

Religious Diversity: Practical Points for Health Care Providers

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4/20/07, revised 5/8/12

Presented here are brief lists of points for health care providers to keep in mind when caring for patients from a number of different religious traditions. These are not comprehensive descriptions but rather practical items that may affect a patient, family, and care team in the course of a hospitalization. For more information, and for resources to assist with any particular patient case, contact the chaplains of the Department of Pastoral Care.

Religious traditions tend to be as complex as they are long, and it is impossible to predict how any one patient or family member may understand or apply them in the context of health care. Therefore, providers should encourage patients and family members to interpret how religious/cultural values may be pertinent to a hospital stay--regarding personal needs, interaction with staff, and decisions about treatment.

The lists below address points for the care of patients from **Buddhist, Catholic, Hindu, Jehovah's Witness, Jewish, Muslim, and Pentecostal** traditions.

Buddhist Patients and Health Care: Nine Practical Points for non-Buddhist Providers

- 1) Buddhism places strong emphasis on "mindfulness," so patients may request peace and quiet for the purpose of meditation, especially during crises.
- 2) Some Buddhists may express strong, *culturally*-based concerns about modesty: for instance, regarding treatment by someone of the opposite sex.
- 3) Some Buddhists are strictly vegetarian in refusing to consume any meat or animal by-product. For such patients, even medications that are produced using animals are likely to be problematic.
- 4) The importance of mindful awareness of all of life's experience may affect patients' or family members' decisions about pain medications, out of worry that analgesics may unduly cloud awareness. Clinicians should be very specific in discussion of the use of any drug that may affect awareness, however it should be noted that moderate use of analgesics might actually enable a patient who is struggling with pain to achieve *greater* concentration and "mindfulness" under the circumstances. Non-pharmacological pain management options are often attractive. In some cases, Buddhists may refuse analgesics, but this should not be assumed by staff to mean a desire for suffering --in fact, Buddhism focuses on the *relief* of suffering, yet some patients may prefer clarity of consciousness to drugs that may reduce mental alertness.
- 5) Patients or families may pray or chant out loud repetitiously. This is often done quietly, and any noise concerns in a hospital can usually be negotiated easily. Patients may use a string of beads during prayer. Families sometimes wish to place a picture of the Buddha in the patient's room. Requests to burn incense or candles can be handled by suggesting alternatives, such as placing flowers in the room or setting up a small electric light.
- 6) In end-of-life care, Buddhists may be very concerned about safeguarding their awareness/consciousness. Clarification of the patient's wishes about the use of analgesics in the days and hours before death is strategically important for developing an ethical pain management plan.
- 7) As a patient approaches death, medical and nursing staff should minimize actions that might disturb his/her concentration or meditation in preparation for dying. In Buddhist tradition, death is conceived as a time of crucial "transition," with karmic implications. Near the time of death, a Buddhist patient's family may appear quite emotionally reserved and even keep their physical distance from the patient's bed --this is sometimes the custom for the purpose supporting the patient's desire to concentrate without distraction on the experience of dying.

- 8) After the patient has died, staff should try to keep the body as still as possible and avoid jostling during transport. Buddhism teaches that the body is not immediately devoid of the person's spirit after death, so there is continued concern about disturbing the body. Such belief may also be an impediment to discussion of organ donation.
- 9) Families may request that, after a patient has died, the patient's body be kept available to them for a number of hours, for the purpose of religious rites. All such requests should be negotiated carefully, maximizing the opportunity for accommodation in recognition of the religious significance.

Catholic Patients and Health Care: Eight Practical Points for non-Catholic Providers

- 1) Sacraments and blessings by a Catholic priest are highly important, especially before surgery or whenever there is a perceived risk of death. The sacramental requests most often made by patients are for "Sacrament of the Sick" (what some Catholics may think of as "Last Rites"), Confession, and Holy Communion (Eucharist) --the latter, however, does not have to be offered by a priest but may be offered by an authorized lay Catholic Eucharistic Minister.
- 2) If a patient is near death, there may be an urgent request for a Catholic priest to offer "Sacrament of the Sick" (which some Catholics may call "Last Rites"). Even if the sacrament has already been offered, there may still be a request for a priest to offer prayers and bless the patient.
- 3) Baptism: All requests for the sacrament of baptism should be relayed to a Catholic priest, but in the case of an infant who is likely to die before a priest can arrive, such an infant may be baptized by any person with proper intent --the person would say, "[*name of infant*], I baptize you in the name of the Father, and of the Son, and of the Holy Spirit," pouring a small amount of water over the infant's head three times. A report of such an emergency baptism should be made to the local Catholic parish priest.
- 4) Patients may request Holy Communion (Eucharist) prior to surgery. While a Catholic priest or Eucharistic Minister would typically offer such a patient only a *tiny* portion of a wafer, patients who are NPO (to have nothing by mouth) should have this request approved by the care team as medically safe.
- 5) Some patients may keep with them religious objects, such as a rosary (a loop of beads with a crucifix, used for prayer), a scapula (a small cloth devotional pendant), or a religious medal. If patients request that such an object remain with them during medical procedures, discuss the option of placing the object in a sealed bag that can be kept on or near the patient. If an object is metal and the patient is having a radiological procedure or test (like an MRI scan), ask the patient or family if they can bring in a non-metal substitute.
- 6) Interruption of religious practices, such as regular attendance at Mass or special observance of special holy days, may be highly stressful to Catholic patients. Discuss contacting clergy and/or a hospital chaplain.
- 7) Patients may have moral questions about treatment decisions, often about the withholding/withdrawing of life-sustaining treatment. Catholic teaching does *not* generally require any treatment considered "extraordinary means," but a priest may offer authoritative guidance in specific situations. Within families, there may be diverse opinions about Catholic moral teaching, and differences sometimes fall along age cohort lines because of the Second Vatican Council's many changes, occurring in the 1960s.
- 8) Patients may request non-meat diets, especially during the late-winter time of Lent (the 40 days before the festival of Easter).

Hindu Patients and Health Care: Eight Practical Points for non-Hindu Providers

- 1) Hindu patients may express strong, culturally-based concerns about modesty, especially regarding treatment by someone of the opposite sex. Genital and urinary issues are often not discussed with a spouse present.
- 2) Hindus are often strictly vegetarian in refusing to consume any meat or animal by-products. For such patients, even medications that are produced using animals are likely to be problematic. Some Hindus may also refrain from eating certain vegetables, like onions or garlic.

- 3) Fasting is a common practice in Hinduism, and patients may wish to discuss the implications here in light of the medical/dietary care plan.
- 4) The act of washing is generally conceived as requiring running water, either from a tap or (poured) from a pitcher. A patient may have a strong desire to wash his/her hands *after* meals.
- 5) For many Hindu patients, there is a cultural norm to use the right hand for "clean" tasks like eating (often without utensils) and their left hand for "unclean" tasks like toileting. Medical and nursing staff should consider this right-left significance before hindering a patient's hand or arm movement in any way. Discuss options with the patient.
- 6) Patients may wear jewelry or adornments that have strong cultural and religious meaning, and staff should not remove these without discussing the matter with the patient or family.
- 7) Hinduism teaches that death is a crucial "transition," with karmic implications. There may be a strong desire that death occur in the home rather than in the hospital. Family may wish a number of pre-death rituals (for example, tying a thread around the person's neck or wrist), and after death they may request to wash the patient's body (done by family members of the same sex as the patient).
- 8) Family may request that there be constant attendance of the deceased's body, and a family member or representative may wish to accompany the body constantly, even to the morgue (where the person may sit outside any restricted area yet relatively near the body).

Jehovah's Witness Patients and Health Care: Seven Practical Points for non-Jehovah's Witness Providers

- 1) The most defining tenant for Jehovah's Witnesses in health care is the strict prohibition (a scriptural injunction) against receiving blood (that is: red blood cells, white blood cells, platelets, or plasma), be it by transfusion (even the transfusion of a patient's stored blood), in medication containing or manufactured using blood products, or in food.
- 2) Some blood fractions (such as albumin, immunoglobulin, and hemophiliac preparations) are allowed, but patients are guided by their own conscience.
- 3) Organ donation and transplantation is allowed, but patients are guided by their own conscience.
- 4) Jehovah's Witnesses are usually well prepared to work with health care providers to seek all possible options for treatment that do not conflict with religious concerns. It is very common for adults to carry at all times a card stating religiously-based directives for treatment without blood.
- 5) Contrary to some popular misconceptions, faith-healing is not a part of Jehovah's Witness tradition. Prayers are often said for comfort and endurance.
- 6) Jehovah's Witness tradition does not teach that those who die experience an immediate afterlife. It would be *inappropriate* to say to the family of a deceased patient anything like, "He's in a better place now."
- 7) Jehovah's Witnesses do not celebrate birthdays or Christian "popular holidays."

Jewish Patients and Health Care: Eleven Practical Points for non-Jewish Providers

- 1) Some Jewish patients may strictly observe a rule not to "work" on the Sabbath (from sundown on Friday until sundown on Saturday) or on religious holidays. If so, this religious injunction against "work"—which includes prohibitions against using certain tools or engaging in tasks such as those that initiate the flow of electricity—would be problematic to tasks like writing, flipping a light switch, or pushing buttons to call a nurse, adjust a motorized bed, or operate a patient-controlled analgesia (PCA) pump. Also, the tearing of paper may be considered "work," so roll toilet paper should be replaced with an opened box of individual sheets. Medical procedures should not be scheduled during the Sabbath or religious holidays (unless they are *life-saving*), nor should hospital discharges be planned during such times without the consent of the patient. While these restrictions on "work" are generally associated with Orthodox Judaism, it is possible that they may be important for any Jewish patient.

- 2) Jewish holidays are usually highly significant for patients, especially Passover in the spring and Rosh Hashannah and Yom Kippur in the fall. These holidays may affect the scheduling of medical procedures and may involve dietary changes (related to a need for special food or to a desire to fast). All Jewish holidays run sundown-to-sundown.
- 3) Jewish patients often request a special "Kosher" diet, in accordance with religious laws that govern the methods of preparation of certain foods (for example, beef) and prohibit certain foods (for example, pork or gelatin) and combinations (for example, beef served with dairy products). During the holiday of Passover, an important distinction is made between food that is merely "Kosher" and that which is specifically "Kosher for Passover." Hand washing before eating may have a religious significance.
- 4) Some Jewish patients may have culturally-based concerns about modesty, especially regarding treatment by someone of the opposite sex. However, Jewish tradition holds the expertise of medical practitioners in high regard, and this fact may assuage concerns about treatment by the opposite sex.
- 5) Questions about the withholding or withdrawing of life-sustaining therapy are deeply debated within Judaism, and some patients or families are strongly opposed to the idea. Family members often wish to consult with a rabbi about the specific circumstances and decisions regarding end-of-life care.
- 6) After a patient has died, Jewish tradition directs that burial happen quickly and that there be no autopsy (though there is acceptance when autopsy is deemed necessary, such as by a mandate from the Medical Examiner). Also, the family may request that a family member or representative constantly accompany the body in the hospital, even to the morgue (where the person may sit outside any restricted area yet relatively near the body), to say prayers and read psalms.
- 7) There may be a request that amputated limbs be made available for burial. Details should be arranged through the patient's/family's funeral home.
- 8) Jewish religious laws pose a complex set of restrictions that can affect medical decisions, and patients or family members may request to speak with a rabbi to determine the moral propriety of any particular decision. Exceptions are often made to the normal application of the religious laws when an action is understood in terms of "*saving a life*," such as with emergency surgery during the Sabbath or (potentially) in the case of organ donation. The value of "saving a life" is held in extremely high regard in Jewish tradition.
- 9) It is common for Jewish patients to wear a *yarmulke* or *kippah* (skull cap), especially for prayer, but some people may wish to keep them on at all times. Patients or family members may also wear prayer shawls and use *phylacteries* (two small boxes containing scriptural verses and having leather straps, worn on the forehead and forearm during prayer). There may be a request that at least ten people (a *minyan*) be allowed in the patient's room for prayer.
- 10) A Jewish person need not be religious to be "Jewish," and such non-religious patients may observe Jewish religious traditions for cultural reasons.
- 11) The word "Jew" is commonly used within Jewish culture, but non-Jews should be mindful of its complex historical connotations by which it can sometimes carry a harsh tone when spoken by non-Jews.

Muslim Patients and Health Care:

Twelve Practical Points for non-Muslim Providers

- 1) Muslim patients may express strong, religiously/culturally-based concerns about modesty, especially regarding treatment by someone of the opposite sex. A Muslim woman may need to cover her body *completely* and should always be given time and opportunity to do so before anyone enters her room. Women may also request that a family member be present during an exam and may desire to keep on her clothes during an exam if at all possible. Muslim men may find examination by a woman to be extremely challenging. Nudity is emphatically discouraged. There should be no casual physical contact by non-family members of the opposite sex (such as shaking hands). Some Muslims may avoid eye-contact as a function of modesty.
- 2) Muslims may specifically request a diet in accordance with religious laws for "Halal" food, though many Muslims simply opt for a vegetarian diet as a quiet way to avoid religious prohibitions against such things as

pork products or gelatin. ("Halal" is *not* the same as "Kosher" --the latter refers to Jewish tradition.) Forbidden foods are referred to as "Haraam."

- 3) Muslim dietary regulation can affect patients' use of medications, especially drugs that have porcine origins or that contain gelatin or alcohol. The dietary prohibition against alcohol has occasionally raised questions about Muslims' use of alcohol-based handrubs in the hospital, but such handrubs should not ultimately prove problematic, because they do not have an intoxicating effect and are used for potentially life-saving hygiene - nevertheless, any patient or family member's concern about this should be addressed thoroughly and sensitively, perhaps with the input of an imam.
- 4) The act of washing is generally conceived as requiring *running* water, either from a tap or (poured) from a pitcher. As a result, Muslim patients typically do not feel truly cleaned by a sponge bath. Also, it is generally important that Muslims wash--with running water--both before and after meals, and also before prayers.
- 5) Muslim prayers are conducted five times a day. Patients may desire to pray by kneeling and bending to the floor, but Islamic tradition recognizes circumstances when this is not medically advisable. If patients are disturbed by their inability to pray on the floor, advice should be encouraged from an imam.
- 6) Muslim patients may take suffering with emotional reserve and may hesitate to express the need for pain management. Some may even refuse pain medication if they understand the experience of their pain to be spiritually enriching.
- 7) There may be a request that amputated limbs be made available for burial. Details should be arranged through the patient's/family's funeral home.
- 8) Muslim tradition generally discourages the withholding or withdrawing of life-sustaining therapy. However since decisions on this subject turn on the particular circumstances of the patient and the complexities of medical treatments, family members who are morally conflicted may wish to bring an experienced imam into their discussion with physicians.
- 9) A family member may request to be present with a dying person, so as to be able to whisper a proclamation of faith in the patient's ear right before death. (Similarly, a husband may request to be present at a birth in order to whisper a proclamation of faith in the ear of the newborn.)
- 10) After a death, the family may request to wash the patient and to position his/her bed to face Mecca. The patient's head should rest on a pillow.
- 11) Burial is usually accomplished as soon as possible. Muslim families rarely allow for autopsy apart from an order by a Medical Examiner. Some Muslims may consider organ donation, especially with a sense of "saving life," but the subject is open to a great difference of opinion within Islamic circles.
- 12) During the thirty-day month of Ramadan, Muslims refrain from food and drink from dawn until sundown. Physicians should explore with patients whether it is medically appropriate to fast while in the hospital, and if so, investigate options for pre-dawn meals, for providing patients with dates and spring water in the late afternoon (--a traditional way to break the daily fast), and for delaying dinner until after sunset. While anyone who is ill is *not obligated* to fast, the Ramadan observance can be powerfully meaningful to patients if they can participate. The month of Ramadan shifts according to a lunar calendar, and when it occurs during the summertime, longer days can make the fast more physically stressful.

Pentecostal Patients and Health Care:

Four Practical Points for non-Pentecostal Providers

- 1) Pentecostal patients may pray exuberantly. Noise concerns in a hospital can sometimes present a problem in this regard, but simply shutting the door to the patient's room can usually provide an adequate solution.
- 2) Pentecostals may pray by "speaking in tongues" (also called "glossolalia") --expression that is seemingly unintelligible to an objective hearer, but which holds very deep religious significance for worshippers.
- 3) Patients or families may request that relatively large numbers of people be allowed in the patient's room for prayer.
- 4) Patients or families may express strong belief in miraculous healing.