University Hospitals of Derby and Burton NHS Foundation Trust

SPIRITUAL HEALTHCARE POLICY

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Version / Amendment History	Version	Date	Author	Reason
	1	01.09.19	Alison Thorp	New combined policy for the provision of spiritual healthcare across the Trust
Intended Recipients: All staff groups, especially patient-facing staff				
Training and Dissemination: Policy to be disseminated via Flo. The key staff group of registered nurses will also be made aware of policy through end of life mandatory training.				
To be read in conjunction with: Emergency Marriage Policy Hospital Funeral Policy				
In consultation with and Date: The policy has been prepared after discussion between both chaplaincy team leaders.				
EIRA stage One Completed / No *Delete as appropriate* stage Two Completed / No *Delete as appropriate*				
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Contact for Review	Alison Thorp
Executive Lead Signature	Cathy Winfield

SPIRITUAL HEALTHCARE POLICY

1. Introduction

1.1. The NHS is committed to holistic care. This means that the physical, mental, social, spiritual and religious needs of patients and staff should be acknowledged, recognised and met.

1.2. Over recent years, there has been a growing recognition around the importance of spiritual healthcare in the NHS along with a widening understanding of the scope of spiritual, religious and pastoral care both in the NHS and in wider society. In March 2015, in response to these changes, NHS England published new guidance, "NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual & Religious Care." The document expects that implementation of the guidance will improve support for patients, carers, family members and other people accessing NHS services and staff across the health service.

1.3. This care is particularly important as a patient approaches end of life. The NICE Quality Standard [QS144] Care of adults in the last days of life Calls on healthcare professionals to ask adults in the final days of life about their cultural, religious or social preferences, remembering that these may have changed as end of life approaches. Priority Five of One Chance to get it Right (2014) calls for: 'An individualised plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.'

1.4. Reflecting the 2010 Equality Act, Chaplaincy should provide for the care of patients and service users whatever their religion or belief. It emphasises that people who do not hold a particular religious affiliation may still require pastoral support in times of crisis. The guidance defines religion or belief is as in the 2006 Equality Act where: (a) "religion" means any religion, (b) "belief" means any religious or philosophical belief, (c) a reference to religion includes a reference to lack of religion, and (d) a reference to belief includes a reference to lack of belief.

2. Purpose and Outcomes

2.1. The aim of the Spiritual Healthcare Policy is to ensure that excellence in pastoral, spiritual and religious healthcare, in accordance with the NHS 2015 guidelines, is within the ambition and ability of all staff within the University Hospitals of Derby and Burton NHS Foundation Trust and to emphasise its value for the wellbeing of all patients, relatives and staff.

2.2. It sets out the Trust's approach to the delivery of spiritual and pastoral care to patients and their relatives and to all staff across the Trust.

2.3. It is about recognising the uniqueness of each individual patient and about caring for the whole person.

3. Definitions Used

Chaplaincy	The term is used in this policy as it is widely used in the NHS. It is intended to include the pastoral and spiritual care provided to patients, relatives and staff, both to those of faith and to those who do not adhere to a religious faith, by suitable qualified professionals. It may include religious care provided by and to religious people, but may be of a different spiritual need, and also non-religious care of a spiritual or pastoral nature.
Chaplain	A healthcare professional trained in spiritual and pastoral care and bound by the code of conduct for Healthcare Chaplains. Any chaplains who are required to offer religious care must also be licensed and recognised as in good standing with their representative faith community. The term 'chaplain' may also refer to appointed non-religious pastoral and spiritual care providers who provide care to patients, family and staff, but who are also bound by the code of conduct for the profession.
Spirituality	That which gives meaning, purpose, value and hope to a person's life. It is what enables a person to survive traumatic and challenging times, to find the strength to overcome difficulties, to become themselves and to find peace. It is now widely acknowledged that good spiritual, pastoral and religious care will have a positive impact on patient experience and health outcomes.
Spiritual Care	This is defined in the NHS England 2015 Guidelines "Promoting Excellence in Pastoral, Spiritual & Religious Care" as care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users. These needs are likely to include one or more of the following: • ways to support recovery • issues concerning mortality • religious convictions, rituals and practices • non-religious convictions and practices • relationships of significance • a sense of the sacred • exploration of beliefs
Pastoral care	Defined as the care associated with relationships, emotions, personal well-being and the feeling that a person is being cared for by those around them and the organisation in which they find themselves.
Religious care	This is the facilitation of the needs, observances and practices of a particular faith. This may include prayer, sacramental rites, dietary observances, dress codes or gender appropriate

	care. These practices may be the most important aspect of a patient's normal daily life.
UKBHC	UK Board of Healthcare Chaplains
UHDB	University Hospitals of Derby and Burton NHS Foundation Trust
LRCH	London Road Community Hospital
QHB	Queen's Hospital, Burton
RDH	Royal Derby Hospital
SJCH	Samuel Johnson Community Hospital
SRP	Sir Robert Peel Community Hospital

4. Key responsibilities / Duties

4.1. Chief Nurse / Director of Patient Experience and Facilities Management

Responsibility for the Spiritual Healthcare Policy

4.2. General Manager of Facilities & Chaplaincy Managers

Have responsibility for the operational management of the policy. The Chaplaincy managers are also responsible for using their professional expertise and knowledge to alert senior management to changes in NHS Guidelines which may impact on this policy.

4.2. Ward / Department Managers

It is the responsibility of all ward/department managers to be conversant with this Policy and to ensure that all staff have sufficient and adequate training in order to understand the implications and outcomes of good spiritual healthcare.

4.3. All Healthcare Professionals

It is the responsibility of all healthcare professionals:

4.3.1 To be aware of the implications of this Policy for their professional practice.

4.3.2 To work with chaplaincy services and others in the delivery of culturally sensitive spiritual care for all patients.

4.3.3 To ensure that a patient's spiritual care needs are identified and addressed, referring to the Chaplaincy team if appropriate.

4.3.4 To be aware of how to contact chaplaincy both in and out of normal working hours, for both urgent and non-urgent referrals.

4.4. Chaplaincy Managers

It is the responsibility of the Chaplaincy Managers:

4.4.1 To advise and support staff in the implementation of this Policy.

4.4.2 To provide training that will promote and aid the understanding of spiritual healthcare.

4.4.3 To provide advice and expertise to the Trust on matters of faith or belief (including groups or individuals who identify as having no faith).

4.4.3 To ensure that the service is safe and accountable.

4.4.4 To ensure that 24/7 chaplaincy cover is available at all sites, where safe staffing levels can be maintained.

4.4.5 To ensure that records of chaplaincy activity are accurately maintained and to make these available to management.

4.4.6 To ensure all staff are aware of how to access chaplaincy services which includes the availability of non-religious pastoral and spiritual support.

4.5. Chaplains and Volunteer Chaplains

4.5.1 It is the responsibility of all Chaplains, Volunteer Chaplains, Eucharistic Ministers and Chaplaincy Visitors to be compliant with this policy.

4.5.2 Chaplains and Volunteer Chaplains must also abide by the Code of Conduct of the UK Board of Healthcare Chaplains and all relevant NHS/NICE standards.

4.6. All Staff

4.6.1 It is the responsibility of all staff to be aware of the contents of this policy and to know how to contact chaplaincy for if they require advice or support for any patients, relatives, or staff colleagues.

5. <u>Scope of Spiritual Healthcare</u>

5.1 The scope of Chaplaincy Services includes :

5.1.1 Provision of **spiritual care and religious care** to people of all faiths, all beliefs, and to those of none.

5.1.2 Provision of confidential **emotional support and pastoral care** for patients, relatives, carers and staff.

5.1.3 Provision of a **safe and secure space** in which worries, anxieties and concerns may be shared in complete confidence.

5.1.4 Provision of **formal services** which may include Holy Communion in the Chapel or at the Bedside, the funerals of non-viable foetuses and stillborn babies, hospital contract funerals, memorial services, emergency marriages and blessings, staff prayer and reflection, and other occasional offices as required.

5.1.5 Provision of **individual religious care** where requested and appropriate, including bedside prayer, the laying on hands with prayer and anointing, and the receiving of confession.

5.1.6 Contributing to **staff training and development** across staff groups by responding to requests for teaching about spiritual care and religious needs.

5.1.7 Ensuring that adequate arrangements are made for the spiritual, religious, **sacramental, ritual, and cultural requirements** appropriate to the needs, background and tradition of all patients and staff, including those of no specified faith, wherever possible.

5.1.8 Contributing to **critical incident support** where chaplains can assist with the comfort and support of distressed relatives, friends and staff, as well as help with the facilitation of a staff debriefing session if required.

5.1.9 **Palliative care** support. Many people feel the need to talk about their experiences, their fears and doubts or want to “set things in

order" in preparation for death. Some feel the need for prayer and counseling. A chaplain is skilled in assessing and addressing such needs. After a patient death, Chaplains can be called to support bereaved patients/clients, relatives and staff.

5.1.10 Chaplains at QHB and RDH will be involved in **Perinatal death**, working with parents who have suffered a pregnancy loss, stillbirth or neonatal death in order to: a) give pastoral support and b) make appropriate funeral arrangements

5.1.11 **Major Incident**: In the event of a major incident, chaplaincy staff will be called to support those involved or their relatives.

5.2 Chaplains are normally available 24/7 across all five sites, either on site or on call. Details of office hours and on call procedures are included in Appendix A. Out of hours, a chaplain will be on the ward or unit within one hour of receiving the call, unless more than one call out is being attended to at that time.

5.3 The NHS Chaplaincy Guidelines 2015 recommend that "in order to provide excellent spiritual care it is essential that:

- All NHS patients and service users should be asked if they wish to declare their religion or belief and to have this recorded.
- When NHS patients and service users express their pastoral, spiritual or religious needs, and request to be referred to the chaplaincy service, this information should be recorded and action taken.
- Where referrals are made an assessment of pastoral, spiritual or religious need should be carried out by a chaplain using an agreed method."

5.4 Ward staff, including Emergency Department Admissions, should endeavour to ensure that appropriate patient information is gathered, relating to their faith and belief preferences and where applicable timely referrals should be made to the Chaplaincy team, with the consent of the patient. Contacts for the chaplaincy teams are found in Appendix A.

5.5 The spiritual assessment of a patient's holistic needs should form part of the individual assessment process undertaken by all healthcare teams to ensure that patients are able to manifest their spirituality or religion in worship, teaching, practice, observance or experience. An appropriate model for assessing a patient's spiritual needs should be used. An example of an assessment tool is the FICA model detailed in Appendix D

5.6 Spiritual and pastoral care is likely to be particularly important to those who are nearing the end of their lives, and for their relatives and carers. The spiritual and pastoral needs of patient's approaching the end of life should be discussed in accordance with the Trust's Priorities for Care of the Dying Patient, Individualised Care Plans (ICP), Amber Care Bundles and ReSPECT discussions. Timely referrals should be made to the chaplaincy team where appropriate.

5.7 Information on how patients can gain access to chaplaincy support should be provided on admission. This information is included in the patient information leaflet P3094

5.8 No staff member or volunteer (including the chaplaincy staff and chaplaincy volunteers) will at any time try to influence or manipulate the religious or cultural views of any patient or relative. However staff members should feel safe and confident to talk about matters of faith or belief if directly asked to do so by a patient.

6. Information Governance and Confidentiality

6.1. Religious affiliation is classed under the Data Protection Act as 'sensitive personal data' and any disclosure would therefore be required to satisfy a 'Schedule 3 condition' (i.e. a schedule which sets out how, under certain specific conditions, disclosures may be allowed) in addition to the common law of confidentiality. The only exception to the 'duty of confidence' is where there is a legal obligation to disclose (such as a court order), or a robust public interest (such as a serious criminal activity). Advice about Data and Information Governance can be sought from the Trust's Information Governance team.

6.2. On (or before) admission to hospital, patients should be asked whether they would like to have their religious affiliation recorded. They should also be informed as to how this data will be processed. In particular where there may be a conflict between religious practice and medical treatment these implications should be explained. Patients should also be asked for permission to share this information with Chaplaincy Services for the purpose of spiritual care. Consent to this must be explicit, i.e. freely given, informed and specific. This giving of consent should be recorded in the patient's records. Consent can be withdrawn at any time.

6.3. If a patient who is capable of providing meaningful consent fails to respond to consent-seeking questions, this should be interpreted as unwillingness to have their religious affiliation recorded or shared with Chaplaincy Services.

6.4. Where a patient is not able or competent to consent to disclosure, for example, due to unconsciousness, the decision rests with those responsible for the provision of care, acting in the best interests of the patient. The views of family members about what the patient would have wanted should be given considerable weight in these circumstances.

6.5. The NHS Guidelines: "Information Governance: NHS Chaplaincy and Non-Religious Pastoral Support "(March 2019) give that: "The Chaplaincy service has a role in ensuring the NHS maintains good information governance, and the work done by employed chaplains and volunteers must comply with the legal duties. There are no IG considerations that prevent Chaplains from being visible on their healthcare premises and striking up informal conversations with patients and families. Such visibility and engagement is typically an expectation of those carrying out this role.

6.6 In accordance with The NHS Guidelines: “Information Governance: NHS Chaplaincy and Non-Religious Pastoral Support “(March 2019). A Data Protection Impact Assessment for the service should be prepared and reviewed with this policy.

6.6. Any significant conversations that may impact on treatment or outcomes for a patient should be recorded in outline on the patient’s notes (electronic or paper). The patient should have knowledge of this and consent to it. However, the chaplain is not expected to reveal details of any conversation that is given in confessional mode.

6.7. Access to patient records, both electronic and paper, is strictly restricted to staff Chaplains only, not to Volunteer Chaplains, Eucharistic Ministers or Chaplaincy Visitors.

6.8. Chaplains and Trust managers should seek the advice of the Trust’s Caldecott Guardian or the Information Governance team if they have any concerns about accessing, using or sharing information or patient confidentiality issues.

7. Policy Effectiveness

7.1. The effectiveness of this Policy will be measured in the following ways:

- Through the collection of Key Performance Indicators e.g. number of patient referrals, patient interventions, communicants, occasional offices, including funerals and emergency marriage.
- Through the capture of narrative on occasion.
- Patient and relative feedback e.g. from letters, cards and comments.

APPENDIX A: Contacting the Chaplaincy Teams at RDH and LRCH

1. The Chaplaincy Service is available 24 hours a day, 7 days a week. Normal office hours are 09.00am-5.00pm Monday to Friday. Out of hours and weekends an on call rota is maintained for emergency use only. The on call Chaplain can be contacted by contacting Switchboard or by consulting Rota Watch.

2. Urgent requests for a Chaplain should be made through Switchboard.

3. Non urgent referrals and requests for chaplaincy support can be made by:

   3.1. Telephoning the Main Office in office hours on 01332 789500
   3.2. Whiteboard in office hours
   3.3. Email dhft.ChaplaincyRDH@nhs.net
   3.4. In person when using the Faith Centre or by asking a member of staff to contact the service.
   3.5. By asking a Chaplaincy Ward Visitor to refer or by filling in a Chaplaincy Patient Information card and returning it to the Faith Centre.

4. Any person or staff member can refer a patient or relative to the Chaplaincy team. This must be with the consent of the person being referred.

5. There are no Roman Catholic priests available on a hospital rota. Support is given by volunteer parish priests who can be contacted via Switchboard. The parish priest of the person making the request should be contacted by the family as soon as possible following their hospital admission. Local volunteer priests will attend as soon as possible but cannot guarantee how quickly they can attend.

6. Other local faith leaders may be contacted by contacting Switchboard or Chaplaincy service. Their response may take time and it cannot be guaranteed. Families should be encouraged to contact their own faith leader as soon as possible following a patient's admission, where support is required.

7. To access Chaplaincy for London Road Community Hospital contact the Main Office at the Royal Derby Hospital. Onsite support by a chaplain and volunteers is only available on certain days during the week.

APPENDIX B: Contacting the Chaplaincy Teams at QHB, SJCH & SRP

1. The Chaplaincy service at QHB is available 24 hours a day, 7 days a week. Normal office hours at QHB are 08.00am - 04.00pm Monday to Friday and 08.00am – 12.00pm on a Sunday. At all times, including out of hours, an on call rota is maintained for emergency use. This 24/7 on call is also available to patients and staff at SJCH and SRP community hospitals. The on call Chaplain can be contacted by contacting Switchboard or by consulting Rota Watch.

2. Urgent requests for a Chaplain should be made through Switchboard.

3. Non urgent referrals and requests for chaplaincy support can be made by

   3.1. Entering a chaplaincy request on Meditech V6
   3.2. Telephoning the Chaplaincy Office in office hours on 01283 566333 Ext.5666
   3.3. Leaving a message on the chaplaincy answerphone.
   3.4. By email to UHDB.ChaplaincyQHB@nhs.net
   3.5. In person by visiting the Chaplaincy Office on the ground floor at QHB.
   3.6. By asking a Chaplaincy Volunteer to refer to take a referral to the chaplains.

4. Any person or staff member can refer a patient or relative to the Chaplaincy team. This must be with the consent of the person being referred.

5. There is a Roman Catholic Chaplain who visits the Queen's hospital once a week and at all other times by request. Contact via chaplaincy office for non-urgent referrals or via Switchboard for urgent referrals. There are separate Roman Catholic Chaplains available at the Community hospitals.

6. There is a Muslim Chaplain who comes to the Queen's hospital as requested. Contact via Chaplaincy Office for non-urgent referrals or Switchboard if urgent

7. Other local faith leaders may be contacted by contacting Switchboard or the chaplaincy office. Their response may take time and it cannot be guaranteed. Families should be encouraged to contact their own faith leader as soon as possible following a patient's admission, where support is required.

8. There is also an ecumenical team of Chaplaincy Visitors who visit wards on a regular basis and also chaplaincy visitors from non-religious backgrounds should a patient require this; however all chaplains and chaplaincy visitors are trained to give support to people of all faiths and of none whatever their own personal beliefs.

APPENDIX C: Sacred Spaces and Prayer Rooms

1. NHS Trusts should provide accessible and suitable spaces for prayer, reflection and religious services that are open to patients and staff, twenty four hours a day. (NHS Chaplaincy Guidelines: Meeting the Religious and Spiritual Needs of Patients and Staff p19). A Sacred Space, Faith Centre or Prayer Room has great value as a place of calm in times of anxiety and as a sanctuary from other pressures.

2. At **RDH,** the Faith Centre is available for use by staff, patients and visitors who are on Trust business. It is open between 08.00am-6.00pm. Out of hours, weekends and Bank Holidays the Centre is locked. It can be accessed by ward staff or by contacting Reception who will ask Security to give access. There is also a room for reflection on the Nightingale Macmillan Unit for staff, patients and visitors.

3. At **QHB**, the Multi-Faith Prayer Room on the first floor near the restaurant is available 24/7 for use by staff, patients and relatives who are on Trust business.

4. At **LRCH** a room for prayer and reflection is available on site. Please contact ward staff for information and access.

5. At the **SJCH** and **SRP** Community Hospital quiet rooms can be made available for prayer and spiritual practices by request. Senior on site staff should advise.

APPENDIX D: Spiritual Care Assessment Model

There are a number of widely recognised models of Spiritual Care Assessment available. One that is recommended and used by chaplains in this Trust is the FICA model, which may be used by ward staff as well as chaplaincy volunteers and chaplains in assessing spiritual needs. The FICA model suggests that the following questions are used as a framework:

F: Faith and Beliefs

- What are your spiritual or religious beliefs?
- Do you consider yourself spiritual or religious?
- What things do you believe in that give meaning to your life?

I: Importance and Influence

- Is it important in your life?
- How does it affect how you view your problems?
- How has your spirituality influenced your behaviour and mood during this illness?

C: Community

- Are you part of a spiritual or religious community?
- Is this supportive to you and how? Is there a person or group of people you really love or who are really important to you?

A: Address

- How would you like us to help you address these issues in your treatment?

APPENDIX E: Multi-faith Care

1. The University Hospitals of Derby and Burton NHS Foundation Trust recognises the importance of making provision for the cultural, spiritual and physical needs of all patients.

2. The following table of information about belief, patient care, care of the dying and diet of some of the major belief groups is a resource for all staff across the Trust.

FAITH OR CULTURE	GENERAL FAITH NEEDS	DIETARY PREFERENCES	MEDICAL TREATMENT (Considerations)	BIRTH CUSTOMS	END OF LIFE CARE	OBSERVANCES AT DEATH.
ATHEIST	None	No specific requirements	No specific requirements	No specific requirements	May appreciate presence of family and friends	No specific rituals. Burial or cremation.
AGNOSTIC	None	No specific requirements	No specific requirements	No specific requirements	May appreciate presence of family and friends	No specific rituals. Burial or cremation
BAHA'I	Daily prayer and scripture reading, but exempt from obligatory prayer during illness.	Holy season of fasting 2nd - 20th March, sunrise to sunset (Exempt for over 70's and in pregnancy). No alcohol except in prescribed drugs. Many Baha'is are vegetarian.	No specific requirements, but no habit forming drugs. No objection to transfusions or organ donation.	No specific requirements, but Baha'is may wish to express their gratitude to God with brief prayer.	Family or friend reading Baha'i scripture. Belief in after-life.	No cremation. No embalming. Burial should take place at a distance of no more than an hour from place of death.
BUDDHIST	Peaceful environment. Dress requirements for monks and nuns.	Often vegetarian or vegan. May prefer salads, rice, or fruit. Some specified days of fasting, where Buddhist is required to eat before noon and not after.	Medical examinations and treatments may be done by any gender. Transfusions acceptable, but organ donation may not be.	No special ceremonies for the babies of ordinary Buddhists.	Quite or time with another Buddhist who chants sacred texts. Need to keep a clear mind when terminally ill. Believe in rebirth / reincarnation	Treat corpse as body as many Buddhists believe that soul does not leave body immediately after death. Body may be touched by non-Buddhists. Burial or Cremation

CHINESE & VIETNAMESE	Could be Taoist, Christian, Buddhist, Islam or Confucian. Different cultures and backgrounds	Older generation hold that rice is the only staple food which gives energy and vitality. Limited dairy products allowed and little meat. Fresh vegetables encouraged.	Injections preferred to pills. Women preferred to be treated by women	Some mothers may be unwilling to go for a bath in the first few days after birth, as immersion can be regarded as undesirable. Relatives visit with traditional gifts.	Variety in customs and beliefs, but generally family will gather at bedside – don't want to be left alone. Only Muslim Chinese will object to post mortem.	After life depends on faith but all respect their ancestors. Bodies are normally embalmed and dressed in best clothes. Grief may be expressed loudly and mourners wear white. Burial of babies or infants should take place as soon as possible with no special ceremonies.
CHRISTIAN	ANGLICAN *Church of England* *Scottish Episcopal Church* *Church in Wales* *Church of Ireland* Could require prayer, Holy Communion, Anointing, Last Rights or space for reflection. Also access to a bible desirable.	Normally no specific requirements, but a number will not want to eat meat on a Friday.	No specific requirements, but as with all groups, personal wishes of the patient should be heard. No objection to transfusions or organ donation.	No specific birth requirements, but in cases of baby loss (at any gestation) parents should be offered services of a chaplain for naming or blessing of the child (can be secular or faith based.)	Dying patients and their relatives or carers should be offered the services of the appropriate chaplain. No general objection to post mortems.	Burial or cremation acceptable.
	ROMAN CATHOLIC Will require bedside prayer and Holy Communion.	No specific requirements, but no meat on a Friday.	As above	As above	Last rights and anointing by the Roman Catholic Chaplain essential.	Burial or cremation acceptable.

CHRISTIAN (continued)	FREE CHURCH *e.g. Baptist* *Church of Christ* *Church of God* *Church of Scotland* *Congregational* *Lutheran* *Methodist* *Moravian* *Pentecostal* *Plymouth Brethren* *Prebyterian* *Quakers* *Salvation Army* *Seventh Day Adventist* *Unitarian* *United Reformed Church*	No specific requirements	As above	As above	Dying patients and their relatives or carers should be offered the services of the chaplaincy team. No general objection to post mortems.	Burial or cremation acceptable.
	ORTHODOX *Greek Orthodox* *Coptic Orthodox* *Ethiopian Orthodox* *Syrian Orthodox*	No specific requirements	As above	As above	As above	Burial or cremation acceptable.
	CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS (Mormons) Active members will	Follow strict health code (Word of Wisdom) forbidding stimulants such as tea, coffee, alcohol or tobacco. Hot chocolate	Blood transfusion acceptable, organ transplants left to individual discretion. Opposed to abortion except in specific	No specific rituals.	Expect visits from members of local church. Anointing, laying on of hands and sacrament (bread and water) may be brought in.	Burial preferred to cremation. No specific rites but deceased should be washed and dressed in shroud. If they have worn a secret

CHRISTIAN (continued)	know how to contact their Bishop (Church Leader). Administration to the sick by appointed church members is important.	and malt based drinks acceptable	circumstances (including rape and serious trauma)		Will need ward privacy for service. Euthanasia forbidden but members are taught not to extend life by unreasonable means.	garment it should be replaced after washing.
	JEHOVAH'S WITNESSES	Other than the rejection of foods containing blood, there are no special dietary needs. Many are vegetarian or teetotal, but this is a personal decision. No tobacco products.	Jehovah's Witnesses normally carry on their person an ***'Advance Medical Directive'*** regarding blood transfusions and other choices, which effect medical practitioner's scope of responsibility for any damage that might be caused by their refusal of blood. Advice, with patient consent, should be sought from the local JW Hospital Liaison Committee, via switchboard.	No specific rituals, but parents' wishes must be considered before transfusions or blood based immunoglobulins or vaccines are used.	No special rituals, but a pastoral visit from one of their elders would be appreciated. Organ donation (and receipt) is a matter of personal conscience.	Burial or Cremation No objection to post mortems, but many do not agree with the use of the body as cadaveric material for research.
HINDU	Jewellery for women is sacred. Punjabi women wear baggy trouser (Sharwar)	**No beef.** Some Hindus are strictly vegetarian and avoid animal fat, fish and eggs.	. Some prefer Ayurvedic medicine.	Relatives will be anxious that the mother has 40 days of complete rest after the birth. Mother's	If a Hindu patient is dying, relatives may want to bring in money and clothes to be touched before	After death the body should be left covered. Relatives will wish to wash the body and put on new

	Asian women wear Dupatta – material draped round body. Shaking hands in public is uncommon. Avoid direct eye contact as some see it as a sign of disrespect.	Salads and dairy products are acceptable. Washing of hands before and after meals is usually important to the patient.	Same sex care is preferred. No issues with blood transfusions.	may find it culturally very difficult to be separated from their baby for any space of time in the first few days after birth.	distribution to the needy. Family will want to keep a constant bedside vigil. Hindus usually believe in reincarnation and so require that all organs are returned to the body after any post mortem.	clothes before it is removed from the hospital. Always cremation (except for burial for children under 5 years of age)
HUMANIST	Emphasis is on the here and now, tolerance and respect.	Some may be vegetarian or vegan	No special requirements. Many promote legal voluntary euthanasia.	No special requirements.	No special requirements. No reference to God or afterlife.	A non-religious celebration of life.
JAIN	Strong belief of a need for personal responsibility, non-violence and truthfulness	Strict vegetarians. **No** alcohol, meat, fish, poultry, eggs or mushrooms. Dairy produce usually acceptable. Some also avoid root vegetables.	Same sex treatment is preferred. Some will be reluctant to take antibiotics due to prohibitions against harming any lifeform. Will accept transfusions.	Complete rest for 40 days after birth is preferred for the mother, but families will accept the needs and rules of the hospital.	Jains believe the individual should have good thoughts with a feeling of detachment at death, so meditation and mantras are important. Important that whole family is present.	Bodies are always cremated (apart from infants).

JEW	Prayers 3 times a day, in the morning, afternoon and evening, often using prayer shawls and the Holy Texts. Religious observations are not enforced during illness.	Jews should only eat Kosher meat and will never eat pork or shellfish, but are allowed eggs and white fish. Meat and milk should not be taken together.	The medical profession is treated with great respect but as Jews are very aware of bodily functions they are likely to ask many pertinent questions which should be answered as fully as possible. Most Jews have no objections to transfusions and transplants.	If a male baby is still in hospital at the age of 8 days, a room may be requested for the circumcision and naming of the child by a medically certified religious functionary.	Family usually present Holy Scriptures, especially the Kaddish (Deut 6:4) are read. Belief in afterlife. Leave drain tubes in.	No mutilation of the body unless there is a legal requirement for post mortem. Funeral should take place within 24 hours and cremation is forbidden. Seven days of family mourning.
MUSLIM	Muslims believe that there is no other God worth worshipping except Allah, and that Mohammed (peace be upon him) is the last prophet sent by God for mankind. The teachings of the Holy Koran provide guidance. Prayer 5 times a day towards Mecca, (after ablutions) is integral to faith practice	Halal killed meats only to be eaten and pork, carrion and blood products are forbidden. Fish and eggs are allowed, although separation in preparation is essential. Fruit and vegetables permissible. Fasting during Ramadan can be relaxed during illness.	There is a cultural emphasis on cleanliness, and showers are preferred to stationary water. Both genders prefer to be treatment by medical staff of the same gender. Transfusions and transplant to be discussed with the individual.	When a Muslim child is born it is required that as soon as possible a family member recites in the baby's ear the Azaan Prayer. A male Muslim may also be required to be circumcised soon after birth.	When dying the face should be turned to face Mecca (South East in UK). A dying Muslim needs to recite or hear (in Arabic) 'There is no God but The God, and Mohammad is His prophet'. It can be said in English for them. Belief in after life. Life and death is faced in acceptance to Allah's (God's) will	Emotions may be expressed freely when a loved one dies, and families should be given the privacy to do so. The next of kin will want to arrange for the washing of the body. The body should be buried as quickly as possible, preferable before sunset on the same day. Cremation forbidden.

PAGAN	No specific obligations, but adherence to spiritual pathways and observance of various Pagan festivals may be important to the patient.	Many are vegetarian or vegan. Meat eaters will usually only eat meat from humane sources.	No preferences although alternative treatments are often preferred. No rules about medical examinations.	Pagan women will wish to make their own, informed, decisions regarding prenatal and neonatal care.	Pagans accept death as a natural part of the cycle of life. Some believe in reincarnation.	'Last rites' may be performed by pagan members to help spirit to go peacefully. Emphasis is on joyfulness for the departed as they pass to a new life
RASTAFARIAN	Has links with Christianity and Judaism and looks towards the final Liberation, especially for the Black race.	No pork, fish with scales or shellfish. Most are vegetarian and do not take stimulants – tea, coffee, alcohol	Have an aversion to western medicine (white man's drugs). Prefer homeopathy and acupuncture. Blood transfusions may be refused.	Natural methods for childbirth are preferred.	No specific requirements.	No specific requirements. Rastafarians celebrate life more than death, and funerals are joyous occasions.
SIKH	Males wear turbans no removal without permission except in emergency. Men avoid shaving. The 5 K's are observed: Kesh – uncut hair; Kangha – the comb; Kara – steel bangle; Kirpan – short sword; Kachha – white shorts These are sacred and should not be disturbed or moved.	Most are vegetarian or vegans. Forbidden to eat Halal, Kosher or beef. No eggs. The use of alcohol and tobacco is forbidden	Some Sikh's prefer Ayurvedic medicine. No cutting or removing of body hair. If necessary retain and give to another Sikh for disposal. Both genders prefer to be treatment by medical staff of the same gender.	Relatives will want to visit the mother and child as soon as possible after the birth, for rejoicing and celebration. The mother is expected to have complete rest for 40 days after the birth.	The dying person may want access to Sikh scripture and possibly the service of a Sikh priest. Belief in reincarnation.	Healthcare staff can perform last rites, although family will want to view before removal to mortuary. Straighten limbs and place arms by side of body. 5'Ks to be left on body. Cremation only, as soon as possible after death.

ZOROASTRIAN	Ancient Iranian religion, practicing 'Good thoughts, good words, good deeds' to attain salvation. Washing in running water before the daily prayers (the Avesta) is important.	Some avoid beef and pork and some are vegetarians, but no religious restrictions.	No significant requirements. No objection to blood transfusions but some will object to organ donation.	One can only become a Zoroastrian by birth and children are admitted into the as young children.	Prefer to die quietly, but if no family are present the dying patient may be comforted by having another Zoroastrian present. Belief in after life.	Allow prayers to commence as soon as possible after death. Body should be washed before dressing in white cloth and 2 garments They believe corpses are polluting and wish to dispose of bodies as soon as possible, by burial within 24hours.

References