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Cardiff and Vale
University Health Board

WARD GUIDE FOR THE SPIRITUAL CARE OF PATIENTS

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CONTENTS

	Page
.....	
Introduction	3
The Anglican Patient	5
The Baha’I Patient	7
The Buddhist Patient	9
The Christian Scientist Patient	11
The Free Church Patient (Baptist, Methodist, Presbyterian, United Reformed, etc),	12
The Hindu Patient	14
The Jain Patient	16
The Jehovah Witness Patient	18
The Jewish Patient	20
The Mormon Patient	22
The Muslim Patient	24
The Pagan Patient	26
The Rastafarian Patient	28
The Roman Catholic Patient	30
The Sikh Patient	32
The Spiritualist Patient.	34
The Zoroastrian patient	36
Death Bed Weddings and Civil Partnerships.....	38
Arranging funerals quickly	39
Wills.....	39
Useful Information:	
<i>Web Sites</i>	40
<i>Local Religious Contacts</i>	40

INTRODUCTION

In Wales as in the rest of the United Kingdom we live in an increasingly multi-cultural and multi-faith society. This becomes more obvious when you walk around the major cities of our country and see not only the familiar buildings of churches and chapels but that also, along side these, have appeared Mosques and Hindu and Sikh temples some of lavish proportions.

The Census conducted in 2001 and published in 2002 gave people for the first time the opportunity to register their religious identity. The Census showed that 72% of the population identified themselves as Christian of one denomination or another, 15% declared no religion and 5% of the population identified themselves with other faith communities. Since then however as immigration continues to grow the number of people identifying themselves with other faiths is also continuing to grow.

This in turn has great implications on the kind of care that we must offer to patients in the NHS.

Increasingly the patients for whom we care will come from one or other of the many world cultures and religions that make up this 5% of the population and they will have specific cultural and religious needs that must be met if we are to give the best kind of care to them while they are in our hospital.

All of the Major World Faiths have various rituals and practices that members of these faiths would wish to practice while in hospital and these rituals become especially important surrounding the death of a patient; and it is incumbent on medical and nursing staff that these needs are recognised and met if good care is to take place. Indeed in many faiths if the proscribed rituals are not allowed to take place it can have dire consequences for the patient and also for his/her family members.

This booklet has been issued to give nurses and medical staff a "brief" outline on the needs of patients belonging to one or another of the major world faiths now likely to be encountered in Wales.

This is not an exhaustive record of all faith groups; you may contact the Chaplaincy department for fuller details.

The emphasis is on the word brief as each individual religion often holds within it many different forms, each having very different views and requirements. Take for example the description "Christian". Within this faith description there are to be found many different denominations and sects each with very different views and beliefs, many conflicting interpretations of the faith and many different requirements when it comes to meeting the "Christian" patient's religious needs. Every religion also has its fundamental and liberal wings, each of which will have different ideas on what a patient will need.

Because of this, the golden rule when seeking to meet the religious needs of patients is **"Ask the patient and/or ask the family"**. The following pages will hopefully make you aware of the need to take peoples religion seriously when caring for them in hospital and alert you to the very great variety of religious beliefs and practices that you may well come across in your care of patients.

Because of the great variety of practices within each religion you may feel you want to find out more about a particular religion or religions and so at the end of this booklet there is a section listing websites that hold information on world faiths. You can also call upon the hospital chaplain who will be able to help you with the information you may need.

Cardiff and Vale University Health Board Chaplaincy Department

THE ANGLICAN PATIENT: *Church of England, Church in Wales, Church of Ireland. Episcopal Church of Scotland*

1. Brief Overview

Christianity is a religion practised by nearly 2,000 million people worldwide. It originated in Palestine in the first century AD and is founded on the life and teachings of Jesus Christ [4BC-29 AD], a Palestinian Jew.

There are about 6 million active Christians in the United Kingdom, but over 35 million would regard themselves as nominally Christian.

There are many different variations or "denominations". The major division is between Orthodox and Western Christianity (which itself is divided into Roman Catholic, Anglican and Free Churches)

The Anglican Communion is a worldwide affiliation of Anglican churches all in full communion with the Church of England (which may be regarded as the mother church of the worldwide communion) and specifically with its primate, The Archbishop of Canterbury. The communion is one of the largest Christian denominations in the world with approximately 77 million members worldwide.

2. Special Considerations

[1] The Anglican patient would welcome a visit by the hospital chaplain especially before an operation for prayers and to receive anointing and holy communion.

[2] Patients may wish to read from the Bible. A New Testament is located on every bedside locker. In the event of its absence please contact the chaplain.

[3] Baptism and Holy Communion may be required and can take place on the ward or in the hospital chapel.

[4] If a patient is in any kind of spiritual distress, the chaplain may be called to offer comfort.

3. Diet

No special requirements.

4. Fasting

Some patients may wish to fast before receiving Holy Communion, which may have implications for serving meals.

5. Blood Transfusion

No Religious objections.

6. Care of the Dying

[1] The family of the dying patient may require the chaplain to say prayers and to anoint the patient.

[2] After death the family may wish to gather around the bed to give prayers of thanksgiving for the patient's life. They may wish the presence of the hospital chaplain to lead them in prayer and to commend the patient into God's care.

[3] Always ask the family if they would like to see the chaplain or wish to have their own vicar to visit.

[4] For critically ill babies or young children the offer of baptism should be made.

7. Procedures at Death

Routine last offices will be sufficient.

8. Donation of Organs

There is no religious objection to the donation of organs. The subject should be sympathetically explored.

9. Post Mortem.

No religious objections.

10. Viewing of Body

A cross and Bible should be placed near the bedside.

11. Funeral

Burial or cremation are both acceptable.

THE BAHÁ'Í PATIENT

1. Brief Overview

The Baha'i Faith began in Persia in the middle of the 19th. Century, since which time, it has established itself throughout the world. It is one of the youngest of the world's major faiths and may be unique in the way it accepts all other faiths as true and valid. It teaches that every religion is the religion of God.

Baha'is are the followers of Baha'u'llah [1817 – 1892], a messenger of God whose name is a title meaning "The glory of God". His teachings centre on the unity of mankind and of religions, and include the harmony of religion and science, the equality of men and women and the abolition of prejudice

There are about six million Baha'is in more than 200 countries around the world.

The faith has no clergy and its affairs are in the hands of elected administrative bodies known as "Spiritual Assemblies" at present there are some 200 of these in the United Kingdom Although there are significant numbers of Baha'is of Persian origin in this country the majority of members are of British background and their cultural approach and needs are basically the same as those of other patients.

2. Special Considerations

[1] Members of the faith may observe a period of fasting during March each year; invalids are exempt from this.

[2] The patient may wish to pray and meditate on a daily basis. Prayers are preceded by ritual washing. Only those who are ill or old [over 70] are exempt and they may instead recite a specific verse from their scripture.

3. Diet

There are no special requirements, other than that alcohol is not permitted. Habit forming drugs are prohibited unless prescribed by a doctor.

4. Fasting

[1] The patient may want to fast therefore food should be available before dawn and after dusk.

[2] Special fasting from 2nd – 21st March

5. Blood Transfusion

No religious objection.

6. Care of the dying.

[1] There is a belief in an afterlife and that the soul is eternal.

[2] After death the physical body should be treated with respect.

[3] Patients may wish for members of the spiritual assembly of Baha'i to come and pray with them. The family may arrange this. Privacy will be required.

7. Procedure at Death

[1] Treat the body with great respect. Routine last offices to be used and the body to be washed and wrapped in plain cotton or silk.

[2] A special ring [which will be provided by the family] may be placed on the finger of the patient; this is not to be removed.

8. Organ Donation

No Religious objection. Organ donation is seen as praiseworthy.

9. Post Mortems

No Religious objections.

10. Viewing of the Body

No special arrangements.

11. Funeral

Embalming and cremation are forbidden unless required by law.

THE BUDDHIST PATIENT

1. Brief Overview

Buddhism arose in the 6th century BC in the area of the Himalayan Kingdom of Nepal in Northern India. It took its name from the title Buddha [the Enlightened] given to its founder Prince Siddhartha Go tama. Buddhist faith centres on the Buddha, who is revered not as a god but as an example of a way of life.

Buddhism is principally an Asian and Far Eastern phenomenon, and Buddhists come from many lands and ethnic groups. It is however important to understand that over the course of the last hundred or so years it has established itself in the West, taking a number of different forms, and that many indigenous people, British people among them have increasingly adopted Buddhism.

2. Special Considerations

[1] Peace and quiet for meditation and chanting would be appreciated. Offer the patient the use of the hospital chapel.

[2] The offer of the prayer room for visiting Buddhists to pray with the patient would be appreciated.

[3] There will be the need to wash hands before meditation.

[4] The patient may request to sleep on the floor.

[5] The image of Buddha would bring comfort.

[6] Do not place any book or object on top of their spiritual writings; their scriptures are to be treated with great respect.

3. Diet

Many Buddhists are vegetarian and will require food that contains no meat and also has had no contact with meat.

4. Fasting

There are no long periods of fasting required or proscribed. Some short customary periods of fasting may occur occasionally on certain festival days, but this would not be mandatory.

5. Blood Transfusion

There are no Religious objections.

6. Care of the Dying.

[1] Buddhists view dying in a positive way and will need to face the event in as clear, calm and conscious a state of mind as possible.

A single cubicle should be offered.

The state of mind at death influences the character of re-birth. Buddhists have a concept of afterlife in terms of re-birth rather than reincarnation.

Their stream of consciousness is not lost after death and may well influence future lives for good until finally it is subsumed into Nirvana-Perfection. This is achieved through a life of discipline and prayer.

[2] Full information about the likelihood of their imminent death should be given to the patient to enable them to make their own preparation for the event. An open, honest and frank manner would be appreciated.

[3] The ideal as death approaches is to be able to face it with a clear, calm, conscious state of mind. Staff should take great care to explain the reasons for sedation or pain relief. Reduction or refusal of certain types of medication may be requested.

[4] Patients should be fully involved and consulted at all stages of their treatment.

[5] As death approaches a Bhuddist monk or leader may be invited to say prayers with the patient.

[6] Turning the patients mind to happy and buoyant thoughts will put them in the frame of mind required for them to make their journey into death.

7. Procedures at Death

[1] Family may wish to prepare the body.

[2] After death the body should be wrapped in a plain white sheet with no religious ornaments.

8. Donation of Organs

There are no religious objections.

To some Buddhists the donation of an organ at death might be seen as a positive gift-or act of Dana to the living.

9. Post Mortem

No religious objections.

10. Viewing of the Body

No special arrangements.

11. Funeral

Cremation is preferred

THE CHRISTIAN SCIENTIST PATIENT

1. Brief Overview

The Church of Christ, Scientist was founded in 1879 in Boston, Massachusetts, USA by Mary Baker Eddy following a personal healing of an injury that "neither medicine nor surgery could reach."

The church is a religious body whose members are concerned with the propagation of healing by means of prayer alone.

Christian Science teaches that the reality of God denies the reality of sin, sickness, death and the material world. Accounts of miraculous healing are common within the church, and adherents often refuse modern medical treatments.

The church has its headquarters in Boston with branches around the world and has a membership estimated at 100,000 to 400,000

2. Special Considerations

[1] 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.

[2] If involuntarily i.e. after an accident etc. they may wish to be completely free of medical treatment. Therefore there will be the need to contact a Christian Science Practitioner.

[3] Privacy will be required for prayer and bible reading. This can be made available simply by closing the curtains.

3. Diet

No special requirements.

No Alcohol or tobacco.

4. Fasting

No Special arrangements.

5. Blood Transfusion

No specific objections, but they would prefer to rely on prayer.

6. Care of the Dying

No special Requirements.

7. Organ Donation

The Christian Science Church does not have a specific position regarding organ donation, leaving it to the individual member.

8. Post Mortem

No Post Mortem unless required by law.

9. Viewing of Body

No Special Requirements.

10. Funeral

Burial or cremations are both acceptable.

THE FREE CHURCH PATIENT : *eg., Methodist, Baptist, Presbyterian, Church of Scotland, Salvation Army, Independent, United Reformed, Free Evangelical, Pentecostal, Plymouth Brethren*

1. Brief Overview

The free churches are a large group of churches that came out of the Protestant reformation. Protestant doctrine typically holds that scripture (rather than tradition or ecclesiastical interpretation of Scripture) is the source of revealed truth.

The exact number of Protestant denominations worldwide is hard to calculate it has been estimated to be over thirty thousand. Most denominations share common beliefs in the major aspects of the Christian faith, while differing in many secondary doctrines.

There are over 33,000 denominations in 238 countries and every year there is a net increase of around 270 to 300 denominations

There are about 800 million Protestants worldwide among approximately 1.5 billion Christians.

The main denominations that you are likely to meet here in Wales are listed above.

2. Special Considerations

[1] Free Church patients would welcome prayers, and may normally expect Holy Communion.

[2] Patients may wish to see a chaplain before an operation to say prayers.

[3] Patients may wish to read from the Bible. A New Testament is located on every locker; in absence please contact the Chaplain.

[4] If the patient is in any kind of spiritual distress the chaplain may be called to offer comfort.

3. Diet

No special arrangements.

4. Fasting

No special arrangements.

5. Blood Transfusion

No religious objections.

6. Care of the Dying

[1] The family of the dying patient may require the chaplain to say prayers and sometimes to anoint the patient.

[2] After death some families may wish to gather around the bed to give prayers of thanksgiving for the patient's life. They may wish for the presence of the hospital chaplain to lead them in prayer.

[3] Always ask the family if they would like to see the chaplain or wish their own minister to visit.

[4] Baptism for babies and young children should be offered.

7. Procedures at Death

Routine last offices.

8. Organ Donation

No religious objections.

9. Post Mortem

No religious objections.

10. Viewing of Body

No special arrangements. The family would appreciate a copy of the Bible placed near the body.

11. Funeral

Burial or cremation.

THE HINDU PATIENT

1. Brief Overview

Hinduism is the title given to the religion of the majority of the population of India and is inextricably bound up with culture and social structure.

Hinduism originated near the river Indus over 5000 years ago, although elements of the faith are much older.

The Hindu tradition has no founder and is best understood as a group of closely connected religious traditions rather than as a single religion. It encompasses a great tolerance of beliefs and practices and different Hindu communities have different ways of expressing their faith. It represents a complete way of life and is practised by over 900 million followers.

Hindus believe there is one God who can be understood and worshipped in many different forms. Examples of Hindu deities are Krishna, Shiva, Rama and Durga.

Hindus believe that existence is a cycle of birth, death and rebirth, governed by Karma (a complex belief in cause and effect)

2. Special Considerations

[1] Modesty is important. A doctor of the same sex should be provided and if this cannot be arranged then for a woman patient a chaperone would need to be provided.

[2] Running water or a jug of water in the same room as the toilet is required, if a bedpan is used then a bowl of water must be offered. Ablutions are important.

[3] Avoid using the left hand if possible with patients. This hand is regarded as unclean.

[4] The patient may require to lie on the floor [close to Mother Earth]

[5] Families may wish to stay with patient all the time.

3. Diet

[1] Hindus do not eat beef or food that has been in contact with beef.

[2] Many Hindus are vegetarian but some do not eat eggs. Explanation of the contents of unfamiliar food would be welcomed.

[3] There is a dislike of plates that have been used for non vegetarian food.

[4] There will be the need to rinse the mouth after eating.

4. Fasting

No special requirements.

5. Blood Transfusion

No Religious objections.

6. Care of the Dying

[1] Before death the family of the dying patient will wish to bring in money, food or clothing for the patient to touch so they can be given in his/her name to the needy and poor.

[2] Offering a calf (female) is symbolized by placing "*Kusha*" grass under the bed.

[3] The patient would like to die hearing the sacred name of God, and be sprinkled with water from the river Ganges and possibly have basil leaves placed in the mouth[These should be replaced after post-mortem]. Therefore warn the relatives if death is imminent.

[4] The dying patient may appreciate hearing the words of the Gita [Bhagavad-Gita] read. A copy is kept in the Chaplaincy Office.

[5] Hindu patients wherever possible would like to die at home.

[6] A Pundit or priest may be called to offer prayers and may tie a thread around the wrist or neck.

7. Procedures at Death

[1] The family will wish to wash the body themselves and put on new clothes before the body leaves the hospital.

8. Organ Donation

No Religious Objections.

9. Post Mortem

Post mortems are viewed as disrespectful but will be allowed if required by law. The family would insist that all organs should be returned to the body.

10. Viewing of Body

[1] Remove all Christian Symbols.

[2] No jewellery or religious ornaments should be removed; mortuary staff will have to replace any removed during their examination.

11. Funeral

[1] A Hindu should be cremated as soon as possible, preferably within 24 hours of death.

[2] The oldest son of a patient has important ritual duties to perform, no matter what his age. Traditionally this would involve him lighting the funeral pyre. In the UK this might mean a child as young as four would press the button at the crematorium which draws the curtain around the coffin. Therefore do not be surprised to see young children with the family as a patient approaches death.

THE JAIN PATIENT

1. Brief Overview

Jainism is an ancient religion of India. A Jain is a follower of *Jinas* {conquerors} who have rediscovered the *Dharma*, became fully liberated and taught the spiritual path for the benefit of all living beings. Jains believe that all living beings possess a soul, and therefore great care and awareness is required in going about one's business in the world. Jainism is a religion in which all life is considered worthy of respect and it emphasises this equality of all life, advocating the protection of even the smallest creatures. A major characteristic of Jain belief is its emphasis on the consequences of not only physical but also mental behaviours. Jain's are a small but influential religious minority with at least 4.2 million followers in modern India and successful in growing immigrant communities in the United States, Western Europe, the Far East and elsewhere.

2. Special Considerations

[1] Jainism has never condoned war, the caste system, or the killing of animals for any reason.

[2] Like Hindus and Buddhists, Jain's believe that our actions influence the course of our current life and our lives to come.

[3] Most Jain's worship 3 times a day morning, noon and before sunset, though the most important time is the morning. They may chant silently or aloud, using a string of prayer beads. Consideration should be given that their prayer times are not disturbed.

3. Diet

[1] There is a reluctance to kill any living thing, including insects. Jain's are therefore strictly vegetarian.

[2] Jain's abstain from alcohol, root vegetables, meat, fish, eggs or any foods prepared using them.

[3] Food prepared for Jain's should be prepared separately from that prepared for other patients – there may be a revulsion and sense of spiritual pollution if their diet is compromised.

[4] Some Jain's eat only during the daylight hours.

[5] Most families are willing to provide their own food if facilities are available for storage and preparation.

4. Fasting

Some Jain's will fast on the 5th. And/or the 14th day of each lunar month. During fast they will take only boiled water. A week long fast takes place during August or September. However it is unlikely that they will fast if they are very ill.

5. Blood Transfusion

No Religious objections.

6. Care of the Dying

[1] Some Jain's may refuse antibiotics, because they do not wish to harm any form of life, but may accept them with regret if absolutely necessary.

[2] Some Jain's may refuse opiates due to their emphasis on endurance, self discipline and suffering.

[3] It is important that for a dying Jain the family should be present, so that forgiveness may be asked or charitable gifts made. There may therefore be many people present at the death of a patient.

7. Procedure at Death

[1] The family may wish to provide a plain white gown or shroud for the deceased.

[2] The family may wish to be present and/or to assist with the last offices. Staff should give the family this opportunity.

8. Donation of Organs

No Religious objections.

9. Post Mortems

No Religious objections.

10. Viewing of Body

No special arrangements.

11. Funeral

Jain's would wish to be cremated.

THE JEHOVAH WITNESS PATIENT

1. Brief Overview

Charles Taze Russell founded the Jehovah's Witnesses in 1872, although it did not become known officially as such until 1931. It is ruled by a governing Body that meets in the Watchtower Society's Brooklyn New York headquarters and is an all male group which since 2005 has comprised of 9 members.

The Jehovah's Witness movement claims a worldwide membership of approx 7 million.

They view themselves as Christian and regard Jesus Christ as Son of God, but not in the sense of being equal with God or one with God.

Jehovah's Witnesses consider their religion to be a restoration of original first century Christianity. They accept both the Old and New Testaments of the Bible to be inspired by God. They do not however use the symbol of the cross because they believe it to be of pagan origin.

The religion was developed in response to what they saw as compromise and corruption in mainstream Christianity. They dispute doctrines such as the Trinity, hellfire, immortality of the soul and clergy and laity divisions as illegitimate additions to the original Christianity.

Jehovah's Witnesses await the end of the present world system which they believe will begin with the battle of Armageddon. Jehovah and his true witnesses will be the only survivors, his true witnesses being their sect.

Jehovah's Witnesses believe it is important to share their views with others and are well known for calling on people at their homes and for their magazine The Watchtower. The publishing company in Brooklyn, New York issues 800,000 copies of it's two magazines daily and publishes 100,000 books.

2. Special Considerations

[1] Jehovah witnesses believe that all medical treatment is a matter of informed consent.

[2] Children will fall under the Children Act 1989.

[3] Jehovah's Witnesses do not normally celebrate Christmas or birthdays. The only festival is the annual memorial of the death of Christ (Maundy Thursday).

[4] Jehovah's Witnesses really do believe in an afterlife of torment for those who reject their way or are excommunicated, so their refusal to accept blood products for instance is not something that can be got around with an earnest chat setting out the facts alone. To be excommunicated means social exclusion in this life and worst in the next.

[5] The Hospital information desk at their headquarters in London (0181 906 2211) will put you in contact with the local hospital liaison committee chairman.

3. Diet

The patient will reject food containing blood.

4. Fasting

No special requirements.

5. Blood Transfusion

[1] Strongly held belief that taking blood into ones body is morally wrong.

[2] The patient will not accept treatment involving the use of blood or blood components but will accept non-blood medical management.

6. Care of the Dying

[1] No special rituals.

[2] Those who are very ill may appreciate a pastoral visit from one of their elders. Friends or family may assist with this arrangement.

7. Procedure at Death

Last Offices.

8. Organ Donation

As there is an objection to the use of blood products they are unlikely to agree to sharing tissue. – However – Ask The Family.

9. Post Mortem

No Religious objections but ask the family.

10. Viewing the Body

No special arrangements.

11. Funeral

Burial or cremation are acceptable.

THE JEWISH PATIENT.

1. Brief Overview

Judaism is an ancient religion that has been practiced for over 5000 years. Jew is the name given since the sixth century BCE to the members of the tribe of Judah (descendants of the patriarch Abraham from about the year 2000 BCE)

Jewish religion and culture are inextricably entwined. Judaism is based on the belief in the one universal God, and the religious precepts followed are simply to worship one God, to carry out the Ten Commandments, and to practice charity and tolerance toward one's fellow human beings. The family has great importance in Jewish life. Jewish people also believe that God is omniscient and will reward the righteous and punish the wicked at the end of time when there will be a resurrection of all the dead

Judaism requires its followers to live their lives in accordance with 613 Commandments (mitzvot) covering all aspects of life.

In Britain today there is a wide spectrum of observance amongst Jews, from reform, to liberal, to ultra-orthodox.

2. Special Considerations

[1] Many Jews are Jews by descent only and practice no religious observances at all.

(A Jewish mother means that the child is Jewish whatever the religion of the father. This is true for orthodox though other sects may have a less rigorous approach. Some Jews are observant others may be totally secular.)

[2] Reform Jews do not consider themselves to be a wing of Orthodox Judaism – rather they are separate. Check with the patient so that the appropriate Rabbi is called.

[3] Sabbaths and Festivals are important. The Sabbath begins at sunset on Friday and will last until sunset on Saturday. (Times can be checked on a computer)

[4] The lighting of two candles, a small glass of Kosher wine and some challa bread (plaited loaves) are used to welcome the Sabbath. (Candles may be excluded or taken away for Health and Safety reasons.)

[5] Patients should be consulted about what they can or cannot do during the Sabbath. The simple act of turning the lights and television on and off for them would be greatly appreciated.

[6] Special care must be taken with Ultra Orthodox Jews.

It is immodest for men to touch women other than their wives, therefore thought needs to be given about contact between nurse and patient. Female patients may wish to cover their hair with a wig or scarf and keep limbs covered at all times. This must be respected. Men may wish to cover their hair also with a skullcap.

3. Diet

Most Jews do not eat pork.

They will require specially prepared meals "Kosher" which the catering department will provide.

4. Fasting

No special requirements.

5. Blood Transfusion

No special requirements.

6. Care of the Dying

[1] Dying patients should not be left alone; relatives therefore may wish to be present. If stretched for personnel, ask the chaplain.

[2] The family should be asked if they wish to have a Rabbi present.

[3] The patient would want to hear the Shema (hear O Israel the Lord our God is one) as the last sound they hear. This can be recited by anyone.

7. Procedures at Death

[1] 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.

Traditionally when a Jewish person dies the body should be left for eight minutes- a feather over the mouth and nostrils; eyes and mouth closed, body laid upon the floor with feet towards the door; lighted candles placed near the head; body straightened, hands by the side; fingers straight done soon after death by a competent person.

[2] If death happens during the Sabbath (Saturday) the body should be left; seek advice from the family.

[3] The body should be covered with a plain white sheet

[4] The family may wish to prepare the body for burial.

[5] The Jewish Burial Society will make arrangements for the funeral and for the body to be watched over by watchers if required who will not leave it until the funeral.

8. Donation of Organs

Normally forbidden but ask the family – Reform and Liberal Jews may be more amenable to transplants than Orthodox Jews.

9. Post Mortem

Post Mortems would not be welcome but would only be allowed if required by law.

10. Viewing of Body

Ensure that all Christian Symbols, cross, candlesticks etc. are removed.

11. Funeral

Burial is required within 24 hours.

See ARRANGING FUNERALS QUICKLY: page 39

THE MORMON PATIENT

1. Brief Overview

The Mormon Church (properly known as the Church of the Latter-Day Saints) arose in America in the early 19th. Century

The term Mormon is a reference to the book of Mormon. The book is believed to be a historical record of God's dealings with three of the civilisations in the Americas from approx 2700 BC through to 420 AD, written by their prophets and followers of Jesus Christ. The book contains the teachings of Jesus Christ to the people of the Americas as well as recounting Christ's personal ministry among the people of Nephi after his resurrection.

The foundation of Mormonism is that Joseph Smith, Jr, was visited by the Judeo- Christian God (whom Mormons call Elohim), and Jesus (also called Jehovah by Mormons). These divine beings instructed him that he was to join no organised religion and that he was to prepare himself for a greater work that was to follow.

Joseph Smith later brought forth the Book of Mormon (see above) and he restored what he called the true religion as founded by Jesus Christ himself, with all rites, rituals and doctrines as they were in primitive Christianity. Missionary work is done mainly by young people (19-22 years) who travel in pairs serving full time without pay. They spread the word of the Mormon Church visiting homes and the community.

2. Special Considerations

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

3. Diet

[1] Mormons are very health conscious. They are concerned over stimulants; therefore do not drink tea or coffee.

[2] The availability of milk or fruit juice would be appreciated.

[3] They are not normally vegetarian, but would eat meat sparingly and avoid products with much blood.

[4] Alcohol and tobacco are forbidden.

4. Fasting

No special requirements.

5. Blood Transfusion

No Religious objections.

6. Care of the Dying

[1] No ritual acts for the dying

[2] Contact with other members of the church is important

[3] Home teachers will visit and support church members while in hospital.

7. Procedure at Death

If the sacred garment is worn it should be replaced after last offices are completed.

8. Donation of Organs

No religious objections.

9. Post Mortem

No Religious Objections.

10. Viewing of Body

No special requirements.

11. Funeral

[1] Burial is preferred. The Bishop will offer solace and support with funeral arrangements.

[2] The relief society, a woman's organisation will help with practicalities.

THE MUSLIM PATIENT

1. Brief Overview

Muslims are followers of the Islamic Faith. Islam is a world religion that originated in the Middle East in the seventh century. It is practiced by about a fifth of the world's population. Muslims believe that there is only one God (Allah) and Muhammad is his prophet. Although Muslims revere Muhammad they do not worship him. Muslims believe that everything and everyone depends on Allah. All Muslims of whatever race are members of one community known as the Ummah.

Muslims are guided to follow Allah's will by obeying their holy book, the Qur'an, and also by following the example set by Muhammad.

Every Muslim must perform duties known as the "five pillars of Islam" These are :-

1. To recite a specific verse – their declaration of faith (Shahadah).
2. To offer five specific prayers daily (Salat)
3. To give two and a half per cent of their savings, once a year to the poor (Zakat).
4. To fast during the month of Ramadan (Sawm).
5. To undertake a pilgrimage to Mecca, if they can afford to, once in a life time (Hajj).

2. Special Considerations

[1] Great importance is attached to cleanliness. Therefore before every act of prayer the patient will want to wash. Water poured from a jug would be appreciated.

[2] Times of prayer are Dawn, noon, mid-afternoon, just before sunset and before retiring to sleep. The patient will need to stand on clean ground or a prayer mat facing Mecca. Privacy will be appreciated.

[3] An offer of a copy of the Koran will be appreciated. This must be handled with the greatest of respect and nothing should be placed upon it.

[4] Both male and female Muslims are very modest in their dress and outlook.

3. Diet

[1] A Muslim will eat only Hallal meat which has been ritually killed.

[2] Both pork and alcohol are forbidden.

4. Fasting

[1] During the time of Ramadan it is incumbent on all Muslims to fast but seriously ill patients are exempt from this. The Holy Koran says that if you are ill then you may fast during another month of the year.

[2] Food should be made available to the patient before dawn and after sunset.

[3] taking medication during a fast may cause difficulties for a patient.

5. Blood Transfusion

No Religious Objections.

6. Care of the Dying

[1] The patient may wish to sit or lie facing Mecca

[2] Family or friends may wish to quietly read the Koran.

[3] The family may want the Imam to be invited when reading the Koran and prayers may be recited. The Chaplaincy have contact numbers but the family will know.

[4] The Kalima " There is no God but Allah and Mohammed is his prophet.", should be the last words a Muslim should hear before death.

7. Procedures at Death.

[1] The family will organise washing of the body by people of the same sex as the patient. If there is no family then the local Mosque should be contacted and they will make the necessary arrangements. Last offices will apply.

[2] When laying out the body the head should be turned to face the right before rigor Mortis sets in so that the patient can be buried facing Mecca. The arms should be straightened at the side and the big toes tied together.

8. Donation of Organs

No religious objections though there may be some cultural objections. To the Muslim the human body is entrusted to the individual by God and does not therefore belong to them and so some Muslims may not wish to have organs transplanted.

9. Post Mortem

Post Mortems are distressing to the family and will only be allowed if required by law. To open a body in order to discover the cause of death seems to deny that the death is God's will.

10. Viewing of the Body

The foot of the trolley should be positioned so that the face of the deceased is towards Mecca.

11. Funeral

[1] Muslims are always buried.

[2] Burial should take place as soon as possible after death.

[3] Some families may wish to take the body back to the country of origin.

See ARRANGING FUNERALS QUICKLY: page 39

THE PAGAN PATIENT

1. Brief Overview

Paganism has its roots in the pre-Christian religions of Europe. It has re-emerged in many western countries where it has been growing rapidly since the 1950s. The social infrastructure of Paganism reflects the value the Pagan community places on unity in diversity; it consists of a network of interrelated traditions and local groups served by several larger organisations.

Pagans understand deity to be manifest within nature and recognise divinity as taking many forms, finding expression in goddesses as well as gods. Goddess worship is central in paganism. Pagans believe that nature is sacred and that the natural cycles of birth, growth and death observed in the world around us carry profoundly spiritual meanings. Human beings are seen as part of nature, along with other animals, trees, stones, plants and everything else that is of this earth. Most pagans believe in some form of reincarnation, viewing death as a transition within a continuing process of existence.

2. Special Considerations

[1] A Pagan would be very upset if a hospital admission form stated that he or she has no religion or C of E or N/A is logged.

[2] 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.

[3] Because of the diverse traditions within Paganism individual patients should be asked how their needs should be satisfied in hospital.

[4] Some pagans are still wary of making their belief known. Their families may not be aware of their beliefs so this information must be treated with respect and the rules of confidentiality must be observed.

[5] Pagans may wish to have a figure of the Goddess on their locker.

3. Diet

[1] Probably Vegetarian or Vegan.

[2] May require raw food diets.

4. Fasting

No special requirements.

5. Blood Transfusion

There is no specific teaching on this matter. Most Pagans would be prepared to receive transfusions.

6. Care of the Dying

[1] Pagans will want to know if they are dying so they can prepare positively for death.

[2] Pagans will want their spiritual adviser to attend them in the same way as clergy. They will have the name and telephone number of their adviser. The chaplain would be inappropriate unless requested.

[3] Most Pagans prefer to die at home.

7. Procedure at Death

Pagans will not welcome prayers at the bedside, but at the point of death would appreciate the comforting presence of a nurse or another person. Ideally another Pagan would provide this.

8. Donation of Organs

There is no specific teaching on this matter. Most Pagans would be prepared to donate and receive organs.

9. Post Mortem

No religious objections.

10. Viewing of Body

Make sure all Christian symbols are removed.

11. Funeral

Cremation or burial are equally acceptable. A pagan will want his or her spiritual advisor to conduct the funeral.

THE RASTAFARIAN PATIENT

1. Brief Overview

Rastafari is a young, Africa-centred religion which developed in Jamaica in the 1930's, following the coronation of Haile-Selassie 1 as king of Ethiopia in 1930.

Rastafarians believe that Haile Selassie is the incarnation of God called Jah and that he will return to Africa members of the black community who are living in exile as the result of colonisation and the slave trade.

Rastafarian theology developed from the ideas of Marcus Garvey, a political activist who wanted to improve the status of fellow blacks and include the rejection of western society (called Babylon) and the spiritual use of cannabis.

It spread globally following the success of Bob Marley and his music in the 1970's

Rastafarians believe reincarnation follows death and that life is eternal.

They follow a number of Old Testament laws, follow strict dietary laws and abstain from alcohol and are forbidden to cut their hair.

The lion is the symbol of Rastafari.

There are approximately one million world wide adherents of Rastafari as a faith. The 2001 census found 5,000 Rastafarians living in England and Wales.

2. Special Considerations

[1] Rastafarians may have an antipathy with 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.

[2] For some a legal marriage is felt unnecessary and thus extended families may be complex.

[3] Rastafarians are easily identified by their distinctive dreadlocks. Their hairstyle is a symbol of faith and a sign of black pride. Orthodox members may not let their hair be cut.

[4] Rastafarians may be unwilling to wear hospital garments which have been worn by others. Disposable theatre gowns may be preferred.

3. Diet

[1] The average Rastafarian eats a diet of I-tal food, which is natural food that has not been preserved or chemically altered in any way, similar to organic food in the West.

[2] All forms of pig meat are forbidden.

[3] Most Rastafarians are vegetarians, though they do eat fish. A diet of vegetables, fruit and seeds is considered one that will keep impurities out of the body and help ward off sickness.

4. Fasting

No special requirements.

5. Blood Transfusion

The fear of contamination of the body would influence the attitude to transfusions. Therefore assurances would be needed that no disease would be transmitted.

6. Care of the Dying

The Old and New Testament are still regarded as scriptures, but Rastafarians do not consider themselves to be Christians. There are no churches, services of official clergy. Rastafarians have a deep love of God and believe where people are then God is present. Visiting the sick is important and families may want to pray around the bedside, often in groups.

7. Procedure at Death

There are no specific rites or rituals before or after death. Normally hospital last office procedures are appropriate.

8. Donation of Organs

[1] Families are most likely to agree to organ donation

[2] Transplants would be seen as interfering with God's plan.

9. Post Mortem

Few Rastafarians would agree to post mortems, except where it is ordered by the coroner.

10. Viewing of Body

No special requirements.

11. Funeral

Burial is preferred but cremation is not forbidden.

THE ROMAN CATHOLIC PATIENT

1. Brief Overview

The Roman Catholic Church officially known as the Catholic Church is the world's largest Christian church, representing over half of all Christians and one-sixth of the world's population

The church's highest earthly authority in matters of faith, morality and church governance is the Pope.

It traces its foundation to Jesus and the twelve Apostles. It sees the bishops of the church as the successors of the Apostles and the Pope in particular as the successor of Peter, the leader of the Apostles

The church believes that its mission is founded upon Jesus' command to his followers to spread the faith across the world.

The Catholic Church holds that there is one eternal God, who exists in a mutual indwelling of three persons: The Father, The Son and The Holy Spirit. Catholic beliefs are summarized in the Nicene Creed.

With a history spanning almost two thousand years, the church is one of the world's oldest institutions and has played a prominent role in the history of Western civilisation since at least the fourth century.

2. Special Considerations

[1] Patients may wish to see a chaplain before an operation for prayers and to receive Holy Communion.

[2] Patients may wish to read the Bible. Copies of the New Testament are kept on each locker. Bibles can be obtained from the chaplaincy department.

[3] Holy Communion or some other sacramental ministry may be required at the bedside. Baptism may be requested.

[4] If a patient is in any kind of spiritual distress they would welcome the chaplain being called.

3. Diet

Some patients may wish to observe Friday as a no meat day, therefore a fish dish or vegetarian meal must be offered.

4. Fasting

Some patients may wish to fast before receiving Holy Communion which may have implications for the serving of meals

5. Blood Transfusion

No religious objections.

6. Care of the Dying

[1] In addition to the normal visit by the chaplain the patient may wish to receive the sacrament of the sick with anointing. This is particularly important for a dying patient but may also be required before an operation.

[2] Inform the chaplain before the point of death so that he may build up a relationship with the patient.

[3] The Roman Catholic priest should be called to a dying Catholic patient or one who has just died.

7. Procedures at Death

Routine last offices.

8. Organ Donation

No Religious objections.

9. Post Mortem.

No religious objections.

10. Viewing of Body

Cross and Bible placed near the body.

11. Funeral

Burial or cremation is acceptable; however older people in particular may prefer burial.

THE SIKH PATIENT

1. Brief Overview

The Sikh faith is a distinct religion revealed through the teachings of ten Gurus (messengers of God) the first of whom was Guru Nanak Dev Ji who was born in 1469 in the Punjab, India. In 1708 the tenth and the last human Guru, Guru Gobind Singh Ji, vested spiritual authority in the Holy Sikh Scriptures (Guru Granth Sahib Ji) and temporal authority in the community of baptised Sikhs (Khalsa Panth).

Sikhs strictly believe that there is one god, who is both transcendent and immanent (present in all things and everyone). Although above human comprehension, God can be realised and experienced through contemplation and service. The object of a Sikh's life is to develop consciousness of God and to receive God's grace through truthful living and selfless service in the context of a family life. A Sikh's way of life is guided by the following principles :-

- Remembering and praying to God at all times.
- Earning a living by honest means.
- Sharing with the poor and needy.
- Selfless service to God and his creation.
- Treating all human beings as equal.

Sikhs wear five articles of faith (The 5 K's) that must not be removed. (see item 7)

2. Special Considerations

[1] Female doctors and nurse for female patients whenever possible.

[2] Do not ask a Sikh to remove their Kara [steel bracelet or ring worn on the right wrist or arm] unless vital for surgery, MRI scan or x-ray etc,

[3] The community spiritual leader must be contacted if there are no relatives.

[4] Sikhs prefer flowing water to wash in before meals, after toilet or after use of a bedpan.

[5] The patients "Kaccha" [special shorts] should not be removed. If they have to be removed for some reason they should be replaced by another pair. Consult the patient for method of removal and replacement. This is usually carried out by taking one leg from the old pair and putting it into the new pair before completely removing the old pair.

[6] If the turban has to be removed leave it at the bedside in sight of the patient.

3. Diet

Sikhs are vegetarian and may not accept fish or eggs so consult the patient. A Sikh will not eat beef nor Kosher or Halal food.

4. Fasting

No special requirements.

5. Blood Transfusion

No Religious objection.

6. Care of the Dying

[1] A sick or dying Sikh patient may receive comfort from the family saying or singing hymns or scriptures [The Guru Granth Sahib]

[2] Taped hymns or prayers may be played next to the patient. A separate room if possible would be appreciated.

[3] A Sikh should die with the name of God whispered in their ear
[Wonderful Lord]

7. Procedures at Death

[1] Do not remove the 5 K's which are personal objects sacred to the Sikhs.

1. Kesh -- Do not cut hair or beard nor remove Turban.
2. Kanga -- Steel comb which fixes the uncut hair in a bun.
3. Kara -- Steel bracelet.
4. Kachhera -- Special shorts.
5. Kirpan -- Sword [usually a miniature sword worn as a brooch]

[2] The family may wish to wash and dress the deceased person's body.

8. Donation of Organs

Not permitted.

9. Post Mortem.

Only permitted if required by law.

10. Viewing of body.

[1] Remove Christian Symbols.

[2] Place "Khanda" [Sikh symbol which can be accessed via the Chaplaincy department] near to the head of the body

11. Funeral

Sikhs are always cremated.

See ARRANGING FUNERALS QUICKLY: page 39

THE SPIRITUALIST PATIENT

1. Brief Overview

Spiritualism is a religion founded in part on the writings of the Swedish mystic Emanuel Swedenberg (1688-1772)

It first appeared in the 1840's in the "Burned over district" of upstate New York.

Most spiritualists believe in a monotheistic, Omni benevolent God, akin to Christianity. The distinguishing feature of Spiritualism is that spiritualists believe in communicating with the spirits of discarnate humans. They believe that spirit mediums are humans gifted to do this. They believe that spirits are capable of growth and perfection, progressing through higher spheres or planes. The afterlife is not a static plane, but one in which spirits evolve. The two beliefs-that contact with spirits is possible, and that spirits may lie on a higher plane-lead to a third belief that spirits can provide knowledge about moral and ethical issues, as well as about God and the afterlife.

The Spiritualist church as it has evolved has certain features in common with Christianity ranging from an essentially Christian moral system to liturgical practices such as Sunday services and singing of hymns.

It reached its peak growth in membership from the 1840's to the 1920's By 1897 the spiritualist movement was said to have more than eight million followers mostly drawn from the middle and upper classes in the United States and Europe.

Spiritualism is currently practiced through various denominational Spiritualist Churches in the United States and United Kingdom.

2. Special Considerations

May require 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.

3. Diet

No special dietary needs.

4. Fasting

No special requirements.

5. Blood Transfusion

No religious objection.

6. Care of the Dying

[1] A Spiritualist's particular progress into the spiritual realm will depend on their desire to go, therefore their state of mind is important.

[2] There is a belief that those in the spiritual world will come to meet and welcome them.

7. Procedure at Death

Routine last offices are appropriate.

8. Donation of Organs

No religious objections.

9. Post Mortem

No religious objections.

10. Viewing of Body

No special requirements.

11. Funeral

Burial or cremation.

THE ZOROASTRIAN PATIENT

1. Brief overview

Zoroastrianism is one of the world's oldest monotheistic religions. It was founded by the prophet Zoroaster in ancient Iran approximately 3500 years ago

For 1000 years Zoroastrianism was one of the most powerful religions in the world. It was once the official religion of Persia { Iran)

It is now one of the world's smallest religions with around a quarter of a million followers worldwide. There are approx 4000 Zoroastrians living in the Britain.

Zoroastrians believe there is one God called Ahura Mazda (wise Lord) and He created the world. Their book of holy scriptures is called The Avesta.

Zoroastrians traditionally pray seven times a day and are roughly split into two groups : The Iranians and The Parsees

2. Special Considerations

[1] Children are initiated into the faith between the ages of 7 and 15 years old. On the initiation day the sacred *Sadra* [shirt] and *Kusti* [girdle] are put on for the first time. These garments are worn at all times and are treated with the greatest respect.

[2] The Zoroastrian has a very high standard of hygiene and running water would be preferred for washing.

A bowl of freshly drawn water is an acceptable alternative.

3. Diet

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

4. Fasting

No special requirements.

5. Blood Transfusion

Orthodox Zoroastrians consider the pollution of the body is against the will of God. They are against transfusion, however, less orthodox may agree.

6. Care of the Dying

[1] It is important that the body is bathed before being dressed in white clothing

[2] 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.

[3] The family may wish the head to be covered by a cap or scarf.

7. Procedure at Death

Most families provide a special *sadra* which is to be worn next to the skin under the shroud together with the sacred *kusti*.

8. Donation of Organs

Orthodox Zoroastrians consider pollution of the body is against the will of God. They are against transfusion and transplants for this reason and are

probably unwilling to both donate or receive, however the less orthodox may agree.

9. Post Mortem

Is forbidden by Religious law. Only the Coroner's legal requirement would persuade them to allow a post-mortem.

10. Viewing of Body

Remove any Christian symbols.

11. Funeral

[1] Delay will cause distress and any reason for it must be carefully explained to the family.

[2] The family may wish to prepare the body, but in most cases a funeral director will be instructed. Cremation and burial are both acceptable.

DEATHBED WEDDINGS & CIVIL PARTNERSHIPS

Both persons must be legally free to marry i.e. single, widowed or divorced. Patients must be conscious and able to understand what is happening and be able to give their consent to the ceremony.

During office hours phone the Cardiff Registry Office : **029 20871680 / 029 20871684**

In the event of a registrar being required outside office hours telephone Cardiff County Hall **029 20872000**.

Speak to whoever is on reception and ask to speak to the on-call registrar (who is responsible for registering the death of Muslims and Jews)

You will have to give your name and phone number to the person on reception, who will call the registrar, who will then in turn telephone you on the number you have given. Explain the circumstances and make the arrangements.

Hospital Chaplains (029 20743230) are available to give advice and conduct a service of blessing if the patient wishes this, but the actual wedding ceremony / civil partnership must be conducted by the registrar.

The letter below must be prepared for the registrar on hospital headed paper.

To whom it may concern

I confirm that I am the Physician / Consultant in medical attendance upon..... presently a patient at Hospital in Cardiff.

I confirm that he/she is not expected to recover from his/her present illness and cannot be moved to a place registered for the purpose of marriages.

I confirm that the patient understands the nature and purpose of the marriage / civil partnership ceremony.

Yours Faithfully

To be signed by the Consultant/Senior Registrar and Qualifications given.

This letter should be addressed to the Superintendant Registrar, North West Entrance of City Hall, King Edward VII Avenue, CARDIFF, CF10 3ND. This should be given to the registrars prior to the ceremony.

ARRANGING FUNERALS QUICKLY

The families of patients belonging to some of the world faiths mentioned in this booklet will require that a funeral takes place very quickly after death (Sometimes within 24 hours} or may want the body immediately transported to the patient's homeland.

Should this be the case then during office hours call the coroners office: 029 20527431.

Outside office hours:

- [1] Call the police station 029 20222111 – The duty inspector will have a list of Coroners Officers on call.
- [2] The coroners Officer will communicate with the doctor who will explain the religion of the patient and ask for any post-mortem to be carried out latter that day or within 24 hours for religious reasons.
- [3] If the Coroner agrees to receive the pathologist's findings over the phone or fax he will then proceed to furnish the death certificate in a straightforward case.

WILLS

The RCN position states that there is nothing in law to prevent a nurse from witnessing a patient's will. However there may be a local policy within the health board which advocates differently.

The nurse can sign the will providing he/she is not a beneficiary of the will. Perhaps at a later date they may be drawn into litigation if ever that will is challenged in a court of law.

It is for this reason that the RCN will not advocate their members signing a will in the clinical area for patients.

If a will is required to be signed at a clinical area the Health Board should refer the matter to their legal department for attention.

USEFUL INFORMATION

Websites.

www.beliefnet.com

www.diversiton.com

www.ethnicityonline.net

www.mentalhealth.org.uk

www.bbc.co.uk/religion/religions

www.mfghc.com

www.chaplains.co.uk

www.elib.scot.nhs.uk/equality

Local Religious Contacts.

Should you wish to contact a faith leader from any of the world faiths listed then please contact the Chaplaincy department on 029 20 743230 or out of hours ask your switchboard to contact the on-call chaplain.