

GUIDELINES
for
SPIRITUAL AND PASTORAL CARE
of
PATIENTS AND RELATIVES

Produced by
The North Kent Council for Inter Faith Relations

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FOREWORD

I am glad that we have been able to re-print these guidelines for the spiritual and pastoral care of patients and relatives. This handbook has been in use for several years now in many hospitals and care homes in Kent and beyond, and has played an important role in raising awareness of the beliefs and spiritual requirements of patients among the health care staff. It suggests how we can provide assistance to patients who belong to various religious traditions to fulfil their religious obligations.

I hope that those who have already used these guidelines in their work will recommend its use to their colleagues and friends. Religious beliefs are very important to many patients and respect to their beliefs and practices is an essential aspect to our care for them.

This handbook is a humble contribution from the North Kent Council for Interfaith Relations towards inter-faith dialogue and understanding. It is hoped that the use of this handbook would promote further dialogue and mutual understanding among religious traditions.

We acknowledge with thanks the example which has been provided for us by the handbook for the pastoral care of those of the world faiths produced by the Chaplaincy of Addenbrookes Hospital, Cambridge. We are very grateful to the Edward Vinson Trustees for their generosity on behalf of the Edward Vinson Trust which made it possible for us to produce the second edition of this handbook, in the Spring of 2003.

All the faith communities represented in our handbook have been consulted regarding the contents. The NKCIFR has prepared the contents with the understanding that some people may have differing views. The Council welcomes comments, which will be taken into consideration for later editions of our guidelines.

The Revd Dr John Perumbalath (Chairman)
Gravesend, Spring 2010

Introduction

A supportive and caring environment for health and wholeness is very helpful to people who attend hospitals, care homes, surgeries, hospices and like institutions. When an understanding of their Beliefs, Values and Customs is added both patients and their relatives will feel a greater sense of worth and confidence in the system enhanced.

This Handbook has been developed by the North Kent Council for Inter Faith Relations as a service to institutions of healthcare and with best wishes to the patients and relatives who come through their doors. The NKCIFR Health Working Party spent many hours in discussion with local communities of faith and people in the community, and we are very glad to see that the first edition of the Handbook has been widely welcomed and put to good use. We now provide this second edition in order to continue to serve the needs of health care professionals, to promote greater understanding of the multicultural nature of our contemporary society and to stimulate respect for the religious convictions of others. We are convinced that there is a therapeutic relationship between a person's beliefs, values and customs and their personal health.

The Handbook is designed to guide the reader to the factors that shape belief and practice. The faiths are arranged in alphabetical order. Each section has a common set of symbols and descriptive details about the faith as well as aspects of hygiene, food preparation and how the faith relates to the rites of passage such as birth, dying and death and other faith practice.

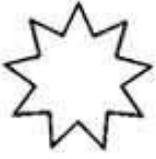
The North Kent Council for Inter Faith Relations (NKCIFR) is committed to encouraging all sectors in the community to work co-operatively for the total well-being of all in the region. We take a responsible view of the many changes occurring in the regeneration activities in North Kent. NKCIFR tries to encourage developers, planners and community leaders to work together for the best possible outcome to all their endeavours. The NKCIFR is carrying forward a number of significant initiatives including this Handbook. The development of these initiatives embodies our conviction that consulting the 'grassroots' and taking account of their beliefs, values and customs will produce positive outcomes and greater social cohesion and inclusion-in-diversity. A Statement of Aims is available on request.

We are very grateful to our Health Working Party of the Revd Alan Amos (Medway), Dr Kartar Surindar Singh, Mrs Ranjit Kaur, Mrs Farida Usman, and Mr Ram Appadoo for their efforts. Our thanks are also due to Mrs Oee Ilyas of Gravesend for the cover design and the layout of the Handbook. Please note that this Handbook may not be photocopied or otherwise reproduced without the permission of the NKCIFR; any requests for permission, and also any suggestions and comments with future editions in mind, should be directed to our address for the Council's consideration. (The address is given above, on the page before 'Contents.')

May the efforts of all who have contributed to this work and to the ongoing development of the NKCIFR reap a bountiful harvest of better human relationships and the strengthening of faith.

The Revd Malcolm Cooper (Chairman) Greenhithe, Spring 2003

SYMBOLS REFERENCE



BAHA'I - The Nine Pointed Star. A simple nine-pointed star is generally used by Baha'is as a symbol of their Faith. The number nine has significance in the Baha'i Revelation. Nine, as the highest single-digit number, symbolises completeness. Since the Baha'i Faith claims to be the fulfilment of the expectations of all prior religions, this symbol, as used for example in nine-sided Baha'i temples, reflects that sense of fulfilment and completeness. It also represents the nine signs in the Baha'i faith: (1) Progressive revelation (2) The Bab (3) Baha'u'llah (4) Abdu'l - Baha (5) The Guardian (6) Baha'i administration (7) Unity (8) Principals and teachings (9) Becoming a Baha'i.



BUDDHISM - The Dharma Wheel is the symbol of Buddhist life, the endless circle of birth and rebirth, and also represent the Buddhist teaching or Dharma. The Buddha's first sermon is called 'Turning the Wheel of the Dharma'. The wheel often has eight spokes, which stand for the noble Eightfold Path of Buddhism.



CHRISTIANITY - The Cross is the main symbol of Christianity. It serves as a reminder of the sacrifice that Jesus made on the cross. It emphasises not only his obedient suffering, undertaken for the salvation of humanity, but the power of his risen life.



HINDUISM - The OM represents the letters A U M in Hindi, which is the sound of the sun. A - creation, U - preservation, M - destruction. The three letters represent the trinity of God in Hindu Dharma (Brahma, Vishnu and Shiva). They also represent the states of waking, dream and deep sleep and the three planes of existence, heaven, earth and the netherworld.



ISLAM - The Crescent and Five Pointed Star. The crescent represents progress and the five pointed star, light and knowledge. The moon is also the appointed sign of times and seasons, fast and feast, and governs the Islamic calendar. The five points of the star can be taken to represent the five pillars of Islam, the essential elements of the Muslim faith.



JUDAISM - The Menorah. A multi-branched candelabra has long been used to signify Judaism, and is used in rites during the eight day festival of Hannuka. The eight receptacles are for candles or oil and the ninth is a servant candle (shammash) from which the others are lit one by one on each day of the festival. The menorah is also a reminder of the seven branched golden candelabra of the Tabernacle which celebrated amongst other things the seven days of creation. The central raised branch represents the Sabbath.



RASTAFARIANISM - The Lion of Judah represents Haile Selassie, the conqueror. It represents the King of Kings, as a lion is king of the beasts.

SYMBOLS REFERENCE

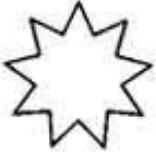


SIKH - The KHANDA, a powerful symbol, is the insignia of the Sikh faith. The central double edged sword, used by Guru Gobind Singh to prepare Amrit, is referred to as Khand. It signifies divine strength, truth, freedom, justice and the Sikh belief in One God. The inner circle, Chakkar, represents the Oneness of God who is without beginning or end, Oneness of humanity. This

Chakkar was used by Sikhs as a war weapon against injustice and oppression.

Guru Gobind Singh himself and all his Sikh warriors wore the Chakkar on their turbans as part of the battle dress. The Chakkar is surrounded by two swords called Kirpans which symbolise the twin concept of Miri (temporal sovereignty) and Piri (spiritual sovereignty) introduced by Guru Hargobind, to represent the equal emphasis that a Sikh must place on spiritual aspirations as well as on obligation to society.

BAHA'I



BACKGROUND

The Baha'i Faith began in Persia in the middle of the last century, since which time it has established itself throughout the world. Its founder, Baha'u'llah (a title meaning 'Glory of God') lived from 1817 -1892, and is regarded by Baha'is as a Messenger 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.

The Baha'i 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, and they can usually be found by referring to the telephone book under 'Baha'i Faith'. If there is no entry, then the address of the nearest Assembly or group can be obtained from the National Spiritual Assembly of the Baha'is of the United Kingdom, 27 Rutland Gate, London SW7 1 PD (Tel: 0207 5842566)

Although there are significant numbers of Baha'is in this country of Persian (Iranian) origin, the majority of members here are of British background and their cultural approach and needs are basically the same as those of other patients.

SPECIAL CONSIDERATIONS

While they believe in the power of prayer, Baha'is have no objection to orthodox medical practice, seeing both as different aspects of the same God-given healing process. They are exhorted by their faith to trust and to follow the recommendations of the doctors treating them.

Under normal circumstances Baha'is abstain from alcohol as from other harmful or habit-forming drugs, but it is permitted where prescribed as a bona fide part of treatment. Narcotics would similarly be permitted for control of pain as prescribed.

HYGIENE

There are no special requirements.

DIET

No special requirements, except that Baha'is regard the abstention of alcohol as extending to cooking as well, and so wine sauces, sherry trifle, etc. are forbidden. However such items do not usually form part of a hospital diet.

PRAYER AND RELIGIOUS OBSERVANCES

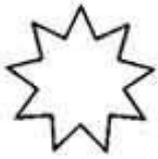
Every day a Baha'i will turn to God in prayer. Each morning he or she will read some of the Baha'i scriptures, meditate on them, and try and put them into practice.

Baha'is meet together regularly to pray when they are able, to discuss local matters, to enjoy one another's company and to get to know one another. This is called a 'Feast'.

Baha'is often hold small meetings in their homes, for people who want to come and talk and learn more about the Baha'i Faith. These are usually called 'firesides'.

Members of the Faith observe a period of fasting each year. Invalids are excepted from this, as are children, the elderly, and expectant and nursing mothers. The yearly fast is from 2nd March to 21st March, and takes place from sunrise to sunset. If the patient is permitted to fast,

BAHA'I



arrangements should be made with the catering department to make food available before dawn and after dusk.

BIRTH

Termination of pregnancy is permitted only where there are strong medical grounds such as risk to life and health of the mother. It is not regarded lightly and is not permitted as a social or contraceptive measure.

The bearing of children is regarded as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practice are left to the conscience of the couple. Many Baha'is will not use the intra-uterine device for contraception as they regard it more as an abortifacient than as a contraceptive.

DEATH

Baha'is believe that after death the body should be treated with respect.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Cremation is not permitted and burial should take place as near as reasonably possible to the place of death, certainly within the distance of an hour's transport.

Post-mortems:

There is no objection to necessary post-mortem examination provided due care is taken to treat the body with respect.

Organ donation:

There is no objection to the giving or receiving of blood transfusions or of organ transplants; donation of organs after death for transplanting to others is regarded as praiseworthy.

Contact:

National Spiritual Assembly of the Baha'is of the United Kingdom, 27 Rutland Gate,
London SW7 1 PD
Tel. 0207-584-2566
Fax 0207-584-9402

BUDDHISM



BACKGROUND

Buddhism means the way to Enlightenment taught by the Buddha and his followers. The Buddha, the Enlightened, lived in India between the 6th and 5th centuries BCE. He is revered not as a god, but as the founder of a system of spiritual practice.

Since then, Buddhism has spread widely and there are now over 311 million Buddhists world-wide. In Britain many are not ethnic Buddhists born into a Buddhist family or culture, but have consciously converted to Buddhism.

For the lay follower, a Buddhist way of life involves the pursuit of morality and generosity, the practice of meditation, worship of the Three Jewels (see below), support of other Buddhists, the keeping of special festivals, pilgrimage to Buddhist sacred places and social responsibilities.

There are three principles known as the Three Jewels:

- 1 **The Buddha** - the historical Buddha and the spiritual ideal of human enlightenment.
- 2 **The Dharma** - teachings and practices which lead to human enlightenment
- 3 **The Sangha** - the spiritual community or the people practising the Dharma.

The basic path to be followed consists of the cultivation of morality, meditation and wisdom. Other Buddhist paths such as the Noble Eightfold Path, Southern Buddhism, and the Six Perfections, Northern Buddhism, can be related to this Threefold Path.

Buddhists believe in rebirth and that their behaviour in this life will influence the quality of the next. This means that they accept responsibility for their actions at all times. They believe through rebirth, all human beings reap good or evil consequences of their actions. There is no 'God', but instead the act of 'PUJA' or worship is a way of acknowledging a transcendent ideal.

Buddhists meet in simple temples, called Viharas, or in Buddhist Centres. The Shrine Room will be of bare furniture, except for cushions. Buddhists worship and meditate there whenever they can and attached to the building may be accommodation where monks or others may stay.

Buddha Day, a celebration of the Enlightenment of the Buddha, is the most important festival, held on the day of the full moon in May.

SPECIAL CONSIDERATIONS

Peace and quiet for meditation and chanting would be appreciated and Buddhists will also welcome visits from ordained or other Buddhists.

HYGIENE

There are no special requirements.

BUDDHISM



DIET

Many are vegetarians because of their respect for life.

PRAYER AND RELIGIOUS OBSERVANCES

A quiet, peaceful environment is required for meditation

BIRTH

There are no special requirements.

DEATH

Care of the dying:

A Side Room is Essential.

Buddhists would usually like to have full information about their imminent death to enable them to make their own preparation for death. It may be very difficult for both medical and nursing staff to give an accurate prediction about when a patient will die.

For those patients dying from renal and liver failure, including some cardiac diseases, chest diseases and cancer, as death approaches it may be possible to discuss the patient's imminent demise in an open, honest and frank manner.

Buddhists consider that dying is a very important part of life and that it should be approached positively and in a clear and conscious state of mind as possible. This may mean a reduction of certain types of medication and the patient should be fully involved and consulted at all stages.

Peace and quiet for meditation and reflection are important. The patient may wish to receive a visit from an ordained Buddhist to talk over his or her coming death and the associated practical arrangements. Relatives can usually advise on whom to contact or, if necessary, you can refer to the contact list at the end of this entry.

After death:

Buddhist friends and relatives may wish to remain with the body for some time after death without its being disturbed or removed. They may wish to meditate with it or perform simple ceremonies.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Generally, cremation is preferred although ceremonies vary according to cultural circumstances; locally based ordained Buddhists will usually be happy to conduct the ceremony.

Post-mortems:

There are no specific objections.

Organ donation:

There are unlikely to be any objections as helping others is fundamental to the Buddhist belief but some Far Eastern Buddhists may object.

BUDDHISM

Contact:

The Head Priest
International Buddhist Centre
311, Kingsbury Road
London
NW9 9PE
Tel: 0208 204 3301

Mrs. Chandrika Elapatha
30, Castle Way
Leybourne
Maidstone
Kent
ME19 5HG

Tel: 01732870662

CHRISTIANITY



BACKGROUND

Christians follow Jesus Christ as their Lord. They believe that in Jesus, God revealed himself to the humanity. The Christian faith today is represented by many different Churches. These as a whole claim to represent approximately one third of the world's population. A common thread to all their beliefs is faith in God as Father, Son and Holy Spirit: the Holy Trinity. At the same time, God is perfect in his divine Unity. God is seen as the creator of the world which has been saved through Jesus Christ. The Bible is accepted as a unique collection of books telling of the revelation of God in history.

In the UK, the main strands of Christian worshippers include Anglican, Roman Catholic, Orthodox, and Free Church adherents.

Each hospital will have chaplains appointed to represent the three main Christian traditions, who may be whole time or part time. The Church of England Chaplain traditionally also looks after the needs of patients, relatives and staff who do not belong to any particular denomination, and ensures that the spiritual needs of people of all the world faiths are met appropriately, by contact with their own religious representatives.

These days, the Christian Chaplains will work together as a team, and as far as possible minister to all in the hospital without creating artificial barriers. At the same time, there will be those patients, relatives or staff who need to see the representative of their own denomination, and this will be provided for within the arrangements of the Chaplaincy.

SPECIAL CONSIDERATIONS

Spiritual care in the hospital context requires a partnership between all health care professionals including the members of the Chaplaincy. The Chaplains will be grateful to nursing staff when the needs of particular patients are brought to their attention, though this should always be in response to a request from the patients themselves or from their relatives. If in doubt, please ask the patient or relatives if they would like a chaplain to call. This is particularly appropriate at a time of bereavement, general distress, or after the breaking of unwelcome news.

DIET

There are no particular requirements. Some may wish to abstain from meat on a Friday, and during the season of Lent (the forty days before Easter). Others may wish to fast before receiving Holy Communion.

PRAYER AND RELIGIOUS OBSERVANCES

Please make sure that you know the times and arrangements of services in the hospital Chapel; if necessary do not hesitate to contact the Chaplaincy team to enquire about how patients may be assisted to attend the Chapel services. Usually the Chaplains will be able to arrange for wheelchair transport.

Some patients will welcome prayer during the visit of a Chaplain to the ward, and on some occasions it will be appropriate for the Chaplain to draw the curtains around the bed, to ensure greater privacy.

CHRISTIANITY



Sacraments are practised by Christians as outward and visible signs of an inner spiritual grace. In the hospital context, the sacraments most likely to be encountered are Holy Baptism, which marks the entry of a person into the Christian faith, and Holy Communion, also known as the Eucharist, the Lord's Supper or the Mass. (In this sacrament, bread and wine are received over which thanks has been given for Christ's sacrifice, and this bread and wine represents Christ's Body and Blood). Sometimes Christians use oil to anoint the sick, with prayers for their healing, which may mean restoration to health in this life, or a safe journey into God's keeping and the life eternal. Some patients may request prayer and anointing before an operation.

BIRTH

If a baby is seriously ill at birth, baptism should be offered, and a Chaplain called if the parents so wish. Please ask if they need a Chaplain from a particular denomination. If there is no time to call a Chaplain, a Christian member of the staff can baptise [If you ever have to baptise, simply pour a little water over the baby's forehead saying, "NAME, I baptise you in the name of the Father and of the Son and of the Holy Spirit, Amen". The first names only of the baby are used, without the surname. Please keep a record of the baptism including the names, and inform the Chaplain as soon as possible).

DEATH

As death approaches, some patients or their families may wish for prayers to be said or anointing to take place. Please ensure that the Chaplain of the appropriate denomination is contacted, if the families request a visit. The Chaplains are also available to comfort the relatives, and their support is available to non-believers or non-practising people where it is acceptable to them.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing. Please make sure that the relatives know that a Chaplain can be called, if they would like one to be present or to offer prayers.

Funerals:

Burial and cremation are both acceptable.

Post-mortems:

There are no religious objections.

Organ donation:

There are no religious objections to the giving or receiving of organs. A body may be donated for teaching or research purposes. In this case, the Chaplain or a local church should be contacted if relatives request, in order that a funeral or memorial service may be arranged.

Contact list:

In the first instance, please contact a member of your hospital Chaplaincy team.

HINDUISM



BACKGROUND

Hindus believe and practice Hinduism (Sanatan Dharma) - which means 'Doing one's eternal duty, in order to become close to God'. Hinduism is a way of life as well as a set of beliefs, values, cultures, social structures, customs and religious practices which are all closely interwoven.

Hindus believe there is one GOD, who can be understood and worshipped in many different forms.

Every Hindu should pray, revere the old, and offer generous hospitality to any visitor. Many are vegetarian and refuse to take the lives of animals for food. The different castes vary in how strictly they follow the laws of diet, prayer and ritual purification.

Hindus believe in reincarnation, in which the status, condition and caste of each one's life is determined by the behaviour in the previous life: this makes everyone responsible for who they are, and for what they do, as this shapes who they will be in their next life.

The majority of the Hindus in the United Kingdom come from India, the Commonwealth countries of the Indian subcontinent, from Asia, and East Africa.

SPECIAL CONSIDERATIONS

Modesty: Hindus are very modest about their bodies. Female patients prefer female doctors and consideration should be given to their modesty during physical examinations. For x-ray and clinical examinations, they would prefer gowns or dressing gowns which fully clothe the body from the neck to below the knee and which are closed at the back. They have a strong preference for single sex wards.

Men must be covered from the waist to the knees. Some men wear a sacred thread over the right shoulder and around the body; its religious and cultural significance must be respected and it is removed with the greatest reluctance.

Both sexes may be reluctant to remove items of jewellery which have a personal or religious significance. Gold worn next to the skin is believed to ward off diseases.

Fasting: Devout Hindus may fast regularly each week depending on their loyalty to a particular deity or the astrological significance of certain days. 'Fasting' on these occasions implies eating only 'pure' food such as fruits/yoghurt rather than complete abstinence.

HYGIENE

Hindus prefer to shower rather than take a bath as it is considered distasteful to sit in one's own bath water. After using the toilet, in addition to toilet tissues, Hindus like to wash with running water and a jug should be provided for this purpose. If a bedpan is used, a bowl of water as well as toilet tissues should be provided.

DIET

Many Hindus follow dietary restrictions although there is a good deal of variation. A large proportion are vegetarians and do not eat eggs, as they are a potential source of life, or cheese if it is made with animal rennet and onions and garlic are avoided as they are

HINDUISM



Believed to be harmful stimulants. Some Hindus avoid tea and coffee. Alcohol is officially frowned upon. Many Hindus do not eat meat or fish, and those who eat meat do not eat beef, as cows are considered sacred, or pork, as pigs are scavenging animals. Strict vegetarians do not eat off a plate on which meat has been served.

PRAYER AND RELIGIOUS OBSERVANCES

Spiritual purity and physical cleanliness are extremely important. Hindus pray at the beginning of the day after washing, and before eating or drinking.

The main principles of Hinduism can be outlined under the heading of the '5 P's' :

PARAMESHWAR -- GOD

PRARTHANA -- PRAYER

PUNARJANMA – REBIRTH

PURUSHARTHA -- LAW OF ACTION

PRANDIYA – NON-VIOLENCE

Hinduism is a social system as well as a set of religious beliefs.

BIRTH

Traditions may vary surrounding the birth of a baby. Shortly after the birth of a baby, the mystical symbol ' OM ' is traditionally written in honey on the baby's tongue by a close relative. The parents may wish for an astrologer to read the baby's horoscope and will need to know the exact time of birth. The birth is celebrated six days later; Hindus believe that the baby's fate is written, and parents may wrap the baby in green cloth and leave a pen and paper near the baby's cot. Female relatives will gather on this day to celebrate the birth. The baby is traditionally named on the tenth day following the birth. Hindu women prefer not to leave the house for 40 days after giving birth to a baby although visits to the clinic are allowed.

DEATH

Hindus believe that death is the final SANSKARA (Stage) in the life of a person.

As the final stage, this is the most important one. The body is taken home and special ceremonies are performed which help the soul on its journey and the family to heal. .

Care of the dying patient:

Before death, a Hindu will desire to offer food and other articles to the needy, religious persons, or to the Hindu Temple.

Relatives may bring money or clothes for the dying person to touch before distributing it to the needy (if this is not possible, it is appreciated, it is appreciated if the nursing staff will do this for them).

A female calf may be offered and this can be symbolically represented through KUSHA grass. A small piece of this sacred grass may be placed under the bed of a dying patient by relatives.

HINDUISM



Leaves of the Sacred Tulsi Palm and Ganges water may be put into the patient's mouth before death. Relatives are able to collect these items from their local Temple.

Comfort is received from hymns and reading from the Hindu holy book, the BHAGAVAD GITA.

Most Hindus like to use a rosary (Mala). Relatives pray with the aid of this Mala. Some dying patients may wish to lie on the floor, symbolising closeness to Mother Earth. Holy rites are performed by a Hindu priest if the person wishes for this. A thread may be tied round the neck or wrist of the person.

Hindus who are dying welcome conversation while this is still possible, preferably with someone of the same sex.

Hindus very much wish to die at home because it has religious significance for them, and death in hospital can cause great distress. All possible steps should therefore be taken to enable the person to go home to die, if this has been requested.

After death:

At the time of death the family should be consulted before the body is handled, as distress may be caused if the body is touched by non-Hindus.

Jewellery, sacred threads or other religious objects should not be removed from the body. The family may wish to perform last offices, and they will usually want to wash the body in hospital or at home with water mixed with Ganges water (this Ganges water is collected from the Hindu Temple).

The funeral should ideally take place as soon as possible, within 24 hours. In the UK, due to the arrangements with the crematorium taking longer, there may be a delay of several days, but it should take place as soon as can be arranged.

Procedure for the last offices if no family is available:

The body should not be washed, as this is part of the funeral rites and is carried out by the relatives.

Close the eyes with the face pointing upwards, place the head towards the north and the feet towards the south. The arms are placed to the sides and the legs should be straightened. Any detached parts of the body should be treated with the same respect as if they were a complete body.

Jewellery, sacred threads and other religious objects should not be removed. Wrap the body in a plain white sheet, without any religious emblem. The ritual preparation of the body by the relatives can then be commenced after the completion of the post-mortem. Hindus generally live in extended families, therefore a request to the authorities to communicate with the family is recommended.

Post-mortems: see below

HINDUISM



Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Hindus believe in cremating the body, as this quickly releases back to nature the five elements:

WATER, EARTH, FIRE, WIND and SKY

All adults are CREMATED, but infants and young children are BURIED.

Coping with the unfamiliar organisational side of death and cremation in the UK can be extremely distressing to the bereaved relatives, and careful explanation and practical help may be needed to contact undertakers and deal with the paperwork.

Post-mortems:

Hindus have some reservations concerning post-mortem examinations. If a post-mortem is requested by a coroner because of abnormal circumstances, then the staff should carefully explain to the relatives the need for this, ensuring that they understand - the local representative of the Hindu community can be consulted for advice.

Organ donation:

Hindus do not have objections to organ donation.

Contact:

Hindu Council of the UK
c/o IFN for the UK
5-7 Tavistock Place
London WC1H 9SN
Tel: 0207388008
Fax: 02073877968
E-mail: ifnet@interfaith.org.uk

Mrs. Daya Sharma,
51 Pelham Road South
Gravesend DA11 8QS
Tel: 01474 321703
Email: daya.saheli@blueyonder.co.uk

ISLAM



"BACKGROUND

The meaning of Islam is "Submission to the will of Allah (God)". The Islamic religion is followed by Muslims and is practised in many countries across the world. The basic religious beliefs are the same everywhere, but there are minor differences stemming from language and culture.

The city of Mecca, in Saudi Arabia, is revered as the birthplace of the Prophet Mohammed, 'Peace and Blessings be Upon Him'. Muslims face towards Mecca when praying. The Holy Qur'an is the Holy Book of Guidance, and Muslims believe it to be the Divine Revelation from Almighty Allah.

Islam is built on the five Pillars or Duties:

1. The Declaration of Faith (SHAHADA), by verbally promising the following: "I bear witness that there is no God but Allah and that Mohammad is His Prophet and Messenger".
2. The five daily prayers (SALAT), which are mandatory.
3. Fasting (SAWM) during the holy month of Ramadan. For one month the faithful abstain from food and drink, from sunrise to sunset.
4. Almsgiving (ZAKAT)
5. Pilgrimage to Mecca at least on one occasion in one's lifetime (HAJJ)

Muslims in North Kent are in origin predominantly from Pakistan, Bangladesh, India, and East Africa, with some from Iraq, Afghanistan, Kosovo and elsewhere in Europe.

SPECIAL CONSIDERATIONS

All Muslims, both male and female, are very modest in their dress and behaviour. A female Muslim would prefer a female doctor or consultant to attend to her, and if this is not possible she may request that her husband should be present during medical examinations. Muslim women should not be placed in mixed sex wards.

Male health care workers should not use a female's first name, or female care worker's a male's first name without specific invitation.

HYGIENE

Muslims prefer to wash in running water, so a shower is preferred to a bath.

After using the toilet, Muslims will wish to wash themselves, and a jug or container filled with water will be required. For patients who are confined to bed, water should be offered after the use of a bedpan, and not just toilet paper. Muslims use the left hand for 'unclean' tasks, such as washing after using the toilet, and the right hand for 'clean' tasks like eating. Most Muslims shave their pubic hair and also under the arms. Washing before prayers (ablution) is required.

ISLAM



DIET

Muslims eat meat from animals that have been killed using a special procedure where the animal is blessed with prayers of thanks before its blood is shed. Such meat is termed HALAL. They do not eat pork, or food cooked in animal fat. They do not accept alcoholic drinks. Vegetarian cheese can be included in the menu; if *halal* meat is not available, then the patient may be given a vegetarian meal.

PRAYER AND RELIGIOUS OBSERVANCES

Practising adult Muslims are required to pray five times daily: before sunrise, at noon, mid-afternoon, sunset, and at night. The mandatory prayers are offered by men gathering in a congregation, whenever this is possible, but individuals may pray anywhere depending on the circumstances.

The Muslim patient needs the facility for ritual washing before prayer, and a clean space for the prayers. Patients can offer prayer in a bed or chair, and should face Mecca if possible (in the UK, in a SE direction). The direction of Mecca can be indicated in patient areas by a discrete golden arrow on the ceilings of side rooms, and day rooms. A Qibla (direction) finder can be purchased to enable this to be done. Those who are exempted from the prayers are: the seriously ill, women up to 40 days after child birth, menstruating women, and the mentally ill.

Practising adult Muslims are required to fast in the month of Ramadan from sunrise to sunset, during which period there is no intake of any food or drink. Exemption is made for the seriously ill, pregnant or breast-feeding mothers, menstruating women, and people who are on a journey, and the elderly if they are in poor health.

BIRTH

A 'call to prayer' is whispered into the baby's right and then left ear by the father or a male relative as soon as possible after birth, so that this is the first sound that the baby hears. Muslim babies are normally bathed before being handed to the mother.

On the sixth or seventh day the baby's head is shaved as a symbol of removing the impurities of birth, and the naming of the baby also takes place, by a relative who is present. (Sometimes this may be postponed if the grandparents are abroad).

All Muslim boys are circumcised, usually within four weeks of birth. Traditionally this is performed in the first few days after birth.

Some families do not allow the mother to leave the house until 40 days after giving birth, and, if this is the case, she may not attend the clinic during this period.

DEATH

Care of the Dying:

Muslims believe in life after death and many believe that death is the will of Allah, and should be accepted as such. Patients who are dying may wish to sit or lie facing Mecca. Family and friends may sit with the patient, quietly reading verses from the Holy Qur'an. The patient may request to be visited by a religious representative from the local Mosque.

ISLAM



After death:

Many Muslims prefer the body not to be touched by a non-Muslim after death. If it is necessary for a non-Muslim to touch the body, disposable gloves should be used.

In the event of death, place the foot of the patient's bed facing Mecca, or turn the patient onto their right side and position the bed so that the deceased's face looks towards Mecca. This simple act would greatly comfort the bereaved relatives. Please leave a light on until the body is moved. Do not wash the body or cut nails, as the family will perform this; just wrap the body in a plain white sheet.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

The deceased should be positioned so that the face looks towards Mecca.

Funerals:

Muslims are always buried, never cremated and burial should take place as soon as possible after death, preferably the next day. A Muslim undertaker, Central or Local Mosque should be contacted by the family who will handle all procedures including the washing of the body and prayers at the Mosque. If the deceased Muslim has no family, then the local Mosque should be contacted.

Post-mortems:

Muslims may be reluctant to have a post-mortem, but there are no religious objections if the law requires one.

Organ Donation:

Under Islamic law it is the practice for bodies to be buried intact, with all their organs. However recent interpretation by the Muslim Law (Shariah) Council UK has made the donation of organs and also transplants, permissible. The Council now supports organ transplants as a means of alleviating pain and saving life on the basis of the rules of the Shariah.

Muslims may carry donor cards. However, the next of kin of a dead person, in the absence of a donor card or an expressed wish of the dead person to donate his/her organs, may give permission to obtain organs from the body to save other people's lives.

Contact:

Gravesend and Dartford Muslim Association
11, Albion Terrace
Gravesend, Kent
DA12 2SH
Tel: 01474 323092

Kent Muslim Welfare Association
Tel: 01634 850878

JEHOVAH'S WITNESSES

BACKGROUND

Jehovah's Witnesses believe the entire Bible is the Word of God. They believe that Jesus is the son of God and is now ruling as King of God's Kingdom, which will soon be experienced on earth when God removes wickedness and suffering and resurrects many of earth's former inhabitants. The human soul ceases to exist at death but the resurrection of the dead will come in the future. Jehovah's Witnesses are not divided into clergy and laity as all are committed to spreading the faith. Their faith in modern times was formalised in the USA in the 19th century, and has now spread all over the world.

Jehovah's Witnesses have faith in God but do not believe in faith healing today. Miraculous healing was God's arrangement for a limited time.

SPECIAL CONSIDERATIONS

Prohibition of Blood Transfusions:

Blood transfusions are not permissible for Jehovah's Witnesses, on the grounds that in the Bible we are told that the Creator's view is that blood stands for life. Human blood has great significance and should not be misused. It is forbidden to take in blood to sustain life. (For further information, see the booklet published in 1990 by Watch Tower Bible and Tract Society of New York Inc. "How can blood save your life ?")

Advance Directives:

Jehovah's Witnesses carry on their person an Advance Medical Directive / Release that directs no blood transfusions to be given under any circumstances, while releasing medical practitioners / hospitals of responsibility for any damages that might be caused by their refusal of blood. When entering the hospital, consent / release forms should be signed that state matters similarly and deal more specifically with the hospital care needed.

Alternatives to Blood Transfusions:

Most doctors only on occasion treat patients who are Jehovah's Witnesses. For such a small number of patients, doctors do not have time to keep up with all the medical information available on alternatives to blood transfusions. Jehovah's Witnesses, on the other hand, have a strong interest in obtaining quality non-blood medical care. They have therefore taken the initiative to gather up-to-date medical information and to provide it to the medical community via their Hospital Information Services (see the list of contacts appended to this handbook). Hospital Information Services (HIS) supervises an international network of Hospital Liaison Committees. These, in turn, are made up of Christian volunteers who are trained to promote understanding of medical alternatives to blood transfusions and to encourage co-operation between physicians and their Witness patients.

The Hospital Liaison Committees assist in two ways: (1) by sharing well-documented information on non-blood medical management and (2) by getting involved, upon request, in individual medical cases, with the goal of enhancing communication so that therapy can proceed without confrontation or delay.

JEHOVAH'S WITNESSES

A doctor or a Witness patient can call on members of the local Hospital Liaison Committee (HLC) at any hour of the day or night if necessary, with no charge to patient of hospital. The committee member can give the patient information about various non-blood medical therapies, provide doctors with copies of medical articles, and arrange consultations to assist the attending physician. Hospital Information Services maintains a database of more than 3,000 medical and scientific articles.

HIS is available as a resource to assist physicians, researchers, journalists, and others who are interested in medical alternatives to blood transfusions. While HIS was designed primarily with the needs of Jehovah's Witnesses in mind, the educational efforts of HIS have helped physicians to become more proficient in treating all patients with reduced reliance on blood.

Immunoglobulins, Vaccines:

The religious understanding of Jehovah's Witnesses does not absolutely prohibit the use of minor blood fractions such as albumin, immune globulins and haemophiliac preparations. Each Witness must decide individually whether he can accept these. Accepting vaccines from a non-blood source is a medical decision to be made by each one.

Decision-making and Treatment Information:

The patient (or parents/guardians of young children) should be fully informed on diagnosis, prognosis, and treatment recommendations so that informed health care decisions can be made. Parents have the natural and legal right to make such decisions for their children. In a rare emergent situation where doctors may feel the need to get a court order to impose medical care to which the parents have not given consent (such as administering a blood transfusion), the parents should be informed of such intended action as early as possible so that they can be represented in court also.

HYGIENE

There are no special requirements.

DIET

Christians are required to abstain from eating blood and meat of animals from which blood has not been properly drained (Acts 15:28, 29). Aside from this Bible injunction, there is no restriction on what is to be eaten. Products containing blood such as black pudding are unacceptable.

PRAYER AND RELIGIOUS OBSERVANCES

Baptism is unusual before the age of 12, and a young child is protected by the dedicated state of the parents and would not require urgent baptism, even *in extremis*.

The elements of bread and wine, representing Christ's body and blood, are taken only by those Witnesses who know that they are of the heavenly calling. The ceremony, the Memorial, takes place only once a year, on the anniversary of the death of Christ. These sacraments are thus unlikely to be administered in a hospital environment.

BIRTH

Infants are not baptised.

JEHOVAH'S WITNESSES

Abortion: Deliberately induced abortion simply to avoid the birth of an unwanted child is the wilful taking of human life and hence is unacceptable to Jehovah's Witnesses. If (at the time of childbirth) a choice must be made between the life of the mother and that of the child, it is up to the individuals concerned to make that decision.

DEATH

Care of the dying patient:

There are no rituals, but family, friends and elders of the congregation will want to visit. ~ Life is sacred and the wilful taking of life under any health care circumstance would be wrong. For this reason, reasonable and humane effort should be made to sustain and prolong life. However, the Scriptures do not require that extraordinary, complicated, distressing and costly measures be taken to sustain a person, if such, in the general consensus of the attending medical practitioners, would merely prolong the dying process and/or leave the patient with no quality of life. Any advance directions by the patient that specifically defined what was or was not wanted should be respected.

Last offices: The routine last offices can be carried out, but there are no particular rites.

Funerals: Burial and cremation are both acceptable. *Burial of a Foetus:* The decision is a personal one to be made by the couple or the woman involved.

Post-mortems:

Unless there is a compelling reason, such as when an autopsy is required by a governmental agency, Jehovah's Witnesses generally prefer that the body of a beloved relative not be subjected to a post-mortem dissection. The appropriate relative or relatives can decide if a limited autopsy is advisable to determine cause of death, etc. Organ donation:

While the Bible specifically forbids consuming blood, no Biblical command pointedly forbids the taking in of tissue or bone from another human. Therefore, whether to accept an organ transplant is a personal, medical decision. The same would be true of organ donation.

Contact:

Barry Peachey

Chairman

Hospital Liaison Committee for Jehovah's Witnesses, Maidstone

78 Middleton Close,

Rainham,

Gillingham, Kent

ME8 9LR

Tel: 01634 361640/361640

Fax: 01634 361640

Mobile: 07905 163949

Hospital Information Services (HIS) - UK

IBSA House

The Ridgeway

London NW7 1 RN

Tel: 02089062211

Fax: 0208434 0101

Email: his@wtbts.org.uk

JUDAISM



BACKGROUND

The foundations of Judaism and the earliest stories of the Jewish people are found in the Hebrew Bible. The essential belief is that there is one spiritual God who cannot be represented in any shape or form. Since Bible times the land of Israel has been considered a Jewish homeland. Today, many Jews choose to live there and others to live in many other countries.

The main strands within the religious Jewish community in this country are:

Orthodox Jews, who follow a traditional interpretation of God's revelation of His will as written in the Torah (Pentateuch), the rest of the Hebrew Bible and later Rabbinic codes like the Talmud. The stricter members follow a religious lifestyle which has changed little over the centuries, believing this is to be God's will.

Progressive Jews, also called **Reform or Liberal Jews**, who seek a modern interpretation of these ancient laws and to make their religious observance fit into a more modern way of life. Liberal Judaism is more 'anglicised' than Reform Judaism.

It should be stressed that many Jews do not belong to a synagogue, and that even those who might call themselves Orthodox are not observant, while many Reform Jews do regard themselves as observant in a modern way.

SPECIAL CONSIDERATIONS

Some ultra-Orthodox Jews consider it immodest for men to touch women other than their wives. Women may also decline to shake hands with men. For such patients, thought needs to be given about what contact is necessary between nurse and patient.

Some Jewish men will need to keep their heads covered at all times, especially when praying. Some ultra-Orthodox Jewish women will wish to dress modestly at all times not even exposing bare arms and these married women often wear a wig or will keep their hair covered at all times.

When life is at risk Judaism permits the setting aside of virtually all its laws, for instance a seriously ill patient who would not normally travel on the Sabbath day can be moved by ambulance if necessary. It might also be acceptable to eat forbidden food if that were considered essential for recovery from very serious illness.

HYGIENE

Jews will want to wash their hands before meals and after attending to bodily functions. A jug and small bowl will suffice for this purpose.

DIET

Patients should be offered a Kosher diet (Kosher = fit for Jews to eat). In effect, this means meals obtained under seal of a Jewish Ecclesiastical Authority, from a Jewish Source, eg Hospital Kosher Meals Service, tel: 0208 795 2058, fax: 020 8900 2462.

If Kosher food is not available, patients should be offered a vegetarian or fish diet and, certainly, not bacon, pork, or other pig meat, nor any shellfish. Fish should be a species with fins and scales.

JUDAISM



PRAYER AND RELIGIOUS OBSERVANCES

The Sabbath begins shortly before nightfall on Friday and lasts until sunset on Saturday. Some patients will want to follow the tradition of lighting two candles at the onset of the Sabbath and to greet the Sabbath with a small glass of wine or grape juice with special bread. It can be assumed that if this is required, the relatives or rabbi will provide the necessities.

On the Sabbath work is prohibited and this tradition includes certain everyday tasks like writing or switching on lights, although Reform Jews will not object to using light switches. The patient or relative should be consulted as to what that person can or cannot do.

The other festivals that might affect the Jewish patient in hospital are:

Passover in March or April when the only bread eaten is unleavened and other special Kosher foods may be required by some patients. The festival lasts eight days, seven for Reform Jews and Jews from Israel. The first night is especially important and a rabbi or lay person may want to bring the patient a specially prepared 'seder plate' containing a few symbolic foods, traditional condiments and symbols. Even Jews who observe little may attach great emotional significance to this festival.

Day of Atonement: In September or October, a day of fasting but one on which medical advice as to the danger of fasting will be taken into account by even the most Orthodox patient. This is the most important day of the year and even non-observant Jews often wish to mark it by fasting and prayer.

BIRTH

Eight days after birth, healthy male children are circumcised usually by a Mohel who may be a specially trained physician or surgeon or rabbi. If the child is at all unwell, for example suffering from jaundice, the ceremony will be postponed. A special room will be needed and a number of invited guests attend.

DEATH

Terminal illness:

For diet, see above. The patient should be offered religious comfort (if conscious) by a local Jewish Minister, if known, or refer to the contacts listed below.

Care of the dying patient:

Judaism has always believed in life after death, for strictly Orthodox Jews this takes the form of bodily resurrection at the future time of the coming of the Messiah. For Progressive Jews, it takes the form of a spiritual afterlife. However, Judaism does not stress such beliefs, and rather puts the emphasis on this life and stresses the importance of leading a good life on this earth. According to Jewish law and tradition a dying person should not be left alone, and many families will wish to sit with their relatives during the last days or hours. Traditionally, before dying a Jew should have the opportunity of saying a special prayer or confession, Vidui, and to receive the Affirmation of Faith, the Shema. These prayers can be said on their behalf by a relative or a rabbi, but it is to be stressed that a rabbi is not essential and that if these prayers are not said nothing untoward has occurred.

JUDAISM



Jewish law insists that nothing should be done to hasten death, but that it should occur naturally. This does not exclude the use of powerful pain-killers so long as they are not administered with the specific purpose of hastening death. The Jewish view is that life is given by God and is sacred.

If a patient or their relatives wish to see a rabbi, then the patient's own rabbi should be the first call. If this rabbi is not available, then you should ask if the person is Orthodox or Progressive (Reformed or Liberal) and contact the local rabbi as appropriate. (The contacts listed below will be able to advise you). The rabbi or relative may wish to say a prayer after the patient has died, but again this is not essential.

After Death:

Ensure that the body is clean. In some cases the son or nearest relative, if present, may wish to close the eyes and mouth. The arms should be extended by the side.

Inform the relatives and one of the listed contacts and await the arrival of the funeral director to collect the body: he will be alerted by the contact. The burial must take place as quickly as possible, certainly within forty eight hours of death, after members of the local Jewish community have carried out the cleansing, dressing and placing of the body in a very simple coffin, in accordance with Jewish Custom. The accredited funeral director in the North Kent / Medway area is John Weir, who will ensure that the necessary legal and religious procedure is carried out.

In the event of a post-mortem being required there may be a delay but this should be minimised. If relatives of the deceased wish to make other arrangements the foregoing will not apply.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Orthodox Jews can only be buried and the funeral should take place, if possible within 24 hours. Progressive Jews allow cremation as well as burial, but burial is much more common and again the funeral will be required as soon as possible.

Post-mortems:

There are no specific religious objections to post-mortems.

Organ donation:

There may be objections to organ donation especially by Orthodox Jews who may not wish any organs to be removed.

Contact:

Mr G. Lancaster: Tel / Fax 01634 842893
M J. Weiner: Tel 01634 850892 email jon@weiner.fsnet.co.uk

MORMONS

BACKGROUND

The Church of Jesus Christ of Latter Day Saints is also known as the Mormon Church. The Mormon religion began in 1820 in Palmyra, a family district of Western New York, USA. Today there are estimated to be 300,000 converts annually and the headquarters of the Church is in Salt Lake City, Utah, USA.

Mormons worship using the King James Version of the Holy Bible and the book of Mormon. Mormon missionaries crossed the Atlantic in 1837 and began preaching with the first Mormon baptisms taking place in the River Ribble at Preston on 30th June 1937.

Mormons believe that God, Christ and the Holy Ghost are separate personages, although united in purpose. They believe in continuing Revelation and that there is a living prophet, a man who receives revelations from God and who directs their church here on earth.

They also believe that we are living in a time just before the second coming of Christ and that the Gospel should be taken through missionary work to the whole of the world. They believe in self-sufficiency, in honouring, upholding and sustaining the law and in being of service to the community.

Mormons follow a very strict health code, known as 'the word of wisdom' which counsels against the use of tea, coffee, alcohol, tobacco and advocates healthy living.

Missionary work is mainly done by young people between the ages of 19 and 22 who travel in pairs, serving full-time without pay. They go out into the community spreading the word of the Mormon church, visiting homes and spreading the word of their church. Most rely on their own savings or are supported by family and friends.

Their term of service is two years for men and 18 months for young women and missionary couples.

SPECIAL CONSIDERATIONS

Some Mormons who have been brought through a special temple ceremony wear a sacred undergarment, which may be a one piece or two piece garment and may be made of different fabrics. It is removed for hygiene and laundering, but may be removed for surgical operations. It must at all times be considered private and treated with respect.

HYGIENE

There are no special requirements.

DIET

Mormons try to take care of their body and eat a healthy diet, take proper rest and exercise. They eat sparingly, and avoid eating blood products, like black pudding. As previously mentioned, they do not consume tea, coffee, alcohol, or tobacco and some may avoid hot beverages. Alternatives are milk, water or fruit juices.

MORMONS

PRAYER AND RELIGIOUS OBSERVANCES

There are no special requirements.

BIRTH

There are no special requirements.

DEATH

Care of the dying patient:

There are no rituals for dying, but spiritual contact is important and active members of the church will know how to contact their bishop. The church has home teachers who offer support to the needy and make visits to the hospital.

After death:

Routine last offices are appropriate. The sacred garment previously mentioned must be replaced on the body, following last offices.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Burial is preferred and cremation is not encouraged because of the important symbolic references to burial in the doctrine of the church, but it is the responsibility of the family to decide.

Services are held at the church meeting houses and will follow the pattern of the Sunday service which is simple and dignified and a brief sermon will take place centred on the Gospel of Jesus Christ.

Post-mortems:

There are no religious objections and Mormons regard this as a decision for the individual family.

Organ donation:

There are no religious objections.

Contact:

Church of Jesus Christ of latter Day Saints
5 Pelham Road
Gravesend
Kent
Tel: 01474560328

Mr. Paul Pratt Tel: 01474742699

Missionaries: Tel: 01474 326727

RASTAFARIANISM



BACKGROUND

Rastafarians are followers of a growing movement which began in the West Indies, mainly in Jamaica and Dominica in the 1930s. The movement is linked to the roots of resistance to slavery amongst the descendants of the black African slave families and the identification with Africa. These concepts are central to the principle of Rastafari.

The philosophy of Marcus Garvey gave birth to the Rastafarian philosophy. He promulgated that man must know himself and led the 'Back to African' movement which raised consciousness and self-respect. The accession of Ras Tafari who became Emperor of Ethiopia, Haile Selassie 1 in 1930 was seen as the fulfilment for believers that a ruler would emerge in Africa and lead all black people to freedom.

Various groups have contributed to the Rastafarian Movement which has in many ways rejected both Jamaican-European culture and the Christian revivalist religion predominant in Jamaica, resulting in a distinct entity. The Old and New Testaments are still regarded as Scriptures, but Rastafarians do not consider themselves ordinary Christians. For them Christ's spirit was reborn in Ras Tafari, the True Messiah.

Rastafarianism is a personal religion and its culture has a puritan ethic which assists personal dignity and it may reject Western medical treatment. For some, legal marriage is unnecessary and thus extended families may be complex.

Many Rastafarians are converts to the religion, and Rastafarians are easily identified by their distinctive dreadlocks hairstyle. Their hairstyles or locks are a symbol of faith and a sign of black pride, so Orthodox members will not allow their hair to be cut.

SPECIAL CONSIDERATIONS

Rastafarian women traditionally dress modestly. Rastafarians may be unwilling to wear hospital garments that have been worn by others, and as a result disposable theatre gowns may be preferred. Rastafarians may have an antipathy to Western medicine and be reluctant to take treatment which they fear will contaminate the body, preferring alternative therapies such as herbalism, homeopathy or acupuncture. Surgery is not encouraged as they take a direct reading from the Bible to 'avoid making any cutting in the flesh'.

HYGIENE

There are no special requirements.

DIET

Rastafarians like to eat 'Ital' or natural food which includes fruit and organically grown vegetables. To all intents and purposes they are vegetarians. They avoid eating swine's flesh and may not drink alcohol. Ideally their food should be prepared by another Rastafarian.

PRAYER AND RELIGIOUS OBSERVANCES

There are no special requirements.

DEATH

Care of the dying patient:

Rastafarians have a deep love of God, and believe that wherever people are, God is present and

RASTAFARIANISM



that the temple itself is within each individual. Family members often pray at the bedside of the dying person, but there are no rites or rituals before or after death.

After death:

At death, routine last offices are appropriate.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

The wishes of the individual are respected but burial is preferred. The funeral is not the elaborate affair as seen in other Afro-Caribbean groups and the body is accorded little ceremony.

Only the deceased's family and friends will attend and there is no special mourning ritual. Rastafarians may be flown back to the country of origin.

Post-mortems:

Post-mortems are intensely disliked by most Rastafarians.

Organ donation:

Families are most unlikely to donate a body for research, organ transplant or for teaching purposes.

Contacts:

For Rastafarian patients, it is best to ask the patient themselves, or members of their family or their visitors (if the patient is unconscious) if Rastafarian friends and organisations are available to be contacted. There is so much diversity among Rastafarians that it is necessary to find out clearly the wishes of the individual patient.

SIKHISM



BACKGROUND

The Sikh religion is that of the followers of Guru Nanak. The word Sikh means disciple. The religion was founded by Guru Nanak who was born in a village in the Punjab in 1469 CE. Guru Nanak was succeeded by nine other Gurus, who further explained his philosophy, and propagated his teachings through hymns and practical life. It is prophetic, revelatory, and a revealed religion.

Outside India, the Sikh religion has spread by migration from India, and also by conversion. The Sikh faith is open to all. The principles of the Sikh religion are enshrined in Guru Granth Sahib, the scriptures of the Sikhs, authenticated by Guru Arjan in 1604. The tenth prophet, Guru Gobind Singh, ended the succession of human Gurus and commanded the Sikhs to obey the Sikh scriptures - Guru Granth Sahib - as their perpetual living Guru.

Sikhs believe in One immortal God who is the creator and source of all beings. Each individual develops his/ her own personal relationship with God, seeking truth and leading a virtuous life aiming, after many cycles of death and rebirth, to achieve true understanding and unity with God. Prayer and meditation, congregational worship, family responsibilities, and community involvement are fundamental to the Sikh way of life. The Sikh faith recognises and preaches the equality of all human beings, men and women alike, irrespective of caste, colour or creed.

Most Sikhs living in the UK are of Punjabi ethnic origin, coming from the district of Punjab in Northern India. Many of them have come direct from Punjab, though a significant minority came via Commonwealth countries. The population of the Sikh community in the UK is estimated to be reaching three quarters of a million. Sikhism is now among the largest faiths in Britain.

The first Gurdwara (Sikh place of worship) in the UK was opened in Putney, London in the year 1911. Later it was moved to Shepherds Bush, where it is now.

The Gurdwara is a building where Guru Granth Sahib (the Holy Book of the Sikh scriptures) is housed. Gurdwaras all over the world are identifiable, from outside, by the Nishan Sahib - a flag pole draped in saffron cloth with a triangular flag. The flag will have the Sikh emblem/insignia sewn on it. Sikhs do not have a priestly order, clergy, monks, or nuns. Any devout Sikh with sufficient knowledge is permitted to conduct the Gurdwara service.

SPECIAL CONSIDERATIONS

Definition of a Sikh:

A Sikh - man or woman - is defined as one who faithfully believes in

- ◆ the One immortal God.
- ◆ the ten Sikh Gurus and their teachings
- ◆ the Gurbani (scriptures) of the Guru Granth Sahib as the Word of God.
- ◆ the Khande-Bate-Da-Amrit (nectar prepared with a double edged sword in a steel bowl) as initiated by Guru Gobind Singh.

One who faithfully believes in these, and who does not owe any allegiance to any other religion or religious beliefs, is a Sikh.

SIKHISM



Recording of Names and Sumames:

Sikhs have two names - a personal name e.g. Gurpreet, Hardeep, Ranjit, and a surname of **Singh** (for men), and **Kaur** (for women). The introduction of this practice, by Guru Gobind Singh, relates to the abolition of the caste system. However, there are many Sikhs who prefer to use their family caste/clan names as their surnames instead of Singh or Kaur, e.g. Harbans Sandhu. The choice must be theirs, and theirs alone. But a devout Sikh who follows the

tenets of the Sikh faith will always use Singh or Kaur as their surname. Another advantage is that one is able to identify the sex of the person by the surname.

Language and Interpreters:

One obvious problem for nursing and medical staff will be language. The first language of many elderly Sikhs in Britain is Punjabi. Very few of them speak much English. There is a danger that, not wanting to be thought illiterate or ignorant, they may pretend to understand instructions, dosages and general advice. This could lead to fatal mistakes. Interpreters must be at hand to help communication between patient and staff. It will be helpful to keep a list of interpreters on every ward, who could be called upon at short notice.

HYGIENE

Bathing:

Sikh patients will prefer a shower to a bath. For a necessary for cleansing the body. For a Sikh, free flowing water is necessary for cleansing the body.

Toilets:

When going to the toilet they will require water for washing, as well as toilet paper. A bottle or a jug full of water will be helpful. If a bedpan is used, they will be grateful to have a container of water provided. Devout Sikhs will wish to wash their hands and rinse their mouths before and after each meal.

DIET

There may be varieties in diets within the Sikh communities. The dietary practices of each individual are binding and must be respected. Older Sikhs tend to be more conservative in their dietary habits and will prefer to eat only food brought from home making sure that they are not eating anything that is abhorrent to them. Even if utensils are kept separate, vegetarian food served from the same trolley as meat will be unacceptable. Vegetarian dishes must not be stacked on the top of meat dishes or even on the same shelf. Most Asian patients in hospital do not eat the vegetables very enthusiastically as they are accustomed to a different style of cooking which uses spices and herbs. Hospital menus should include Asian dishes.

With regard to meat, for Sikhs meat is only permitted for consumption if it is Jhatka (where the animal is killed instantaneously with one stroke). Sikhs are prohibited from eating ha/a/ meat (meat from animals killed according to Muslim law). Avoidance of tobacco, alcohol and other intoxicants is enjoined on Sikhs and they will want to avoid being exposed to tobacco smoke.

Medication:

Vegetarians will prefer to avoid any medication containing animal, fish, or egg products if at all possible.

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Fasting:

Fasting has no place in the Sikh religion. Sikhs who follow the tenets of the Sikh faith do not fast. This is a matter for the individual to decide if there are personal reasons.

PRAYER AND RELIGIOUS OBSERVANCES

Religious obligations:

Devout Sikhs who have taken their religious vow go through a special ceremony in order to join the Brotherhood of the Khalsa. They are obliged to observe the tenets of the Sikh faith and to lead a disciplined life. They will rise before dawn for their morning prayers; say their prayers in the evening and before going to bed; visit the Gurdwara on a daily basis for congregational prayers; abstain from the four injunctions and wear the five articles of the Sikh faith (the 5 K's) at all times.

The four injunctions:

- ◆ Devout Sikh men and women will not cut, trim or pluck hair from any part of the body.
- ◆ They are forbidden to eat halal meat (meat from animals slaughtered according to the Muslim law).
- ◆ They are forbidden to consume alcohol, or smoke tobacco or use intoxicating drugs.
- ◆ They are forbidden to commit adultery.

...The 5 K's are:

- ◆ Kesh (uncut hair)
- ◆ Kangha (comb)
- ◆ Kara (steel bangle)
- ◆ Kachhehra (underpants of a unique design)
- ◆ Kirpan (short sword)

Devout Sikh women will not remove their underpants completely. Sikh women giving birth are obliged to keep one leg in their underpants (kachhehra) all the time. Health professionals should help, as far as possible, by respecting their religious beliefs when bathing them, changing their clothes and during medical treatments and examinations. Incontinence may cause particular difficulties and possible solutions should be discussed with the patient or family.

A Dastar (turban) will be worn by all practising Sikhs. Young Sikhs may choose to wear a Rumall Patka (handkerchief or scarf) over their bun of hair. Sikh women will cover their hair with Dupatta (veil) or Keski (turban) .

These articles of faith are an important part of the Sikh faith and must not be disturbed or removed unless it is a danger to life and even then not without the wearer's permission, or if unconscious without the prior permission of the family, relative or a Sikh religious representative.

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Prayer Room:

With the increasing number of patients from a variety of world faiths in hospitals, it will be helpful if a prayer room is made available, where they can relax in a serene atmosphere to say their prayers and fulfil their obligations. A hospital chapel dedicated for Christian use, or a chapel vestry, is not a suitable provision for this purpose.

If ambulant and well enough, devout Sikhs will get up very early in the morning to take a bath. They will then want to spend some time in the prayer room, undisturbed, to say their morning prayers. They will also wish to use the prayer room to say evening prayers as well as invocations before going to bed. A wash basin or a washing area of some sort in the room will be helpful for ablutions prior to prayers.

Modesty:

Sikh women, and Asian women in general, prefer to be examined by a female doctor. However, in an emergency if a male doctor is the only one at hand, a female member of staff must be present throughout the examination. Likewise, they may be accommodated in a mixed ward only in emergency situations. Hospital gowns and night dresses that leave the knees bare or have a low neckline are immodest and humiliating, especially in the presence of strangers and visitors. Nudity, even in the presence of other women, is seen as offensive. Asian women feel more comfortable in their own clothes than in hospital garments. They should be invited to wear these in hospital wards if they prefer.

BIRTH

Birth of a Sikh Child:

At the birth of a Sikh child, whether in hospital or at home, the family head or a devout Sikh may wish to recite the invocation to God and bless the new born, taking a drop of honey or sweetened water on the tip of the Kirpan or finger and touching the tongue of the child. A short prayer of thanksgiving may also be offered with distribution of sweets to celebrate the occasion. Relatives will be anxious that the mother is well covered and has complete rest, in the belief that a woman is at her weakest at this stage, and is very susceptible to chills and backaches. When the mother is well enough to leave the hospital, mother and the new born will go through a religious naming ceremony at the Gurdwara.

Abortion:

Requesting an abortion for other than medical reasons is regarded as unacceptable by Sikhs. If abortion is advised by strong medical opinion, Sikhs would accept the authoritative decision. Nevertheless, the patient and her relatives must be consulted and it must be carefully explained why such a decision is best for the patient.

DEATH

If the patient is dying, nursing staff should ask relatives beforehand, where possible, if they have any special requirements.

Care of the dying and prayers:

When a person is seriously ill or dying, he or she will be cleaned, dressed, and made as comfortable as possible. If no family members are present, the staff may call any practising Sikh to give help and religious comfort, should it be required (see the contact list appended to this document).

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Family members may read prayers, or pray with the patient. There are no specific formal religious ceremonies or rites at the time of dying, but the family may summon the Granthi (reader) from the Gurdwara to read a selected prayer such as 'Psalm of Peace' (Sukhmani).

Visitors and well-wishers:

It is a moral duty of a Sikh to visit someone who is seriously ill or dying in hospital. The patient will have a large number of visitors, particularly after working hours. Some will have travelled from far, and may arrive at all hours. Wherever possible, people's obligation to visit, and their grief, should be respected, and arrangements made to accommodate them in a room within the ward area or near by. However, it may be important to check with the family that they are not becoming overburdened with visitors.

Last offices:

After the death of the patient, and when relatives and friends have paid their last respects, with the permission of the family and checking for any special wishes, the staff may perform the normal last offices, making sure to handle the five sacred items (see above, the 5 K's) with care and respect. On occasions, family members may wish to assist with the last offices. The body will be washed, dried, and wrapped in a plain shroud. While this is going on some members of the family, or the Granthi if still present, may wish to read passages from the Guru Granth Sahib and offer prayers. At the end of the prayers, the body will be transferred to the hospital mortuary.

Viewing by relatives:

No religious symbols should be on permanent display in the viewing room. Relatives may wish to provide a religious symbol for the duration of the viewing.

Funerals:

Sikhs always cremate their dead (even if stillborn).

Family members will be anxious for the early release of the body for the funeral to take place as soon as it is practically possible. Coping with the unfamiliar organisational side of death and cremation in Britain can be extremely distressing to bereaved relatives. Careful explanation and practical help from the hospital authorities may be needed in contacting the undertakers and dealing with the paperwork to expedite the procedure. In accordance with Sikh Scriptures, the passing away of a Sikh is no cause for grief or sorrow. Ideally, one must submit to the Will of God without distress.

Post-mortems:

There are no religious objections to post-mortem examinations. Where objections are made the legal reasons must be fully explained to the family before the post-mortem is done.

It is important to the family that such a procedure does not delay the funeral arrangements. During the post-mortem the five sacred articles of the Sikh faith must be handled with respect, and the hair and beard must not be cut or shaved.

Organ donation:

There are no religious objections to organ donation. This is left to the individual family's wishes.

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Contact:

Gravesend:

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Mrs. Ranjit Kaur
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