

Hospital Chaplaincy and Other Faiths

The Patients' Charter aims to provide respect for privacy, dignity and religious and cultural beliefs.

**A handy guide for hospital chaplains and staff
addressing the care of people of the non-Christian faiths of
Judaism, Islam, Buddhism, Hinduism and Sikhism.**

Introduction

Life's important moments

There are few more important moments in life than those of serious illness and preparation for death: hence there are few greater privileges than to be at the service of the sick and dying, whether offering medical assistance or facilitating spiritual care.

This leaflet was written in response to requests for easily accessible, pocketable, information. Naturally it should be used in conjunction with the additional resources available in hospital chaplaincies and NHS Trusts, together with local directories of Faith communities and inter-Faith groups.

The leaflet has been prepared with the Faith Communities and is published under the auspices of the R.C. Committee for Other Faiths and is welcomed by other Christian denominations.

Jews

Care of the sick

Almost all forms of required medical treatment are permitted and indeed encouraged in Judaism. There are no rules prohibiting blood transfusions or injection of non-Kosher products, such as insulin.

It may be assumed that any required medical treatment is not prohibited in Jewish law, but abortion, fertility treatment, organ transplantation and organ donation, or treatment which is in itself life-threatening or carries a non negligible risk to life, are sensitive issues. In some cases they are forbidden in Orthodox circles and patients should be encouraged to seek rabbinic advice, if they so wish.

Orthodox Jewish law has strict rules about modesty. A Jewish patient should, wherever possible, not be put in a unisex ward.

Perhaps the most distinctive aspect of Jewish practice is the voluntary acceptance by many Jews of a special diet. This is not a medical or slimming diet, but a *religious* diet. Its purpose is to sanctify the act of eating, by exercising restraint in what one eats and does not eat. Food which Jews may eat is known as "Kosher" food; food which they may not eat is known as "non-Kosher" food. It is impossible to deal with the detailed rules concerning Kosher food in a pamphlet of this size. Whilst a Jewish patient should not be given non-Kosher food where this can be avoided, a patient who is, or may be, dangerously ill may specifically require non-Kosher food for his or her treatment. Where no suitable Kosher product is available, the patient may (and should) be given such food without any hesitation. In the greater London area the Hospital Kosher Meals Service (tel: 0181-795 2058, fax: 0181-900 2462) provides pre-packed frozen Kosher meals made under Rabbinical supervision.

The Jewish Sabbath begins on Friday afternoons a quarter of an hour before sunset, and ends on Saturday evenings just after nightfall. During this period, many Jews do no creative work; this includes activities such as: phoning, writing, switching lights on or off or using electrical equipment, travelling by car or public transport, cooking and carrying in the street (or from house to street and street to house). They also do not use or touch money on the Sabbath. It follows from this that, except in cases of emergency, observant Jews cannot normally be admitted (or discharged) on the Sabbath.

Observant Jews would obviously prefer not to undergo an operation or treatment on the Sabbath, or on any of the major feasts. However, the overriding rule of Jewish medical law is that all treatment is permitted, and indeed required, if it is necessary to save life. In other words, if a patient's condition is such that his life is, or may possibly be, in danger

and there is no time to ask a Rabbi for advice, all medical treatment designed to avert the threat to life should be carried out without question and without delay.

Care of the dying

Jewish law prohibits any active intervention which would hasten the death of a terminal patient. Where a question arises relating to any such intervention, a Rabbi or the London Beth Din - the Court of the Chief Rabbi - (tel: 0181 343 6270) or the Reform (0181-346 2288) or Liberal (0171-580 1663) movements should be consulted.

When a patient is in the process of dying, it is not even permitted, in Orthodox Jewish law, to move or touch the patient in any manner, as this may hasten death. Obviously, it is permitted to give pain killing drugs or otherwise improve the comfort of the patient.

Judaism does not have a special ceremony of "last rites", but a patient may wish to recite the "*Shema*" as well as a death-bed confession known as "*vidui*". Most patients will want to see a Rabbi, and arrangements for this can be made through their local synagogue, or through the United Synagogue "Visitation Committee" (tel: 0181) 343 8989, or through the Reform or Liberal movements.

Care of the dead

Post-mortem examinations are not permitted in Orthodox Jewish law except in cases of emergency, or where civil law absolutely requires an autopsy. Progressive Jews permit autopsies.

Jewish law requires burial to take place as soon as possible after death, and any unnecessary delay must be avoided. Cremation is not permitted by Orthodox Jewish law. Progressive Jews permit cremation.

The eyes of the deceased should be closed, the jaw tied up, and the hands and feet placed in their usual position, the hands at the side of the body. Fingers should be opened (not fist-clenched). The body should then be covered with a white sheet, and where possible should then be left unattended after death. Some families may ask to keep vigil and pray by the body. A Rabbi or the Jewish burial society (tel: 0181-343 3456) should be contacted as soon as possible.

Muslims

Care of the sick

In strictly orthodox terms blood transfusions and transplants can only be accepted with reluctance. However the decision lies with the individual patient and his family.

Islamic law has strict rules about modesty. In Islam free mixing of sexes is prohibited and women are required to cover their head and chest to maintain modesty and moral standards. Except in an emergency a Muslim patient should not be put in a unisex ward. Generally, a Muslim woman is not allowed to be examined or be surrounded by male members of medical staff. It is always preferable that a female member of the medical staff is present. In certain cases a Muslim woman may not agree at all to be treated by male medical staff. Some women may refuse to be examined internally before giving birth.

As to diet, lamb, beef, goat, chicken, rabbit and buck deer, etc. are allowed provided these are killed by a Muslim with a religious prayer (Halal food). Pork meat, all products from pork, carrion and blood are forbidden, also all types of wine and alcohol. Fish and eggs are allowed, but if these are cooked where pork or other meat is cooked then they are not permissible.

During the month of Ramadan a Muslim eats

before observing his fast, that is 90 minutes before sunrise, and is allowed to eat and drink all lawful things after sunset. Fasting is excused during menstruation and after a recent child birth. Those who are sick, on a journey or breast feeding their babies are not asked to fast, but they should make up for this later. If the doctor feels it is important that the patient should eat and drink more, it may be useful to explain that this is in fact part of the "medicine" to aid recovery.

Muslims attach great importance to cleanliness. They need water in toilets; if a bedpan has to be used a container of clean water should accompany it. Muslims prefer to wash in free flowing water, and cannot accept the idea of sitting in a bath. After menstruation women are required to wash their whole bodies. Muslims pray five times each day and washing before each prayer is necessary. The worshipper washes his hands, rinses his mouth, cleans his nostrils, washes his face, arms up to the elbows, wets his hands and runs them through his hair (to remove any dust or particles), cleans inside and behind the ears and lastly washes his feet up to the ankles – each of the above three times.

Care of the dying

A dying Muslim should be turned to face the *Kaaba* at Mecca (south east). This may be done in one of two ways: either he is placed on his right side with his face towards the Kaaba, which is best; or he is laid on his back with his feet in the direction of the Kaaba and his head raised slightly so that his face is towards the Kaaba.

The patient should be prompted to say the profession of faith, by someone saying aloud, so that he can hear, "There is no god but God, and Muhammad is the Prophet of God". This should be said gently and soothingly in such a manner that "There is no god but God" may be his last words, but should not be repeated

in case the dying person is disquieted. Other Muslims, preferably the family comfort the dying patient with prayers and by reading the passages from the Qur'an for peace of the soul.

Care of the dead

In Islam it is required to bury a body as quickly as possible: preferably within 24 hours and in a Muslim cemetery. A post-mortem examination must be avoided if legally possible, as this is not permitted; organs should all be buried internally with the body.

As soon as death has been ascertained, the deceased's eyes are closed and his lower jaw is bound to his head so that it does not sag.

Washing and preparation of the body for burial should be carried out by a Muslim. The body should then be covered with a white sheet, and where possible should then be left unattended after death.

The body should not be touched by a non-Muslim after death. If non-Muslim member of the nursing staff is required to touch the body then there should be no skin contact: disposable gloves should be worn.

Buddhists

Care of the sick

The Buddhist faith centres on Buddha, who is revered not in the sense of Buddha the God, but as an example of a way of life. The essence of Buddha is within the person and each one has a part of Buddha within them. Those who want to become Buddha must realise Buddhahood within themselves through prayers, purifications, retreats and virtuous conduct such as the practice of generosity.

Because of their belief in reincarnation, all

Buddhists must accept responsibility for the way in which they exercise their freedom, since the consequence of action may be seen in subsequent lives. It is therefore important that the individual behaves properly and this includes not killing and having a respect for life. All Buddhist tradition therefore condemns abortion, all forms of so-called contraception acting after conception, and active euthanasia. Buddhists will not object to blood transfusion or to transplants since helping others is fundamental to their beliefs. The Buddhist patient may seek the help of the chaplain in arranging for a time of peace and quiet for meditation.

Many Buddhists are vegetarian and diets vary according to the climate of the country involved. Most fasting days occur on New Moon and Full Moon days, but there are also other festival days. On such days one should eat before noon, and not after.

Helping people is fundamental to Buddhist ideas, and so the patient will always respect the doctor and nurses for their help.

Care of the dying

The state of mind of a Buddhist at the time of death is very important, therefore an opportunity of allowing time and space for reflection and enabling them to have peace of mind is necessary.

A Buddhist patient would wish to be made aware of the effect of pain killing drugs on their mental alertness because clarity of mind is important. Such drugs should only be used with their agreement. When they do lapse into unconsciousness they would wish to have done all in their power to prepare themselves for death. From a Buddhist point of view birth and death are not seen as opposites: they are simply two sides of the life process in the same way as a door can be both an entrance or an exit. Death can be seen

as an exit or an entrance into a new existence. A dying Buddhist may like to hear readings from Buddhist scriptures, to see religious objects such as a picture or statue of the Buddha, and to hear chanting. They would also like to have a visit from a Buddhist monk or teacher from time to time. The patient would in most cases know who to call. In case of doubt The London Buddhist Vihara (Anagarika Dharmapala Trust, The Maha Bodhi Society of Sri Lanka) may be able to help. Their address is: Dharmapala Building, The Avenue, Bedford Park, Chiswick, London W4 1UD (tel: 0181-995 9493).

Care of the dead

In Tibetan Buddhism it was sometimes the case that a body was kept for 49 days whilst special daily prayers for the deceased took place. Normally the time before committal depends on the lunar calendar and varies from 3 to 7 days. The most important thing when a Buddhist dies is that a Buddhist priest is informed as soon as possible, and he should preferably be of the same school of Buddhism as the deceased. Most Buddhists would be quite happy to give a "contact" name and this might be done systematically when a patient is admitted to hospital.

Ideally, the body should not be moved too much before the priest arrives. When he arrives the priest may do the necessary prayers, which could take an hour or thereabouts, depending on the school. It is not always necessary for the officiating priest to recite the prayers actually in the presence of the corpse – they can be recited at a distance, for example, in a temple.

There is no objection to a post-mortem examination. Buddhists generally cremate their dead and return the ashes to the earth in a graceful way. A tree is often planted at the spot where the deceased's remains have been left, so the tree is the rebirth, the completion of the cycle.

Hindus

Care of the sick

Hindu rituals and customs about care of the sick, the dying and the dead are very variable, and this leaflet can be no more than a guideline. If in doubt, it is advisable to consult at every step. This sensitivity will be much appreciated, and will go a long way towards comforting the patient, family and friends.

Generally speaking Hindu patients will willingly accept the authority of the professional, whether male or female. They will prefer to favour home remedies for ailments such as coughs, and may be slow to seek professional attention. Hindu women much prefer to be treated by female staff, particularly where questions of modesty are concerned.

There are no special religious objections to blood transfusion or organ transplantation. Post Mortems are disliked, but accepted.

With regard to diet, most Hindus do not eat beef. Some will eat eggs, some not: it is best to ask each individual. Dairy produce is acceptable, so long as it is free of animal fat; some Hindus will eat only cottage cheese – again, the best thing to do is check with the individual. Many Hindus refuse to kill animals for food, and are strictly vegetarian. They will have no contact with plates or utensils used for preparing or eating meat, and often eggs also. Disposable plates will be necessary for their food.

Some Hindus do not take tobacco or alcohol. Very few Hindus would insist on fasting when in hospital; they would even take hot milk, fruit, tea, and salad without salt. At the end of a fast they will share "*prasad*", a small quantity of food, possibly sweets, which has been offered to God in thanksgiving.

Hindus prefer to wash themselves in running water. Showers are preferred to baths, and bidets to the use of toilet paper. The concept of purity / impurity can be important. Fire, Water, Earth and Air are each important purifiers on particular occasions.

Hindus are generally modest about their bodies, and dress with respect and dignity. Hindu men cover themselves from waist to knee. Most men wear western dress for work, but may wear traditional dress, *kameez* (loose fitting trouser suit) or *kurta* (long tunic) at home or on special occasions. Adult women wear the *sari* or *shalwar* (loose fitting trousers) and *kameez*, and sometimes a *chadar* (long scarf covering the head), or western dress. Girls wear knee length dresses or trousers. Married women wear a red spot on the forehead (*bindi*); sometimes they wear a red streak in the hair parting.

A word about birth customs. In some cases, as far as practicable, mother and child will rest at home for forty days after birth, during which time the mother should not prepare food. After forty days, the mother takes a purifying bath. The infant's head may be shaved in the first, third or fifth year. When a boy reaches the age of seven a sacred thread ceremony may be performed, as a reminder of his religious duties.

Care of the dying

Dying Hindus may be comforted by readings from Holy Books such as the Bhagavad Gita. The individual concerned or a close relative should be consulted about this. The dying person may prefer to lie on the floor, to be closer to Mother Earth. The family may wish a Hindu priest to tie a sacred thread around the patient's wrist or neck, as a blessing, sprinkle *Ganga Jal* (Holy Ganges water) over the patient, or place a sacred tulsi leaf or drops of *ghee* (clarified butter) in the patient's mouth. Where there is no family, the

patient may wish the nearest Temple to be approached.

Relatives may wish to bring clothes and money for the patient to touch, before distribution to the needy. If the visitors are not to go to the bedside themselves, they will be grateful if a nurse can do this for them while they wait. For the more traditional, all possible steps should be taken to permit a Hindu to die at home, since death in hospital can cause great distress.

Care of the dead

Post-mortem examinations are regarded with distaste but accepted where legally required. If a post-mortem is unavoidable, Hindus may be anxious that all organs are returned to the body before cremation (or burial for children under five years old) – to safeguard peace in the afterlife. The body should be released as soon as possible after death in order that the funeral may take place.

After death, relatives may wash the body and put new clothes on it before taking it from the hospital. Traditionally, the eldest son of the deceased should take a leading part in this, however young he may be. Cremation should take place within twenty four hours of death. Ashes may be scattered in any flowing river, preferably the Ganges. The family may remain indoors for 10-13 days of mourning, during which any outside matters are dealt with by relatives and friends.

Sikhs

Care of the sick

Sikhism was founded in the Punjab in India in 1469 by Guru Nanak. Hinduism and Islam were the two main religions existing in India at that time.

Sikhs generally have three names: a personal name, then a title (Singh, meaning lion, for all men and Kaur, meaning princess, for all women), then the family name. Sikhs usually prefer to be called by their first name, or by their first name and the second name; the latter being the accepted faith tradition.

Sikhs wear five "symbols of brotherhood and sisterhood": *kes*—uncut hair; *kanga*—the comb; *kara*—the steel bangle; *kirpan*—a short sword or dagger; and *kacha*—specially sewn white shorts. These symbols should not be disturbed when tending the sick, for example, the hair should not be cut. If it is absolutely necessary, it should be explained to the patient and his or her family, and permission sought. There are precedents when operations have been performed without shaving of hair, honouring the wishes of the patient and family.

Generally speaking, Sikh patients will willingly accept the authority of the professional, whether male or female. Some will prefer to favour home remedies for ailments such as coughs, and may be slow to seek professional attention. Sikh women much prefer to be treated by female staff, particularly where questions of modesty are concerned, but in an emergency they do not mind being examined by male doctors provided there is a female member of staff present. Likewise, they should be accommodated in mixed wards only in emergency situations. Staff can help avoid embarrassment by being helpful and understanding—for example, when the patient finds it difficult to accept an x-ray gown because of its shortness.

There are no special religious objections to blood transfusion or organ transplantation.

With regard to diet, some Sikhs are vegetarian. They should be told the contents of any dishes where this is not immediately obvi-

ous. Sikhs do not eat halal or kosher meat and some may be particular about the type of meat offered to them. The Sikh faith instructs adherents not to consume alcohol or tobacco.

As with other Asian patients, Sikhs prefer to wash in free flowing water, rather than sitting in a bath; they will appreciate having water provided in the same room as the w.c., or with a bedpan when one has to be used. Some will want to wash their hands and rinse their mouths before meals.

Care of the dying

A dying Sikh will be comforted by reciting hymns from the Guru Granth Sahib; if the patient is too ill to recite, then a relative or a *Granthi* (Reader) from the local Temple may do so. Should neither be available, the patient may request any practising Sikh to do so.

Care of the dead

Post-mortem examinations are regarded with distaste but accepted where legally required. The body should be released as soon as possible after death in order that the funeral may take place.

If the death occurs in hospital, the body will be washed, and wrapped in a plain shroud and then transferred to the mortuary. While this is happening, some members of the family may wish to read passages of scripture. It will be less distressful for other patients and for the relatives themselves if the family can be given a spare single room, if one is available.

The body may sometimes be tended by non-Sikhs, who may perform the last rites if the family so wishes. The family is responsible for all ceremonies and rites at death, and must be asked if they wish to wash and lay out the body themselves. They usually do, as part of

their moral and religious responsibilities. If there is no family, the nearest Sikh Temple must be consulted.

Sikhs cremate their dead (even in the case of a still birth) and the ashes should be scattered in running water. In England Sikhs find coastal or riverside places where ashes can be scattered and so immersed in running water.

These are designated by local authorities.

According to the Scriptures, the death of a Sikh is no cause of grief or sorrow, for one must submit to the Will of God. However, families need a lot of support and counselling to come to terms with the death of a loved one.

The Roman Catholic Committee for Other Faiths is grateful to all who helped prepare this leaflet, especially the Reverend John Harrison and the members of the Faith communities concerned.

OTHER USEFUL SOURCES

Your own Hospital Chaplaincy and NHS Trust, local directories and Inter Faith groups.

The Hospital Chaplaincies Council, 32 page text "Our Ministry and Other Faiths: a Booklet for Hospital Chaplains", available from The Hospital Chaplaincies Council, Fielden House, Little College Street, LONDON SW1P 3SH for £2.75.

The Committee for Other Faiths of the RC Bishops' Conference: set of 18 leaflets "Getting to Know People of Other Faiths", including "What is Buddhism?" "Is God at work outside the Church?" and "Who are the Zoroastrians?" Obtainable from: CFOF, Park House, 6a Cresswell Park, London SE3 9RD for £ 2.50 post free, cheques payable to NCF (Other Faiths).

Additional copies of this leaflet are obtainable from the same address cost 20p each plus postage, 5 or more copies post free, or £6.00 for 50 post free.

The Churches' Commission for Inter Faith Relations of the Council of Churches for Britain and Ireland: various publications: Church House, Great Smith Street, LONDON SW1P 3NZ and CCBI Bookroom, Inter Church House 35-41 Lower Marsh, LONDON SE1 7RL.

The Inter Faith Network for the United Kingdom: works to build good relations between the communities of all the major faiths in Britain and links over 80 member bodies (Faith Community Representative Bodies, National Inter faith Organisations, Local Inter Faith Groups and Educational and Academic Bodies). Address: 5-7 Tavistock Place, LONDON WC1H 9SN.



— COMMITTEE FOR OTHER FAITHS —
Bishops' Conference of England and Wales
