

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Respecting the Religious and Cultural Needs of Patients

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1. Introduction

The patients we care for come from a wide variety of religious and cultural backgrounds. The purpose of this document is to help staff understand more fully and appreciate the religious and cultural needs of all for whom they care.

This document provides information about groups likely to be found in the Newcastle area. This is arranged in alphabetical order. The information has been written or checked by members of the groups included. Useful contact names, addresses and telephone numbers of local people prepared to give further advice are listed. Some supporting information and national contacts are also given.

Each section gives general information about the group covered. However, the needs of individuals within that group may vary.

All patients need to be treated with respect and understanding and a dialogue established between care giver and patient/relative so that individual needs can be met. It is always advisable to talk sensitively with the patient about their needs. The patient may also be able to provide a contact number for their own spiritual advisor.

Every effort has been made to ensure that the information given is up to date. If there are any questions for which you cannot find answers please do not hesitate to contact myself or one of the other Trust Chaplains.

2. Baha'i Patients

2.1 About the Faith

This faith was begun in Iran in 1844 by Baha'ullah, who is regarded as a messenger of God. Baha'is believe in one God who reveals his purpose to mankind. Baha'is have a great respect for life. They are obliged to pray and read from scripture each day.

Most Baha'is in this country will be Iranian, but many are British and their needs whilst in hospital are the same as those of any other patients.

There are a number of different schools within the Baha'i Faith and all have different customs so ask the patient about their specific needs.

2.2 Admitting a Baha'i Patient

As for any patient, but remember Baha'is are from diverse backgrounds and if English is not their first language, they may need an interpreter.

2.3 Diet

There are no problem areas, but some may be vegetarian. Baha'is fast from 2nd to the 21st March, but this is not expected of sick people.

2.4 Other Considerations

- Blood transfusions: are acceptable
- Post-mortems: there is no religious objection to this
- Organ Donation: is acceptable and a praiseworthy thing to do

2.5 Birth

This is a happy time. The couple should be allowed to decide whether or not the husband is present.

2.6 Dying Patients

Baha'is believe that there is an after-life and may like members of their congregation to come and pray with them.

2.7 When a Baha'i Patient Dies

Relatives will wish to say prayers for the deceased. They believe that the body should be treated with great respect, but the usual last offices are appropriate. Talk with the family to find out their exact needs. Baha'is must be buried not cremated, and this must not be more than an hour's journey from where they died.

2.8 Useful contacts

Dr Chris Lee
Tel: 0191 268 4350 (home)
0191 252 3135 (work)
07842 212053 (voicemail)
Email: enquiries@bonut.org.uk
Web address: www.bonut.org.uk/

Newcastle Bahai Centre
30d Victoria Square
Newcastle upon Tyne
NE2 4DE

Please note that contact details are for the use of staff only and should not be given to patients.

3. Buddhist Patients

3.1 About the Faith

Buddhism is more a way of life than a religion, as it does not focus on ideas of a God or any other gods. This way of life is based on the teaching of Siddhartha Gautama, the Buddha who lived in the 6th century B.C.

Buddhists follow the eightfold path of Buddhism which encompasses understanding of life, right motives, right speech, perfect conduct, right livelihood, self-discipline, right mindedness and perfect meditation.

Buddhists also believe in Reincarnation, actions in this life will affect the quality of life in a future reincarnation.

3.2 Admitting a Buddhist Patient

There are a number of different schools of Buddhism and all have different customs so ask the patients about their specific needs.

Use straightforward usual method. A Buddhist may have a lay name and a Buddhist name, which it is worth noting for any contact with the Buddhist monastery or other organisation.

3.3 Diet

Varies, and Buddhists may or may not be vegetarians. There are several days of fasting. Ask the patient about these. On these days Buddhists do not eat after 12.00 noon.

3.4 Other Considerations

Peace and quiet for meditation is appreciated, as are visits from other Buddhists.

- **Organ donation:**
may not be acceptable as many may wish for their body to be buried or cremated whole
- **Blood Transfusions and Transplants:**
are acceptable but ask the individual.
- **Birth:**
There are no special considerations or ceremonies.

3.5 Dying Patients

Buddhists believe that dying is an important part of life. The patient would probably value open and honest communication about their own death in order to prepare. Similarly, they may like a reduction in drugs

given so as to approach death consciously and with a clear mind. The patient should be visited by a Buddhist Monk.

3.6 When a Buddhist Patient Dies

There are no particular rituals, but inform a Buddhist Priest as quickly as possible. Ask the family if they have a specific contact. Ideally, the body should not be removed before the Buddhist Priest arrives to say prayers and to allow the family to spend some time with the body. The Priest may not arrive for an hour or even longer. The Priest may recite the prayers at a distance -in the Buddhist Temple instead.

The Buddhist Monasteries at Belsay and Harnham will give advice on making funeral arrangements and can be contacted during the night when you should leave a message on the answer phone if necessary.

3.7 Useful Contacts

Revd. Sujatin Johnson
Order of Amida Buddha
Amida Sanctuary
Beacon House
49 Linden Road
Gosforth
NE3 4HA
Tel 0191 213 2564
Amida Trust www.amidatrust.com

Friends of the Western Buddhist Order
The Buddhist Centre
3rd Floor, The Newe House
12 Pilgrim Street
Newcastle upon Tyne
NE1 6QG
Tel: 0191 261 1722

Harnham Buddhist Monastery
Harnham
Belsay
Northumberland
NE20 0HF
Tel 01661 881 612
Fax 01661 881 019

Throssel Hole Priory
Carshield
Hexham
Northumberland
NE47 8AL
Tel 01434 345 204

Rolf Artychowski
2581751

Please see also additional information about the Throssel Hole Buddhist Abbey (Appendix 1).

Please note that contact details are for the use of staff only and should not be given to patients.

4. Chinese Patients

4.1 About the Faith

There is no one faith for the Chinese people, but a rich and varied religious tradition - may be Buddhist or other Christians - and a complex system of magical beliefs and practices Chinese people may be Christians, Buddhists or members of another faith. Ask the patient about their faith or their needs whilst in hospital. Most younger Chinese immigrants will accept western ways. Ask the patient if they have any religious needs whilst in hospital.

4.2 Diet

A strong preference for home cooking and a belief that rice is the only staple food means that patients will require rice-based meals and these may be brought by relatives. Well boiled soup is thought to purge the system and promote speedy recovery, particularly after surgery.

4.3 Other Considerations

Generally Chinese women are modest and would prefer a female professional

Clear explanation of medical procedures and why they are being given will gain co-operation and trust.

Some Chinese will be loyal to traditional medicine. Most Chinese will reconcile aspects of traditional and western medicine as complementary.

- Blood Transfusions and Organ Transplants:
Should be acceptable
- Post mortems: Chinese who are of the Muslim Faith may object
- Birth:
Mothers may be unwilling to bath for a few days after giving birth.
Traditionally they should rest. Presents are brought for the new baby.
The baby's head is often shaved about a month after the birth.

4.4 When a Chinese Patient Dies

There is a wide variety of funeral and mourning customs. The position and wealth or poverty of the family are factors to be considered in the performance of rites.

When a child dies the funeral takes place immediately with no special ceremony.

When an adult dies the body is washed. Some Chinese will want to clothe the body in white, or in old-fashioned clothing. Relatives and friends will want to see the body before the coffin is closed

4.5 Useful Contacts

Please refer to Section 3 Buddhist – pages 4 - 5

Please refer to Section 5 Christian – pages 7 – 11.

Please note that contact details are for the use of staff only and should not be given to patients.

5. Christian Patients

5.1 About the Faith

A Christian is the name applied to a person who believes in the divinity of Jesus Christ. The Christian religion today is represented by many different Churches. These as a whole claim to represent one third of the world's population. The common thread to all their beliefs is the teaching of God as a Trinity; Father, Son and Holy Spirit. God is seen as the creator of the world, which has been saved, through Jesus Christ. The Bible is seen as a unique collection of books telling of the revelation of God.

Sacraments are practiced by Christians as outward and visible signs of spiritual gifts. Tradition recognises seven sacraments although some Churches only recognise two or three. Baptism marks the entry of a person into the Christian faith and churches accept each other's baptism. The Eucharist is the principal sacrament and is also called the Lord's Supper, Holy Communion or Mass. In this bread and wine are used to symbolise the body and blood of Jesus Christ and distributed to members. Another sacrament often associated with hospitals is extreme unction, which is the anointing of the sick person with oil.

There are a number of Christian denominations.

- Anglican
(these include the Church of Ireland and the Scottish Episcopal church, the Church of England, the Church of Wales)
- Free Church
(these include Methodists, Baptists, the Salvation Army, the United Reform Churches, The Society of Friends, Presbyterian, the Church of Scotland and others)
- Roman Catholic
(the Roman Catholic Church is the religious group which accept the Pope as their spiritual leader)

The Newcastle upon Tyne Hospitals NHS Foundation Trust employs chaplains who represent all of these denominations.

5.2 Admitting a Christian Patient

Ask the patient if they would like the hospital chaplain to call. Messages may be left on the chaplaincy answer-phones or all the chaplains carry a hospital bleep (see supplementary information).

Practicing Catholic patients usually wish to see the priest whilst in hospital. Staff should never hesitate to call in the priest for the patient or their family members. Patients may wish to receive Holy Communion regularly whilst in hospital. Anointing with oil is a very important aspect of Catholic patients' care and this, together with confession may be sought before an operation or if a patient deteriorates.

Anglican and Free Church patients may also wish for prayers, Holy Communion or anointing. Please ask the patient about this.

There are no particular requirements. Some may wish to abstain from meat on a Friday. Others may wish to fast before receiving Holy Communion.

5.3 Other Considerations

- Post-mortem:
there are no religious objections to this.
- Organ donation:
there are no religious objections to the giving or receiving of organs. A body may be donated for teaching or research purposes. The church will offer a memorial service and later a funeral service for donated bodies.
- Birth:
There are no rites associated with birth. If the child is seriously ill at birth, baptism should be offered to the parents and a Chaplain called. If there is no time to call a Chaplain, a member of staff could baptise. Water is poured over the child's head three times in the name of the Father and of the Son and of the Holy Spirit and the sign of the cross is made. If ever you have to baptise, pour a little water over the forehead saying "NAME OF CHILD, I baptise you in the name of the Father and of the Son and of the Holy Spirit, Amen". If baptism is not offered considerable distress may be caused if the child dies without being baptised because some may feel their child has been excluded from God's family.

5.4 Dying Patients

Christians believe in a life after death. As death approaches some may wish prayers said or anointing to take place. The Chaplain is also available to comfort the family and is also available to support non-believers or non-practicing people. Ask the patient or family about their needs.

In the Roman Catholic Church, the sacrament of the sick is administered to patients and is adapted according to the seriousness of the illness and can be

repeated if circumstances change. This sacrament symbolises forgiveness, healing and reconciliation. It is more important for the Priest to be called out before a patient dies. If the health of the patient deteriorates and it is their wish or the wish of the relatives, do not hesitate to call the priest via the hospital switchboard.

5.5 When a Christian Patient Dies

- **Anglican and Free Church**
Ask the family about their needs. Prayers may be said by the bedside at the point of death or over the body soon afterwards. Sometimes prayers are said in the mortuary viewing chapel. The last offices can be carried out according to normal practice. Burial and cremation are both acceptable.
- **Roman Catholic Church**
The priest is often called at the point of death or soon afterwards to administer the Last Rites. This used to be called Extreme Unction. The last offices can be carried out according to normal practice. Traditionally burial has been preferred but cremation is acceptable. The main reason to call the priest out when the patient dies is to pray with and help console relatives. It may not be necessary to call the priest out when there are no relatives present.
- **Greek, Russian and Syrian Orthodox Churches**
can be referred to the Church of England Chaplain but useful contacts are

5.5 Useful Contacts

Coptic Church

Tel: 0191 268 4254

Polish Christians

Polish White Eagle Club

2 Maple Terrace

Newcastle upon Tyne

NE4

Tel: 0191 273 1677

Father A. Michaelowski (or his successor)

Greek Orthodox

Father Andreas Tel: 01642 285 275

Times of Greek Orthodox service can be obtained from St Andrew's Church

Parish Office Tel: 0191 222 0259

The service is usually the 2nd Sunday of every month at 11.00 am but please check.

Please note that contact details are for the use of staff only and should not be given to patients.

5.6 Chaplaincy Department

The hospitals served by the above Trust are:

Freeman Hospital
Royal Victoria Infirmary
Walkergate Hospital

The Chaplaincy Department of the Trust consists of a multi-denominational team made up of Ordained and Lay Chaplains who work ecumenically on each site and across the sites at nights and at weekends.

Please notify us of any of your parishioners/church members who are admitted to any of the hospitals in the Trust. Last year the Trust cared for over 100,000 in-patients. Your referral will help to ensure that we meet your parishioner/church member and offer them any support they may want.

5.7 To contact a chaplain

If you wish to contact a Chaplain please phone 48129 during office hours. If you need to contact a Chaplain urgently or out of hours please ask the hospital switchboard to contact the Chaplain On-Call stating whether you need the Roman Catholic or Church of England/Free Church Chaplain.

5.8 Chaplains

The whole-time Chaplains currently in post are:

Reverend David Shaw	Reverend Kathy Jones
Reverend Nigel Goodfellow	Reverend Marjorie Shipton

The Part-time and Voluntary Chaplains in post are:

Reverend Katy Francis	Miss Bernadette Doyle
Reverend Peter Jones	Father Michael Corbett

5.9. Further Information

The Chaplaincy Department is able to contact people of Other Faiths and is a resource for the Churches on Health Care Issues.

For further information about the Chaplaincy Department please contact:

- Reverend Nigel Goodfellow, Trust Head of Chaplaincy.

For further information regarding the Chaplaincy, please see the following:

- Appendix 2: Information for Patients
- Appendix 3: Information for Staff

Please Note That Contact Details Are For The Use Of Staff Only And Should Not Be Given To Patients.

6. Christian Scientists

6.1 About the Faith

Mary Baker Eddy founded the Church of Christ Scientist in 1879. She had experienced a lot of ill health, which caused her to question God's role in human suffering. She also experienced a personal healing. In 1875 she published a book called 'Science and Health with the key to the Scriptures'. This book and the Bible are the basic textbooks for adherents to this Faith.

The Church of Christian Scientists aims to bring back the last element of 'healing' into Christianity. Prayer is crucial for the healing of sickness and disease, so 'treatment' is purely spiritual.

This Church does not try to control the actions of its members or prevent conventional treatment.

6.2 Admitting a Christian Scientist

It is highly unusual for a Christian Scientist to be admitted to an ordinary hospital except in an emergency because of their reliance on the 'spiritual' for healing, rather than medicines, etc.

If a patient is admitted, follow conventional procedures.

- Voluntary Patients:
will probably accept conventional, though minimal medical treatment.
- Involuntary Patients:
will probably wish to be free of conventional medical treatments and be transferred to a place where they can be looked after according to their own religious convictions.

6.3 Diet

Only alcohol and smoking are forbidden.

6.4 Other Considerations

- Privacy would be appreciated.
The patient will wish to pray silently and have access to a Bible and "Science and Health with Key to the Scriptures". Family or friends may well provide these.
- Children:
Christian Scientists accept medical care for their children according to the Children and Young Children Act, 1933, and would not object to blood transfusions and the like for them.

- Blood Transfusions:
Although Christian Scientists have no specific objection as this a material treatment, they would not wish to participate as a donor or recipient.
- Post-mortems and Organ Donation:
Christian Scientists would prefer the body to be kept inviolate unless a post-mortem is legally required. Christian Scientists would not normally wish to receive or donate organs.

There is no ceremony for a sick patient, but they will make their own silent prayer.

6.5 Dying Patients

Death is seen as 'the last enemy that shall be destroyed' (1 Corinthian. 15:26). No one is believed to be beyond the healing power of God. There are no last rites or rituals.

6.6 When a Christian Scientist Dies

Routine last offices are acceptable, but a female body should only be handled by female nurses. Cremation or burial is a matter of personal choice.

6.7 Contacts

Please consult the patient or a relative or

Christian Science Reading Room Tel: 0191 213 1018
Tuesday to Friday 12.30 pm – 2.30 pm
Saturday - 10.30 am - 12.30 pm

Mrs Margaret Davies Tel: 01661 823337
Mr Hugh Plummer Tel: 0191 414 0858

Please note that contact details are for the use of staff only and should not be given to patients.

7. Hindu Patients

7.1 About the Faith

The range of Hindu belief and practice is great, but Hindu's believe in one all encompassing Divine reality: GOD. In worship gods or goddesses represent the different qualities of GOD. The purpose of human life is to communicate with GOD, realise him by living a moral and ethical life.

Hindus believe in a cycle of rebirth or reincarnation. Deeds in a previous life determine one's position in this life. Similarly, behavior in this life determines one's station in the next. Everyone must try to live a life that rises above this cycle of rebirth so that the soul can be released and become one with God.

The Divine dwells in everyone and so a Hindu will show practical care and concern for all around them.

Most Hindus pray at least once or twice a day, usually at sunrise and sunset and the patient may wish to wash and change before doing so.

7.2 Admitting a Hindu Patient

It is important to be sensitive to individual needs. Ask now about dietary requirements and the need for an interpreter. If the patient does not speak English, find out if an interpreter is required or if a family member is going to act as interpreter.

Hindus in Britain may speak one of several languages: Gujerati, Hindi, Punjabi, Tamil, Malayalam or others.

Remember that a female patient would prefer a female doctor and that consideration should be given to modesty. Hindu women may prefer not to undress for an examination. Only in an emergency should a Hindu patient be admitted to a mixed ward.

Names can be confusing since Hindu patients have three names, for example:

Personal Name	ARIMA
Middle Name	KUMARI
Family Name	CHOPRA

The patient may not use the family name and just give two. It is a good idea to use the name given on the medical card or in the GP's register.

7.3 Diet

Always check particular requirements with the individual.

Many Hindus are vegetarians, but not all. These patients may not be prepared to use crockery and cutlery, which have been used for preparing meat or eggs.

If this is so, consult with the Catering Manager. Do not remove meat from a plate and then give that plate to the patient.

Some Hindu patients will want to wash their hands before and after meals and may wish to rinse out their mouth.

Some Hindu patients may have set ideas about not eating certain foods at particular times, for example, if you have a cough it is unwise to have milk or citrus fruits or ice cream as it exacerbates cold symptoms.

7.4 Fasting

Very few Hindus would insist on fasting in hospital. Even fasting Hindus would eat fruit and drink milk. However, at the end of a religious fast, which has been kept at home, relatives may bring small quantities of food offered in thanksgiving to God for the patient to share.

7.5 Other Considerations

- Cleanliness:
Hindus like running water for washing in the same room as the toilet. If a bedpan is used a bowl of water must be provided afterwards. Also, patients prefer to wash in free-flowing water so a shower is preferable to a bath. If there is no shower the patients may wish to pour water over themselves with a small bowl.
- Jewellery:
This may have religious significance, so always ask before removing it. Some jewellery may be taped to the patient's body during an operation if necessary.
- Blood transfusions and Transplants - are acceptable
- Post Mortems:
are not liked but are acceptable if unavoidable. The family will be most anxious that all of the organs are returned to the body to safeguard Peace in the after-life. If the Coroner is involved, make sure the family know why as they like the funeral to take place within as near to twenty-four hours as possible.
- Birth:
During their pregnancy and delivery, mothers like to eat hot foods, also nuts and have hot drinks such as milk.

Mothers rest for 40 days after the birth and relatives may be anxious to see that this happens -indeed they may even be worried if mum has got up for a bath within the first few days.

Traditionally mum and baby are given body massages with almond, coconut and jasmine oil.

Mothers are given a diet of chapattis with plenty of ghee and sweets mixed with brown sugar and nuts. The family may bring this in. Breast feeding mothers avoid food containing chillies.

7.6 Dying Patients

Hindus would prefer to die at home so every effort should be made to make this possible.

In hospital customs and needs will vary depending on the devoutness of the patient and family.

Relatives may wish to bring money and clothes to be touched by the patient; which are then distributed to the needy. If the relatives cannot do this, they may ask a nurse to do so. They may wish to sit with the patient and read from a Holy Book (The Bhagavad-Gita and The Ramayna). Some patients may want to lie on the floor to symbolise closeness with Mother Earth or desire to give the bed to someone in greater need. Staff should be able to facilitate this if is the wish of the patient.

Ask the patient/family if they would like the Hindu Priest (Pandit) to be called. Ask them if they have his telephone number. If not use the contact names given below, or contact the Chaplaincy Department.

Some rites that the Priest or family may perform are: to put a thread around the neck and wrist as a blessing, sprinkling Ganges water over the body or placing a tulsi leaf and Ganges water in the mouth. **These and jewellery should not be removed by health care staff.**

7.7 When a Hindu Patient Dies

Ask the family if they would like to perform the last offices. Treat the body with great respect. Some Hindus may not like non-Hindus to touch the body. If this is so wear disposable gloves.

The family will want to wash the body with Ganges Water (which they will bring from the Temple). They will also put on new clothes. It is customary for the eldest son to participate no matter how young he is.

If no family members are present a limited laying out is appropriate. Wear disposable gloves and close the eyes, straighten the limbs and support the chin. Jewellery, sacred threads or religious objects should be left on the body. Do not wash the body but wrap in a plain white sheet. Contact the local Hindu Temple for advice. Adult Hindus are always cremated. Children under five years are buried.

If you have any queries about hospital protocol in the case of death, such as how to release a body quickly, please refer to the Death Resource File or contact the Site Manager on call.

7.8 Useful Contacts

Hindu Temple
170 West Road
0191 273 3364
9.00 am – 11.30 am and 5.30 pm – 8.00 pm

Mr Sunny Vedhara
Tel: 0780 2234506

Hindu Priest, Ban Kristan Gaudam,

Tel: 0777 2083033

Please Note That Contact Details Are For The Use Of Staff Only And Should Not Be Given To Patients.

8. Humanist Patients

8.1 About the Beliefs

Humanism is an approach to life based on reason and concern for humanity. Humanists believe that moral values are founded on human nature and experienced alone. They do not believe in God or accept the idea of life after death. They aim to live full and meaningful lives and try to help others to do the same. The fundamental moral principles of Humanism are freedom tolerance and happiness.

8.2 Admitting as Humanist Patient

Follow normal procedures.

8.3 Diet

No special considerations.

8.4 Other Issues

Post-Mortems, transplants, transfusions and organ donation.

Usually humanist patients will have no objection to these but ask the patient or the patient's family and deal sensitively with their wishes.

- Birth: Ask the patient about their needs.
- Dying Patients:
There are no particular rules or rituals but ask the patient about their needs and always respect privacy and dignity. A Humanist patient will not want to see a member of Chaplaincy.

8.5 When a Humanist Patient Dies

Routine last offices are appropriate. Both burial and cremation are acceptable. The British Humanist Association has a national network of officiates who

conduct funerals for their members and anyone else who requires a non-religious funeral.

8.6 For Information Contact

The British Humanist Association Tel: 0207 0793580

Humanists North East
Marjorie MacNaughton Tel.: 0191 284 4902

Ceremonies Helpline Number - from which a local contact number can be obtained Tel: 0990 168122

Local celebrants contact John Hodge Tel.: 0191 281 2808

Please note that contact details are for the use of staff only and should not be given to patients.

9. The Jain Religion/Jainism

Brief History of the Religion

Jainism is one of the oldest Indian religions. Most Jains in the UK are originally from the Gujarat and Rajasthan regions of India.

Jains are the followers of 'Jina', the conquerors of inner enemies such as anger, greed, deceit and egoism. The Jina are omniscient individual souls who have liberated themselves from the cycle of death and rebirth. There are 24 such Jinas (also known as Tirthankars) of the current time cycle. Their lives and teachings are a guide for Jains to follow.

Lord Mahavir (599-527 BCE) was the last Jina of the current era, who expounded and preached Jain philosophy established by previous Jinas.

9.2 Festivals (according to Indian Lunar Calendar)

- March/April: Mahavir Janma Kalyanak (birth anniversary of Lord Mahavir)
- August/September: Paryushan (A period of eight/ten days of religious austerity/fasting and forgiveness).
- October/November: Diwali (Liberation of Lord Mahavir's soul; celebrated as a Festival of Light) & New Year (which is the day after Diwali).

Religious Leaders

Jain Monks do not use any means of transport. They travel on foot only, so they are not seen out of India. Knowledgeable persons from the lay community may act as preachers.

Dietary Requirements

Jains are vegetarian and teetotal (no meat, seafood, eggs or mushrooms, but milk is permitted). Their food should be prepared separately so that it does not get contaminated by egg, fish, meat etc. Those who are strict followers of Jain principles may also avoid root vegetables such as potatoes, carrots, beetroot, onions, garlic etc. The strictest will not eat or drink between sunset and sunrise and will only drink water that has been boiled, cooled and filtered.

Medication

Not strict about medication, but will avoid if known to have ingredients derived from animal products or contain any such product. (e.g. cod-liver oil)
Prefer to avoid medicines developed by testing on animals.

Personal Hygiene/ Washing

Jains prefer to brush their teeth before their breakfast, wash themselves with flowing water, and rinse their mouth before reciting prayers.

Worship/Prayer

Patients or their relatives may want to recite prayers or read religious books/scriptures, or listen to religious audio recordings.

9.10 Privacy and Dignity/Modesty

Usually prefer to have close friends or relatives to be present as much as possible.

Prefer to be accommodated in separate male/female wards. Women will prefer to be seen by female doctors and nurses.

9.11 Other Issues

- Birth:
Chant prayers in baby's ears immediately after birth. Newborn will be named by performing a naming ritual a few days later.
- Care of Dying:
Close family members and relatives like to remain present at the bedside of the patient. Prayers are offered for the soul of the dying patient. Some may prefer to read from the religious books. Presence of a Jain Spiritual Caregiver will be preferred.
- Termination: Jains are against abortion or termination of life.
- Death:
Normally body is immediately cremated, hence earliest cremation is preferred.

- Post mortem:
Jains prefer no interference with dead body. It will need special diplomacy by coroner's office to convince close relatives.
- Organ Donating/Receiving: Depends on individual's wish.
- Blood Transfusion: Giving or receiving blood is accepted practice.
- Funeral: Body is always cremated, no burial.

10. Jehovah's Witness

10.1 About the Faith

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

10.2 Diet

While abstaining from blood and the meat of animals from which blood has not been properly drained, there are no other religious restrictions on what Jehovah's Witnesses can eat.

10.3 Blood Transfusions & Blood Products

"Jehovah's Witnesses have absolutely refused the transfusion of blood and primary blood components (red cells, white cells, platelets and plasma) ever since these techniques became universally available. This is a deeply-held core value and they regard a non-consensual transfusion as a gross violation" (The Royal College of Surgeons of England Code of Practice for the Surgical Management of Jehovah's Witnesses).

When it comes to derivatives of any these primary blood components, what they refer to as "blood fractions" (such as albumin, coagulation factors, immunoglobulins) this is a personal decision for each patient. Some Witness patients will refuse all such products, others may accept some but not others, and still others may have no objection to such. It is therefore important to discuss with each patient whether or not these products are personally acceptable.

10.4 Autologous Transfusion.

Whether or not to accept procedures involving their own blood is for each Witness to decide. This would include all forms of Perioperative / intraoperative blood salvage (cell saver) haemodilution, and postoperative blood salvage

(wound drains) While machines, systems and arrangements vary, each patient must decide how his or her own blood will be handled in the course of a surgical procedure, medical test, or current therapy.

Autologous predeposit (PAD) is not acceptable

10.5 Identification

Most Jehovah's Witnesses carry an "Advance Decision to Refuse Specified Medical Treatment" document, which directs staff not to use blood or blood products in their treatment. It also releases staff from any liability for co-operating with this demand. It will be signed, dated and witnessed by two other people. A copy of this document should be prominently placed in the patient's file.

Children of Jehovah's Witnesses usually carry an Identity Card giving contact details of their parents.

A red Identification Wristband should be used to alert all staff. (See "Patient Identification Policy".)

Jehovah's Witnesses refuse blood for themselves and their children. In the event of any difficulties, including any potential court action, please contact the Hospital Liaison Committee for Jehovah's Witnesses. (See contact details.) More comprehensive information on the management of Jehovah's Witnesses can be found in the Intranet document: "The Newcastle upon Tyne Hospitals NHS Foundation Trust – The Medical Treatment of Jehovah's Witnesses".

10.6 Other Considerations

Post-Mortems, Organ Transplants and Donations are a matter of personal conscience.

- Birth: Children are not baptised.
- Dying Patients:
There are no rituals, but family, friends and elders of the congregation will want to visit.

The routine last offices can be carried out, but there are no particular rites. Burial and cremation are both acceptable.

10.7 Useful Contacts - Contacts for any blood related issues

- The Hospital Liaison Committee

Members of the Hospital Liaison Committee are available 24 hours a day 365 days a year. Their services are programmed to solve problems that may arise when physicians feel blood is necessary. They support the patient,

family and attending physician by locating doctors and medical teams experienced in non-blood medical management techniques. Hospital Liaison Committee members have extensive information on available alternatives to blood transfusion therapy. They maintain a file of up to date articles on non-blood medical strategies from respected medical literature that can be made readily available to the attending physician.

Ian Philp (Chairman)	0191 2664482 + fax
Jeffrey Baker	0191 2662983
John Barber	01207 542123
Jack Marshall	0191 4205370
Ken Murr	0191 2586804 + fax
Alan Sanderson	0191 4285845 + fax
Emergency 24 hour	07790 311576 - 07889 733798

10.8 Contacts for Pastoral Visiting - Patient Support Group

- Freeman Hospital – George Bulman 0191 2668932
Thomas Embleton 0191 2151321
Jonathon Nelson 0191 2661754
- RVI - James Kostalas 0191 2814922
Tony Jackson 0191 2817450
- NGH - Duncan Brown 0191 4143405
Chris Davey 07828842565
- National Contact 0208 9062211

Please note that contact details are for the use of staff only and should not be given to patients.

11. Jewish Patients

11.1 About the Faith

Judaism is the oldest of the world's three great religions worshipping one God who is Creator and ruler of the whole world. He is everything and knows everything. He has revealed his law (Torah) to the Jewish people and chosen them to be a light or example to mankind.

To be a Covenant people is seen as a great privilege but it brings with it great responsibilities. Therefore Jews have well developed customs, traditions, liturgies and ways of life to try and help them worship the one God, carry out the ten commandments and practice charity and tolerance towards their fellow human beings.

There are about 13 million Jews in the world, and after many years of dispersal from their land or origin, traditions will vary from place to place. Four kinds of Jewish people are distinguishable:

- Hasidim
Identifiable by their black coats and curls of hair, who try to live in isolation from the Gentile world.
- Modern Orthodox/Traditional
Jews who's every aspect of life is governed by the Torah and conforms strictly to the rules and rituals set out in the Pentateuch (The first five books of the Old Testament).
- Reform/Progressive
Jews who no longer hold that the Torah is factual and binding and are therefore much more relaxed in their lifestyle.
- Secular Jews
are those who identify with Judaism through culture rather than religion.

11.2 Diet

It is important that diet is talked over with the patient and family fully incorporating dieticians and the catering staff as appropriate because Jews have a code of dietary laws to ensure that food is fit and clean (Kosher) to enable them to maintain their religious purity. How strictly this is adhered to depend on how orthodox a person is. Most hospital kitchens provide Kosher meals with separate crockery and cutlery; check on this with the catering department, observant Jews may like a vegetarian diet or ask their family to bring food in.

Meat needs to be killed by their own religious personnel in a humanitarian way. Jewish patients do not eat pork in any form. Some Jews will not take meat and milk at the same meal and may wish to wait 3 hours before doing so. For instance, lasagne and mince and a cheese sauce is not appropriate.

Some Orthodox Jews keep separate crockery, cutlery and utensils for meat and milk. Do not remove meat or a milk based food from a plate and then give that plate to a Jewish patient.

Cheddar cheese may not be acceptable. Eggs and white fish are acceptable but shellfish and fish lacking fins and scales may not be.

To avoid deterioration in health, some laxity may be allowed, a Jew who would not normally eat out because of the risk of inadvertently eating from plates which have contained forbidden foods will take a cup of tea or bowl of cereal in order to avoid undue health risk.

In consultation with the patients, their families and Rabbi in exceptional cases the dietary laws may be relaxed. Staff are reminded that specifically prepared Kosher meals are available in all hospitals in Newcastle.

11.3 Fasting

The most prominent fast is Yom-Kippur, a 25-hour fast, usually falling in late September/October. If health permits, a Jew would prefer to keep this fast, to be quiet, to pray and to be penitential.

11.4 Other Considerations

- Post-mortems:
The family will be unhappy to consent unless legally required to do so.
- Blood Transfusion and Transplants: are acceptable.
- Organ Donations: not allowed.

11.5 Birth

Judaism is a family orientated religion. The birth of a child is a very joyful and shared occasion. If the child is a boy, circumcision will take place in the eighth day after birth, providing the child is well; the circumcision is always delayed if there is the slightest doubt about the child's health. The ritual is performed by a trained and medically certificated religious functionary, of the local Rabbi. If the mother and child are still at the hospital, a small room may be requested and the men of the family will attend the ritual and name the child. Today it is usual for the mother and child to have returned home by the eighth day so that a hospital may not be called upon to participate in any way.

The idea of life after death is expressed in the faith although it remains true that Judaism is concerned primarily with this life rather than the next and with obeying the Law of God in the present rather than speculating about the future.

Death has its rites. Family and friends will want to be present as according to Jewish Law and tradition a dying person should not be left alone. Visits by the Rabbi and religious leaders will often be requested. A Jew will want to say a special prayer of confession (Vidui) and the words of the Shema (the essence of the faith found in three passages of scripture learned as a child and said every morning and evening), but if they are too weak they will be said for them. The presence of a Rabbi is not essential for this and if these prayers are not said nothing untoward has occurred.

11.6 When a Jewish Patient Dies

At the moment of death those present may make a small tear in their clothes as a mark of grief. The family may want to wash and prepare the body for going to the mortuary and might want to remove the body from the hospital as soon as possible. This will depend on how orthodox a family is and with the help of the hospital administration there should be no problem. It is important to allow family to be involved at this stage and to check with them **before doing**

anything. It is usual for the family to arrange for the body to be washed and therefore staff should not wash the body without family's consent.

If you have any queries about hospital protocol in the case of death, such as how to release a body quickly, please refer to the Death Resource File or contact the Site Manager on call.

11.7 Funerals

A funeral will normally take place within 24 hours of death. Orthodox Jews can only be buried, but some Reformed Jews allow cremation as well as burial.

No prayers for the dead are offered but Kaddish, a prayer of praise to God, is recited in their memory. It is the particular responsibility of a son to say Kaddish on behalf of a deceased parent.

After the funeral the close relatives return home for seven days of private mourning. This period is known as Shivah during which prayers are said and mourners visit the bereaved household.

11.8 Useful Contacts

United Hebrew Congregation of Newcastle

Lionel Jacobson House, Graham Park Road, Gosforth, NE3 4RT
Tel & Fax 0191 284 0959 Synagogue Office Monday - Friday - 9.30am - 12.30pm

Rabbi Dovid Lewis Tel.:0191 284 4365 Mobile: 07980 795 936 Mobile

United Hebrew Congregation Burial Board (relatives will usually contact)
Pamela Gold, Tel: 0191 285 1680 / 07818 030 742 or
Jeffery Fox, Tel: 0191 230 0304 / 07802 771 852

Newcastle Reform Synagogue

In emergency:

Rabbi Barbara Borts Mobile: 07889 206 327 or
Brenda Dinsdale Mobile: 07952 415 981

Newcastle Reform Synagogue number:

The Croft,
Off Kenton Road,
Gosforth
NE3 4RF
Tel: 0191 284 8621

Burial Society (relatives will usually contact)

W.S Harrison & Sons Ltd (Funeral Directors) - who deal with removal of the body from the hospital and could supply further contacts if necessary
Tel: 0191 265 5415 / 6798 / 6827 / 265 8376

Please note that contact details are for the use of staff only and should not be given to patients.

12. Mormon Patients

12.1 About the Faith

This Church is also known as the Church of Jesus Christ of the Latter-Day Saints. In addition to the Old and New Testaments of the Bible the Book of Mormon is used.

Mormons believe in "Pre-Existence", that is in a spirit world in which we are prior to birth and also that after death the spirit and the body will be resurrected and return to live the presence of Jesus Christ and God the Father.

12.2 Admitting a Mormon Patient

As for any other patient.

12.3 Diet

Mormons do not eat much meat, do not drink tea and coffee, they do not smoke or drink alcohol. Some will not have any hot drinks. Water, milk and fruit are good alternatives.

12.4 Other Considerations

- Blood Transfusions and Transplants:
are both acceptable. Organ donation is a matter for the individual and the family to decide.
- Post-mortems and Donations:
of the Body are also a matter of family choice.

12.5 Birth

There are no specific needs. Sick children are not required to be baptised. Children are usually baptised about 8 years old.

12.6 Dying Patients

No particular rituals are required but the patient would consider spiritual contact important. Members of the Melchizedek Priesthood will come to minister to the sick if asked.

Church members may well visit the patient in hospital and make the appropriate contacts for you.

12.7 When a Mormon Patient Dies

Routine last offices are appropriate. If a sacred garment has been provided it should be placed on the body. Burial is preferred although cremation is not forbidden.

12.8 Useful contacts

Church of Jesus Christ of the Latter Day Saints

Cromer Avenue

Low Fell

Tel: 0191 482 0473

Or ask patient/relative

Please note that contact details are for the use of staff only and should not be given to patients.

13. Muslim Patients

13.1 About the Faith

There are five main Principles of the Muslim Faith which will remain important to a Muslim whilst in hospital and which may have particular implications:

1. Declaration of Faith (Shahadah)
There is only one God who is Creator and Sustainer and to whom everyone is answerable. The Prophet Muhammed (peace be upon him) is God's Messenger, and both his unique humanity and divine message should be respected.
2. Prayer (Salat)
Every Muslim believes he has to pray. Such prayer is an attitude of mind, but also a ritual of bodily postures. Prayers are said five times a day, (early morning, noon, afternoon, sunset and night.) On Friday the noon prayer is a major congregational assembly at the Mosque.
3. Fasting (Ramadan)
Fasting is important, especially during Ramadan, when no food is taken between sunrise and sunset, Sick people, breast-feeding mother and travellers are exempted any may make up for this at some other time. Children under 12 years old can fast if they want to, but generally patients are under no compulsion.
4. Compulsory Charity (Zakat)
It is compulsory to give two and half percent of one's possessions in charity each year and there is a general recommendation that Muslim should adopt a charitable and hospitable attitude in life.

5. Pilgrimage (Hajj)
If possible, a Muslim should make a Pilgrimage to Mecca during his lifetime.

Generally every Muslim respects his own identity and that of others. Therefore, if staff listen sensitively to a Muslim's needs and are respected of the patient's choices, a good relationship should be established.

13.2 Admitting a Muslim Patient

A relative or someone else who can act as an interpreter will probably come with the patient. Any information needed should be obtained from the family now. To avoid confusion it is a good idea to write the patient's name as given on their medical card or other official document. Will an interpreter be required at any time?

Religious Name: Muhammad
Personnel Name: Yaqub
Family Name: Khan

Please ask the patient what they wish to be called whilst in hospital and what their record name is.

GPs may already have information, so any confusion should be referred back to them or the family spokesperson.

Once again, be respectful of the patient's personal choices and preferences. Women prefer to be looked after by women and a female doctor would be appreciated wherever possible.

13.3 Diet

A vegetarian diet, and also fish and eggs should be satisfactory. Fresh fruit and vegetables are fine, otherwise Halal food is required as animal fat, alcohol, pork and bacon are not allowed. Only vegetable oil should be used in cooking. Allowing relatives to bring in supplementary food could be helpful. If a patient is fasting remember that they can eat before sunrise and arrange for them to do so. Halal food is provided by the kitchens and a symbol for this is included on the menu sheet. Please point this out to Muslim patients.

13.4 Other Considerations

A high standard of cleanliness is required. The Prophet Islam said: "God is pure and loves purity and cleanliness". A patient may wish to wash their hands before eating. A bowl of water or a flannel for this purpose would be appreciated by bedridden patients.

13.5 Birth

Birth is seen as the mother's domain and fathers tend not to get involved. There is a definite preference for the birth to be attended by female medical and nursing staff. Some women may refuse to be examined internally before giving birth. Indeed they may object to a male doctor being present in the examination suite. If the woman is in any danger and only a male doctor can help rules do change, but consult the next of kin.

As soon as possible after the baby is born an elder of the family or a Religious Leader is required to recite a short prayer into both of the baby's ears. Within six weeks of birth the baby's head is shaved and male babies are required to be circumcised as soon as possible.

Mothers are thought to be unclean for 40 days after the birth. They are given a special diet of nutritious concentrated chicken soup which the family may bring in daily.

Life and Death are two realities accepted in Muslim culture. The Holy Quran says: "We belong to God and to him we return".

A Muslim believes in One God, all of his Prophets, including Adam, Noah, Moses, Jesus Christ and Muhammad (peace be upon them all), and he also believes that there will be life after death.

Life and Death are in the hands of God. The Holy Quran says, "Every Soul shall taste of death"

You should not say to a Muslim patient, "You are going to die". It is more appropriate to say, "You are very poorly", because only God knows when we are going to die. Be very truthful within this framework.

Death is looked upon as a change from this world into the other. The patient's family will try to help them to make this transition and so it is a good idea to give as much privacy as possible. Parts of the Holy Quran will be read out and the patient may say them too, silently or gently aloud. Ask them if they would like the religious leader of their community to be there and if they have any other needs you can help with. Sensitivity is the key.

13.6 When a Muslim Patient Dies

The body of a dead Muslim is as Sacred as the body of a living Muslim. Handling should be gentle and respectful. In fact, it is preferable for close family member to be present and to position the hands and close the eyes. The soul has gone and the body is dead, but the soul is believed to watch over its own body and feels pained if it is not treated properly. Try to ensure that the head is pointing East after death, especially for viewing purposes.

The next of kin should be advised to contact the Mosque for Funeral arrangements to be made. If no family are available, contact the local Imam or a Muslim Community Leader and seek advice. If the worst comes to the worst and

you cannot find anyone, the funeral Directors who help the Muslim Community in preparing the body for the Funeral would advise you what to do.

If the family do not or cannot, for some reason, take charge of the dead body, it should be prepared for transfer to the mortuary in accordance with the standard procedure for all patients.

The Muslim Community will then support the bereaved family during Funeral period and in the time ahead.

There is now a mortuary at the West End Mosque and the body may be transferred there directly.

If you have any queries about hospital protocols in the event of death, such as how to release a body quickly, please refer to the Death Resource File or contact the Site Manager on call.

13.7 Useful Contacts

Newcastle Central Mosque
Elswick Road
Tel: 0191 226 0562

Heaton Mosque
1 Rothbury Terrace
NE6 5XH
Tel: 0191 265 4083
Or Mr Asrar 0191 240 1999

University Mosque
0191 222 5658
Or Mahmoud Kurdi 07811 096 885

Muslim Welfare Centre
0191 232 3055

Islamic Scholars Health Forum contact (24 hour)

Imam Abdullah Kola 07747 694 373 or 0191 242 0590

Mufti Abdulmuhect 07781 374 44

Imam Raza 07915 571 722

Shajalal Mosque & Islamic Centre
50 Normanton Terrace
NE4 6PP

Please note that contact details are for the use of staff only and should not be given to patients.

14. Rastafarian Patients

14.1 About the Faith

The Rastafarian movement began in the West Indies in the 1930's and is linked to the roots of resistance to slavery amongst the descendants of black African slave families.

There is strong identification with Africa. Ras Tafari (Haile Selassie) became Emperor in 1930 and it was then through that he would lead all black people to Freedom.

Rastafarians do not see themselves as Christian they accept the Old and New Testament as Scripture, for they think that Christ's spirit was reborn in Ras Tafari who is the new Messiah.

There are no churches, set services or official clergy, as Rastafarianism is a personal religion. Members of this faith are identifiable by their distinctive dreadlocks hairstyle. Male Rastafarians usually wear distinctive dreadlocks hairstyle. Male Rastafarians usually wear distinctive red/yellow/green hats.

14.2 Admitting a Rastafarian Patients

Routine procedures are appropriate. Remember to ask about diet and any religious needs. Patients may not be willing to wear hospitals garments (pyjamas, theatre gowns, etc, that have been worn by others).

14.3 Diet

Pork of any kind forbidden. Some fish is considered unwholesome (herring and sardines), and some Rastafarian may be vegetarian.

14.4 Other Considerations

- Western Medicine may be rejected by some as Rastafarian are unwilling to receive treatments that might contaminate the body alternatives therapies are preferable to some.
- The distinctive dreadlocks hairstyle is a sign of black and a symbol of faith so some may not permit it to be cut. Similarly some may refuse to take their hats off.
- Women dress modestly so be sensitive to their needs for privacy and dignity and remember that they may object to second-hand garments. This would include theatre gowns that have been worn by others. Disposable theatre gowns may be necessary.

- Blood transfusions
may not be rejected outright, but the patient may need convincing that no disease will be transmitted in this way. Donation/Reception of blood from family members may be considered.
- Organ transplant:
Patients are unwilling to participate for fear of contamination. Also, Rastafarians believe that to have a transplant is to interfere with God's plan for mankind.
- Post mortems:
Would be seen as distasteful and only allowed when the coroner orders this to be so.
- Organ donation: This too would be seen as distasteful.

14.5 Birth

There are no particular problems or rules to bear in mind.

14.6 Dying Patients

There are no last rites, although the family may pray by the bedside. Rastafarians believe in the resurrection of the soul after death.

14.7 When a Rastafarian Dies

Routine last offices are appropriate

14.8 Useful Contacts

Patients and carers may have their own contact. Please ask them.

The Jamaican Embassy may provide additional information and advice.
Tel: 020 7823 9911

Please note that contact details are for the use of staff only and should not be given to patients.

15. Seventh Day Adventists

15.1 About the Faith

Seventh Day Adventism emerged from a number of nineteenth-century groups stressing the imminent return of Christ and the observance of the seventh day (Saturday) as the Sabbath. The official organisation was founded in 1863, largely through the efforts and abilities of a Mrs Ellen G. White.

Please note that contact details are for the use of staff only and should not be given to patients.

16. Sikh Patients

16.1 About the Faith

Guru Nanak who founded the Sikh Faith in 1469 stressed the 'Oneness' of God and his presence everywhere and at all times. Sikhs believe in the same cycle of births, death and rebirth as Hindus.

The individual relationship with God is very important. Truthfulness, kindness, generosity and equality are to be admired and achieved.

Devout Sikhs wear five symbols (the 5 Ks) as a sign of their faith. These should be respected in hospital and are:

1. Kesha
uncut hair (Sikhs may be distressed if hair in head and body is shaved or cut).
2. Kangha
a comb (Do not remove without permission).
3. Kara
a bracelet on the right wrist (should never be removed and should be taped before operation).
4. Kachha
a special undergarment (never removed - discuss with patient).
5. Kirpan
a short sword (do not remove without permission).

Prayers are said five times a day. There are Priests called Gainis, but any competent person can take a service at the Sikh Temple (Gurdwara)

16.2 Admitting a Sikh Patient

Punjabi is the first language of most Sikhs, so help may be needed to interpret through a family member or recognised interpreter.

Sikhs have three names:

MALE	FEMALE	Personnel Name:	Harbans Davinder
		Religious Name:	Singh Kaur (always the same)
		Family Name:	Gill Bhuller

British born Sikhs may not use their religious name and devout Sikhs will not use their family name. Therefore, ask, "How would you like to be addressed in hospital?" and "What is your record name"?

Be sensitive to individuals needs. Find out now about diet. Remember that Sikhs dress modestly. Women would prefer to be seen by a female doctor and would always want a woman to be present during an examination. Similarly, they would uncover only the parts which need to be examined. Similarly, they would uncover only the parts which need to be examined. Do not ask a Sikh to remove any of the 5 Ks unless absolutely necessary, and certainly not in front of others. Do not admit a female Sikh to a mixed ward unless in emergency.

16.3 Diet

Many Sikhs are vegetarian, this applies particularly to women and they will not eat meat, fish or eggs or anything made with these. Non-vegetarian Sikhs will not eat beef and some will not eat pork.

Please explain what kind of meat different items on the menu contain, for example, shepherd's pie. Sikhs do not eat "halal meat" - only Muslim and Jewish patients eat this.

Most Sikhs do not drink alcohol or smoke. Sikhs may fast on certain days but it is best to ask the patient about this.

16.4 Other Considerations

- Cleanliness :
Like Hindus, Sikhs prefer to wash in running water a shower is preferable to a bath. There should be water in the same room as the toilet and if a bed pan is used a bowl of water should be provided. Before meals Sikhs will want to wash their hands and rinse their mouth.
- Blood Transfusion and Transplant: are acceptable.
- Post – mortems:
there are no religious objections to these, but check with the relatives; they may only accept if a post-mortem is legally unavoidable.
- Organ Donation:
there is no religious objection to this, but check with the family.

16.5 Birth

The family will want to visit mother and baby as soon after the birth as possible. Mother rest for 40 days after giving birth and the family look after the baby. The mother does not bath for 13 days after the baby is born. She is not supposed to lift anything. The family may bring in a special diet of ghee, mixed nuts and semolina. Relatives often bring clothes for the new baby and may need to be persuaded not to put them on straightaway.

Bear in mind the usual ideas of modesty, privacy and dignity.

After leaving hospital the mother will rest for 40 days and then her first outing will be to the Gurdwara.

Sikhs believe that those who have the spirit of good are not afraid to die; death is God's will.

There are no "last rites", but there are Gianis who will visit and say prayer with the family. However, the dying person should encourage to say "Waheguru, Wahequrull, (Wonderful Lord), and the patient, a relative, a friend or representative of the Gurdwara may read from the "Adi-Granth"

Ask the family what they would like to do and if they want someone to come from the Gurdwara see if they have a contact number. If not, contact the Chaplaincy Department who will be able to help you. The patient will value the company of family and friends.

16.7 When a Sikh Patient Dies

Consult with the family before performing any last offices. The family may wish to do this.

If you have any queries about the hospital protocol in the case of death, such as how to release a body quickly, please refer to the Death Resource File or contact the Site Manager on call.

16.8 Never Remove the 5 Ks

If no family are available, limited laying out is acceptable. Leave the 5 Ks intact. Leave hair covered and do not trim the hair or beard. Close the eyes, support the jaw and straighten the limbs. The face will be displayed prior to the funeral and should be cleaned and straightened to look as peaceful as possible. Cover the body with a plain white sheet.

A cremation form is required as only children are buried.

16.9 Useful Contacts

Secretary Gurdwara Siri Guro Singh Sabha
Tel: 0191 273 8011

Mr Karnail Singh, South
Shields Sikh Temple
Tel: 0191 232 4048

Please note that contact details are for the use of staff only and should not be given to patients.

17. Vietnamese Patients

17.1 About the Faith

Vietnamese people traditionally follow Buddhism, Taoism and Confucianism.

In the North East area of the UK nearly all the Vietnamese people are Chinese Vietnamese (i.e. people who have been expelled from Vietnam) and are mainly all Buddhist section of this booklet too. Some may be Christian, particularly Roman Catholic.

17.2 Admitting a Vietnamese Patient

Take care to check the spelling of names. If a Vietnamese women marries an English man they tend to keep their Chinese name and add the English surname

17.3 Diet

Rice and vegetables form the staple diet. The rice should be fluffy, not washed to remove the taste. (most complaints made from people in hospital or an institution are about the food.)

17.4 Other Considerations

Vietnamese women, like Chinese women, are mainly rather shy and may prefer to be examined by a female doctor.

Blood Transfusion and Organ Transplants: this situation has not arisen in this area but the family may well be very suspicious.

17.5 Birth

Soon after giving birth, the mother will be brought some special food call "Keung Chow". This food is believed to prevent infection. Showers and baths may be considered bad for the health of the mother.

17.6 Dying Patients

Relatives and friends may want to say prayers or will accept prayers from a chaplain to appease the spirits of the dying person.

17.7 When a Vietnamese Patient Dies

The body of the deceased person will be taken to the Chapel of Rest before burial. This will enable the relatives to view the body and will mean that the spirits do not stay in the home of the deceased. There will be a service of prayers at the Chapel of Rest followed by graveside prayers where a chaplain

would be acceptable. Alternatively local Buddhist may officiate or the family arrange for a Tao leader to come from London.

This will be followed by a ceremony to thank people for coming to the funeral. A photograph will be taken and sent to be enshrined in the Buddhist temple in London to enable someone to pray for the soul of the deceased. The relatives will want to choose the land where the person will be buried. Joss sticks will be burned and the **time** and **place** of the burial will be very important so that the soul of the deceased is at peace.

17.8 Useful Contacts

Please refer to Section 3 Buddhist – pages 4 & 5.

Please refer to Section 5 Christian – pages 7 – 11.

Please note that contact details are for the use of staff only and should not be given to patients.

18. West Indian Patients

18.1 About the Faith

The faith of these islands varies considerably; and comprises Hindu, Muslim, Christian, Rastafarian (particularly associated with Jamaica), Buddhists, Momen, Jewish, Sikh, Christian Scientist. Ask the patient/relative about is and refer also to the appropriate sections of this document.

18.2 Admitting a West Indian Patient

English is the predominant language so there should be few difficulties. Some islands speak French, Spanish or Portuguese. Please note that there are dialects, such as a Creole, which interpret English words to mean something different. For example:

'I am feeling sick' does not mean physically sick but unwell/in pain, the patient would say directly 'I want to vomit'

'After Lunch' means 'evening' not 'afternoon' 'I am poorly' means 'I have no money'.

Creole is more dominant amongst elderly people but always check out meanings.

18.3 Diet

There are no dietary restrictions except according to Religions (refer to the appropriate section of this document). The majority would eat vegetables which grown in tropical countries.

18.4 Other Considerations

Ask the client/family sensitively and refer to the appropriate section of this document. Bearing in mind diversity it is very important to ask the family about these. Not doing so may disadvantage the patient.

18.5 Dying Patients

Ask the patient/family about their needs and then refer to appropriate section of this document.

When a West Indian Patient Dies ask the family about their needs and follow procedures given in appropriate section of this document for each religion.

18.6 Useful Contacts

Jamaican Embassy may provide additional information or advice.
Tel: 020 78239911

Please note that contact details are for the use of staff only and should not be given to patients.

19. Zoroastrian Patients

19.1 About the Faith

Zoroaster was the prophet of ancient Iran and this religion is centered on the Middle East. The Faith's teaching is about man's free will to choose between good and evil and physical and moral purity are very important. Those who choose the good way in their daily actions should live joyful, happy lives. The Avesta is the Holy Book of the Zoroastrians

Parsees are a sect of Zoroastrianism which developed in India.

19.2 Admitting a Zoroastrian Patient

Zoroastrians have three names:

Given Name: (forename)
Father's Forename: (middle name)
Surname: (family name which may indicate profession)

If a girl marries, the middle name is changed to that of her husband.

Most Zoroastrians speak English, but Gujarati is also a major mother tongue and an interpreter may be required. The language of ancient Iran - called Avesta - is used for prayer.

Talk with the patient about any special needs they have when they are being admitted.

19.3 Diet

Some Zoroastrians may not eat beef and pork; also some may not eat any meat on certain days of the month so a vegetarian diet may be preferable. Ask the patient about this.

19.4 Other Considerations

- Blood Transfusions and Transplants

Some of these patients will be very westernised in their outlook and would not object. However, Orthodox Zoroastrians believe that pollution of the body is against the will of God and will be against both. Please deal very sensitively with these issues.

This ethnic group may be prone to hereditary conditions such as Rh Negative, diabetes, having cancer or coronary problems and a blood condition called G6PD.

Zoroastrians require a high standard of hygiene and may prefer to wash in running water.

Routine last offices are appropriate. The body should be bathed and wrapped in white.

The family may provide a 'sadra' to be worn under the shroud next to the skin, they may also wish to cover the head with scarf.

Zoroastrians believe that the soul is earthbound for three days after death, and so prayers should commence as soon as possible. This can be a problem if there are no relatives. To request that death ceremonies and prayers be commenced pending further instructions from any traceable next of kin contact:

The Secretary, Zoroastrian Association of Europe
88 Compayne Gardens, London, NW6 3RU
Tel: 0207 328 6018.

Zoroastrians like to be buried quickly and the family may become distressed if there is any delay. Some families may want to prepare the body themselves. Both cremation and burial are accepted.

If there are no relatives and funding is a problem "Zoroastrian Trust Funds of Europe Incorporate" at the address above may be able to help.

19.5 Useful Contacts

Dr and Mrs Fanibunda Tel: 0191 236 7443 (Home)

Dr Fanibunda, Dental Hospital, contact via switchboard

Please note that contact details are for the use of staff only and should not be given to patients.

20. Monitoring and Review

The author will send the attached questionnaire (Appendix 4) to Ward every three months in order to audit the efficiency of the document. Contact details will be updated on an annual basis.

Author: Chaplain

Throssel Hole Buddhist Abbey

Throssel Hole Buddhist Abbey is a Buddhist monastery and retreat centre in the Serene Reflection Meditation tradition. It was established in 1972 by Rev. Master Jiyu-Kennett. The Abbey is under the spiritual direction of the Abbot, Rev. Master Daishin Morgan, a senior disciple of the late Rev. Master Jiyu-Kennett.

All are warmly invited to join the Abbey's programme of lay training. The senior priests at the Abbey are experienced in teaching people how to meditate and how to establish a spiritual practice. Lay people who wish to practice Buddhism can benefit greatly by sharing in the contemplative life of the monastery for a while; during their stay they will learn how to establish and deepen their own practice in daily life.

Come for a visit

If you would like to come by for an hour or two you will be made very welcome. There are certain times when we are closed to visitors so please call ahead. Meditation instruction and personal guidance are available by appointment. Anyone who is familiar with our practice is welcome to come for meditation.

Services and Retreat Programme

Meditation Sundays:

Start at 10.00 am with two periods of meditation in the morning followed by a Dharma talk and lunch. There is also the opportunity to meditate at 2.15 pm and 2.55 pm, as well as to join in with Evening Service and meditation at 5.00 pm.

Festival Sundays:

We celebrate many traditional Buddhist festivals throughout the year, usually on the first Sunday of each month. Meditation begins at 10.15 am, followed by the festival ceremony at 11.15 am and then a talk. After a buffet lunch there is more meditation at 2.15 pm and 2.55 pm. You are welcome to come to any part of these activities. All are welcome to come on Sundays, whether you have attended a retreat or not. For the first-time visitor, meditation instruction and a guided tour of the ceremony hall are available.

Weekend Introductory Retreats:

These are held once a month and are the best way to first learn about our practice. The aim is to help you get a basic understanding of meditation and the essential teachings so that you can establish your own meditation practice at home. The classes include a discussion of Buddhist ethics and their foundation in a compassionate attitude towards all of life. These retreats are also recommended for those who are already familiar with Buddhism but who are new to our practice.

Weekend Retreats:

These retreats are open to anyone who is already familiar with our practice and wishes to deepen their meditation and training. Many of these retreats coincide with traditional festivals. The Wesak (Festival of the Buddha's Birth) weekend, usually held in May, is specifically designed for families.

Week Retreats:

The helpful teaching and supportive atmosphere of the silent week long retreats make them suitable for anyone who is intent on placing meditation at the centre of their lives.

If you would like to see the calendar for details or learn more about our tradition you can visit the website www.throssel.org.uk.

If you have a visual impairment we can provide text files for you to download in various formats to use with computer readers.

For Further Information Please Contact:

The Guest Department
Throssel Hole Buddhist Abbey
Carrshield, Hexham
Northumberland NE47 8AL

Telephone: +44 (0) 1434 345204

Phone between 9.30 am - 11.30 am or 2.30 pm - 4.30 pm

THE CHAPLAINCY TEAM

Trustwide:

Reverend Nigel Goodfellow

Head of Chaplaincy

Freeman Site:

Reverend Kathy Jones

Father Michael Corbett

Reverend Peter Jones

Reverend Katy Francis

Royal Victoria Infirmary:

Reverend Marjorie Shipton

Father Michael Corbett

Bernadette Doyle

The Chaplains work mainly at these sites during the week.
At night and at weekends Chaplains from other sites may be On-Call.

Chaplains will respond to urgent requests within **ONE HOUR**.

To contact the On-Call Chaplain:

Daytime: on 48129 or ask the Trust Switchboard to Air Page

Night time and weekends: Ask the Trust Switchboard to contact.

We also offer:

- Bereavement Courses
- Listening Courses
- Staff Support
- Confidential Listening
- Links with Leaders of Other Faiths
- Support for Patients and Relatives

The Newcastle Upon Tyne Hospitals 

NHS Foundation Trust

CHAPLAINCY DEPARTMENT – Information Leaflet

Chaplains are provided by the Trust
as part of the multi-disciplinary team.

The focus of the Chaplain's work is to ensure
that the spiritual and religious needs of patients, relatives
and staff, of all faiths and none, are met.

If a Chaplain is needed at any time, please contact the
On-Call Chaplain via the Trust Switchboard.

FREEMAN HOSPITAL, ROYAL VICTORIA INFIRMARY,
WALKERGATE HOSPITAL, NORTHERN CENTRE FOR CANCER CARE
& RENAL SERVICES

CHAPLAINCY LOCATION

On the Freeman site the Chapel is situated on Level 2 of the Main building along the corridor opposite the lifts.

A multi faith room is on the same corridor.

The Chaplaincy offices are opposite the Chapel entrance.

On the RVI site the Chapel is in the Victoria Wing on the ground floor between Wards 4 and 5. The Chaplaincy office is next to Ward 5. There is a Quiet Room in the Leazes Wing near to the entrance from Richardson Road and there is a Chaplaincy office nearby.

The Chapels and Quiet Rooms are open 24 hours a day.

CHAPLAINS - WHAT WE DO

Chaplains make regular visits to the wards during normal working hours and remain **ON-CALL** 24 hours a day.

Because of the large number of patients coming into our hospitals it is not always possible to visit everyone.

If a patient would like to speak to a Chaplain please telephone the On-Call Chaplain on 48129 during the day, or via the hospital switchboard at night or at weekends and ask them to Air-Page the On-Call Chaplain.

Chaplains are available to everyone, patients, relatives and staff, and to people of all faiths and none.

Chaplains can contact representatives of the major Faiths/Traditions to be found in Newcastle for support when needed.

Freeman Site

Services in the Chapel of Christ the Healer

Sunday

11.00 a.m. Holy Communion (Church of England & Free Church)

Thursday

12.30 p.m. Reflections - A Time to Pause – an ecumenical service of prayer and readings.

RVI Site

Services in St Luke's Chapel

Sunday

09.45 a.m. Holy Communion (Church of England & Free Church)

Volunteers or Porters escort patients to Sunday services and wheelchairs are provided. If patients are not able to come to a service in the Chapel but would like to receive Holy Communion or Prayers please ask the Chaplain to visit them on the Ward

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Chaplaincy Department

1. Chaplains are provided by the Trust as part of the multi-disciplinary team.
2. The focus of the Chaplain's work is to ensure that the spiritual and religious needs of patients, relatives and staff, of all faiths and none, are met.
3. If a Chaplain is needed at any time, please contact the On-Call Chaplain via the Trust Switchboard.

Freeman Hospital, Royal Victoria Infirmary,
Walkergate Hospital, Northern Centre for Cancer Care
& Renal Services

APPENDIX 4

MONITOR PROFORMA

WARD: _____

HOSPITAL SITE: _____

	YES	NO	COMMENTS
Did you find the Document easily accessible?			
Do you find the Document to be 'user friendly'?			
When telephoned, were contacts readily available?			
Do you find the information provided to be useful/beneficial?			

Acknowledgements

I would like to thank the representatives of all the groups included whose comments have been an invaluable contribution to this document.

I would also like to thank all those listed as contacts for the various groups.

Marjorie Shipton
Chaplain
The Newcastle upon Tyne Hospitals NHS Foundation Trust

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Respecting the Religious and Cultural Beliefs of Patients	Policy Author:	Reverend Marjorie Shipton
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	1. The policy gives information about different religious and cultural groups within the city. Much of the information has been given by those groups and also endeavours to be sensitive to the needs of individual members which may differ
	• Race	No)
	• Ethnic origins (including gypsies and travellers)	No)
	• Nationality	No)
	• Gender	No)
	• Culture	No) As above
	• Religion or belief	No)
	• Sexual orientation including lesbian, gay and bisexual people	No)
	• Age	No)
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No)
2.	Is there any evidence that some groups are affected differently?	No	There is no evidence to support any group was affected differently
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Marjorie J Shipton Chaplain RVI Date: 11/02/2009

Names & Designations of those involved in the impact assessment screening process: Marjorie J Shipton Chaplain RVI
 (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)