Their particular progress into the spiritual realm will depend on their desire to go; therefore, their state of mind is important.
- They believe that those in the spirit world will come to meet and welcome them.
- Routine last offices are important.

Organ Donation/Transplant

- No objection on religious grounds

Viewing

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

The Zoroastrian Patient

Special Considerations

- Children are entitled into the faith between the ages of 7 and 15 years old. On the initiation day the sacred sadra (shirt) and kusti (girdle) are put on for the first time. These garments are worn at all times and are to be treated with the greatest respect.
- An interpreter may be required.
- The Zoroastrian has a very high standard of hygiene and running water would be preferred for washing. A bowl of freshly drawn water is an acceptable alternative.
- Daily prayers are fundamental. The sacred girdle is tied and untied during the Kusti prayers and very sick patients may need help to do this.
- Zoroastrians are unlikely to accept blood transfusions or donate blood.

Care of the Dying

- It is important that the body is bathed before being dressed in white clothing.
- Most families provide a special sadra which is to be worn next to the skin under the shroud with the sacred kusti.
- The family may wish the head to be covered by a cap or a scarf.
- Delays to a funeral will cause distress and any reason for it must be carefully explained to the family.
- The family may wish to prepare the body for the funeral but in most cases a Funeral Director will be instructed.
- Cremation and burial are both accepted, usually within 24-48 hrs.
- If a Zoroastrian patient has no immediate relatives or friends a fellow Zoroastrian should be contacted if possible.

Organ Donation/Transplant

- Orthodox Zoroastrians consider the pollution of the body is against the will of God. They are against transplants for this reason and are probably unwilling both to donate or to receive. However, the less Orthodox may agree.

Post Mortems

- Forbidden by religious law, only the Coroner's legal requirement would allow a post mortem.

Viewing:

- Handle the body with respect. Routine procedures are acceptable.

Contact: Hospital Switchboard:
Ext 0 or telephone 0151 600 1616

Culture

African/Caribbean

We recognise that grouping African and Caribbean people together is much too simplistic as it does very little to inform staff in healthcare settings about cultural and religious differences. We use the term African Caribbean here to include people of African and Caribbean origin

Religion: Religion plays an important part in the lives of most African/Caribbeans. A large proportion are mainstream Christians of whom most are Protestants. Some are Catholics and there are a growing number of Muslims.

Modesty: Patients are likely to have a strong preference for a doctor/nurse of the same sex when being examined or treated, where possible. Sensitivity and care should be taken in situations which may cause embarrassment.

Death: Burial is preferred. Funeral and mourning customs vary depending on culture/religious belief. It is customary amongst some African/Caribbean cultures to express their emotions freely when a relative dies. Privacy to do so should be given wherever possible.

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

Religion: Bangladeshis – majority Islam, some Hindus. Indians – majority Hindus, some Muslims, Sikhs and also Christian. Pakistanis – majority Islam.

Modesty: Asian patients, particularly women, are likely to have a strong preference for a doctor of the same sex when being examined or treated. Sensitivity and care should be taken in situations which may cause the patient embarrassment, e.g. wearing a gown which the patient may consider too short.

In some Asian cultures direct eye contact is avoided during a conversation particularly if the other person is of the opposite sex; this behaviour should not be seen as rude and does not imply disinterest.

Naming: Ask the patient for his or her family name and their most used personal name. Use the family name as a “surname” for recording purposes.

All Asian naming systems have a religious significance. In practice they can vary a great deal. Recording unfamiliar names can be difficult and may lead to serious errors. It is important that staff are aware of the different systems so that patients are accurately identified.

Culture (continued)

As the majority of Asians are not “Christians,” the “Christian name” has no significance in most cases. Names are given as follows: Personal Name / Religious or Titular Name / Family Name, e.g. Vijay/Lal/Patel.

Death: It is customary amongst some Asian cultures to express their emotions freely when a relative dies. Wherever possible they should be given privacy to do so without unsettling other patients.

Chinese/Vietnamese

As half of the population of Vietnam is of Chinese origin, we have broadly categorised the two cultures together as some of their customs and beliefs are very similar.

Religion: Taoism, Buddhism and Confucianism are the main religions although some Chinese are Christians.

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

Naming: The family name tends to come first e.g. Cheung, followed by a one or two part personal name e.g. Hung Yim, resulting in a Cheung Hung Yim. A person’s family of origin is of great importance; hence women tend to keep their maiden names. Many Chinese/Vietnamese have reversed the order so that it corresponds to the British naming pattern.

Blood Transfusion

- Generally no objections

Organ Donation/Transplant:

- Generally no objections

Death:

- Funeral and mourning customs vary widely depending upon culture/religious belief. Some are buried, whilst others are cremated

Traditional Chinese Medicines:

- Traditional remedies are sometimes used for certain diseases and it is important to consult the individual.

The most important festivals are the New Year or Spring Festival celebrated in February. Dates vary as they are based on the lunar calendar.

LOCAL DIRECTORY OF FAITHS

CHURCH OF ENGLAND AND FREE CHURCH (Free churches include: Methodist, Baptist & United Reformed)	
ROYAL LIVERPOOL SITE	
Rev. Christopher Peter	Tel: 07659 548991 Mob: 07979381706
LHCH & BROADGREEN SITE	
Rev. George Perera	Tel: 07659 517793 Mob: 07803129501
CATHOLIC CHURCH	
Fr. Jonathon Brown Fr. Ged Callagher Fr. Stephen Lee	Can all be contacted via LHCH or RLBUHT switchboard
MERSEYSIDE WELSH CHAPLAINCY	
Rev. Dr Ben Rees	Tel: 0151 724 1989 14 Menlove Gardens North Liverpool L18 2EJ
Dr Patricia Williams	Tel: 0151 724 1027
GREEK ORTHODOX	
Fr. Iacobus Kasinos	Tel: 0151 724 3500 Mob: 07542165517 20 Fawley Road Liverpool L18 9TF
RUSSIAN ORTHODOX	
Mrs M Greenan	(Speaks Russian & will contact Priest Tel: 01704 874572
JEWISH	
Rabbi Leiberman	Tel: 07975834471 Email: danliat111@gmail.com Merseyside Jewish Community Care Shifrin House 433 Smithdown Road L15 3JL
Lisa Dolan (Chief Executive)	Tel: 0151 733 2292 Email: ldolan@mjjccshifin.co.uk
<i>Please note: Not to be paged during Sabbath i.e. Sundown Friday – Sundown Saturday</i>	

MUSLIM	
Adam Kelwick	Tel: 07790773355
Al Rahma Mosque	Tel: 0151 709 2560 29-31 Hatherley Street L8 2TJ
HINDU	
Jyoti Vithlani	Tel: 07886930159
BUDDHIST	
Kelsang Gogden	Tel: 07552616063 Email: kelsanggogden@gmail.com 25 Aigburth Road L17 4JH
SIKH	
Mr Hardev Sohal	Tel: 0151 327 6710 16 Wellington Road L15 0JE
SOCIETY OF FRIENDS (QUAKER)	
Lisa Hoyle	Tel: 0151 470 9657 Email: outreach@liverpoolquakers.org.uk Friends Meeting House 22 School Lane L1 3BT
JEHOVAH'S WITNESS	
Mr Keith Johnson	Tel: 0781483113
CHURCH OF THE LATTER-DAY SAINTS (MORMON)	
Bishop David Hoare	Tel: 0151 260 9526 Mob: 07825561527
SEVENTH DAY ADVENTISTS	
Pastor Geoffrey Mapiki	Tel: 07871614269 35 Kensington Liverpool L7 8UX
BAHA'I	
Mrs Pauline Robinson	Tel: 01925 222372 18 Park Road West Newton-le-Willows WA12 9TE
PAGAN	
Mr Warren Hughes	Tel: 0151 222 2692

NATIONAL DIRECTORY CONTACTS

ORGANISATION	CONTACT DETAILS
Bahá'í	<p>National Spiritual Assembly of the Bahá'ís of the United Kingdom 27 Rutland Gate London SW7 1PD</p> <p>Tel: 0207 584 2566 Fax: 0207 7584 9402</p> <p>Email: nsa@bahai.org.uk Website: www.bahai.org.uk</p>
Buddhist	<p>The Buddhist Society 58 Eccleston Square London SW1V 1PH</p> <p>Tel: 0207 834 5858 Fax: 0207 976 5238 Email: info@thebuddhistsociety.org.uk Website: www.thebuddhistsociety.org.uk</p> <p>Network of Buddhist Organisations (UK) 6 Tyne Road Bishopstone Bristol BS7 8EE</p> <p>Tel: 0845 345 8978 Email: secretary@nbo.org.uk Website www.nbo.org.uk</p>
Chinese Churches	<p>Liverpool Chinese Gospel Church 11 Great George Square Liverpool L1 5DY</p>
Christian Churches	<p>Mr. John Clark Archbishops Council Mission and Public Affairs Division Church House Great Smith Street London SW1P 3NZ</p> <p>Tel: 0207 898 1000 Email: john.clark@c-of-e.org.uk</p>

	<p>Free Churches Group Churches Together in England 27 Tavistock Square London WC1H 9HH</p> <p>Tel: 0207 529 8141 Email: freechurch@cte.org.uk</p> <p>Rev. Chris Thomas General Secretary Catholic Bishops' Conference of England and Wales 39 Eccleston Square London SW1V 1BX</p> <p>Tel: 0207 7630 8220 Email: gensec@cbcew.org.uk</p> <p>Churches Together in Britain and Ireland Bastille Court 2 Paris Garden London SE1 8ND</p> <p>Tel: 0207 654 7254 Fax: 0207 654 7222 Email: info@ctbi.org.uk Website: www.ctbi.org.uk</p>
Christian Scientists	<p>The District Manager for the UK and the Republic of Ireland Christian Science Committees on Publication 104 Palace Garden Terrace London L18 4RY</p> <p>Tel: 0207 299 2717 Email: LondonCS@csps.com</p>
Church of Jesus Christ Latter-Day Saints (Mormons)	<p>John Mulligan Area Welfare Manager 751 Warwick Road Solihull B91 3DQ</p> <p>Tel: 21 712 1309 Mob: 0780 168 5239</p>

<p>Hari Krishna</p>	<p>International Society for Krishna Consciousness Bhaktivedanta Manor Dharam Marg Hilfield Lane Aldenham Nr. Watford Herts WD25 8EZ</p> <p>Tel: 01923 857244 Website: www.iskcon.org.uk</p>
<p>Hindu</p>	<p>Hindu Council (UK) 492 Beake Avenue Coventry CV6 2HS</p> <p>Tel: 07969 756164 webmaster@hinducouncil.uk.org</p>
<p>Humanist</p>	<p>British Humanist Association 39a Morland Street London EC1V 8BB</p> <p>Tel: 0207324 3060 Email: info@humanism.org.uk Website: www.humanism.org.uk</p>
<p>Jain</p>	<p>Jain Samaj Europe 667/669 Stockport Road Longsight Manchester M12 4QE</p>
<p>Jehovah's Witness</p>	<p>Office of Public Information for Jehovah's Witnesses in Britain Watch Tower Bible and Tract Society The Ridgeway London NW7 1RN</p> <p>Tel: 0208 906 2211 Website: www.jw.org</p>

Jewish Community	<p>Board of Deputies of British Jews 1 Torriano Mews London MWS 2RS</p> <p>Email: colin.spanjar@bod.org.uk</p>
Mormons	See Church of Jesus Christ of Latter-Day Saints
Muslim Community	<p>The Muslim Council of Britain Unit 5, Boardman House 64 Broadway London E15 1NT</p> <p>Tel: 07791066572</p>
Pagans	<p>Public Bodies Liaison Committee for British Paganism 49 York Close London E6 5QN</p> <p>Tel: 0207 476 4294</p> <p>Pagan Federation BM Box 7097 London WC1N 3XX</p> <p>Tel: 0906 3020184 Email: paganfederation@aol.com</p>
Quakers	See Religious Society of Friends
Rastafarians	<p>Ras Devon Stuart The Rastafarian Society 290-296 Tottenham High Road London N15 4AJ</p> <p>Tel: 0208 808 2185</p>
Religious Society of Friends (Quakers)	<p>Friends House 173-177 Euston Road London NW1 2BJ</p> <p>Tel: 0207 663 1001 Website: www.quaker.org.uk</p>

Seventh Day Adventists	<p>Communication Director British Union Conference of Seventh-Day Adventists Stanborough Park Watford WD25 9JZ</p> <p>Tel: 01923 672251 Fax: 01923 893212 Website: www.adventist.org.uk</p>
Shinto (Japanese)	<p>Embassy of Japan 101-104 Piccadilly London W1J 7JT</p> <p>Tel: 0207 465 6500 Website: www.shinto.org</p>
Sikh Community	<p>Network of Sikh Organisations (UK) Lord Singe Director of NSO 43 Dorset Road Merton Park London SW19 3EZ</p> <p>Tel: 020 8450 4148</p>
Spiritualists	<p>The Spiritualist Association of Great Britain 11 Belgrave Road London</p> <p>Tel: 0207 9316488</p>
Zoroastrian (Parsee) Community	<p>Zoroastrian Trust Funds of Europe (Inc) 440 Alexandra Avenue Harrow HA2 9TL</p> <p>Tel: 0208 866 0765 Email: secretary@ztf.com Website: www.ztf.com</p>

OTHER USEFUL CONTACTS

Readers should be aware that it is best to find a prime point of contact locally, with regards to incident response. However, there are some useful contacts for those seeking further information on faith communities in general.

Inter Faith Network for the UK

The Inter Faith Network for the UK was established in 1987. Its aims are to work with its member bodies to combat inter religious prejudice and intolerance and to help make Britain a country marked by mutual understanding and respect between religions where all people can practice their faith with integrity.

The Network is able to provide up-to-date contact details for regional and local inter faith organisations, which may be of help in an emergency situation or when local emergency response plans are being prepared.

Contact Details: Interfaith Network for the UK
8A Lower Grosvenor Park
London
SW1W 0EN

Tel: 0207 931 7766
Fax: 0207 931 7722

Email: ifnet@interfaith.org.uk
Website: www.interfaith.org.uk

Cohesion and Faiths Unit at the Home Office

The Unit is a central source of advice to Departments on a wide range of issues relating to the faith communities in the UK and can also provide contact details for faith community representative bodies that may be approached for specialist advice, included in consultations or invited-to-events. Departments are strongly recommended to discuss all intended consultations and all planned events, celebrations or projects involving the faith communities (e.g. memorial services), with the Unit.

Contact Details: Cohesion and Faiths Unit
Home Office
2 Marsham Street
London
SW1P 4DP

Tel: 0870 000 1585
Email: public.enquiries@homeoffice.gsi.gov.uk