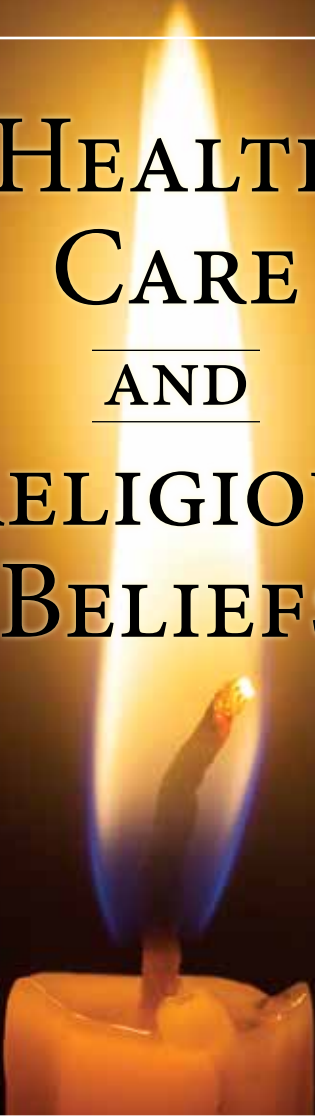




Alberta Health
Services



HEALTH
CARE

AND

RELIGIOUS
BELIEFS

Second Edition

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Foreword

The current medical model in health and wellness acknowledges the treatment of an individual as a whole with a need to treat the bio/psycho/social aspects of health. A growing realization in health care is that this model also must acknowledge the spiritual health of an individual in order to maximize the healing and recovery process.

Alberta Health Services' Spiritual Care Advisory Committee in Calgary was created as recognition of this need. As a group of interfaith community representatives, we meet with Spiritual Care Services to provide advice for patients' spiritual care.

Due to the ethnic and religious diversity reflected in the expanding population of Calgary and area, there is an ever-growing need for frontline health-care professionals to address the spiritual needs and requirements of their patients. The Spiritual Care Advisory Committee has noted the lack of resources for health-care professionals in this area. In an effort to deal with this issue, the committee has surveyed frontline health care workers regarding acute patient care.

The unanimous request was for a concise and clear resource that highlights the most pertinent issues of a patient's spiritual and religious care. Based on the results of the survey, the project of creating a resource was born.

In our search for other similar resources, we came across the booklet *Health Care and Religious Beliefs* by Loma Linda University Medical Center. They have graciously allowed us to utilize information from their booklet and, as such, some portions (in whole or in part) have been used.

With the co-operation and hard work of every member of the Spiritual Care Advisory Committee, we have completed this resource. As a committee we hope this booklet will help health-care professionals provide spiritual care that is both nurturing and respectful to all patients, given the diversity of religious backgrounds represented.

HEALTH CARE AND RELIGIOUS BELIEFS

I wish to thank the Spiritual Care Advisory Committee for its participation in creating the first edition of this booklet. I would also like to thank Sue Ramsden (Social Work and Spiritual Care). Her collaboration was critical in every aspect of development, production and completion of the first edition of this project.

Since the release of the first edition in 2011, we have received many requests from hospitals in the United States as well as organizations in Canada to utilize our booklet as a resource. Please note that in this second edition, there have been amendments and additions by various contributing religious communities. I would like to acknowledge Conny Betuzzi, Manager, Patient Care of Allied Health for her assistance during the completion of this second edition.

Dr. Harjot K. Singh
Chair
Spiritual Care Advisory Committee
Alberta Health Services - Calgary

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ABORIGINAL FAITH COMMUNITY

Beliefs

Aboriginal peoples of Canada do not comprise a single monolithic cultural group but are represented by over 50 cultural language groups within Canada. Canada's Aboriginal peoples are comprised of First Nations, Inuit, and Métis.

Although much diversity exists between Aboriginal Peoples in both the content and interpretation of worldview and philosophical thought, it is generally accepted the following comprise *common* elements:

- Belief in one all-encompassing Creator.
- The Seven Sacred Laws or Teachings of *Love, Respect, Courage, Honesty, Wisdom, Humility, and Truth* form the foundation of a healthy way of life by honoring ourselves, others, and Mother Earth. A value of honor and respect for all of life is encouraged and aimed for.

- Caring and sharing are markers of positive relationships.
- Holistic view or understanding that all things are inter-connected, inter-dependent and cyclical by nature (e.g., The Medicine Wheel or Circle of Life; childhood, youth, adult, elder, individual, family, community, nation; mental, emotional, physical, spiritual; east, south, west, north; spring, summer, fall, winter, etc.)
- Value of the *individual, family* (extended relatives such as uncles, aunts, cousins are commonly considered as fathers, mothers, brothers, sisters), *community* (older community members 'Elders' are commonly considered as grandfathers and grandmothers), and *nation*.
- An ethic of non-interference permeates social interactions.
- Consensus (i.e., family/ community) decision-making is common.
- The four seasons based on the lunar calendar (e.g. Winter Solstice Dec 21st, Spring Equinox, Summer Solstice June 21st, and Fall Equinox) are important days/seasonal markers for Aboriginal

people and are celebrated and observed by smudging, sweats, pipe ceremonies, feasts and drumming circles, etc.

- Aboriginal people do not have any sacred texts or writings; spiritual knowledge and wisdom, or spirituality, is based on oral tradition passed down orally through the teachings of Elders.

Overview of health and illness

For Aboriginal people health holistic and is represented by balance in all aspects of life (physical, mental, emotional, spiritual) based on the teachings of The Medicine Wheel.

Aboriginal traditional approaches to health and wellness include the use of sacred herbs (sweet grass, sage, cedar, tobacco, etc.), traditional healers/medicine people (herbal medicine), and elders who are recognized, respected, and utilized as an integral part of the healing journey.

Western medicine and traditional healing practices are both embraced as enhancing and complementing healing.

(For more information see: *Kim ma pii pi tsi* "Caring for Life." Aboriginal Health Program, 2007 - 2014). Web Site: <http://www.calgaryhealthregion.ca/programs/aboriginal/pdf/kimmapiipitsi.pdf>

Death and Grief

For Aboriginal people, death is a part of the cycle of life.

The person who dies has completed The Circle of Life - a continuum of life through which a person transitions from childhood to youth, from adulthood to Elder status - and begins the journey to the 'Land of Souls' or is reunited with the 'Grandfathers and Grandmothers' in the afterlife.

There is no elaborate or extensive theology or philosophy of death among traditional Aboriginal people. Prayers before and after the time of death are usually conducted by an Elder who will ceremonially 'smudge' (i.e., burning of sweet grass, sage, cedar, etc.) the body as a form of purification or cleansing to prepare the soul for its spiritual journey (for some Aboriginal people the journey takes 'four days').

At the time of death, there will usually be a large gathering of immediate and extended family

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members because it is their familial duty to be present at the time of death to provide support to the bereaved family.

Also, family will usually spend time with the body and sometimes assigned family members (usually women) will ceremonially wash the body as a sign of affection and respect and as preparation for burial.

The family or community will usually conduct a one or two day wake of reminiscing and story-telling (humor or laughter is quite common) to remember and honor the deceased person and then conduct a burial of the body on the fourth day.

Traditional burial is more commonly practiced than cremation, but cremation is not excluded.

Decisions about autopsy are usually not an issue, if medically or legally required (for still births, if possible, some Aboriginal families' communities traditionally bury, on the same day, the fetus/baby before sundown).

A feast will be served to the whole community on the day of the burial.

The family will mourn for one year and then host a memorial feast

to remember their loved one and to mark or signal the end of their mourning to the community.

Because of the diversity that exists among Aboriginal people mourning traditions vary from community to community.

Diet

Generally, Aboriginal people do not have any religious/cultural dietary restrictions.

Do's and Don'ts

- Sacred Ceremonial articles or objects (such as sweetgrass, sage, cedar, tobacco; medicine pouches/bags; pipes; traditional blankets, etc.) are not to be handled without permission.
- Include the immediate family in medical treatment decision-making.
- Interpreters may be needed for elderly patients whose only language is their mother tongue.
- Recognition and respect of Aboriginal Elders as spiritual leaders representing their communities as traditional ceremonialists/healers.

- Accommodate spiritual practices such as smudging ceremonies (e.g., burning of sweetgrass) for patients with limited mobility or who are critically ill or dying.
- Respect for, and inclusion of, if possible, traditional herbal medicine with western medical treatment in collaboration with patients, families, and physicians.
- Abortion is generally not acceptable unless the life of the mother is at stake (individual/family decision).
- Preventative birth control is a personal decision.
- If uncertain of Aboriginal cultural/spiritual beliefs or practices it is acceptable to humbly and respectfully ask for guidance.
- Also, recognize that because of Canada's colonial history and the influence of Christianity blended religious/spiritual traditions exist among Aboriginal people.

Medical Treatment

- Generally, most medical treatment is acceptable to Aboriginal people.
- Organ donation or harvesting of organs (i.e., clinically dead patient) is generally not an option for Aboriginal families because they view it as a desecration of the body. There are, of course, exceptions.
- Organ donation of a living donor is generally acceptable and is usually an individual/family medical decision (i.e., consensus decision-making).
- Organ transplantation is generally acceptable and is usually an individual/family medical decision (i.e., consensus decision-making).

BUDDHIST FAITH COMMUNITY

Beliefs

Buddhism is one of the four largest religions in the world. It focuses on spiritual practices based on its scriptures written in various languages of the world. The Buddha, Dharma and Sangha are the sacred Triple Gem all Buddhists revere, symbolizing spiritual enlightenment, the path leading to Enlightenment, and a vibrant social network of non-violence and compassion.

Central to its doctrines are the teachings of the Four Aspects of Reality, which are also known as the Four Noble Truths. They explain the reality of one's existence includes experience that is disappointing, dissatisfying or one of dis-ease (disease), the cause (desiring and wishing for a different human different human situation), the overcoming of negative feelings, and, lastly, the overcoming of disease by following the Eightfold Path. Principles taught in Buddhist doctrine include, for example, the following kinds of actions:

- 1) Accepting the Four Noble Truths.
- 2) Developing a deep awareness and understanding of the impermanence and inherent dissatisfaction of sense pleasure.
- 3) Not lying, slandering or abusing others.
- 4) Not taking the life of any living creature.
- 5) Taking only what is given.
- 6) Earning one's livelihood in a way that harms no one.
- 7) Preventing evil from arising.
- 8) Striving to acquire good qualities.
- 9) Being observant, alert and contemplative.
- 10) Becoming free of desire.
- 11) Meditating.

Buddhists believe pain is caused by attachments and misunderstanding, and ultimately one creates an unsatisfying life because one hankers after desires.

They believe life is temporary and transient. By conditioning the mind and following the Eightfold Path, they believe they can find

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peace and escape the continuing cycle of pain in life.

They believe nirvana (removal of pain) is attainable and quality of life is more important than quantity.

Buddhism traditionally has been found in South, Southeast and East Asia, with each country having its own set of religious practices mingled within its own cultural context.

Many Westerners are adopting Buddhist practices, although they generally may not emphasize the cultural parts.

Health and illness

Some Buddhists believe a spiritually focused person can respond to sickness more peacefully. When illness occurs, some believe spiritual balance can help them through the illness.

Buddhists strive to develop the mind to its fullest potential, which means one puts compassion and wisdom into practice. They strive to understand and work with suffering and illness so it can bring about the most good for their spiritual growth.

Buddhists believe men and women are equal but because mothers are responsible for bringing children into the world, they should be respected with a deep feeling of gratitude.

Birth

For Buddhists, to be born into human life is considered to be an important and auspicious event that's rare and difficult.

Death

For some Buddhist followers, the time of death is considered to be the transition point to the next life.

They believe if one dies in a good state of mind, he or she is more likely to have a favorable rebirth. As a result, it is important to provide a quiet environment for the dying person. Family and friends may assist in reciting mantras or prayers to help maintain a good state of mind. However, for other Buddhists, the impinging death becomes an opportune time for reflection.

After death, Tibetan Buddhists believe a person's consciousness enters a Bardo, a temporary spiritual body while waiting for the next life.

Many Buddhists, immediately after physical death, would like the body to remain still until spiritual guidance can be given by a priest. Once the priest arrives, he or she should be allowed to do the necessary religious ceremony. Candles and incense may play a major role in mourning.

In the hospital, family members may request the body not be disturbed for as long as possible and may wish to wash and wrap the body.

Autopsies may be permitted after a period of time. Cremation is often preferred. Among many Buddhists, a service is held as soon as possible after death and 49 days after death.

Diet

Many Buddhists care for their bodies by eating a balanced diet. Within various groups, there are both vegetarians and non-vegetarians.

Some groups have strict dietary codes but other groups have few. There may be some, however, who will not eat any animals because of the sanctity they place on life.

Things to observe

- Daily devotions may include prayer, mantras and a variety of meditation practices.
- A quiet environment is valued.
- Organ donation is acceptable to some.
- Blood donation may be acceptable to some.
- In some cases there may be some monks who do not seem to respect the female gender.
- Abortion is considered to be an act of killing but Buddhists will understand it when necessary.
- “Birth control ... is acceptable.”¹
- Pain control medication can be acceptable but caution should be heeded regarding dosage according to ethnic, physical, and biological factors (that is, bodily build, resistance, etc.)
- Allowing a person to die naturally is more acceptable.

Do's and don'ts

There are different Buddhist traditions, therefore:

- DO ask the patient whether any other commitments or limitations should be considered (aside from what has been stated above).
- DO understand that the Buddhists come from various ETHNIC backgrounds and have different degrees of language difficulties in English. With Vietnam patients, French may be a better language, but not always.
- DO consider possible intervention by spiritual care giver regarding “end of life” treatment as well as family members.
- DON'T assume that our Canadian value system will be understood by either the patient or family even though they may have spent a considerable time (even generations) in Canada.

CHRISTIAN SCIENCE FAITH COMMUNITY

Beliefs

Christian Science is based on the Bible and the teachings of Christ Jesus. There is an emphasis on the practice of spiritual (prayer-based) healing. The most complete explanation of Christian Science can be found in Science and Health with Key to the Scriptures by Mary Baker Eddy.

Eddy founded Christian Science in 1866 and later founded The Church of Christ, Scientist, which today has members and branches throughout the world. There are no ordained clergy in the church but Christian Science practitioners provide a healing ministry for members and the public.

Health and illness

Fundamental to the practice of Christian Science is the understanding each individual has a unique spiritual journey. Nothing in Christian Science teaching or practice supports or justifies

interference with an individual's right to make decisions about his or her health care or any other aspect of daily life. Consequently, questions related to diagnosis, treatment, birth, death or any other issue arising in the health-care setting are always best answered on an individual/family basis.

A Christian Scientist who enters a medical facility voluntarily will likely accept conventional medical treatment. He or she may ask that drugs and therapy be kept to a minimum. Any decisions about medical procedures including blood transfusions, organ transplants, organ donations, life support, etc., would be left to the individual or to the family.

A Christian Scientist brought to a hospital involuntarily (for example as a result of an accident or injury) may refuse medical treatment and ask to be released to the care of family. In some areas there are church-supported nursing facilities for Christian Scientists. There, they receive practical care without the use of drugs or medication. In Canada, there are two such nursing facilities: in Toronto and Victoria.

Birth

Most babies born to Christian Science parents in Canada are delivered in hospitals. The parents will have consulted a physician prior to birth. A few may have chosen to have a home delivery with a certified midwife. Christian Science parents abide by the law in caring for children and dependent adults. The church supports the reporting of communicable diseases and vaccination when required by law. There is no church position on the termination of a pregnancy.

Death

In Christian Science, there are no specific end-of-life rites. Christian Scientists do not generally subscribe to the "stages of grief" philosophy and may prefer to maintain hope even when it appears there is no hope of recovery.

Diet

Christian Scientists have no dietary restrictions. They do abstain from the use of alcohol and tobacco. Some may choose to not drink tea or coffee.

Do's

- Talk with the patient and see what level of medical care (if any) they wish to receive.
- If patient wishes, facilitate contact with a Christian Science practitioner.
A worldwide directory is available at: 222.churchofchristscientist.org/worldwidedirectory
- Offer the patient time and a quiet place to pray.
- Abide by the patient's request to decline some aspects of care.

CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS FAITH COMMUNITY

Beliefs

The Church of Jesus Christ of Latter-Day Saints (LDS) is composed of about 14 million members worldwide. Members believe in God the Father, His Son Jesus Christ, and in the Holy Ghost; three separate and distinct beings.

The Church of Jesus Christ of Latter-Day Saints considers itself Christian but is neither Catholic nor Protestant. The Church of Jesus Christ of Latter-Day Saints is the “restored” Church of Jesus Christ upon the earth today. After centuries of apostasy, the Lord restored the fullness of the gospel through the Prophet Joseph Smith. The Church's message to the world is that the same organization and gospel that Christ died for, and the apostles spilled their blood to vindicate is once again established in this generation. With apostles and

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prophets to whom has been given the holy priesthood and authority to administer in the ordinances of His church for the salvation of mankind.

As taught by the Church, the first principles and ordinances of the gospel are: 1) faith in the Lord Jesus Christ, 2) repentance, 3) baptism by immersion, and 4) laying on of hands for the gift of the Holy Ghost. Children are not baptized until the age of eight when they become accountable for their actions.

The Book of Mormon: Another Testament of Jesus Christ is regarded as divinely inspired scripture, as is the Holy Bible and several other specific books.

The Church embraces the moral standards taught by Jesus Christ, including personal honesty, integrity, obedience to law, chastity outside of marriage and fidelity within marriage. Abortion, pornography and gambling are deemed immoral.

Health and illness

A health code revealed to Joseph Smith in 1833 cautions against using tobacco or consuming alcohol, tea or coffee. It also emphasizes the positive benefits of wise eating habits and both physical and spiritual fitness. The Church interprets the

misuse of drugs, illegal, legal, prescription or controlled, as a violation of the health code.

Birth

Members place a high value on families. There are no special rituals or beliefs surrounding birth.

Death

Other than a funeral and/or grace side service, there are no special services or rituals at the time of death. The Church believes in the resurrection of all who live and die while upon this earth, and that families will live together beyond this life. The Church believes that death is an important part of life and, thus, members get great comfort in knowing that they will meet their friends, relatives, and family members again in the world to come.

Diet

Meat is not against the health code but members are counseled to eat all things sparingly.

Do's and don'ts

- Include the family in decision-making as much as possible,

according to the wishes of the patient.

- Remember to ask if someone from the Church should be called.
- Members of the Church have a strong belief in the priesthood or the authority to act in God's name on the earth. They will frequently request priesthood blessings by Elders of the Church when they become ill or have other medical needs.

Medical treatment

- Blood transfusions, organ donations and autopsies are up to individual choice.
- Birth control is acceptable according to the individual.
- The Church is against abortion except in the case of incest or rape, or if the health of the mother or baby is in serious jeopardy and not expected to survive beyond birth.
- Members may take medicines that contain alcohol or caffeine (which are normally restricted items), provided they are not using the medicines just for those ingredients and do not become addicted to them.

EASTERN ORTHODOX FAITH COMMUNITY

Beliefs

The Eastern Orthodox Church (also known by its geographical centers: Greek Orthodox, Russian Orthodox, etc.) has its roots in the New Testament church, begun by Christ's disciples in accordance with the teachings of Christ and leading of the Holy Spirit.

It currently has several Patriarchates in the U.S. and throughout the world. The term "Eastern" Orthodox stems from the split that occurred in 1054 when the Patriarch of Rome (the centre of the western half of Constantine's empire) excommunicated the Patriarch of Constantinople (the centre of the eastern half of the empire). The Roman Catholic Church now represents the western church, while the Eastern Orthodox Churches represent the remaining Patriarchates of the church, primarily headquartered in the East.

The Orthodox Church confesses the Nicene Creed and believes in

the Holy Trinity - Father, Son, and Holy Spirit - three divine persons in one God, distinct yet not separate.

Orthodox Christians believe humans were created in the image and likeness of God and were united to God.

At Adam and Eve's fall, that union was corrupted, bringing sin and death to the created world.

Despite the fall, God's image remains in people and salvation is the process of re-establishing union with Christ.

The impact of sin on the soul and body, and on a person's relationship with God, is the focus of healing.

The Church is viewed as a "hospital for souls," in which prayer, participation in community and the Sacraments are treatments for the illnesses that plague us. Sacraments include Baptism, Repentance (Confession and Forgiveness), Communion and Holy Unction (prayers for the sick). The healing of soul and body are directly tied to each other since the body is the temple of the Holy Spirit, as the following statements of Orthodox health practices bear out.

Health and illness

St. Basil offers a statement on the approach Orthodox Christians take towards medicine: "The medical art has been vouchsafed us by God, who directs our whole life, as a model for the cure of the soul."²

Another author states we must be receptive to God so we can experience His grace that can heal both body and soul. The important thing is not to expect healing but to be open to God's will. Medical practitioners are considered administrators of God's healing, since all healing comes from God.

Birth

Orthodox Christians request a priest read prayers before and after the birth of a child. If there is a miscarriage or the child dies soon after birth, a priest should be called to pray for the child and parents.

Death and grief

While Orthodox Christians believe in life eternal for the soul, the death of the body brings grief to the deceased person's loved ones. A priest should be notified to pray for the soul of the person who died,

and to discuss arrangements with the family for funeral and burial.

Orthodox Christians pray for the souls of their departed for 40 days, and perform memorial prayer services for the consolation of the grieving as well as the departed. Great care should be taken with the body of the deceased. This includes miscarried pregnancies.

Practices such as embalming, cremation, autopsy, and dissection of the body are discouraged but not forbidden.

Diet

Orthodox Christians have no restrictions on their diet. Fasting from certain foods, however, is used to strengthen the soul over the passions of the body and to encourage prayer. At certain times of the year and prior to Pascha (Easter), there are fasting periods when pious Orthodox may avoid certain foods.

Do's and don'ts

There are a great variety of customs within the Orthodox Church, depending on ethnic culture, local traditions and whether or not the person converted to

Orthodoxy or was raised within the church.

Medical treatment

- There are very few constraints on medical interventions for the purpose of improving physical health, providing they do not contribute to or cause harm to others.
- Certain fertility interventions (especially those that include the destruction of fertilized eggs or surrogate pregnancies) should be avoided.
- Abortion and euthanasia are considered murder.
- Removal of “artificial” nutrition or hydration is not acceptable.
- Implantation of animal organs and fetal cell research are not allowed.

HINDU FAITH COMMUNITY

Beliefs

Hinduism is among the oldest religions in the world with the third largest following of around a billion followers.

Hindus believe in one Universal Supreme Being, the original entity that existed before creation and from which everything originates, called Parmātmān in the Sanskrit language (the closest equivalent word in the English language for Parmātman is God), which manifests in several different forms, ways, and aspects commonly recognized by Hindus as Deities possessing divine powers, and representative of different aspects of the same universal being.

Hindus believe there are an infinite number of different paths to realizing the same Universal Supreme Being. All the paths are true and suitable for one type of human being or the other. The three Prime manifestations of Parmātmān are Deities known as Brahmā, Vishnu and Shiva, who represent the forces of Creation (birth),

Preservation (life), and Dissolution (death).

These three Deities together represent the Hindu Trinity. The ultimate goal of a Hindu is to purify the mind from impressions of good and bad actions that will lead to refinement of the spiritual level in every lifetime and ultimately achieve the state of Moksha, which means the state of union, or merging, of one's Atman (closest equivalent to soul) with Parmātman. A completely purified mind is a precondition to make a soul eligible to merge with Parmātman. Thus, a truly devoted Hindu considers death as liberation of Atman for further improving his karma in the next life, ultimately achieving the goal of Moksha.

A Hindu recognizes various paths for improving his karma like fulfilling his worldly duties towards his society and family, devotion to Parmātman (God), meditation, awareness, etc.

The Vedas, Bhagavd-Gita and Ramayana are among the most commonly used sacred scriptures by Hindus.

Health and illness

It is common among Hindus to ascribe sickness, illness, or injury to karma. The law of karma states one reaps what one sows. For example if somebody gets an infection a Hindu considers it the karma of negligence of the individual that caused the infection.

Each individual creates his or her own destiny by his or her karma through his or her thoughts, words, and actions. Therefore, illness may be viewed as the result of one's karma, the residue of one's past deeds (which may be in this life or past lives).

Death and grief

Most Hindus prefer to die at home; however, when this is not possible certain rituals are performed at the hospital. These may include helping the patient face east and lighting a lamp near the patient's head. Often family and friends will be present, singing hymns or chanting mantras from sacred scriptures.

After the patient dies, holy ash or sandalwood paste is applied on the forehead.

Sometimes, members of the family may want the body to face south, which symbolizes facing the Deity of death. A few drops of holy water are trickled into the mouth. During this period the incense near the head of the deceased remains burning.

The family of the deceased normally prefers the death certificate to be signed as soon as possible so they can take the body home.

Many prefer that the body not be embalmed, nor should any organ be removed, although these practices are not strictly kept in North America. Among certain groups religious pictures are turned toward the wall and mirrors are covered.

In the Hindu tradition cremation is preferred since it is believed the soul lingers while the physical body remains. However, cremation is not performed on children under the age of five. Hindus believe the soul will go through the cycle of reincarnation (rebirth) until it is fully united with the Supreme Being.

Diet

Food has been classified as "sattvic, rajasic and tamasic" depending upon its spiritual

effect on the individual. Sattvic is spiritually positive, rajasic is spiritually neutral, and tamasic is spiritually negative. Because of the Hindu belief in karma and their respect for all forms of life, it is common for Hindus to practice vegetarianism. Vegetarian food earned by lawful means is sattvic and is highly recommended for engaging in spiritual penance. However, Hindus are free to choose their own diet to suit their temperament and spiritual path (Gyan karma or bhakti). Those who are not vegetarian abstain from eating beef. Indians, particularly those from South India, are known to eat spicy food. Yogurt is a common ingredient. Coffee and tea are commonly used by Indians. Using the left hand for food is considered inappropriate.

Do's and don'ts

- It is common for the community to be supportive of patients; therefore, many visitors are to be expected as a cultural norm. Although this may pose some inconveniences for health care, it is helpful to realize how this cultural practice can be significant to the health and wellness of the patient.

- Special care should be given to a Hindu woman who may prefer female physicians and nurses. Women often look to their husbands for advice on medical issues.

Medical treatment

- In Hinduism mercy killing, assisted suicide, and suicide are against traditional religious values.
- The preferred method of handling terminal illness is to allow nature to take its course. When it comes to artificially prolonging life there is no prohibition and it is left to the individual to make the decision.
- Because of their belief in the law of karma Hindus do not believe in abortion, even in the case of rape or disability. Depending on the person, this may not be true in western culture. Every life is sacred and has to fulfill its destiny.
- Organ donation is considered to be a pious act as the physical body is considered to be degradable in time and waste in the long run, and any usage of it or its parts for the welfare of humanity is always recommended.

ISLAMIC FAITH COMMUNITY

Beliefs

More than one billion people, or 20 per cent of the world's population, practice Islam. Of this number, only 10 per cent are of Middle Eastern heritage. Muslims are found throughout the world in all cultures and races but are found in majority populations in the Middle East, North Africa, East Asia and the Pacific Islands. They are also found in large numbers in the former Soviet Republic, Western Europe and North America.

The name Islam is from a root word meaning "peace" and "submission," and Islam teaches one can only find peace by submitting in heart, soul and deed to the Almighty God, who is called Allah in Arabic. Allah has many attributes but the most prominent is His description as the All-Merciful. Islamic teachings are based upon faith and duty. Persons who believe in Islam are referred to as Muslims.

The basis for doctrine is found in two main sources: the Quran, which is believed to have been

revealed from God to the Prophet Muhammad, and Sunnah, the traditions and practices of the Prophet throughout his life. Muslims believe in Jesus' virgin birth, the holiness of his mother Mary, and his miracles. They believe he was a prophet like all other prophets, not the Son of God.

The Five Pillars of Faith are:

- 1) There is one true God, Allah, and Muhammad is his messenger.
- 2) Prayer must be done five times a day facing towards Mecca.
- 3) Giving 2.5 per cent of one's capital to the needy which is called Zakat.
- 4) Daytime fasting must be observed during the holy month of Ramadan to develop self-control, devotion to God and care for the needy.
- 5) Muslims must perform Hajj, a pilgrimage to Mecca, at least once during their lifetime, if physically and financially able.

The Muslim calendar is a lunar calendar and advances approximately 10 days every year.

Health and illness

Muslims believe their bodies are given to them as a trust by God to use appropriately for the attainment of salvation. The consumption of alcohol or any intoxicant is forbidden. Smoking or using any other substance that is harmful to the body is also frowned upon. Ablution before prayer is mandatory and includes washing of the hands, arms, face and feet. Islam affirms human sexuality as a gift from God when enjoyed legitimately. Sexual activity outside of marriage is condemned and believed to damage the body and soul. Overall, leading a healthy lifestyle is seen as a religious obligation.

Illness is often regarded in Islam as a trial sent by God with the outcome being dependent on individual attitude. Even the pricking of a finger, if endured patiently and piously, will wash away sins. Muslims believe for every illness there is a cure, though it may not be known medically. Praying for healing and seeking medical care go hand in hand. It is even permissible to take forbidden products for healing purposes if no alternatives are available.

Before the availability of non-porcine insulin, for example, it

was acceptable for Muslims to use pig-derived insulin. Health-care workers are considered God's agents of healing, whereas final healing comes from God alone. Many Muslims also believe in holistic health care, which will vary according to culture. Honey is mentioned in the Quran as having healing properties.

Muslim family members often tend to buffer a sick family member from knowing the whole truth about the situation. The family generally prefers to disclose information but may request the presence of a health professional and may disclose information a little at a time.

Some Muslim cultures are expressive about pain, especially in the presence of family or people whom they trust. They may be unwilling to share significant psychosocial issues with the healthcare team unless specifically questioned. For some, arranging a visit by a Muslim doctor or clergy person, preferably of the same sex and ethnic background, may allow for better understanding of these difficulties.

Psychiatric problems can be a challenge as family members often do not wish to accept such

diagnoses. Suicide is forbidden in Islam; therefore, severe depression with suicide attempts will require major family counseling.

While in the hospital, many Muslims may still wish to perform their five daily prayers. Assistance may be needed to wash prior to prayer, especially if the patient is bedridden. Arrangements at the bedside for carrying out the prayers, including a clean sheet on the floor and knowledge of the direction of Mecca (northeast) will be appreciated.

Nursing personnel should specifically ask Muslim Patients if they require help to perform their prayers, as some may feel too awkward to ask. Reading of the Quran and offering copies of the Quran to a sick person as well as family is highly encouraged and many patients will feel comforted by listening to its recital.

Birth

After worshipping God, taking care of one's parents is the second most important duty of a Muslim.

This is emphasized more for the mother because of her pain during childbirth as well as her nursing of

the newborn up to the age of two years if possible.

In the Muslim faith, the family unit is the key component from which everything stems. Because the Muslim world is home to a variety of cultures, each will have its own traditions surrounding birth, which may differ substantially, especially for recent immigrant families unfamiliar with the Canadian health-care system.

Much attention is given to the pregnant woman with encouragement to rest, do minimal work and eat well. They need to be assured they can maintain normal practices to prevent excessive weight gain.

The father is not expected to be in the delivery room but female family members are usually present and available. However, more Muslim fathers, especially those with Western backgrounds, are present during delivery and involved in their wives' care. Caesarean deliveries may increase anxiety.

New parents may not request assistance because of fear of imposing on staff, so help needs to be offered.

A first-time mother or one with other children and without extended family will need more support. Arranging for home health visits can be helpful. Male circumcision is expected, often while still in the hospital. Genetic defects are considered to be God's will but families will need as much support as possible. They may request consultation with a Muslim scholar before making any serious decisions.

Death and grief

In Islam, death is considered an unavoidable event that can occur at any time. This does not detract from the grief felt for the dying individual but helps in accepting this is God's will and the natural cycle of life.

It may be difficult for certain Muslim families to discuss limitation of support or withdrawal of care. Frank, repeated discussion with all family members may be necessary to discuss patient prognosis and medical condition. The most accepted Muslim belief is to perform all medical care if the possibility of cure exists but that prolonging of medical futility and suffering is not warranted.

Once death occurs, displays of grief may be dramatic among some cultures, though Islam emphasizes appropriate grieving with acceptance of God's will. Quick burial is mandatory and autopsies are generally denied unless absolutely necessary.

There is much stress on respect for the dead body in the Islamic faith, including ritualistic washing prior to burial. Support for the grieving family is important and follow up contact is helpful. Organ donation is acceptable and may offer comfort.

Diet

Muslims are forbidden to eat pork, foods prepared with alcohol, or to drink alcohol. Animal meat must be slaughtered by a Muslim, Jew or Christian with active expulsion of blood. Adherence to faith principles will depend on the individual.

Meal patterns and food preferences will depend on cultural and ethnic background.

The sharing of food is associated with acceptance and nurturing.

Do's and don'ts

- Privacy is very important, especially with mixed gender health-care professionals present. It is preferred patients be cared for by persons of the same gender if at all possible. This is especially true for women.
- Whenever health-care workers of the opposite gender enter the patient's room, warning should be given so the individual may arrange their attire appropriately, especially for Muslim women who cover their hair.

Medical treatment

- Ask if any traditional medicines or therapies are being used, as they are often used in conjunction with Western medicine.
- Muslims do not believe in abortion unless the mother's life is in jeopardy.
- Euthanasia is considered murder.
- Blood transfusions and organ donations are acceptable.
- Ask questions about Islam and what role religion plays in the patient's life.

JEHOVAH'S WITNESS FAITH COMMUNITY

Beliefs

Jehovah's Witnesses are members of a worldwide Christian religion.

They believe Jehovah is the personal name of Almighty God, as found in the Holy Bible, and Jesus Christ is God's Son.

Witnesses believe God's kingdom mentioned in the Lord's Prayer is a heavenly government that will rule the earth and restore paradise conditions.

Jehovah's Witnesses remain neutral in political affairs and believe God will soon intervene in man's affairs to bring about world peace.

They actively speak about their faith and base their faith and beliefs solely on the principles found in the Holy Bible.

Health and illness

Jehovah's Witnesses seek quality medical care and accept the vast

majority of medical treatments. They do not practice faith healing.

For Bible-based religious reasons, they do not accept allogeneic (donor-derived) blood transfusion (whole blood, red cells, white cells, platelets, and plasma).

They also refuse to pre-donate and store their own blood for later infusion. They request medical and surgical care using clinical strategies that avoid blood transfusion.

The religious understanding of Jehovah's Witnesses does not absolutely prohibit the use of blood fractions, such as clotting factors, interferons, platelet-derived wound-healing factor, immunoglobulins and serums. Each Witness patient decides conscientiously on this.

Death and grief

There may be a funeral or a memorial service but there are no last rites or mourning rituals.

The congregation offers comfort to the family and friends.

They believe death is a state of total unconsciousness.

They also believe in a resurrection of the dead at a future time when the earth is restored to paradise conditions under the rule of Jesus Christ.

There are no special rituals associated with death.

Decisions about autopsy are a private family decision. Cremation and burial are equally satisfactory.

Diet

Witnesses avoid anything to which blood has been added or un-bled meat products, such as blood sausage. Animal products are acceptable if the animal has been slaughtered, drained of blood, and processed in accordance with government regulations.

Do's and don'ts

- Jehovah's Witnesses abstain from tobacco and non-prescription use of drugs.
- Moderate use of alcohol is acceptable, although drunkenness is not.
- Abortion is unacceptable. 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.

- Preventative birth control is a personal decision.
- Christmas, Easter and birthdays are not celebrated.

Medical treatment

- Witnesses believe donor blood transfusion and preoperative autologous blood donation are prohibited in the Bible.
- Autotransfusion techniques such as cell salvage, hemodilution, hemodialysis, and cardiopulmonary bypass are matters for each individual witness to personally decide.
- Organ transplantation is regarded as a person's medical choice.

JEWISH FAITH COMMUNITY

Beliefs

Jews believe in the existence of one indivisible G-d by whose will the universe and all that is in it was created (Observant Jews do not write out the name of the Divine).

G-d has a covenant relation with humans. The Jews accepted this covenant and try to be an example to all.

Judaism is a religion that focuses on action rather than beliefs. There are 613 mitzvot (commandments) that Jews are commanded to do.

Those commandments are found in the written Torah, the five books of Moses. The Talmud is a supplementary commentary to the written Torah.

Birth

Male babies are circumcised at eight days unless a medical condition warrants delay. Circumcision is usually conducted by a trained rabbi. A baby girl gets

a baby-naming ceremony in the synagogue.

Naming may not take place until after the family leaves the hospital.

Death and grief

Jewish law addresses end-of-life decisions.

Organ donation beliefs vary and should be discussed individually.

Judaism forbids cremation and autopsies are only allowed under exceptional circumstances.

Burial takes place 24-48 hours after death; amputated limbs must be buried with the body. Death certificates should be signed by doctors as soon as possible.

A body should not be left unattended until burial according to Jewish tradition.

Upon death, staff should call the 24-hour emergency phone of the Burial Society (Chevra Kadisha) that makes all arrangements (403-244-4717).

During the Sabbath and some holidays, a message can be left but the phone call will not be returned

until after the Sabbath or holiday is over, so arrangements can be made to store the body in the morgue.

Diet

Kosher food is available in the Calgary region of Alberta Health Services for patients who request it. Please let Jewish patients know it is available and ensure the dietician discusses their diet with them.

Do's and don'ts

- Jewish patients should be made aware Jewish clergy and volunteers are available for visiting, spiritual care, counseling and other needed help. Contact the Spiritual Care Department for names and phone numbers. Jews are not familiar with chaplains and will think a chaplain is Christian and therefore would not be helpful to them spiritually.
- Sabbath goes from sundown Friday to nightfall Saturday. Observant Jews do not work, travel, use electricity, handle money or bathe on the Sabbath or special holidays. Patients and families may request automatic sensors be turned off. Special prayers and rituals are observed on Friday at

HEALTH CARE AND RELIGIOUS BELIEFS

sundown. They involve bread, wine and lighting candles.

- Observant patients should not be discharged during Sabbath or other holy days unless there is a lounge where they can wait until nightfall in order to drive in a car or alternative arrangements can be made.
- Exemptions to the Sabbath rules must be made to save a life.
- Some medications are made with non-kosher product derivatives such as pork. Though most hospital patients can take most medicines, Jewish patients should be made aware of these medications and encouraged to discuss alternatives with their doctor.

Special Dates

- There may be rituals associated with special holidays, e.g., on Hanukkah lights are lit for eight days. On Passover, a special kosher diet is observed for eight days.
- Rosh Hashanah, the Jewish new year, takes place in the fall. G-d judges what will happen to each person in the new year and religious community visitors may bring

a shofar (ram's horn) for patients to blow.

- Sukkot is the Feast of the Tabernacles, a nine-day harvest festival. Families have meals and activities in a sukkah (small temporary hut). Religious community visitors may conduct special rituals.
- Hanukkah is a holiday commemorating the battle of the Maccabees. There is a candle-lighting ceremony and gifts are given to children.
- Purim celebrates the rescue of the Jews of Persia by Esther and Mordechai. Religious community visitors may bring gift baskets.
- Passover is an eight-day celebration of the exodus from Egypt led by Moses. No bread products may be used and many Jews have other dietary restrictions. Special "matzah" may be brought by religious community visitors.

PROTESTANT FAITH COMMUNITY

Beliefs

Protestant Christians believe in the Trinity and the sovereignty of God. They believe God forgives freely and will save all who accept the gift of Jesus' death for salvation.

Prayer is a method of communicating with God, thanking Him for His gifts and letting Him know of specific needs or concerns.

Christians look forward to a time when they will live forever with God.

Beliefs about the events leading up to that time vary among denominations.

Health and illness

Most Protestant churches emphasize the importance of individual well-being and relationships.

Health practices should support improvement of the whole person, including the mind, body and spirit.

Beliefs about the meaning and cause of suffering and the importance of spiritual practices will vary among denominations.

Birth

This is usually a time of great celebration and thanksgiving.

If a child is stillborn or if there is a miscarriage, some may wish to have the child baptized.

Death and grief

Some Christians have religious practices of anointing with oil or other such rituals. Many will appreciate the reading of scripture and/or prayer.

Some traditions teach as soon as a person dies, their soul goes to heaven where they live with God, family and friends who died before.

Others believe people who die cease to exist until Jesus comes to this earth and resurrects all the dead who have accepted Him. They will then be taken to heaven to live with God.

Diet

Dietary practices vary with religions. Some are vegetarian. Some have days of fasting for certain religious celebrations.

Do's and don'ts

- Organ donation is acceptable.
- Withdrawal of treatment and end-of-life issues vary from person to person.
- High value is placed on life as long as the quality is good.
- Spiritual practices may include scripture reading, prayer, offerings, anointing and the Eucharist.

Medical treatment

- While certain faith groups may have suggestions and restrictions, there are no general guidelines for Protestant Christians when it comes to treatment.

ROMAN CATHOLIC FAITH COMMUNITY

Beliefs

The Catholic Church is a Christian community which believes in Jesus Christ as, Son of God and the second person of the Blessed Trinity of Father, Son and Holy Spirit. The Church believes that Jesus Christ became man and lived among us as the Messiah and revealed to us the face of God as a loving Father. The Church believes that it is the will of God that all peoples are called to live forever in an eternal home called heaven and that this earthly life is a time of pilgrimage towards that end.

The baptized believers in Christ are referred to as the “*Mystical Body of Christ*”. As part of that body, Catholics, as all Christians, feel called to minister and witness to Christ’s continued presence here on earth. In order to make this presence more tangible and real the Church believes that Jesus Christ gave us the *Sacraments* as sacred signs of his continued presence with us. By the Sacraments of Baptism, Confirmation and the Eucharist believers are incorporated

into the Church, the *Mystical Body* and initiated into a life lead by the Holy Spirit.

Health and illness

The Church recognizes that all are in need of healing and grace throughout their lives and that a holistic understanding that embraces and validates the human person as body, mind and soul, is the most effective means of delivering medical care. The Church sees and relates to all peoples first and foremost as individual persons with the right to basic human dignity. One of the basic tenets is that the human person should never be treated as an object but rather respected and honored as a subject, an image and likeness of God himself. Treating individuals as human beings and caring for all aspects of their being is paramount to living the Gospel, the message of Christ. The Church also feels a special call from God to be present to the sick, the elderly, the poor, the needy and the dying. Thus, in times of illness or death, the Church through its members, laity and clergy, feels called to be present to all peoples in their pain and to communicate a sense of solidarity in their suffering and plight. Sacramental signs such as Holy Communion,

the Sacrament of Anointing and all final rites of forgiveness and healing can be a true source of hope to members of the faithful seeking support and comfort.

Birth

The Church believes that human life is to be revered and respected from the moment of conception to natural death. Medical interventions that place in jeopardy the life of the child in the womb are not permitted. However, a mother may undergo medical procedures necessary for life, even if the loss of the child may result as an unintended outcome of the procedure. In cases of miscarriage, stillbirth or death after birth, Emergency Baptism of the dying infant, prayers and funeral rites and rituals are generally to be anticipated by the Catholic parents.

Death and Grief

As Christians, Catholics believe that death is the door to eternal life that we must all pass through eventually. Thus, death is seen as a part of life itself. The Church sees it as her role to be present to the dying person and to accompany the final stages of life with prayers, rites and rituals that

affirm and strengthen Christians as they prepare to enter into eternity. At the core of Christian faith is the hope of eternal life. Death is treated in the light of this believed truth. Death need not be feared nor avoided with all measures, it can be welcomed when the time seems right and all care and diligence should be taken to affirm and strengthen the Christian's hope in an eternal life to come, in union with God. Grief too is seen as a natural process of dealing with death: the recognition that each person will deal with and has the right to grieve according to his or her personal state of mind is respected and honored. Grief support and bereavement ministry are integral to the Catholic way of life.

Diet

The Catholic Church has no dietary restrictions. The general discipline of abstinence from meat on Fridays is encouraged but not required. The Church has only two days within the year, Ash Wednesday and Good Friday, on which Catholics are required to fast and abstain from eating meat. The disciplines of fasting and abstinence never apply to members who are suffering from illness, infirmity or old age.

Medical treatment

The question of “life support” and in particular choices of withholding or withdrawing life-prolonging treatment is a question that comes up frequently. The Church does not view the gift of life as an absolute. This life is transitory and thus, it does not need to be sustained with all measures possible at all costs. The rejection of treatment due to it being too burdensome, risky, ineffective or disproportionate to the expected outcome does not constitute neglect. The duty of the faithful now shifts from avoiding death to providing comfort and strengthening the hope of eternal life, as death approaches. Excellent pain management while calculating the risks of death, without bringing death on, is what is desired. Where death appears to be inevitable then palliative care rather than what might be termed ‘extraordinary’ means of prolonging life is the preferred form of support to the patient and family. Active treatments that are seen as measures calculated to end pain and suffering by killing the patient are seen as a violation of the basic right to human life and thus never condoned. Participation in organ and tissue donation and transplantation is encouraged as an expression of solidarity, charity and respect for human dignity.

SEVENTH-DAY ADVENTIST FAITH COMMUNITY

Beliefs

The Seventh-day Adventist Church is one of many Christian communities of faith. Members treasure the knowledge they are loved and accepted by the Creator God. The denomination was organized in the mid-1800s and chose the name based on the observance of the seventh-day (Saturday) Sabbath and a belief in the second coming or “advent” of Jesus. The Bible is the source of their beliefs. The Sabbath is observed from sundown Friday to sundown Saturday. This is a special day to put aside work, secular pursuits and self-interests - a day to shut out the pressures of everyday life in order to receive the needed gifts of peace and rest. It is a time to worship the Creator and commune with Him.

Health and illness

The church teaches our bodies are God’s temple (1 Cor. 6:19). This leads to a special desire to

care for one’s health by exercising and eating a balanced diet.

From the church’s founding in the 1860s, there has been a strong presence in health care. Many Adventists choose to work in health care and many churches offer seminars and classes on healthful living.

Birth

The family unit tends to be strong among Seventh-day Adventists. Birth is a joyous time, celebrated by all generations. In the first few months after birth, many parents have their babies dedicated to God in a church service. In the case of a serious illness, parents may wish their baby to be dedicated in the hospital.

Death and Grief

Adventists believe people who die do not know anything until Jesus comes to this Earth and resurrects all the dead who have accepted Him. They will then be taken to heaven to live with God. It is important to refer to the person who died as being dead or asleep, rather than in heaven with God. There are no special rituals associated with death. Autopsies are

acceptable. Cremation and burial are equally satisfactory alternatives.

Diet

Because of the desire to keep one's body in top condition, many Adventists adhere to a vegetarian diet. They also refrain from alcohol and caffeinated beverages. Those members who are not vegetarian will refrain from pork, shellfish and other meats that are unclean, according to the laws in Leviticus.

Dos and don'ts

- Many who are seriously ill will wish for prayer by anointing by a pastor or church elder.
- Birth control is acceptable.
- The sanctity of human life is valued. The church does not condone abortions for reasons of birth control, gender selection or convenience. However, the personal liberty of women is guarded and supported.

Medical treatment

- Some members choose to use herbal therapies in conjunction with traditional medicine.
- Seventh-day Adventists value human life as a gift from God and support the use of medical treatment to prolong life. However, it is permissible to discontinue treatment if the burdens outweigh the benefits.
- The church is opposed to active euthanasia and assisted suicide.

SIKH FAITH COMMUNITY

Beliefs

The Sikh Faith was founded in 1469 by Guru Nanak Dev Ji in northern India.

It has now grown to be the fifth-largest religion in the world with more than 22 million followers.

Approximately one million followers live in North America.

The Sikh religion is a monotheistic religion with belief in One God.

The key tenets of the Sikh faith are to meditate on God, to earn one's living in an honest and honorable way and to share and serve those who are in need.

A Sikh means a disciple who learns.

The most important goal for a Sikh is to seek the truth.

The human soul is believed to be inherently good, although it is marred by mistakes and faults.

It is believed a soul can evolve spiritually by practicing the main Sikh tenets while living a normal householder lifestyle and rising in the ambrosial hours of the morning to meditate.

The concept of Sikh living encompasses the practice of moral, social and ethical responsibility for the individual to become closer to the truth and also the evolution of the individual soul further through reincarnation.

Guru Nanak Dev Ji, the first Sikh Guru, travelled throughout Southeast Asia spreading the key concepts of tolerance and equality of humankind with acceptance of all religions.

He spread the message of Sikhism by writing many scriptures.

He passed the light and leadership to nine other Sikh Gurus who each added to the scriptures.

In 1604, the 10th Sikh Master, Guru Gobind Singh Ji, passed the Supreme Authority of the Religion to the completed scripture, the Siri Guru Granth Sahib Ji.

The Siri Guru Granth Sahib Ji's writings include writings from Hindu and Muslim saints of the time, as well as the Sikh Gurus symbolizing the acceptance of all religions.

The Siri Guru Granth Sahib Ji is at the core of Sikh worship.

The scripture addresses every aspect of human life and experience on Earth and helps to elevate and guide the human consciousness with wisdom.

As the religion was born out of the strife between the two predominant religions of the time in India (Hinduism and Islam), Sikhs have a distinct appearance.

It serves not only as a reminder to maintain a level of moral and ethical consciousness but also to ensure Sikhs are visible and held accountable for their actions.

Historically, Sikhs have faced significant persecution for their distinct appearance and beliefs.

Baptized Sikhs always wear five articles of faith:

- 1) Kesh (uncut hair and beard) which represent respect of God's creation of the human form;

- 2) Kunga (small wooden comb) to maintain the hair but also symbolizes cleanliness;
- 3) Karra (steel bracelet) which represents self-restraint as God witnesses each action of an individual;
- 4) Kirpan (small sword) symbolizing commitment and dedication to justice and truth;
- 5) Kashera (special cotton underwear) representing self-control and purity.

This adult baptism is based on a Sikh's individual commitment and both men and women can be baptized.

Health and illness

Health and healing are directly related to spirituality in the Sikh religion.

There is an intricate connection between mind, body and spirit.

There is the belief the physical body is a temple to serve the spirit and further one's connection with God.

Meditation is an integral part of daily life of a Sikh, both on an individual and a family level,

especially in times of illness and need.

Certain Sikh prayers such as Sukhmani Sahib are hymns specifically for healing and peace.

Prayer gives power, courage, hope, and even acceptance and understanding of illness.

Sikhs believe God's will is always carried out, whether the results come through prayer or traditional medicine.

Some Sikhs will accept the will of God instead of following recommended medical treatment plans.

With its roots and origin in India, many Sikhs combine Western medicine with herbs and other alternative therapies.

Cigarettes, illicit drugs and alcohol are avoided.

These are intoxicants that alter the human body and are detrimental to pursuing God's way of life.

Birth

Life is considered to be sacred from the moment of conception to death.

Birth is a joyful time.

The baby's name often will be chosen after formal prayers and a reading from the Sacred Scripture.

Circumcision is not practiced.

Birth control is allowed, although some choose not to use it since it is viewed as disrupting the natural cycle of life.

Sexual relations are only appropriate within the context of marriage.

Death and Grief

At the time of death, meditation on the scripture and prayer is of utmost importance.

The presence of family and friends who help in the meditation is crucial.

The prayer and meditation can be in an active form by the patient or family or it may be passive in nature such that prayers and hymns are played at the bedside.

Following death, it is important for the five articles of faith to remain on the body.

Prayer and hymns may still be recited by the bedside.

Prior to cremation, the body is washed with yogurt and redressed with the five articles of faith.

Cremation is done as soon after death as possible and, during the cremation, a formal religious ceremony takes place.

Death is not viewed as a loss but an opportunity for the Sikh's soul to merge with the Almighty.

The physical body is then returned to the elemental form by cremation.

Sikhs also believe in reincarnation such that the individual soul comes and goes according to the balance of its karmic deeds - positive and negative.

Diet

Practicing Sikhs are lacto-vegetarian and will take dairy products but abstain from eggs and any meat. Individual practice and adherence to this varies.

Dos and don'ts

- Do not remove a turban or scarf from a Sikh's head

without explaining why it needs to be removed; then allow the patient to take it off in a private location.

- The turban must be handled with utmost respect and with clean hands.
- Do not place the head dress in the same place as the patient's shoes.
- Historically Sikhs have been persecuted for their beliefs and identity, especially the hair and the turban; thus, the hair of the body is considered extremely precious. A patient must be consulted and give explicit permission prior to trimming, cutting or shaving any hair from any part of the body.
- All articles of faith must be handled with clean hands and are kept on the person of a baptized Sikh at all times.
- Treatment by a health-care giver of the same sex is preferable.
- Cleanliness is highly valued. Daily bathing and hygiene always should be provided unless medically contraindicated.
- The Sikh Prayer Book (Nitnem) must be handled only

after washing the hands and the head is covered for prayer.

- If possible, avoid interrupting prayers and meditation.

Medical treatment

- A Sikh may refuse treatment that necessitates body hair removal. Please be aware certain medical testing such as EKG and stress treadmills can be adapted or performed without removing or shaving the chest hair.
- Sexual issues are considered to be extremely private and may not be discussed with healthcare providers. This may make getting a complete medical history difficult.
- Assisted suicide and euthanasia are not encouraged.
- Autopsy and blood transfusions are allowed.
- Abortion is an individual decision. Generally, it is discouraged except in the case of medical necessity.
- Prolonging the life of a patient in a vegetative state is discouraged.

UNITED CHURCH FAITH COMMUNITY

Beliefs

People who are a part of The United Church of Canada embrace a wide variety of beliefs within the Protestant tradition.

Core beliefs include:

- God as the Creator of all that exists. Scientific endeavor is helping to reveal the wonder of that creation every day and such endeavor is supported by The United Church of Canada.
- Jesus is God's unique revelation to Christians about life, death and life beyond death.
- Other religious traditions offer a pathway to God.

Health and illness

The United Church emphasizes the importance of individual well-being while recognizing the value of support from family and the community in maintaining good health.

Health practices should emphasize healing of the whole person, including mind, body and spirit.

Beliefs about the meaning and cause of suffering, as well as the importance of spiritual practices in maintaining good health will vary from person to person.

Birth

The birth of a child is generally a time of celebration for the parents and their family.

Some special rituals can accompany the birth of a child.

For example, some parents chose to have their child baptized at a later date.

If a child is stillborn or if there is a miscarriage, some parents may call upon their minister or other support person to offer comfort and solace.

As well, a special “celebration of life” service may be held at a later date.

Baptism may be requested and is usually performed by a minister.

However, in an emergency, a child may be baptized by an adult.

They would use the following wording: “I baptize you in the name of the Father, the Son, and the Holy Spirit,” as water is sprinkled on the forehead.

Death and grief

Many will ask for prayers and scripture reading from their minister or a spiritual caregiver as death approaches.

As well, families gather to say their goodbyes and to reminisce.

Those who are dying and who have come to the United Church from another faith tradition may ask for certain rituals to be performed from their former tradition. Since the United Church honors all faith traditions, this is easily arranged.

Death is seen as a part of life and there is a strong belief that after a person dies, he or she will be held safely in the arms of God and ushered into their new, transformed life beyond death.

Diet

The United Church has no dietary restrictions, so any restrictions will rest solely on the stated needs and desires of the individual.

Important things to remember

- Ministers serving United Church congregations accept as normal pastoral responsibilities:
 - Visiting congregants and providing pastoral care;
 - Being available when requested to administer the sacrament of baptism to a seriously ill child;
 - Offering prayers, Holy Communion or anointing the seriously ill or dying patient.
- The United Church supports trained lay visitation in healthcare facilities.
- Organ donation is acceptable and encouraged.
- Withdrawal of treatment and end-of-life issues vary from person to person.

- High value is placed on life, providing the quality of that life – as determined by the individual, in consultation with doctors and family—is good and livable without extreme life-support measures. Spiritual practices may include scripture reading, prayer, meditation, specialized rituals and Holy Communion which, in times of dying, can be administered by any adult in the event a minister cannot be contacted.
- Children should not be excluded from significant events such as sickness or death, as these are major life transitions and to leave children out tends to cause them to feel devalued and alone. Their inclusion should always be age appropriate, honest and open.

Medical treatment

The United Church encourages, as much as possible, full involvement and consultation with the patient when decisions are being made about medical treatment.

Blood transfusions are accepted as part of medical practice.

Ideas for multicultural, multifaith care

The decisions of patients and families are based on values shaped by their culture, faith and personal experience. Caring for patients in a multicultural, multilingual, multifaith context can be challenging. There are two perspectives that are helpful to keep in mind.

- Health-care professionals are trained in scientific biomedicine, a culture that has its own assumptions and values. In addition, they have a family and faith background. Each person's experience helps to create a view of life that is uniquely his or her own.
- Patients and families are also influenced by cultural background and personal experience. Awareness of religious and cultural traditions of various groups is helpful. Patients and families, though, must be approached as individuals. An attitude of cultural and religious "humility" may be more successful than an attitude of cultural and religious "competence."⁴

In their article, *Understanding Cultural Difference in Caring For Dying Patients*⁵, Barbara Koenig and Jan Gates-Williams suggest these guidelines for evaluating each patient and family:

- Assess the language used to discuss this patient's illness and disease, including the degree of openness in discussing the diagnosis, prognosis and death itself;
- Determine whether decisions are made by the patient or a larger social unit, such as the family;
- Consider the relevance of religious beliefs, particularly about the meaning of death, the existence of an afterlife and belief in miracles;
- Determine who controls access to the body and how the body should be approached after death;
- Assess how hope for recovery is negotiated within the family and with healthcare professionals;

- Assess the patient's degree of fatalism versus an active desire for the control of events into the future;
- Consider issues of generation or age, gender and power relationships, both within the patient's family and in interactions with the health-care team; take into account the political and historical context, particularly poverty, refugee status, past discrimination and lack of access to care;
- To aid the complex effort of interpreting the relevance of cultural dimensions of a particular case, make use of available resources, including community or religious leaders, family members and language translators.

Spiritual care assessment tool

While this booklet provides a brief overview of the major faith groups within Alberta, it is neither comprehensive in scope nor does it take into account the multiple meanings that individual adherers bring to their faith.

FICA6 is a spiritual assessment tool that was developed for health-care providers to help them address the expressed desire of the majority of patients to have their health-care professional inquire about their spiritual needs.^{7,8} While this manual has highlighted the beliefs of major faith groups within Alberta, there are many other faith groups that are not included in this document for which this tool might be of benefit.

Additionally, there is a growing number of Albertans who identify themselves as spiritual but not necessarily religious⁹, for whom this assessment might benefit. We encourage health-care providers to contact their institution's spiritual care provider or chaplain, most of whom are multifaith and non-denominational, to provide expert and ongoing spiritual care.

F *Faith or Beliefs*

- What things do you believe give meaning to your life?
- Do you consider yourself a spiritual and/or religious person?

I *Importance and Influence of Beliefs*

- How important is your faith or belief in your life?
- What influence does your faith and belief have on your illness?

C *Community*

- Are you a part of a spiritual or religious community?
- Does the community provide support for you? If so, how?

A *Address Care Issues*

- How would you like me to address these spiritual issues while caring for you?

Footnotes

¹ Chaplaincy Services, *Religious Beliefs and Practices Affecting Health Care*, University of Virginia Health System, 2003.

² Ontario Consultants on Religious Tolerance. Religious tolerance.org. www.religioustolerance.org

³ Baluff, John. *The Morality of Refusing Medical Treatments*. Homiletic and Pastoral Review (July 2004)

⁴ Trevalon, M.& Murray-Gracia, J. *Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education* (editorial). *J. Health Care Poor Underserved*, 1998; 9: 117-125

⁵ Koenig BA, Gates-Williams J: *Understanding Cultural Difference in Caring for Dying Patients, in Caring for Patients at the End of Life* (special issue), *West J. Med* 1995; 163: 244-249

⁶ Puchalski, C. & Romer, A.(2000). *Taking a spiritual history allows clinicians to understand patients more fully*. *Journal of Palliative Care*, 3, 129-137.

⁷ Balboni, T., Vanderwerker, L., Block, S., Paulk, E., Lathan, C., Peteet, J. et al (2007), *Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations With End-of-Life Treatment Preferences and Quality of Life*. *Journal of Clinical Oncology*, 25, 555-560.

⁸ Ehman, J., Ott, B., Short, T., Ciampa, R., & Hansen-Flaschen, J. (1999). *Do patients want physicians to inquire about spiritual or religious beliefs if they become gravely ill?* *Archives of Internal Medicine*, 159, 1803-1806.

⁹ Statscan, 2001. Population by religion, by province and territory. <http://www40.statcan.ca/101/cst01/demo30c.htm>

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Notes

If you are personally involved with one of these faith traditions and have suggestions for improving this booklet, please contact your local Spiritual Care department.

