

# Cultural and religious needs of patients:

*Good practice guide*





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# Introduction

This document outlines best practice cultural and religious care for patients, including care at the time of death. It has been put together with input from chaplains of different faiths from within the Chaplaincy Team.

All patients have pastoral and spiritual needs, and chaplains can help hospital colleagues in meeting those needs through offering a listening ear and a chance to talk through the issues patients face during their hospital stay.

It is important to note that people who are not practising or do not consider themselves to be 'religious' may still welcome the care and compassion of a chaplain in times of crisis, particularly at the time of death and dying, and throughout their hospital stay.

The following guide contains information on care for Buddhist, Christian (Church of England/Free Church), Christian (Roman Catholic), Hindu, Jewish, Muslim, Jehovah's Witness, Humanist, Rastafarian and Sikh patients. We have included sects, religious organisations and cultural groups that staff are most likely to encounter at UHB. There are many others. Please contact chaplaincy for any further help and advice.

Please remember to ask the family which faith or denomination they require. If they are Christian, would they like to see a Church of England/Free Church chaplain or a Roman Catholic chaplain? If the patient would like to see a chaplain of a faith not listed here, please contact the Chaplaincy Team as we can make referrals.

Each section of this guide contains specific advice about what to do, and what not to do, for patients of different faiths. **It is offered as a guide only, and the golden rule always applies: no matter how much factual knowledge you have please ask, don't assume.** The wishes of the patient and their family/carer are paramount.

Families and carers will be grateful if you kindly ask:

- Is there anything that we can do to support you in your cultural and religious needs at this time?
- Would you like us to call a chaplain? We have a multi-faith team of chaplains who are available to support you.

**Please don't wait until a crisis or conflict arises** to address a patient's religious needs. Proactively ask about any specific requirements as soon as the patient is admitted.

## How to make a referral to the Chaplaincy Team:

All **URGENT** referrals (when a patient is dying or close to death or in acute distress) should be made by phoning the hospital switchboard and asking for the appropriate on-call chaplain. Please specify which faith chaplain the patient requires. An emergency on-call provision is provided 24/7 for Christian (non-Catholic), Roman Catholic and Muslim patients, and where possible for Sikh and Hindu patients.

**Urgent/emergency referrals SHOULD NOT be made on the chaplaincy office landline or on PICS.** Please do not leave end of life referrals on an answerphone or on the prescribing information and communication system (PICS); opportunities to offer spiritual care could be missed as messages may not be received until the following day/s. **Please call the hospital switchboard, if an internal call press 0, in an urgent end of life situation.**

All non-urgent referrals can be made on PICS and these will be followed up as soon as possible. You can also contact us by email: [chaplaincy@uhb.nhs.uk](mailto:chaplaincy@uhb.nhs.uk) or by calling the Chaplaincy Department.

# Buddhist patients



Buddhism is a non-theistic belief system based on the teachings of the Buddha. All forms of Buddhism emphasise mindfulness and the goal of achieving enlightenment and this is particularly important at the end of life. For dying Buddhist patients, spiritual and mental preparation is vital.

## Do:

- ✓ **Ask the patient if they would like to see the chaplain.** All urgent emergency referrals should be made by calling switchboard (available 24/7) and non-urgent referrals can be made on PICS.
- ✓ **Respect beliefs and practices.** Show sensitivity to the patient's spiritual needs and religious practices. For guidance, engage with the patient, their family, or a Buddhist chaplain.
- ✓ **Create a calm environment.** Ensure a peaceful, quiet space is provided to support the patient's mindfulness, meditation, and spiritual practices, especially in their final moments.
- ✓ **Support conscious dying.** Many Buddhists wish to remain fully aware as they approach death. Respect their choices regarding pain management, including the possible refusal of sedatives.
- ✓ **Communicate with compassion.** Maintain soft and gentle communication to support the patient's peaceful state of mind and assist the bereaved family, particularly during the vulnerable period following the death of a loved one.
- ✓ **Consult about dietary requirements.** Some Buddhists are vegetarian.
- ✓ **Treat images and statues with respect.** Images of Buddha, small statues or ritual objects can bring support and comfort.
- ✓ **Be sensitive to mantras, prayers, music and chants,** which can all benefit the patient. Consider asking the patient if they would like you to contact the chaplain, who can help facilitate these practices if the patient would like.



### **Don't:**

- ✗ **Disturb the patient.** Do not disrupt the patient's peace with unnecessary noise, loud conversations, or abrupt movements. Maintain a calm and serene environment.
- ✗ **Disrespect religious practices.** Do not remove or interfere with religious symbols, such as statues, beads, or pictures, without permission. Please avoid introducing non-Buddhist practices unless the patient or family explicitly asks for it.
- ✗ **Pressure the patient.** Refrain from pressuring patients to accept medication or treatments that could impair their awareness. Respect their wish for minimal intervention and conscious dying.
- ✗ **Rush or ignore family rituals.** Do not rush care decisions or dismiss the importance of family rituals. Give the patient and their family time to make informed choices and honour post-death rituals, such as leaving the body undisturbed.
- ✗ **Express overly emotional displays.** Refrain from emotional displays that could disturb the patient's peaceful state of mind, especially as they approach death. Maintain a composed and compassionate demeanour.

### **End of life care:**

- ✓ **Peaceful environment.** Help create a peaceful environment that allows for meditation, particularly at the time of death.
- ✗ **Consult before touching the body.** In some traditions, during the last hours/ moments, the body should not be touched other than at the crown of the head (do ask the family).
- ✗ **Consult before touching the head.** If a patient is close to death, some (not all) Tibetan traditions may not want the patient to be touched, especially on the head. Patient or their visitors should make this known to nursing staff.
- ✓ **Handle the body with care.** Handle the body gently, after death, respecting requests to leave it unmoved for a period. Where possible, please facilitate this request by not moving the body immediately. Consult the family on specific rituals and honour their wishes regarding cremation and other practices.



# Christian (Church of England/Free Church) patients



Christian chaplains care for the religious needs of patients from the Protestant (non-Catholic) traditions, for example: Anglican including Church of England, Church in Wales, Church of Ireland, Episcopal Church of Scotland; Baptist; Independent churches; Methodist; Moravians; Pentecostal; Presbyterian; Salvation Army; The Religious Society of Friends (Quakers); United Reformed Church.

Christian chaplains also provide pastoral and spiritual support for people who may not describe themselves as religious but value a listening ear and compassionate person-centred care through times of illness, distress and loss.

Special considerations may impact members of specific Christian denominations. Discuss with the patient and family/carer if possible and appropriate.

## Do:

- ✓ **Ask the patient (religious or non-practising) if they would like to see the chaplain** (Church of England/Free Church). All urgent emergency referrals should be made by calling switchboard (available 24/7).
- ✓ **Ask each patient if they have any particular religious or spiritual needs.** This can include receiving Holy Communion, anointing with oil, the supply of religious texts and devotional material, or the space for private prayer. Asking the patient will help in identifying and meeting any needs, but it may also be necessary to look out for other indicators such as a bible at the bedside to identify these needs.
- ✓ **Be mindful of any devotional items.** These may be worn by the patient or at the bedside and may be precious.
- ✓ Note that **most Christians do not object to blood transfusions** and may receive transplants or donate organs for transplant.
- ✓ **Observe diet and fasting, where possible.** There are no general dietary requirements. Some Christians observe Friday as a day when they do not eat meat; some Christians give up certain foods during Lent (a 40-day period between Ash Wednesday and Easter Sunday). Some Christians practise regular fasting at other times personal to their faith. Christians may also fast before receiving Holy Communion, though this is not obligatory for patients who are unwell.

### Services and religious ceremonies in hospital:

- Regular mid-week services of **Holy Communion** are advertised in the faith centres. All patients, families, carers and staff are welcome to attend. Holy Communion at the bedside can also be requested for patients, by calling the Chaplaincy Team or emailing: chaplaincy@uhb.nhs.uk
- **Emergency weddings and vow renewals** can be provided in close consultation with the Chaplaincy Team. **Relationship blessings** can also be arranged for those being married by the registrar.
- **If a baby is seriously ill, stillborn or dies shortly after birth**, it is customary to offer the services of the chaplain. At the parent's request, a **Baptism** for a seriously ill baby can take place at the bedside. Some Christian communities do not practise infant Baptism and may prefer a **blessing or naming ceremony**, which can also be provided.
- **Adult patients may wish to be baptised** while in hospital, in an emergency context, at the bedside or in the hospital chapel. The chaplain should be called to liaise with the patient and family to make arrangements.

### End of life care:

- ✓ If the patient deteriorates or is nearing death, always ask the patient/family/carer if they would like to see a chaplain. Please offer to make a referral to the chaplain while the patients themselves can voice their needs.
- ✓ The patient may wish to speak with a chaplain, and to receive prayer, anointing with oil, Holy Communion, and to seek reconciliation and peace.
- ✓ In an emergency, if a patient is approaching the end of life, please contact switchboard and ask for the Christian (CofE/Free Church). If the death is sudden, a chaplain can be called to offer prayers and pastoral care for the family. Depending on the Christian faith tradition, some families will want to visit in greater numbers to provide support for the patient and family.





# Christian (Roman Catholic) patients



There are various reasons why Catholic patients, staff or relatives may request to see a Catholic chaplain, or that a Catholic priest should be called by a member of staff to see a Catholic patient. What is of paramount importance is to realise that Catholics will want their spiritual needs met through the assistance of a Catholic priest.

To facilitate this, members of the Catholic Chaplaincy Team, including Catholic priests, regularly visit each of the in-patient wards.

For Catholic patients, the most important aspect of their care is the opportunity to receive the Sacraments. However, even if they are not practising their faith, they will invariably welcome a visit from the Catholic priest. In most cases this will involve prayer and listening to their concerns: sometimes it will simply be a matter of visiting a patient who may be feeling lonely or disorientated, and providing them with a listening ear and assuring them that they are not on their own.

## Do:

- ✓ **Always ask the patient if they would like to see the priest** whilst on the ward. All urgent emergency referrals should be made by calling switchboard (available 24/7) and non-urgent referrals can be made on PICS.
- ✓ **Be mindful of any medals or scapulars.** The patient may be wearing these devotional items that are important to the patient, and they should be treated with care.
- ✓ **Watch out for prayer cards/books, rosaries, statues** on the patient's table/bedside. These are all used for prayer and are important to the patient.
- ✓ **Avoid meat on Fridays.** Generally, Catholics do not eat meat on Fridays, though they do eat fish.
- ✓ **Do respect life!** It is a central tenet of Catholic faith that all life - from 'conception to natural death' - is a gift from God and is therefore to be treated with the utmost respect. For Catholics, euthanasia and assisted dying are always wrong – they are regarded as grave sins and offences against the gift of life.

### Services and religious ceremonies:

- For Catholics, the most important resource for their spiritual and pastoral care is their access to the **Sacraments of the Church**. In hospital, this will include Holy Communion, Anointing of the Sick, and Confession – all of which require the ministry of a Catholic priest, although Holy Communion may also be administered by another authorised member of the Catholic Chaplaincy Team.
- A frequent concern for both staff and patients who are practising Catholics is **the opportunity to attend Mass**. To meet this need, Mass is offered in the chapels each week. Contact Chaplaincy for details of when Mass will be held whilst a patient is in hospital.
- **Holy Communion** is frequently requested by Catholic patients in hospital and is of particular significance for those who are dying. Catholics are under obligation to receive Holy Communion as they prepare for death. Sometimes, medical advice will be needed as to whether the patient can safely receive Holy Communion.
- **The Sacrament of the Sick**, sometimes known as 'Anointing', may be requested by patients who are seriously ill, those who are about to undergo surgery or some other medical procedure, and particularly those who are close to death.
- Catholic patients will frequently ask for a priest to hear their **Confession** (sometimes known as the Sacrament of Reconciliation). Experience shows that this sacrament is often sought by Catholics in hospital as they struggle with their illness or medical condition. As with the Sacrament of the Sick, Confession can only be administered by a Catholic priest.
- Sometimes, especially, though not exclusively, in the case of a newborn baby, a Catholic priest will also be requested to administer **Baptism**.

### End of life care:

- ✓ If the patient deteriorates or is nearing death, **ask the patient/family if a priest should be called**. When a Catholic patient is nearing death, a Catholic priest, after consultation with the family, should generally be called to give the Last Rites. These consist of the three sacraments mentioned above – Confession, Anointing and Holy Communion. A patient has the opportunity to receive the Last Rites and will often be of great comfort both to the patient and to their family.
- ✓ Following the death of a Catholic patient, relatives will also often request the presence of a Catholic priest to lead them in prayer.

# Hindu patients



Hinduism is one of the largest, oldest and most diverse religions in the world. It has hundreds of sects and cultures across India and the world. Certain beliefs and practices may vary significantly from person to person.

When identifying their faith/religion, most Hindus prefer the term 'Sanatan Dharma' which means 'the eternal way of conduct'. Because this is such a diverse religion, the golden rule is, as always, to ask the patient and their family what their needs and wishes are.

## Key identifying markings and symbols a Hindu may have:

- ✓ Tilak/bindi – marking on forehead.
- ✓ Red dhaga (thread) on wrist
- ✓ Necklace - mangal sutra (matrimony necklace), tulsi or rudraskha mala (necklace made of holy beads)

Most of these have spiritual/religious significance for persons wearing them. They may symbolise God's blessing, protection as well identification of their faith.

## Do:

- ✓ **Ask if the patient would like a visit from a Hindu chaplain/pundit (priest).** Patients going for a major operation may especially want blessings and prayers. For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS. If for some reason a Hindu chaplain/pundit (priest) is unavailable, please ask family if they may be comfortable seeing a Sikh or Christian chaplain for pastoral support.
- ✓ **Help provide a clean space.** This is especially important if the patient would like to quietly pray or meditate.
- ✓ **Help create peaceful conditions for patients to pray.** Whilst praying/meditating they may wish to draw a curtain.
- ✓ **Ask patients if they require help removing their shoes** when they are preparing to pray. Most Hindu patients would prefer to remove their shoes before praying.
- ✓ **Some patients may want visual aids or other resources** to help with their prayers. This can include Holy Scriptures, murti, sacred images of deity or saint, religious symbols, prayers beads, prayer cards, dhaga. If they would like any of these resources, please contact the chaplaincy team on your site.
- ✓ **Handle all religious belongings with respect.**

- ✓ Note that older **patients may prefer to speak to someone in their language** e.g. Gujarati or Hindi.
- ✓ **Observe dietary requirements.** Most Hindus observe a lacto-vegetarian (no eggs or fish) diet, and beef is always avoided.
- ✓ Some older patients may not be very familiar with modern technology but may benefit from listening to or watching religious mantras and hymns. If possible, **consider assisting them** to use apps such as YouTube to facilitate this.

#### Don't:

- ✗ **Touch religious items** without washing your hands, or place any items on the floor.

#### End of life care:

- ✓ Some patients may request for **ganga-jal (holy water) and sacred tulsi leaf (holy basil) in the mouth by relatives.** If medical staff looking after the patients feel it is safe to do so, and it does not intervene with medical care given, this should be facilitated where possible.
- ✓ **Many patients prefer to die while God's name is being recited.** Family and friends may wish to chant hymns from the sacred book or chant mantras.
- ✓ Please ensure **modesty** is respected at all times.
- ✓ **Note that many patients will have large families** who may wish to visit them before they depart their body.

#### Immediately after death:

- ✓ Generally, **silence is maintained** once the soul has left the body.
- ✓ The body of the deceased is given **the same respect** as during life.
- ✓ Family may want to **wash the body themselves.** If so, medical staff should close eyes and straighten limbs while wearing gloves.
- ✗ **Jewellery and religious objects should not be moved.**
- ✓ If possible, the deceased should lie south-facing.
- ✓ The body of the deceased is **most often cremated, however children under five may be buried.** The wishes of the deceased, and those of their family, should be respected.
- ✓ **The formal period of mourning** for Hindu families is between 13 and 40 days.



# Humanist patients



Humanism is a belief system that is followed throughout the world. A Humanist is a person who trusts the scientific method when it comes to understanding how the universe works and rejects the idea of the supernatural. Humanists are therefore atheist or agnostic, and make their ethical decisions based on reason and empathy and a concern for human beings and other sentient animals.

As Humanists believe that the only life we have is a life here on earth; there are no specific rituals attached to their care. As always, ask patients what they need.

## Do:

- ✓ **Ask the patient if they would like to see a chaplain;** we have Humanist chaplains in the department. If a Humanist chaplain is not available, a Christian (CofE/Free Church) chaplain could also give non-religious support.
- ✓ **Create a quiet calm atmosphere.**
- ✓ **Ensure relatives are well looked after.**
- ✓ **Consider playing music;** ask if the relatives and patient would appreciate it.
- ✓ Treat the patient with total **respect and dignity.**
- ✓ **Offer Humanist words:** ask the patient (or relatives) if they would like any Humanist words spoken. Ideally this would be done by a Humanist chaplain, but a Christian (CofE/Free Church) chaplain could also provide this.

## Don't:

- ✗ **Organise any religious rites** or rituals for the patient.
- ✗ **Assume that the patient will want prayers.**

Note that not all non-religious people identify as Humanists, however non-Humanists may also appreciate elements of the above.

# Jehovah's Witness patients

Jehovah's Witnesses accept most medical treatments but have prohibitions on some treatments, especially those involving blood. The golden rule, as always, applies - ask patients and their families if you are unsure of which medical treatments they accept.

The following information is curated from the Jehovah's Witnesses Hospital Liaison Committee Network, who can also be contacted (with the patient's consent) on 020 8371 3415 for further clarifications. The Chaplaincy Team can also advise and assist with any queries from colleagues or patients. For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS.

## Do:

- ✓ **Consult with patients who are Jehovah's Witnesses whether they would wish to accept the following:**
  - ✓ **Autologous transfusion procedures** including cell saver, wound drains, haemodilution, haemodialysis, and heart bypass (pumps must be primed with non-blood fluids).
  - ✓ **Plasma derivatives** including albumin, coagulation factors, immunoglobins.
  - ✓ **Transplants** including organs, bone marrow, stem cells); in cases of bone marrow transfusions.
  - ✓ **Epidural blood patches**, plasmapheresis, blood-tagging, and autologous platelet gel.
  - ✓ Witnesses have a wide range of views regarding the use of **derivatives from the primary components of blood**. Clinicians should ascertain each patient's choices in advance where possible.
- ✓ **Check for a signed and witnessed advanced-decision card**, which most Jehovah's Witnesses carry on their person to express their wishes in emergency situations. A copy may be logged with the patient's GP and family and friends.
- ✓ **Offer to prepare standard NHS consent forms** if appropriate, that allow for the refusal of component transfusion, even if such refusal might be life-threatening.
- ✓ **Consider whether it is possible to accommodate beliefs in the case of children and young people**. The law does not give parent's unlimited medical

decision-making capacity. In the case of children and young people, doctors should try to accommodate Jehovah's Witness beliefs where possible.

- ✓ **Observe dietary requirements.** Jehovah's Witness do not eat animals from which blood has not been properly drained.

#### **Don't:**

- ✗ **Administer blood transfusions.** Do not administer a transfusion of whole blood, red blood cells, white blood cells, plasma, or platelets.
- ✗ **Administer preoperative autologous blood donation** for later reinfusion (pre-deposit).
- ✗ **Generally, do not administer extraordinary, complicated, distressing, or costly measures to sustain a dying person.** The consensus may be that measures merely prolong the dying process.
- ✗ **Witnesses do not practise infant baptism.**

#### **End of life care:**

- ✓ Patients who are terminally ill often appreciate **pastoral visits from elders** and are grateful for a place to quietly pray.
- ✓ **The dead may be buried or cremated**, depending on personal and family choice.
- ✓ There are **no specific rituals** to be performed for those who are dying.
- ✓ **Post-mortems are generally accepted**

# Jewish patients



Religiously, Judaism has different movements within it; the various branches of Judaism fall broadly into two different streams: Orthodox Judaism and Progressive Judaism. The information provided below on culture, religion and spirituality should be taken as a starting point, and the golden rule applies – please ask, don't assume.

## Do:

- ✓ **Ask if the patient would like to see a chaplain or a rabbi.** For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS.

## End of life care:

- ✓ **The family should be kept closely informed as to the condition of the patient.** Some religious practices need to be completed in a time-sensitive manner.
- ✓ **The presence of the rabbi may be essential** for some families (referral to Chaplaincy or seeking their own rabbi from the community). For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS.
- ✓ **Special prayers and psalms may be said.** This might happen just before death and should not be interrupted.
- ✗ **Do not touch the body in the final breaths.** This could be considered as hastening death.



### **Immediately after death:**

- ✓ The eyes should be closed, and the body should be straight with the arms by the side.
- ✓ The body should not be touched after death except for removal of medical devices. Do not move the body without consultation with the family and the rabbi. The body is considered sacred, and advice should be sought from the family and the rabbi before moving the body.
- ✓ The Jewish Burial Society will help with the practical removal and preparation of the body.
- ✓ Note that Jews bury their dead as soon as possible after death, preferably on the same day. The family will therefore appreciate release of the body as soon as possible.
- ✓ If the death has occurred because of a bleeding wound or injury, the bedclothes should be kept as many Jewish families consider it essential to bury blood alongside the body, as blood is seen as an important part of the body.
- ✓ For many Jews, it is vital that the body is never left alone. There may be a request to accompany the body until it is buried.

# Muslim patients



Sickness in the Muslim faith is generally seen as a test from God, rewarded through patience.

Muslim chaplains provide empathetic, non-judgmental support to Muslim patients, relatives, and staff, addressing religious, spiritual, and pastoral needs.

## Do:

- ✓ **Always ask if Muslim patients or their families wish to see a Muslim chaplain**, especially during palliative care or at the time of death. For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS.
- ✓ **Facilitate prayer**, if requested. Muslims may wish to pray in bed, on a chair, or at the Faith Centre, facing Makkah.
- ✓ **Help patients with the resources they need for ritual ablution**. Ritual ablution is performed before prayers and can be done with water or an ablution stone if needed.
- ✓ **Observe dietary requirements**. Muslims prefer halal or vegetarian food and avoid pig meat, animal gelatine, and intoxicants including alcohol. Foods, medications, and drinks with these ingredients should be avoided unless essential for saving a patient's life and no alternatives are available, with open dialogue encouraged.
- ✓ Muslims seek God's help through supplications, charity, Quran recitation, and prayer beads. **Contact Chaplaincy for resources** if requested.
- ✓ **Open dialogue** between hospital staff and patients/relatives is crucial for holistic care.
- ✓ **Respect modesty**. Female patients may prefer to stay covered and may wear a headscarf, while men may avoid shaving their beard unless it's absolutely necessary. Same-gender staff assistance is often requested for dressing and washing to maintain dignity.
- ✓ **Respect the patient's right to know**.

## Don't:

- ✗ Since not all Muslims practise the same way, **never assume - always ask**. Cultural, ethnic, and family backgrounds influence an individual's practices.
- ✗ **Pregnancy termination** is generally allowed only if the mother's life is at risk.

### Religious festivals and ceremonies:

- **Ramadhan** fasting lasts 30 days annually, and patients should consult their medical team before fasting.
- **Eid Ul Fitr** marks the end of fasting.
- **Eid Ul Adha** celebrates Abraham's sacrifices during the pilgrimage season.
- At birth, **the Declaration of Faith** is recited in the baby's ears by a male family member, imam or a Muslim chaplain can be contacted. Muslims believe all children are born pure.
- At birth, or shortly after, **Muslim babies have their heads shaved. Muslim males are circumcised** as soon as possible after birth. (Both of these practices are unlikely to happen in the hospital itself).

### End of life care:

- ✓ **Family and friends may visit to pray for the dying.** Patients often wish to make a Will and spend their last days at home with loved ones. Maintaining modesty and dignity by keeping the patient covered is essential.
- ✓ **Upon passing, the eyes and mouth are closed, limbs straightened, and head tilted right.** Muslims believe death is a transition to an eternal hereafter.
- ✓ **Jewellery is removed and given to next of kin.** Lines, drains, catheters are removed, but if surgery is needed to remove, leave in situ and tape.
- ✓ **Family may request to be present during last offices.** The deceased is washed and shrouded at the local mosque, where a funeral (janaza) will take place.
- ✓ Muslims **are always buried, never cremated. This includes miscarried or stillborn babies**, who should also be buried, not cremated.
- ✓ **Organ donation and reception are generally acceptable**, but it's important to consult the patient, their family, the local imam and/or the chaplain for their views.
- ✓ **Post-mortems are generally discouraged and resisted.** If possible, a private non-invasive post-mortem should be discussed as an alternative.
- ✓ **Euthanasia/assisted euthanasia and suicide** are prohibited in Islam
- ✓ **Muslims require the body to be buried as soon as possible** unless the coroner deems it necessary to investigate.

# Rastafarian patients



Rastafari is a young, Africa-centred religion which developed in Jamaica in the 1930s, following the coronation of Haile Selassie I as King of Ethiopia in 1930. The 2021 census found 6,000 Rastafarians living in England and Wales. The lion is the symbol of Rastafari.

## Do:

- ✓ **Ask if the patient would like to see a chaplain.** The Chaplaincy Team can also advise and assist with any queries from staff or patients. For urgent referrals, contact Switchboard. All other non-urgent referrals can be made on PICS.
- ✓ **Observe dietary requirements.** Rastafarians eat strictly I-tal which means natural and clean.
  - ✓ Rastafarians are unlikely to eat meat, scavengers or shellfish, and do not eat pork. Food is prepared without salt. They do not drink milk or coffee or alcohol.
  - ✓ Rastafarians regularly eat fish but will not eat fish more than twelve inches long. Rastafarians eat fruit and vegetables. Coconut oil is the most likely form of oil to be utilised. They will drink anything herbal, grown from natural roots, e.g. herbal tea.
- ✓ **At a birth, consider asking whether the community would like to host a Nyabingi session.** When a child is born into the Rastafari tradition he or she is blessed by elders in the community, during a Nyabingi session of drumming, chanting and prayer. Contact the Chaplaincy Team for advice, if needed.

## Don't:

- ✗ **Cut dreadlocks.** Rastafarians grow their hair long, before coiling it into dreadlocks. This is an important spiritual practice. Do not cut dreadlocks unless medically necessary and after consultation with the patient and/or family.
- ✗ **Assume people are married.** In Rastafari there is no formal marriage structure. A Rastafari man and women who live together are regarded as husband and wife (unless, of course, they are related in some other way, such as mother and son). If marriage does take place it is regarded as a social occasion rather than a religious event.

## End of life care:

- ✗ **In Rastafari there is no funeral ceremony** to mark the end of life. Rastafarians believe that reincarnation follows death, and that life is eternal.
- ✓ **Burial is usually preferred, but cremation is also acceptable.**



# Sikh patients



Sikhism, founded by Guru Nanak in the 14th century, emphasises equality, devotion to one God, and is practised by over 25 million followers worldwide. The purpose of a Sikh chaplain in hospitals is to provide spiritual support, guidance, and culturally sensitive care to Sikh patients and their families.

By following these guidelines, hospital staff can provide respectful, culturally sensitive care to Sikh patients, ensuring their religious beliefs and practices are honoured during their hospital stay.

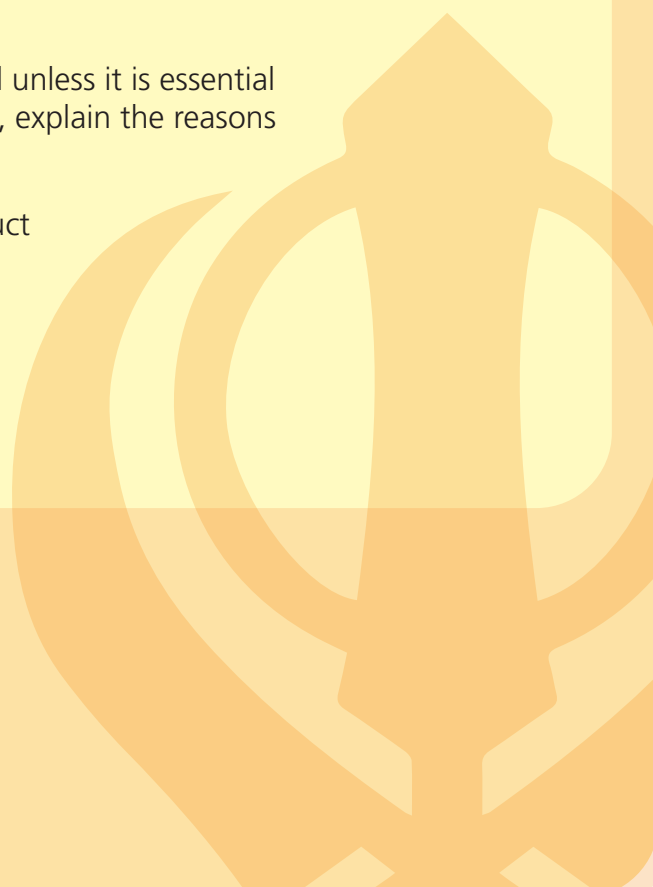
## Do:

- ✓ **Ask if the patient would like to see a chaplain.** For urgent referrals, contact switchboard. All other non-urgent referrals can be made on PICS.
- ✓ **Respect the five Ks:**
  - ✓ **Kesh (which means uncut hair).** A Sikh's turban is a significant part of their religious identity. Handle it with respect and only remove it when absolutely necessary for medical procedures, always ensuring the patient's privacy.
  - ✓ **Kara (steel bracelet):** The kara is an important religious symbol. Allow the patient to wear it at all times, including during medical procedures, unless it poses a safety risk.
  - ✓ **Kirpan (ceremonial dagger):** Baptised Sikhs may wear a small kirpan. If there are safety concerns when doing a procedure or treatment, discuss them respectfully with the patient or their family to find an appropriate solution.
  - ✓ **Kanga (wooden comb):** The kanga is typically worn under the turban. Avoid removing or handling it unless absolutely necessary.
  - ✓ **Kachera (cotton undergarment):** The kachera is a symbol of modesty. Provide privacy during examinations and procedures to respect the patient's dignity.
- ✓ **Note -** Not all Sikhs will be baptised but may wear some of the articles of faith above mainly the turban or steel bracelet.
- ✓ **Accommodate dietary needs.** Many Sikhs follow a vegetarian diet, free from meat, fish, egg and any animal-based ingredients. Ensure that vegetarian meals are readily available. Check ingredients to ensure that the food is free from alcohol and animal ingredients.

- ✓ **Note – some Sikhs may choose to consume various foods**, this is the individual's choice and should be respected.
- ✓ **Maintain privacy and modesty.** Offer personal, private spaces for the patient to change, bathe, or perform personal hygiene tasks.
- ✓ **Same-gender care.** When possible, assign same-gender healthcare providers for examinations and procedures, especially if requested by the patient.
- ✓ **Facilitate religious practices.** Sikh patients may wish to pray regularly, particularly in the morning and evening. Accommodate their need for quiet time and space to pray.
- ✓ **Respect for hair.** Sikhs do not cut or shave their hair as part of their religious observance. Be mindful of this and avoid any procedures that involve hair removal unless it is absolutely essential for the patient's care.
- ✓ **Be culturally sensitive.** Involve family members in discussions about the patient's care, as they can help communicate the patient's religious and cultural needs.

#### **Don't:**

- ✗ **Remove religious articles unnecessarily**, including articles of faith. Avoid asking the patient to remove their turban, kara, kirpan, kanga, or kachera unless it is critical for medical reasons. Always discuss and seek the patient's consent if removal is required.
- ✗ **Suggest or proceed with hair removal** unless it is essential for treatment. If hair removal is necessary, explain the reasons clearly and respectfully.
- ✗ **Don't disrespect modesty.** Don't conduct examinations or procedures without ensuring the patient's modesty and privacy. This is especially important for Sikh patients who may have specific concerns about modesty.



# Useful Contacts

**Trust switchboard - Internal press 0**

**Good Hope Hospital - 0121 424 2000**

**Heartlands Hospital - 0121 424 2000**

**Solihull Hospital - 0121 424 2000**

**Queen Elizabeth Hospital - 0121 371 2000**

**Chaplaincy Offices for all non-urgent referrals**

**Queen Elizabeth Hospital – 0121 371 4570**

**Heartlands Hospital – 0121 424 1369**

**Solihull Hospital – 0121 424 4099**

**Good Hope Hospital – 0121 424 7676**

**Did you read anything incorrect or have we missed anything?**

**Send an email to [chaplaincy@uhb.nhs.uk](mailto:chaplaincy@uhb.nhs.uk)**

## References

- Nash, P., Parkes, M., and Hussain, Z. (2015) *Multifaith Care for Sick and Dying Children and their Families: a Multidisciplinary Guide*, London: Jessica Kingsley Publishers
- <https://humanists.uk>
- "Jehovah Witnesses: Our Views on Health Care", Hospital Information Services for Jehovah Witnesses, [www.jw.org/medical](http://www.jw.org/medical)
- The Sikh Healthcare Chaplaincy Network

