

THE WHITTINGTON HOSPITAL N.H.S. TRUST

Your Guide to the NHS

Respect for Privacy, Dignity, Religious and Cultural Belief.

The health services should make provision so that proper personal consideration is shown to you, for example by **ensuring that your privacy, dignity, religious and cultural beliefs are respected.** Practical arrangements should include meals to suit all dietary requirements, and private rooms for confidential discussions with relatives.

THE WHITTINGTON HOSPITAL N.H.S. TRUST

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INTRODUCTION

This booklet is designed to help health care Staff provide emotional and physical care which is sensitive to the cultural, ethnic, religious and spiritual needs of patients and/or their relatives.

The information contained here is far from complete but covers most of the religious and ethnic groups in the Whittington Hospital's area.

This document was compiled by the Department of Spiritual and Pastoral Care in consultation with members of The Whittington Hospital Multi-Faith Committee. The information on the different religions/denominations has been approved by the relevant religious leader represented on the Committee.

Under each religion/cultural group you will find the following heading:-

- **A Short Description of the Religion**
- **Attitudes to Medical Staff and Medication**
- **Special Considerations**
- **Special Dietary Needs**
- **Care of the Dying**
- **Post Mortems and Organ Donations/Transplants**

It is hoped that this document will prove to be a useful resource for health care staff within The Whittington Hospital.

The information in this booklet is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

The Department of Spiritual and Pastoral Care
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THE BAHA'I PATIENT

The Baha'i Faith is an independent religion followed by several million people around the world, from all countries and all backgrounds. The Founder of the Baha'i Faith is Baha'u'llah (a title meaning the Glory of God) who lived from 1817 to 1892, and is regarded as a Messenger of God.

According to the Encyclopaedia Britannica, in less than a century and a half the Baha'i Faith has become the world's second most widespread religion after Christianity (120,000 centres in the world and over 176 national bodies).

The Faith has no clergy and its affairs are in the hands of elected administrative bodies known as Spiritual Assemblies. At present there are 400 Spiritual Assemblies and groups in the U.K.

Baha'is believe in :

- The Oneness of God
- The Oneness of Religions
- The Oneness of Humankind
- The independent investigation of truth
- The essential harmony of Science and Religion
- The equality of rights for men and women
- The elimination of prejudice of all kinds
- A universal compulsory education
- Spiritual solutions to economic problems
- Universal auxiliary language
- Universal peace upheld by a world federation

Attitudes to medical staff and medication

Baha'is have a great respect for medical opinion. As well as taking prescribed medication they also believe in the power of prayer in healing.

Baha'is cannot use opiates or drink alcohol, except when prescribed by a physician. Smoking is discouraged but not forbidden.

Baha'is do not oppose being examined by doctors of the opposite gender.

Special Considerations

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

**THE BAHA'I PATIENT is continued overleaf.
THE BAHA'I PATIENT (Cont.d)**

- 4) Special fasting from 2nd - 21st March. Fasting is not obligatory in sickness, pregnancy, menstruation, nursing mothers, people under the age of 15 and over 70.
- 5) Contraception is according to personal preference; however, methods which involve prevention of implantation of the fertilised ovum are improper, as Baha'is believe that the soul comes into being at conception.
- 6) Termination of pregnancy is permitted only where there are strong medical grounds.
- 7) There are obligatory daily prayers. Privacy is preferable for these. The hands and face are washed before prayer: an ordinary wash basin or bowl can be used. If possible the patient should stand facing shrine of Baha'u'llah, at Acre in Israel (in a south easterly direction from the U.K. Please be ready to indicate this if requested).

Diet

The patient may wish to fast, therefore food should be available before dawn and after dusk. No special requirements (although some may be vegetarians and this is of their own choosing), alcohol is not permitted.

Care of the Dying

- 1) Belief in after-life - not reincarnation
- 2) Patients may wish for members of the Spiritual Assembly of Baha'i to come and pray with them. This may be arranged by the family. Privacy will be needed for this.
- 3) Treat the body with great respect
- 4) Routine last offices and the body to be washed and wrapped in plain cotton or silk
- 5) A special ring will be placed on the finger of the patient; not to be removed
- 6) 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

Post Mortems and Organ Donation/Transplant

- 1) No religious objection
- 2) There is no objection to the giving or receiving of blood transfusions or of organ transplants
- 3) Organ donation is regarded as praiseworthy but the patient must give permission.

THE BUDDHIST PATIENT

The founder of the Buddhist religion is called Buddha Shakyamuni. Buddhism is Buddha's teachings and the inner experiences or realisations of these teachings.

Buddha said "Cease to do evil, learn to do good, train the mind. This is the essence of Buddha's teachings."

Essential Beliefs

Buddhists believe that the mind is not the brain but a formless entity that reincarnates time and again. A positive and calm state of mind is of utmost importance at the time of death as this determines the future rebirth.

Special Considerations

- 1) Peace and quiet for meditation and chanting would be appreciated, therefore the use of the Multi-Faith Room should be available to them if they are able to walk or access to a day room or a single room may be required.
- 2) The Multi-Faith Prayer Room is available for visiting Buddhists and patients to pray in, and the use of a side room would be valued.
- 3) The image of a Buddha would bring comfort as will some flowers and an incense stick. These must be handled with great respect.
- 4) Do not place any books or objects on top of their Spiritual Writings; their scriptures are to be treated with great respect.
- 5) Buddhist patients may wish to sleep on the floor and wash their hands before meditation.

Diet

Many are vegetarians because of the respect for all life.

Care of the Dying

- 1) A side room is preferable. The state of mind at death influences the character of rebirth.
- 2) Full information about their imminent death must be given to the patient to enable them to make their own preparation for the event. An open, honest, frank manner will be appreciated.

THE BUDDHIST PATIENT is continued overleaf.

THE BUDDHIST PATIENT (Cont.d)

- 3) 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 for some Buddhists.
- 4) Patients should be fully involved and consulted at all stages of their treatment.
- 5) No special rituals after death. The usual cleansing procedures should be postponed and the body left unmoved for at least three hours after death.
- 6) The need to inform a fellow Buddhist is important. The family may do this, if unavailable the Chaplain will fulfill this function.
- 7) Cremation is preferred.
- 8) Turning the mind of the patient to happy and buoyant thoughts will put him in the frame of mind required to make his journey to death.

Post-Mortems and Organ Donation/Transplant

Some Buddhists are likely to object. They believe that the mind stays with the body for up to 3 days before rebirth.

THE CHRISTIAN PATIENT

Christians believe in One God, who is the creator and sustainer of the universe. He is a personal God who created humankind to share with him in a loving relationship.

God gave humankind free will to enable a loving response but people used that freedom to turn away. This refusal to respond led to alienation from God but in his love for humankind, God became man in the person of Jesus Christ.

Jesus lived a perfect human life which He then offered to God as a ransom for the sins of all. His offering was accepted when He rose from the dead and ascended into Heaven.

Christians seek to follow the example of Jesus and look forward after death to sharing with Him in glory.

Initiation is by Baptism, either in infancy or when people are old enough to profess the Faith for themselves.

The Sacraments (e.g. Holy Communion, anointing and The Sacrament of the Sick) are outward and visible signs of the spiritual grace which God imparts when they are received in faith. They are an essential element in the life of a Christian.

About one third of the world's population professes the Christian Faith, but this takes many forms. The test of orthodoxy is a belief in the Holy Trinity, One God who reveals Himself in three distinct personalities, Father, Son and Holy Spirit.

There are many festivals and feast days, the most important of which are Christmas, Easter and Pentecost.

CHRISTIAN PATIENT IS CONTINUED OVERLEAF FOR :-

**Anglican/Church of England
Roman Catholic
Free Church
Orthodox**

THE CHRISTIAN PATIENT ANGLICAN/CHURCH OF ENGLAND

Special Considerations

- 1) Patients may wish to receive a visit from the chaplain or their local priest. It is essential that the Cardex in each ward should indicate the patient's denomination .
- 2) Some patients may wish to be visited before an operation so that prayers, the Sacrament of the Sick (anointing) and Holy Communion may be administered.
- 3) They may request a Bible (The Gideons New Testament should be available in every patient's locker), or wish to attend services in the Chapel - the times of these should be indicated on every ward.
- 4) Baptisms, Holy Communion and Weddings may take place on the wards or in the hospital chapel. These will be the chaplain's responsibility.
- 5) If a patient is in any kind of spiritual distress, the chaplain should be called to offer comfort and support.
- 6) Some traditional Anglicans will not accept the ministry of an ordained woman priest. In such cases, it is important that a male priest be called to minister, the on-call chaplain should be asked to do this.

Diet

- 1) Some patients may wish to observe Friday as a no meat day, therefore a vegetarian alternative must be available.
- 2) Some patients may wish to fast before receiving Holy Communion, which may have implications for the serving of meals.

Care of the Dying

- 1) **Always** ask the patient/significant others if they would like a visit from the chaplain.
- 2) Inform the chaplain's office long before the point of death so that they may build up a relationship with the patient and the family a this stage of the patient's life.
- 3) 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 should be consulted if they are available.

THE CHRISTIAN PATIENT IS CONTINUED OVERLEAF FOR :-

Roman Catholic Free Church Orthodox

THE CHRISTIAN PATIENT

ANGLICAN/CHURCH OF ENGLAND (Cont.d)

- 4) After death the family may wish to gather around the bed to say prayers.
- 5) Baptism should be offered to infants in danger of death.

Post Mortems and Organ Donation/Transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE CHRISTIAN PATIENT IS CONTINUED OVERLEAF FOR :-

Roman Catholic Free Church Orthodox

THE CHRISTIAN PATIENT

ROMAN CATHOLIC

Special Considerations.

1. Roman Catholic patients will almost certainly anticipate a visit from the chaplain while they are in hospital. Catholic chaplains consider it their duty to visit all Catholic patients and offer them an opportunity to receive the Sacraments. **To achieve this aim it is essential that the Cardex in each ward indicates the Roman Catholics there.**
2. Some patients may request prayers at the bedside, Holy Communion or the Sacrament of the Sick. This Sacrament is especially appropriate when patients are seriously ill or before an operation. It is not only for the dying but for any who are sick.
3. The Sacraments of Baptism and Marriage may be administered on the wards or in the hospital chapel if there is a danger of death. These will be the chaplain's responsibility.
4. If the patient is in any kind of spiritual distress, the chaplain may be called to offer comfort. **Never hesitate to call the chaplain at any time in appropriate situations.**
5. Some patients may wish to attend the services in the Chapel - the times of these should be indicated on every ward. Some may request a bible (The Gideon New Testament should be available in every patient's locker),

Diet.

1. Church Law does not require elderly or ill people to fast but some patients may wish to observe **Ash Wednesday** and **Good Friday** as no meat days.
2. Some patients may wish to fast one hour before receiving Holy Communion even though this is not a Church requirement for ill people.

Care of the Dying.

1. **Always** ask the patient/significant others if they would like a visit from the chaplain. If the patient would like a visit from the chaplain, please inform the chaplain well in advance of the point of death so that he can build up a relationship with the patient and/or with the family.
2. **The Catholic Priest should always be called to a dying patient.** It is essential that the chaplain is called **before** death so that he can administer the Sacrament of the Sick (Last Rites). It is not normal to administer the Sacrament once death has occurred. If a patient dies suddenly the chaplain should be called to bless the body and offer support to the relatives.

THE ROMAN CATHOLIC PATIENT is continued overleaf.
THE CHRISTIAN PATIENT

THE ROMAN CATHOLIC PATIENT (Cont.d)

Care of the Dying.

3. If infants are in danger of death the chaplain should be called to baptize the child and to offer support to the parents.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE CHRISTIAN PATIENT IS CONTINUED OVERLEAF FOR :-

**Free Church
Orthodox**

THE CHRISTIAN PATIENT

FREE CHURCH

THE FREE CHURCHES INCLUDE:-

Baptist	Brethren	Christadelphian
Congregational	Christ Apostolic Church	Church of Christ
Church of the Nazarene	Church of Scotland	Free Church of England
Independent Churches and Missions	Lutheran	Methodist
Moravian	Pentecostal	Presbyterian
Salvation Army	Seventh Day Adventist	Society of Friends
United Reformed Church		(Quakers)

Special Considerations

- 1) Free Church patients will welcome prayers and, depending upon their tradition, may value a sacramental ministry. It is essential that the Cardex in each ward indicates the patient's denomination.
- 2) They may request a Bible (The Gideons New Testament should be available in every patients locker), or wish to attend services in the Chapel – the times of these should be indicated on every ward.
- 3) Baptisms, Holy Communion and Weddings may take place on the wards or in the hospital chapel. These will be the chaplain's responsibility.
- 4) If a patient is in any kind of spiritual distress, the chaplain is available to be called to offer comfort.
- 5) Patients may wish to see a chaplain before an operation, for prayers, anointing or to receive Holy Communion.

Diet

Some patients may wish to observe Friday as a no meat day, therefore a vegetarian alternative must be available.

Care of the Dying

- 1) **Always** ask the patient/significant others if they would like a visit from the chaplain.
- 2) 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 should be consulted if they are available.
- 3) Baptism or Prayers of Blessing for infants in danger of death should be offered.

**THE FREE CHURCH PATIENT is continued overleaf.
THE CHRISTIAN PATIENT**

THE FREE CHURCH PATIENT (Cont.d)

Care of the Dying

- 4) After death the family may wish to gather around the bed to give prayers of thanksgiving for the person's life.
- 5) Inform the chaplain's office long before the point of death so that they may build up a relationship with the patient and the family at this stage of the patient's life.

Post Mortems and Organ Donation/Transplant

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE CHRISTIAN PATIENT IS CONTINUED OVERLEAF FOR :-

Orthodox

THE CHRISTIAN PATIENT

ORTHODOX AND OTHER ORIENTAL AUTOCEPHALUS CHURCHES

Church members are from a variety of cultural backgrounds, which affects their spirituality.

The Orthodox Church includes several branches with their own patriarchs (senior bishops) or Archbishops. Orthodox Churches are numerically strong in Eastern Europe, the Mediterranean and the Middle East, In the United Kingdom communicant members of the Church relate to the older, national, ethnic Churches. These include the Russian Orthodox, the Greek Orthodox, the Serbian Orthodox and the Oriental Orthodox Churches, such as the Armenian, Coptic, Ethiopian, Indian and Syrian Orthodox.

Patients usually wish to maintain their religious practice, whilst receiving medical care; they may wish to pray for healing, receiving anointing, read the scriptures and to contact their own minister. They may wish to go to the chapel or to a prayer room or quiet room, if available.

Patients may wish to see a chaplain before an operation for prayers and to receive Holy Communion. Their own priest should be contacted if possible; otherwise refer to the chaplain.

Patients may request a bible. The Gideon New Testament should be available in each bedside locker.

Baptism, Chrismation (Confirmation) and Holy Communion may take place on the wards or in the hospital chapel. These will be the chaplain's responsibility, with ministry arranged with the local Orthodox Priest. Marriages in hospital need special consent from managers and legal registration and take place very occasionally; please refer to the chaplain.

If a patient is in any kind of spiritual distress, the chaplain or an appropriate minister may be called to offer comfort.

DIET

1. Some patients may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some patients may wish to fast before receiving Holy Communion, which may have implications for serving meals. If patients are too ill to fast, this spiritual discipline is not required.

THE OTHODOX PATIENT is continued overleaf.

THE ORTHODOX PATIENT (Cont.d)

CARE OF THE DYING

1. In addition to normal visits by the chaplain, the Sacrament of the Sick with anointing is important. (This may also be required before an operation).
2. Inform the chaplain's office long before the point of death so that they may build up a relationship with the patient and the family at this stage of the patient's life.
3. The Orthodox priest should be contacted to care for a dying patient or one who has just died and he will normally be of assistance in consoling the relatives.
4. Baptism and Chrismation of infants in danger of death should take place.

VIEWING THE BODY – VISITS TO SEE THOSE WHO HAVE DIED

Please arrange the viewing room appropriately; a cross or crucifix may be placed in the viewing room; commendatory prayers may be said.

POST MORTEMS AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE HINDU PATIENT

Hinduism is not a religion with a formal structure, it is the result of 5,000 years continuous cultural development. It includes a number of extremely diverse, traditional and cultural beliefs and practices.

Hindus believe in the theory of re-birth and the principal of action i.e. one has to face the consequences of actions in part lives.

It is extremely important to the Hindu patient that he is allowed to practice his religion in hospital.

Married women and children may wear red markings on their forehead. Married women may also wear nuptial thread/necklace and male adults a 'sacred thread'.

Special Considerations

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

Diet

- 1) The eating of beef is forbidden and pork is not usually acceptable. Many are vegetarians. Some do not eat eggs, therefore an explanation of the content of unfamiliar food would be welcomed.
- 2) There is a dislike for plates which have been used for non-vegetarian food. A coloured plate system would be appreciated, or disposable plates.
- 3) There will be the need to rinse the mouth after eating.

THE HINDU PATIENT is continued overleaf.

THE HINDU PATIENT (Cont.d)

Care of the Dying

HINDU PATIENTS WHEREVER POSSIBLE WOULD LIKE TO DIE AT HOME.

Death in hospital can be distressing for the relatives.

- 1) 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.
- 2) Offering a calf (female) is symbolised by placing under the bed a '*Kusha*' grass.
- 3) A Hindu would like to have the leaves of the sacred Tulsi plant and Ganges water placed in his mouth before death by relatives. **THEREFORE WARN THE RELATIVES IF DEATH IS IMMINENT.**
- 4) After death the wishes of the dead are honoured.
- 5) 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. Normally this is done at home by the family.
- 6) Do not remove sacred threads or jewellery.
- 7) Ascertain the wishes of the family before touching the body. If no family is available wear disposable gloves, close the eyes and straighten the limbs.
- 8) Viewing of the body.
 - A) Remove all Christian symbols.
 - B) Place 'OM', if available, on the altar.
 - C) Allow the head of the patient to be close to the 'OM'.
- 9) A Hindu is cremated.

Post-Mortems and Organ Donation/Transplant

- 1) No objections to transplants.
- 2) Post-mortems are not liked, but 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.

Funerals

Coping with the unfamiliar organisational side of death in Britain can be extremely distressing to bereaved relatives. Explanation and practical help may be needed to contact undertakers and deal with the paper work. The hospital chaplain should be consulted.

THE JEWISH PATIENT

The foundations of Judaism and the earliest stories of the Jewish people are found in the Hebrew Bible (i.e. the Old Testament).

The essential belief is that there is One Spiritual God who cannot be represented in any shape or form.

The family has great importance in Jewish life.

In Britain today there is a wide spectrum of observance amongst Jews from 'reformed' and 'liberal' to ultra-orthodox communities whose daily lives are guided by the code of laws contained in the five books of Moses. Most Jewish people who are hospitalised in Britain are not likely to expect any particular considerations other than dietary ones.

DIET

1. The Jewish patient is only allowed to eat kosher food. Always notify catering when you have a Jewish patient.
2. Jewish patients are not allowed to eat meat products derived from pigs. **There must be no blood in food served to a Jewish patient.**
3. Jewish patients are only allowed to eat fish that have fins and scales e.g. cod, haddock, bream. **All types of shell fish are prohibited.**
4. Jewish patients are not allowed to eat any birds of prey. In practice therefore they only eat chicken, turkey, duck and goose.

SPECIAL CONSIDERATIONS

- 1) Sabbaths and Festivals are important. The Sabbath begins at nightfall on Friday and will last until nightfall on Saturday. Kosher meals are available on request.
- 2) The lighting of two candles, a small glass of wine and some special bread will be needed to welcome the Sabbath. Friends will usually provide the necessities.
- 3) Patients should be consulted about what **they** can do during the Sabbath. The simple acts of turning lights and televisions sets on and off for them would be appreciated.
- 4) Special care must be taken with Ultra Orthodox Jews.
 - l) It is immodest for men to touch women other than their wives, therefore thought needs to be given about what contact is necessary between nurse and patient.

THE JEWISH PATIENT is continued overleaf.

THE JEWISH PATIENT (Cont.d)

- li) Very orthodox women may not wish other men to look at their hair and may wish to cover it with a wig or scarf, limbs should be kept covered at all times. Men also may like to cover their heads during their stay. These wishes should be respected.

Care of the Dying

- 1) Dying patients should not be left alone; relatives therefore may wish to stay.
- 2) A dying Jew may wish to hear or recite special psalms and a special prayer (shema) and may appreciate being able to hold the page on which it is written. These prayers can be said on the behalf by a relative or a Rabbi but it is stressed that a Rabbi is not essential and that if these prayers are not said nothing untoward has occurred.

If a patient or his or her relatives wish to see a Rabbi then the patient's own Rabbi should be the first call.

- 3) If the patient's own Rabbi is not available then contact the Anglican chaplain, and he will do his best to call a Rabbi.

4) Once death is established.

- A) The nearest relative may wish to close the eyes. The arms should be extended by the side, hands open, mouth closed. The body is to be touched as little as possible.
- B) If death happens during the Sabbath, the body should be left, and the advice of relatives sought.
- C) Jewellery should be removed in presence of witnesses and a list made.
- D) The body should be wrapped in a plain white sheet.
- E) Relatives may wish to keep vigil over the body.
- F) When viewing the body remove Christian symbols, candlesticks, etc.
- G) Burial should take place within 24 hours if possible.

THE MUSLIM PATIENT

Islam is an Arabic word which means peace, purity, acceptance and commitment. The literal religious meaning of Islam is 'surrender to the will of God'.

A Muslim is one who follows Islam. There are approximately 200 million people who profess Islam; they are scattered from the Adriatic to Malaysia, North Africa, Bangladesh and Pakistan. Muslims believe in God alone as creator and they follow the teachings of God as mentioned in the Quran (Koran) which was revealed to the Prophet Muhammed (peace and blessings be upon him).

Muhammed was born in Makkah (Mecca) in Saudi Arabia in 570 AD. The Holy Book of Islam is the Quran which is the last revealed word of God.

Muslims are charged with the Five Pillars of Islam:

1. Declaration of faith
2. The mandatory five daily prayers (facing Mecca)
3. During the fast of Ramadan (ninth month of the Muslim calendar) no Muslim must eat, drink or indulge in pleasures between the period of dawn and dusk.
4. Give Alms to the poor
5. Pilgrimage to Mecca (if you are physically and financially able) at least once in a lifetime

Special Considerations

- 1) Great importance is attached to cleanliness. Before every act of prayer the patient will want to wash. Water poured from a jug will be appreciated.
- 2) Times of 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).
- 3) Privacy will be appreciated but not essential.
- 4) An offer of the Quran will be appreciated. This should be handled with great respect, and no object or book placed upon it. This can be supplied by the Chaplain's office.

THE MUSLIM PATIENT is continued overleaf.

THE MUSLIM PATIENT (Cont.d)

- 5) 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.
- 6) After menstruation the whole of the body is washed
- 7) A shower is preferred to a bath. Offer washing facilities after using a bedpan
- 8) Termination of pregnancy is not allowed except where the life of the mother is in danger
- 9) There is no requirement for a funeral for still-born or non viable foetus'. However, a funeral can be arranged at the parents request. The attendance of an Imam can be arranged for committal prayers.

Diet

- 1) During the time of Ramadan it is incumbent on all Muslims to fast, but ill patients are exempt. Food should be made available for any patient before dawn and after sunset.
- 2) Pork, bacon, ham and alcohol are forbidden at all times. Halal food is available within the hospital.
- 3) The taking of medication during a fast may cause difficulties to the patient, and no undue pressure should be applied. The local Mosque could be helpful in this.

Care of the Dying

- 1) The patient may wish to sit or lie facing Mecca.
- 2) Family or friends may wish to sit with the patient reading the Quran and praying quietly.
- 3) After death wrap the body in one or two plain white sheets.
- 4) The body should face Mecca and the head should be turned towards the right shoulder before rigor mortis begins.

THE MUSLIM PATIENT is continued overleaf.

THE MUSLIM PATIENT (Cont.d)

- 5) The body can be made respectable in the usual way, i.e. by combing hair and straightening limbs. Staff can carry out necessary cleaning of the body as part of their routine. **RITUAL CLEANING WILL BE DONE BY A MUSLIM** and should not interfere with hospital staff routine.
- 6) Viewing of the body.
 - A) Remove all Christian symbols.
 - B) The foot of the trolley should be positioned so that the face of the deceased is towards Mecca, (A directional arrow on the ceiling or facing south would be of help).

Post-Mortems and Organ Donation/Transplant

- 1) Post Mortem is only allowed if required by law.
- 2) Organ donation may often be refused but a special commission of 1982 did declare organ donation permissible

THE AGNOSTIC PATIENT

An agnostic holds that nothing is known or, some would believe, can be known of the existence of God or of anything beyond the material world.

The patient's integrity should be respected and an opportunity provided for patients to describe what they think and how they feel. Patients may appreciate a visit to a quiet room as a change from the ward.

Patients may wish to see a member of staff in order to consider their illness, to make sense of their lives and to find meaning in their suffering. It helps to maintain a sense of hope.

If a patient is in any kind of distress, then support from a member of staff should be offered.

DIET

Please enquire concerning any special dietary requirements.

CARE OF THE DYING

1. Ensure the relatives and friends are supported and offered consolation in accordance with their beliefs. Any staff member may be requested, including the chaplain.
2. At the point of death the patient may appreciate the comforting presence of a member of staff or a relative or a friend.
3. Consult the next of kin concerning the funeral arrangements; a non-religious funeral or memorial event may be preferred.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. The wishes of the patient and next of kin about organ donation should be ascertained, and consent obtained.

THE ATHEIST PATIENT

An atheist holds the belief that God does not exist.

The patient's integrity should be respected and an opportunity provided for patients to describe what they think and how they feel. Patients may appreciate a visit to a quiet room as a change from the ward.

Patients may wish to see a member of staff, in order to consider their illness, to make sense of their lives and to find meaning in their suffering. It helps to maintain a sense of hope.

If a patient is in any kind of distress, then support from a member of staff should be offered.

DIET

Please enquire concerning any special dietary requirements.

CARE OF THE DYING

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POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. The wishes of the patient and next of kin about organ donation should be ascertained, and consent obtained.

THE CHRISTIAN SCIENTIST PATIENT

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 a minimum.

If their admission is involuntary, i.e. after an accident, they may wish to be completely free of medical treatment, and there will therefore be a need to contact the Christian Science practitioner. Refer to the relatives for the address and record it in the notes, or seek advice from the contact number at the back of this book.

No specific objections to blood transfusions, but would prefer to rely on prayer. They would not usually wish to participate as donor or a recipient.

Children would fall under the Children Act of 1989, therefore the patient's parents would be unable to object if doctors felt treatment was essential.

Privacy will be needed for prayer and Bible reading. This should be made available by closing the curtains, or use of a quiet room if available.

DIET

No alcohol or tobacco.

CARE OF THE DYING

1. There are no particular last rites specified by the Faith, but the relatives may request support.
2. Female body to be handled by female staff.
3. Cremation is usually chosen in preference to burial, but it is entirely a matter of family choice.

POST MORTEMS AND ORGAN DONATION / TRANSPLANT

1. Post mortems should be avoided, unless required by law, as there is a particular wish to keep the body inviolate.
2. For post mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. Would not normally wish to donate or receive an organ.

THE HUMANIST PATIENT

Humanists believe strongly in the individual's right to freedom of choice in the main decisions of life and death, and this will, therefore, 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.

They do not believe in any god or life after death.

DIET

No special needs, but a higher proportion are vegetarian/vegan than in the population as a whole.

CARE OF THE DYING

1. No praying please.
2. Remove or cover religious signs if body is to be viewed.
3. When dealing with a funeral director after the patient has died, he should be informed that a non-religious service will be required. There are trained Humanist officiants for funerals. See contact name at the back of this booklet.

POST MORTEMS AND ORGAN DONATION / TRANSPLANT

1. No objections on Humanist grounds.
2. For post mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE JAIN PATIENT

Female patients will usually prefer a female doctor and nurse and consideration should be given to the modesty of this desire.

The Jain Patient may wish to say prayers with their Brahman.

DIET

1. All Jains are vegetarians.
2. Some Jains may refuse potatoes, garlic and onions with their meals; so it is important to ask the patient what is acceptable food for them.
3. Many Jains prefer not to eat after sunset.

CARE OF THE DYING

1. The family may provide a plain white gown or shroud for the dead patient.
2. The family may wish to be present during the last offices and also to assist in their administration, and should, therefore, be asked if they wish to do so.

POST MORTEM AND ORGAN DONATION/TRANSPLANT

1. Post-mortem is usually seen as disrespectful to the body, but this will depend on the orthodoxy of the patient. If required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Jains may be willing to both give and receive organs. The wishes of the patient and next of kin should be ascertained, and consent obtained.

THE JEHOVAH'S WITNESS PATIENT

STRONGLY HELD BELIEF THAT TAKING BLOOD INTO ONE'S BODY IS MORALLY WRONG

Jehovah's Witnesses accept all 'standard' medical treatment with the exception of blood and its primary components (red cells, white cells, plasma and platelets). Each witness will decide whether s/he can accept the use of minor blood fractions (albumen, immune globulins or clotting factors) which are not absolutely prohibited.

An Advance Medical Directive / Release will be carried by a Jehovah's Witness. This directs that no blood transfusions be given under any circumstances, while releasing medical practitioners / hospital from responsibility for any damage that might be caused by their refusal of blood.

When entering hospital, consent / release forms should be signed that state matters similarly and deal specifically with the treatment needed.

Children will fall under the Children Act 1989. If doctors are considering seeking a Court Order to impose medical treatment, the parents should be informed as early as possible so that they can be represented in Court.

DIET

The patient will reject food containing blood.

CARE OF THE DYING

1. No special rituals.
2. Those who are very ill appreciate a pastoral visit from one of their Elders. Friends or family may assist with this information.

POST MORTEM AND ORGAN DONATION/TRANSPLANT

1. Preferably no post-mortem, but if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Organ donation and transplantation may be acceptable. The wishes of the patient and next of kin should be ascertained, and consent obtained.

THE MORMON PATIENT

PROPERLY KNOWN AS 'THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS'

Those Mormons who have undergone a special Temple Ceremony wear a sacred undergarment. This private item will normally be worn at all times. It may be removed for laundering or surgical operations but must be considered as private and treated with respect.

No religious objections to blood transfusion.

DIET

1. Mormons are very health conscious.
2. They eat meat very sparingly.
3. They are concerned about stimulants, therefore do not drink tea or coffee.
4. The availability of milk and fruit juices would be appreciated.
5. Alcohol and tobacco are forbidden.

CARE OF THE DYING

1. No ritual acts for the dying.
2. Contact with other members of the Church is important.
3. The local Church will supply a Bishop who will give blessings and minister to the sick. Ask the relatives for advice, or see the contact number at the back of this book. If necessary, seek advice from one of the hospital chaplains.
4. 'Home Teachers' will visit and support church members in hospital.
5. At death, if the sacred garment is worn it must be replaced on the body after the toilet is complete.
6. Burial is preferred.
7. The Bishop will offer solace and help with funeral arrangements.
8. The Relief Society, a women's organisation, will help with the practicalities of a funeral.

THE MORMON PATIENT is continued overleaf.

THE MORMON PATIENT (Cont.d)

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE PAGAN PATIENT

It is worth bearing in mind that 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 utmost respect.

A Pagan would be very upset if the hospital admission form stated that s/he has no religion or the nurse put down CofE 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 met in hospital.

Pagans may wish to have a small white candle or a small figure of the Goddess on their Locker.

DIET

1. Vegetarian.
2. Vegan.
3. Raw food diets (liaise with catering department if this is required).

CARE OF THE DYING

1. Pagans will want to know if they are dying to give them time to prepare positively for death.
2. It is important that Pagans have the name and telephone number of their Spiritual Adviser to attend them in the same way as clergy.
3. Most Pagans prefer to die at home.
4. Dying Pagans do not welcome prayers at the bedside. At the point of death a Pagan would appreciate the comforting presence of a nurse or another person (ideally this should be provided by another Pagan).
5. Cremation or burial are equally acceptable. A Pagan will want his/her own Spiritual Adviser to conduct the funeral.

THE PAGAN PATIENT is continued overleaf.

THE PAGAN PATIENT (Cont.d)

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE PLYMOUTH BRETHREN PATIENT

Some Brethren eat and drink only with those whom they 'break bread with'. Therefore it would be a kindness to ask if the patient may like to have the curtains drawn whilst eating meals.

Women do not cut their hair and keep it covered when in public. This usually means outside, but some may regard an open ward as a public place and therefore keep this custom.

Men keep their hair short and are clean shaven,

Brethren may have little contact with the media such as television or radios.

DIET

There are no special requirements.

CARE OF THE DYING

1. The next of kin must be informed to facilitate their visiting.
2. Brethren will usually try to keep a 24 hour vigil when a patient is near to death.
3. After death the family will often like to have complete control over what happens to the body and would like to attend to washing and the last offices themselves. This should be remembered by nursing staff so that the family may be given this option.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. There should be no unnecessary interference with the body, but if post-mortem is required, normal legal procedures must be observed, and these should be explained to the next of kin.
2. The Brethren are unlikely to give permission for the donation of organs.

Brethren are against heart transplants, as the heart is perceived as the seat of the affections. Kidney transplants may be acceptable.

The wishes of the patient and next of kin should be ascertained, and consent obtained.

THE RASTAFARIAN PATIENT

Rastafarians may have an antipathy to Western medicines and be reluctant to take treatment which they fear will contaminate the body with drugs, preferring alternative therapies such as herbalism, homeopathy, or acupuncture. They may be reluctant to answer questions.

For some a legal marriage is unnecessary and thus extended families may be complex.

They are easily identified by the 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. Disposable theatre gowns may therefore be preferred.

Visiting the sick is important and their visitors often arrive in large groups. They can sometimes feel unwelcome in the hospital environment where there are restrictions on the number of visitors.

The fear of contamination of the body would influence their attitude to blood transfusion, therefore assurance would be needed that no disease would be transmitted.

DIET

1. All forms of pig meat are forbidden. Only natural food is eaten, never canned or chemical food.
2. Some follow a vegetarian diet.
3. Certain fish are regarded as unwholesome: herring, sardines and others are not acceptable.

CARE OF THE DYING

1. 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.
2. There are no rites or rituals before or after death.
3. Burial is preferred but cremation is not forbidden.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. Post-mortem will be intensely disliked by most Rastafarians. However, if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Permission for organ donation is unlikely. The wishes of the patient and next of kin should be ascertained, and consent obtained.

THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS)

A Friend will normally be well supported by the local Meeting.

No objections to blood transfusions on religious grounds.

DIET

No special considerations

CARE OF THE DYING

A Friend may often want the Clerk of the Meeting to know that s/he may be dying if they require spiritual support. Privacy would be appreciated for this if possible.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE SEVENTH-DAY ADVENTIST PATIENT

A non-conformist Christian Church.

Saturday is observed as the Sabbath rest, which is from Friday sunset until Saturday sunset.

Privacy is needed for quiet meditation during the Sabbath hours.

DIET

1. Most will be vegetarian.
2. All will avoid pork and shellfish.
3. Most avoid caffeinated tea and coffee.

CARE OF THE DYING

1. Contact the Seventh-Day Adventist Minister as soon as possible and give time and privacy for pastoral care.
2. Routine Christian 'last offices' are appropriate.
3. Burial or cremation are acceptable. Asian and Caribbean members usually choose burial.

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE SIKH PATIENT

Female doctors and nurses for female patients whenever possible, or if not, there should be a female chaperone present.

Do not ask a Sikh to remove their KARA (steel bracelet or ring worn on the right wrist), unless vital for X-Ray or surgery is to be performed on their right wrist or arm. Otherwise secure with tape. MRI Scans may not be performed unless the patient agrees to remove their KARA.

Many do not speak English so please provide an interpreter if possible, or make sure that the patient understands instructions.

Sikhs do not find a Christian Chapel acceptable for their prayers. The Multi-Faith Prayer Room, which includes washing facilities, is available. Prayers are said three times a day.

Sikhs prefer flowing water to wash in before meals, after using the toilet or after the use of a bedpan.

If for any reason the patients KACCHA (special shorts – underwear) are removed they should be replaced by another pair. Consult the patient for method of removal and replacement.

Sikh women find hospital gowns immodest and would be more comfortable in their own clothes.

Visiting the sick is felt to be a binding duty, so many will travel far and may arrive after hours, but should be accommodated if possible.

DIET

1. The Sikh religion does not require vegetarianism; but some are vegetarian by choice. Please ask to be certain.
2. Some may not accept fish or eggs, so please consult the patient.

CARE OF THE DYING

1. The family may wish to say or sing prayers.
2. Taped hymns or prayers may be placed beside the patient. A separate room if possible would be appreciated.

THE SIKH PATIENT is continued overleaf.

THE SIKH PATIENT (Cont.d)

3. **The Sikh's 5 Ks are never removed when viewing the body;** these are personal objects sacred to the Sikhs.

KESH	-	Do not cut hair, beard or remove turban.
KANG	-	Comb (semi-circular comb which fixes the uncut hair in a bun)
KARA	-	Bracelet
KACCHA	-	Special shorts – underwear
KIRPAN	-	Sword (usually a miniature sword which is worn)

4. When viewing the body, remove symbols of other religions.
5. Sikhs are always cremated usually within 24 hours of death.

POST MORTEMS AND ORGAN DONATION / TRANSPLANT

1. Post-mortem may be resisted on cultural grounds, but if essential relatives should be reassured that the 5 Ks will be treated with respect and replaced. If required by law normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE SPIRITUALIST PATIENT

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

DIET

No special dietary requirements.

CARE OF THE DYING

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

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objections to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

THE ZOROASTRIAN PATIENT

Children are initiated into the faith between the age 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 run 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.

Zoroastrian faith does not prohibit accepting blood transfusions or donating blood on religious grounds.

DIET

No general restrictions, but patients may prefer a vegetarian diet in hospital. Some may not eat pork or meat.

CARE OF THE DYING

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

THE ZOROASTRIAN PATIENT is continued overleaf.

THE ZOROASTRIAN PATIENT (Cont.d)

POST MORTEM AND ORGAN DONATION / TRANSPLANT

1. Post-mortem examination is forbidden by religious law. However, if required by English law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. 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 to donate or to receive. However the less orthodox may agree. The wishes of the patient and next of kin should be ascertained, and consent obtained.

MULTI-FAITH PRAYER ROOM

This room is located on the third floor in the Orange Zone.

People of any religious faith are welcome to make use of this room for prayer, worship and reflection.

The room is open between the hours of 9 am and 5 pm, Monday to Friday.

If access is required at other times Security should be contacted. The Security Officers will be on duty in the Accident and Emergency reception area at the Main Entrance on extensions 5522 and 4900

THE WHITTINGTON HOSPITAL CHAPLAINCY VISITORS

Most of the wards at the Whittington Hospital have an allocated chaplaincy visitor.

Most chaplaincy visitors belong to one of the Christian denominations, however, some subscribe to other faiths.

All chaplaincy visitors have undergone a training programme devised and conducted by the Chaplains with help from members of the Whittington's Multi-Faith Committee. They have been formally commissioned by the Trust.

Usually, each chaplaincy visitor will visit his/her allocated ward once a week for two to three hours. They offer a ministry of support to patients and, where appropriate, refer patients to the chaplains.

It should be stressed that chaplaincy visitors do not attempt to evangelise or 'convert' patients.

Each chaplaincy visitor completes a weekly report of the work s/he has done. The information in these reports is treated with the strictest confidentiality and is seen only by the Chaplains and the department's secretary.

All the chaplaincy visitors fully understand the importance of observing absolute confidentiality.