



## A guide to reaching our communities in end of life care

Frimley Health and Care's population is made up of people from diverse ethnic backgrounds and cultures. This guide is a resource to support all health professionals working in palliative and end of life care.



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Produced in May 2021. This guide will be reviewed and updated in May 2022 when more up to date demographics data will be available from the 2021 Census. The most relevant faiths and cultures for Frimley Health and Care's population will be added at that time.

## Foreword

Providing appropriate end of life care for all population groups requires health care professionals to be aware of a patient's spirituality, faith, and beliefs, and to develop cultural sensitivity and cultural competence.

Ensuring that people have equity of outcomes at the end of life requires an awareness and commitment to deliver appropriate palliative care. Seeking an understanding of the patient's beliefs about health and illness is imperative. This facilitates the delivery of high-quality, personal, sensitive, and appropriate care founded on mutual trust, respect of the patient's nationality, culture, age, gender, and political and religious beliefs.

This guide has been produced by a working group set up by Frimley Health and Care End of Life Care Steering Group. The aim is to assist health and care professionals to better meet the spiritual needs of people for whom they care.

I would like to emphasise that this is an overview of the subject, and the degree of observance of religion and culture will vary between individuals. Some may be very devout, others not practising. It has not been feasible to cover all possible faith communities and relevant issues. We should discuss the personalised wishes of each individual, and not make assumptions or stereotype about the way in which an individual may interpret or practise their faith. Nobody can or should be neatly categorised.

Every effort has been made to ensure that the information given is accurate and up to date. My apologies if we have inadvertently misrepresented any faith or culture; the intention is not to cause offence to any community, but to provide the best possible care to all our communities. We will be reviewing the booklet after one year to include additional faiths or cultures as considered relevant according to the 2021 Census data, as well as feedback from you. We hope you will find the booklet useful. Please let us know your views or amendments at:

[frimleyccg.eolcare@nhs.net](mailto:frimleyccg.eolcare@nhs.net)

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### **Dr Anant Sachdev**

End of Life Lead & Specialist GP and Clinical Lead for the task and finish group.

## Individual spiritual needs and wishes

Each person should be treated as an individual with their own beliefs, or indeed with no beliefs. A person may be affiliated to a faith or belief system or may ascribe to an interpretation of a faith or belief system particular to their own culture and lifestyle. There may be a different outlook from people who are first generation migrants from those who are second or third generation in how they practise their faith. Social support is very important in many South Asian and Black African Caribbean communities, and health and care professionals should be sensitive of large family networks wishing to be involved in the decision making process.

## Census information

In England both the numbers and proportions of people from Black, Asian, and Minority Ethnic (BAME) groups have increased and in 2011 they represented a fifth of the population (10.7 million people). The Census shows that in England, Other White (4.6%), Indian (2.6%) and Pakistani (2.1%) were the largest BAME groups in 2011.

Population projections suggest that both the numbers and proportions of people from BAME groups will increase in the UK, and they will represent a larger proportion of older people. In England and Wales, it is predicted that by 2026 there will be over 1.3 million people from BAME groups aged 65yrs+ (compared to over half a million in 2001); and almost half a million people from BAME groups will be 70yrs+.

The numbers and proportions of people who described themselves as Christian in England have decreased between 2001 to 2011 (from 71.7% or over 35 million to 59.4% or over 31 million), while numbers and proportions of those having no religion almost doubled (reaching 13 million people in 2011). Numbers and proportions of people from other religions have also increased, with Muslims being the second largest religious group in 2011.

Ethnicity data from 2011 Census (breakdown from Local Insights Tool).

Area	White	Asian/ Asian British	Black/Black British	Mixed	Other Ethnic group	Insufficient data*	% Total
<b>Bracknell</b>	77.0	5.4	1.8	1.9	0.7	13.2	100
<b>Slough</b>	34.0	45.7	6.5	2.5	1.0	10.3	100
<b>Surrey H</b>	76.3	7.6	1.2	2.1	1.0	11.8	100
<b>NEH&amp;F</b>	73.5	7.7	1.2	1.7	1.0	14.9	100
<b>RBWM</b>	71.7	10.6	1.2	1.9	1.1	13.5	100
<b>England</b>	86.0	7.5	3.3	2.2	1.0	0	100

\* 'Insufficient data' is where ethnicity data was either blank, refused or not stated Other Ethnic Group.

The Census recorded 7,841 Nepalese living in NEH&F and Surrey Heath CCG areas in 2011. A local community organisation, The Gurkha Welfare Trust estimates the numbers of Nepalese living in these areas in 2020 to be over 18,000 representing approximately 10% of the population.

There is concern that End of Life Care (EoLC) is not offering Black, Asian, and Minority Ethnic (BAME) communities the most appropriate services, with practices potentially resulting in the 'inappropriate prolongation of dying, pain and discomfort'. There is not extensive research on this subject; however, the research that has been carried out has identified issues as summarised in the table below (adapted from Calanzani 2013). Local research carried out in Surrey has recorded similar findings.

## Unmet needs/disparities in access to EoLC and explanatory factors

<p><b>Lower uptake compared to white/majority groups</b></p> <ul style="list-style-type: none"> <li>• Lack of referrals.</li> <li>• Lack of knowledge of services (patients and professionals).</li> <li>• Lack of knowledge about what hospice care involves.</li> <li>• Information not available in different languages/formats for those who do not speak English or cannot read.</li> <li>• Lack of cultural equivalents for words such as hospice and palliative that do not have negative connotations</li> </ul>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Lack of translation resources and advocates.</li> <li>• Problems with using family/friends as translators.</li> <li>• Lack of sensitivity to cultural and religious issues.</li> <li>• Low number of BAME doctors, nurses and health care professionals.</li> <li>• Scarce availability of training to help professionals.</li> <li>• Consequences: mistreatment; unmet religious needs; uncertainty and stress for professionals.</li> </ul>
<p><b>Religious and family issues</b></p> <ul style="list-style-type: none"> <li>• Hospice care conflicting with religion (hold onto faith in God).</li> <li>• Avoidance of open disclosure due to religious/family values.</li> <li>• Assumptions from patients (care is not available nor accessible) and care providers (family will provide care).</li> </ul>	<p><b>End of life decisions</b></p> <ul style="list-style-type: none"> <li>• Less likely to complete advance care planning documents.</li> <li>• Mistrust from patients.</li> <li>• Influence of religion (God is the one to decide).</li> <li>• Western values of autonomy/right to self-determination not applicable to everyone and contrast with family/community decision-making.</li> </ul>

### **Structural/demographic/ epidemiological issues**

- Previous negative care experiences: racism, insensitivity, lack of cultural awareness.
- Hospices often in white, middle class areas; services not available in rural areas; postcode lottery effect.
- Social segregation and social exclusion; disparities in the cancer continuum.
- Socio-economic factors (low income, deprivation).
- BAME groups are younger than the majority White populations (2011 Census data).
- Lower prevalence of certain types of cancer and higher prevalence of chronic conditions.

### **Outcomes, home death and satisfaction with care**

- Pain control may be suboptimal.
- Pain severity underestimated due to language barriers.
- Lack of awareness from professionals that people have different attitudes and responses to pain.
- Less likely to die at home than the majority White population.
- Less satisfied with care, lower care ratings/more problematic care giving.

## **Practice recommendations for health and care professionals**

- identify if the person you care for ascribes to a particular religion, and whether they expect this to have a bearing on their end-of-life care.
- ask whether they have spiritual needs related to the end of life, listen to, and record these needs.
- determine whether the patient wants visits from a representative of their faith and whether they have a local religious leader they would prefer.
- provide care recipients and their families with access to appropriate spiritual support and links to faith leaders.
- establish the appropriateness and willingness of care recipients and their families to use the words 'death' and 'dying'.
- identify the role of the family in the decision-making process of the care plan.
- ensure information regarding end-of-life care and support services are provided in the language of choice for the care recipients and their families.
- seek advice and support in responding to any encounter you are unsure about with other staff, religious leaders, or chaplains at the local hospital.

(From Faith at the End of Life: A resource for professionals, providers and commissioners working in Communities. PHE Jan 2016.)



## Barriers identified locally

- English is not the first language. Also, competent English speakers may revert to their first language in times of illness and stress, making conversations about illness, prognosis, and future expectations more difficult to navigate.
- Some women are dependent on their husband/family for medical appointments.
- Lack of awareness of screening programmes and their importance.
- Lack of awareness of cancer signs and symptoms.
- A fear of complaining, not knowing rights and complaints process.
- Low uptake in certain cancer screenings in some communities (e.g. cervical and breast cancer).
- Admitting a family member to a care home or hospice may be interpreted by the community as uncaring and shameful.

## Locally suggested solutions

- Interpreters/language line/translation apps should be used.
- Use of family members as interpreters. It is important that family members are involved; however, we should not make assumptions that the family fully understand the information to be interpreted; and that they are comfortable delivering difficult news to loved ones.
- GP waiting areas have been identified as a trusted source for accessing information via leaflets, posters, and television screens; and should be better used.
- Translation of leaflets is useful; however, we should consider some people may not be literate in any language.
- Social media and website-based information.
- Link workers, awareness raising sessions, and community radio.
- Linking up with local BAME voluntary and community sector organisations.
- Building relationships with religious and cultural institutions.
- Often there is an elder/ head of the household who is the decision maker. It is important to identify this person at an early stage.

## Rituals and customs of different faiths

The information provided here is only a starting point. You should always talk to the individual and/or their family to learn about their unique preferences and provide the appropriate care accordingly. There are many religions and cultures that people identify with, and within these there are different customs and practices. Not everyone in a religion or denomination will share the same beliefs and all will have their own personal understanding.

# Baha'i Faith

<b>Leaders</b>	Baha'u'llah
<b>Holy book</b>	Many scriptures. 'The most holy book' states the principle laws.
<b>Holy days</b>	Sunday
<b>Diet</b>	No specific requirements. Alcohol and habit forming drugs are prohibited.
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Burial
<b>Beliefs</b>	Baha'is believe in one god and accept many religious leaders (e.g. Jesus, Buddha, Mohammed) as prophets. The faith emphasises the unity of mankind and of religions. They would normally pray and read from scripture every day. The obligatory prayer is performed facing the holy shrine at Bahji in Israel. There are alternative forms of obligatory prayer. In the West the short form is usually recited, once in 24 hours between noon and sunset.
<b>Approaching death</b>	Baha'is believe that there is an afterlife and will wish members of their congregation to come and pray with them. They believe that the body should be treated with great respect, and routine last offices are appropriate.
<b>Impact on EoLC</b>	The majority of Baha'is in this country are of British background, and their cultural approach and needs are basically the same as those of other people. They believe in the healing power of prayer but have no objection to orthodox medical practice: they are exhorted by their faith to trust and follow the recommendations of the doctors treating them. A period of fasting is observed during March each year, from sunrise to sunset.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Relatives and friends may wish to say prayers.</li> <li>• Before burial, the body is washed and wrapped in a shroud of cotton or silk, and a special ring is placed on the finger.</li> </ul>
<b>Post-mortem</b>	No objections
<b>Bereavement</b>	Baha'is should be buried near the place of death. Funeral services are normally held within two or three days after death. Guests may dress according to personal preference and local custom. The family arranges for the officiate to read the prayers. One key requirement for a Baha'i funeral is reading of the Prayer for the Dead. Funeral practices vary between congregations.



# Buddhism

<b>Leaders</b>	Buddha
<b>Holy book</b>	Many scriptures
<b>Holy days</b>	Sunday
<b>Diet</b>	Some Buddhists are strict vegetarians
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Burial or cremation
<b>Beliefs</b>	Inevitability of death is a central element of Buddhist teachings. There is an emphasis upon the importance of death with an unclouded mind as this can lead to a better rebirth.
<b>Approaching death</b>	Pain management may be a sensitive topic for Buddhists. Although controlling pain through medication may help achieve a calm state of mind, some Buddhists may refuse painkillers and sedatives so that they are fully aware.
<b>Impact on EoLC</b>	Buddhists do not consider the need to go to extreme lengths to provide treatment if there is little or no prospect of recovery. Some individuals may be unwilling to take strong analgesics or sedatives. Some Buddhists may also maintain their vegetarian dietary requests, so ingesting any animal by-product, including medication, may be an issue.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Different schools of Buddhism require different rituals. You should confirm the correct rituals with the family.</li> <li>• A Buddhist monk or nun may be asked to be present.</li> <li>• The body should be wrapped in a plain cloth in a room with no religious symbols.</li> <li>• Families may place flowers and 3 incenses in the deceased person's palms.</li> <li>• The individual should be washed, made up and dressed in clothes requested by themselves.</li> </ul>
<b>Post-mortem</b>	No objections.
<b>Bereavement</b>	The death of a loved one in Buddhism is considered an important event that is marked by specific Buddhist funeral rites. As Buddha himself was cremated, many Buddhist funerals involve cremation rather than burial. It is also possible for Buddhists to request a natural burial as an environmentally friendly return to the earth that is compatible with the Buddhist beliefs of samsara (the cycle of life). Buddhists traditionally hold mourning services on the third, seventh, 49th and 100th day after the death of a loved one.

# Christianity

<b>Leaders</b>	Jesus Christ
<b>Holy book</b>	The Bible
<b>Holy days</b>	Sunday
<b>Diet</b>	Some may fast during Lent
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Burial or cremation
<b>Beliefs</b>	Christianity is divided into many different denominations, which can more broadly be split into three branches: Catholic, Protestant and Orthodox. Each has different structures, beliefs, and rituals.
<b>Approaching death</b>	May wish to see a member of the Clergy. Variations between denominations; may wish to take communion or give last confession.
<b>Impact on EoLC</b>	If the individual wants to confess, there is strong religious justification for high-technology medicine to maintain consciousness until final anointing. Those who have repented may recognise no need for aggressive interventions to postpone death and may view them as an unjustified spiritual burden and distraction.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Many Christian families will appreciate a priest or minister to pray with and anoint the individual.</li> <li>• You should consult the hospital Chaplain for advice.</li> <li>• Some Roman Catholic families may wish to place a rosary in the deceased person's hands or a crucifix at the person's head.</li> </ul>
<b>Post-mortem</b>	Discuss with the family.
<b>Bereavement</b>	<p>Christians throughout each of the different denominations believe in the afterlife. For Roman Catholics, their funerals include prayers for the deceased person's soul and will typically include a mass during the service. Protestant Christian funerals are usually held in a church or in the chapel of a funeral home. In Orthodoxy (including Eastern Orthodox and "Oriental" or Coptic/Ethiopian Orthodox) cremation is not permitted and funerals will take place as a burial, ideally conducted as soon as reasonably possible after death.</p> <p>There are variances in mourning practices. Traditionally, the Catholic Church suggests that a spouse should spend a year and a day in mourning. Protestant Christianity does not have a prescribed amount of time for the period of mourning.</p> <p>For members of the Orthodox Church the full mourning period can last 40 days, and usually there will be memorials celebrated with a priest on the 3rd, 9th, and 40th day, then usually after three and six months, and then usually annually. The departed are also remembered specifically on each Saturday of Souls (or Soul Saturday), a day set aside for the commemoration of the dead.</p>

# Christian Scientists

<b>Leaders</b>	Founded by Mary Baker Eddy
<b>Holy book</b>	The Bible and 'Science and health with the key to the scriptures'
<b>Holy days</b>	None
<b>Diet</b>	Smoking and alcohol are forbidden
<b>Organ donation</b>	Not forbidden, individual choice
<b>Funerals</b>	Burial or cremation
<b>Beliefs</b>	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.
<b>Approaching death</b>	Death is seen as 'the last enemy that shall be destroyed'. No one is believed to be beyond the healing power of God. There are no last rites or rituals. A Christian Scientist practitioner may be requested.
<b>Impact on EoLC</b>	The Church Manual (the guiding By-Laws of The Church of Christ Scientist) allows for freedom of choice between spiritual healing and medical treatment. Christian Science is a system of spiritual healing through a reliance on God, rather than medicine/surgery. Decisions about accepting medical care lies with the individual. Patients may wish to contact a Christian Science practitioner for support during illness. Blood transfusions are not usually acceptable for adults.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Routine last offices are acceptable, but a female body should only be handled by female nurses.</li> <li>• Access to the Bible and Christian Scientist literature would be appreciated, along with privacy for prayer and healing.</li> </ul>
<b>Post-mortem</b>	Christian Scientists would prefer the body to be kept inviolate unless a post mortem is legally required. They would not normally wish to receive or donate organs.
<b>Bereavement</b>	<p>Christian Scientists do not have special funeral rituals. They do not hold funerals inside Christian Science churches, but in a funeral home or crematorium where a Christian Scientist practitioner conducts the service.</p> <p>There are no specific ceremonies, but the group may hear readings from Science and Health with Key to the Scriptures and the King James Bible. Funeral and burial rites depend on the wishes of the family.</p> <p>The use of embalming is entirely up to the individual. The church does not offer any advice to either encourage or discourage the practice. Cremation, in-ground burial, and entombment are all permissible.</p>

# Hinduism

<b>Leaders</b>	The Aryans
<b>Holy book</b>	The Vedas
<b>Holy days</b>	None
<b>Diet</b>	Beef is not permitted
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Cremation, except for children under 3 years old, who are buried.
<b>Beliefs</b>	Hinduism believes in reincarnation and that the soul is eternal. Life is a transition between the previous one and the next, although beliefs about the next life (rebirth, heaven, and liberation) vary. A good death is timely, in the right place, conscious and prepared, with the mind on God. A bad death is untimely, violent, and unprepared. The family have a sacred duty to assist the dying before and after death.
<b>Approaching death</b>	The individual may wish to die at home and lie on the floor to die. They will receive comfort from hymns, mantras and holy items, and the family may wish to have a Hindu priest present to perform the holy rights. In India the dying person may be given water from the Ganges and the sacred Tulsi leaf placed in the mouth by relatives. The family may wish to perform some symbolic rituals.
<b>Impact on EoLC</b>	Due to emphasis on fulfilment of life, the death of the non-elderly may result in problems of disclosure and withdrawal of care. Relatives may wish to protect their loved one from knowledge of their prognosis in case he/she gives up hope and dies prematurely. This is exacerbated by the belief that modern medicine often provides hope, however unrealistic, and that a cure is possible.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Ask the family before touching the body. If no family is available, health workers should wear disposable gloves, close the eyes, and straighten the limbs.</li> <li>• Do not remove sacred threads or jewellery.</li> <li>• The family may wish the body to be placed on the floor, and/or burn incense.</li> <li>• The family may wish to wash the body themselves.</li> </ul>
<b>Post-mortem</b>	No objections.
<b>Bereavement</b>	The cremation takes place as quickly as possible after a person dies so that the soul can find a new body to inhabit. In some communities, after the cremation there are rituals bhajans (hymns and songs of praise) as well as the Bhagawad Gita recited for 13 days. It is believed that for the first nine days after cremation, the soul is still connected to the body. There is a ceremony (the Shraddha) on the 13th day to mark that the soul has left the body. In India, on the day after the funeral the ashes are scattered in the River Ganges or the nearest river. Hindus living in Britain may choose to repatriate their loved one's ashes; alternatively, many Hindus choose to scatter ashes at a local body of water or at a preferred place of importance. If the bereavement is of a child, there is traditionally no mourning period, as children are innocent and considered as sinless. On the first anniversary of a death, a memorial event is held.

# Humanism, Atheism or Agnosticism

<b>Leaders</b>	None
<b>Holy book</b>	None
<b>Holy days</b>	None
<b>Diet</b>	Individual preference
<b>Organ donation</b>	Ask the family
<b>Funerals</b>	Burial or cremation
<b>Beliefs</b>	<p>Humanist: those who believe that human experience and rational thinking provides the only source of both knowledge and a moral code to live by. No recognition of God or scriptures as being authoritative over humans.</p> <p>Atheist: those who do not believe or have little belief in the existence of God.</p> <p>Agnostic: those who are unsure of their beliefs or who do not believe humans can definitively know if there is a God.</p>
<b>Approaching death</b>	As death approaches, religious views should not be imposed on the individual. There are no set rites or rituals, and the person can state what they would like to happen. This will help the healthcare providers to understand if life should be prolonged or what type of pain relief can be administered if necessary. It is sometimes thought that people who have no religious beliefs should not be made aware of the availability of spiritual or pastoral care teams, chaplains, and priests, but these services can be made available, and the individual's decision will be respected.
<b>Impact on EoLC</b>	Most humanists have no objection to blood transfusions and may receive transplants or donate organs for transplantation. Humanism encourages open discussion of death and is opposed to pretending it does not happen. But individual humanists approaching death have different needs, and many might prefer not to know everything.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>No specific rules or rituals. You should consult the family.</li> </ul>
<b>Post-mortem</b>	No objections.
<b>Bereavement</b>	Funeral practices will vary and could include either a cremation or burial. The service might be hosted by a religious practitioner with whom the deceased person had a connection, for example a vicar from the local community, or by a life celebrant or humanist celebrant. Families may choose not to host a funeral or mourn the loss of a loved one.

# Islam

<b>Leaders</b>	Muhammad
<b>Holy book</b>	The Qur'an
<b>Holy days</b>	Friday
<b>Diet</b>	Halal. Pork or alcohol are forbidden. Fasting during Ramadan, unless very unwell.
<b>Organ donation</b>	Difference of opinion. Consult the family.
<b>Funerals</b>	Burial as soon as possible, normally within 24 hours.
<b>Beliefs</b>	The Qur'an states that death does not happen except by God's permission. Life is a divine trust and cannot be terminated by any form of active or passive human intervention, as its term is fixed by an unalterable divine decree. The ethical rule 'No harm shall be inflicted or reciprocated in Islam' has been evoked by Muslim jurists to allow withdrawal of treatment after consultation with the individual and/or family.
<b>Approaching death</b>	The family usually joins the dying in prayer and recitation of the Qur'an. The Imam may visit, and the dying person will be placed to face South-East to Mecca. The Declaration of Faith (Shahada) is said and if possible, the dying person responds, 'I bear witness that there is no God but God, and Muhammad is His Messenger'.
<b>Impact on EoLC</b>	Decisions about aggressive invasive treatment to extend life are jointly made by all associated with the patient - including religious leaders.  Withdrawal of life-sustaining treatments, when considered futile, is seen as allowing death to take its natural course; delaying the inevitable death is not considered to be in the patient's best interest.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• The washing and shrouding are performed by relatives of the same gender as the deceased person. Non-Muslim health workers should ask permission to touch the body and use disposable gloves to do so.</li> <li>• If no family are present close the individual's eyes and straighten the body. The body and hair should not be washed, nor the nails cut.</li> <li>• Bandage the head to the jaw so the mouth does not gape and straighten the body immediately after death; and flex the joints of the limbs to stop them becoming rigid.</li> <li>• Tie the big toes together to keep the feet and legs modestly together. The head should be turned to the right shoulder, and the body covered with a plain white sheet.</li> </ul>
<b>Post-mortem</b>	There are differences of opinion. The family should always be consulted.
<b>Bereavement</b>	After the funeral, the family will gather in their home to pray and receive guests for the first three days. During this time, the community will usually provide food for the family as cooking is not done. In some communities, on the fourth day a special prayer ceremony is held. The mourning period may be extended up to 40 days, but this can vary depending on the family and customs. Traditionally, a Muslim widow will mourn for a period of four months and 10 days, during which she is not permitted to re-marry or interact with other men. Death is accepted as a natural part of life. The belief that the deceased person has moved to an afterlife is an important understanding that helps the bereaved cope with their suffering.



# Jainism

<b>Leaders</b>	Mahavira -the 24th and latest sage who is considered to be the person who gave Jainism its present-day form.
<b>Holy book</b>	The holy texts are known as Agamas.
<b>Holy days</b>	None
<b>Diet</b>	Usually strict vegetarians or vegan and teetotal.
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Cremation
<b>Beliefs</b>	Jainism originated in India. Jains believe in an infinite universe and that there is no creator God. The central philosophy is that all things, including objects such as stones, metal and earth are alive and have feelings. Jains practice a strict code of ahimsa (non-violence) that permeates every aspect of life. Jainism emphasises the need to distance oneself from material cares. There is no dogma, and each individual decides how much to adhere to the Jain code.
<b>Approaching death</b>	Jains may choose to fast when death is approaching so that they may purify their thoughts in the preceding moments to their death. Close family members and relatives offer prayers for the soul of the dying person. Some may prefer to read from the religious books. Jainism does not have clergy or priests, but 'monks' or 'nuns' who assist in ritual, rather than guide or direct other Jains. It is considered ideal for a Jain to die in a state of meditation, and relatives may wish to play religious tapes or to chant quietly. Some may wish to burn incense sticks.
<b>Impact on EoLC</b>	<p>There is a preference to be accommodated in separate male/female wards. Women will prefer to be treated by female doctors and nurses.</p> <p>The strictest Jains will not eat or drink between sunset and sunrise and will only drink water that has been boiled, cooled, and filtered. There are no issues regarding medication but will avoid medicines if known to have ingredients derived from animal products or containing any such product (e.g. cod-liver oil). They prefer to avoid medicines developed by testing on animals.</p>
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• The family may wish to provide a plain white gown or shroud for the deceased person.</li> <li>• They are unlikely to have special concerns about who touches the body after death although it may be wise to check this with them.</li> <li>• They may wish to assist with the normal last offices.</li> </ul>
<b>Post-mortem</b>	Preference is for no intrusive procedures after death.
<b>Bereavement</b>	Cremation is normally carried out as soon as possible after death, and the funeral is normally a simple and short ceremony. Since Jains believe in an infinite universe, they subscribe to the theory of reincarnation, and believe that the state of one's karma will affect what happens to a person in the future. Jains believe that it is possible to escape the endless cycle of life and death through absolute detachment from worldly cares. Much emphasis is placed on self-purification i.e., Salvation with oneself, through one's own actions.

# Judaism

<b>Leaders</b>	Abraham/Moses
<b>Holy book</b>	The Hebrew Bible
<b>Holy days</b>	Saturday
<b>Diet</b>	Kosher, Pork is not permitted
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Usually burial, though some communities permit cremation. Funerals do not take place on the sabbath or holy days.
<b>Beliefs</b>	All people are created in the 'Image of God' and all human life is sacred. Ethical decisions are to be made within the axioms of divinely revealed biblical law and its rabbinical interpretation.
<b>Approaching death</b>	The Jewish religion and culture are inextricably mixed, and the religion has three main strands: orthodox, conservative, and reformed. As such, there are many differences in beliefs and practices. Orthodox Jews may continue to observe the Sabbath and strict kosher dietary rules. Professionals should therefore seek to understand the implications this may have on individuals, and tailor planned care and support accordingly. No last rites but the dying person may wish to see a Rabbi and facilitate the Confession on a Death Bed. The person should not be left alone.
<b>Impact on EoLC</b>	In the presence of terminal illness causing ongoing suffering, treatments may in exceptional circumstances be withdrawn or withheld, but Rabbinic guidance may be desirable for such decisions.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• When death occurs the Declaration of Faith (Shema) is recited.</li> <li>• Remove tubes &amp; instruments unless the family request otherwise.</li> <li>• Health workers should handle the body as little as possible and the deceased person should not be washed but may be dressed in a plain shroud.</li> <li>• The body will be washed by the local Jewish funeral association.</li> <li>• The deceased person should not be left alone. Contact the Chaplaincy office if there is no-one available to stay.</li> </ul>
<b>Post-mortem</b>	Consult the family.
<b>Bereavement</b>	Shiva, ('sitting' in Hebrew) is the first period of mourning and begins straight after the funeral and lasts for seven days after the funeral. On the first day of Shiva, a candle is lit and left to burn throughout the week. The bereaved family will stay at home during this time to mourn and pray. No members of the family will work or participate in everyday activities during Shiva. One Jewish funeral custom that may be observed is of the mourners ripping off pieces of material from their own clothes. This is a demonstration of their grief, with the visibly torn garment traditionally being worn for the week following the death. After the death of a loved one, there is traditionally an annual memorial on the anniversary of the death. There are also other religious days of remembrance, including the holiday of atonement (known as Yom Kippur), and the Shemini Atzeret holiday at Passover. On both holidays, mourners will attend their synagogue in remembrance of their loved ones.

# Mormons/Latter Day Saints

<b>Leaders</b>	Founded by Joseph Smith
<b>Holy book</b>	The Bible and Book of Mormon
<b>Holy days</b>	Sunday
<b>Diet</b>	Avoid stimulants, such as tea, coffee, alcohol, and tobacco.
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Cremation or burial
<b>Beliefs</b>	Mormons believe that God, Christ, and the Holy Ghost are separate divine beings. Members believe in pre-existence: a spirit life before birth that a person has no memory of. Family unity is of central importance, epitomised by a 'sealing' ceremony at a Temple.
<b>Approaching death</b>	The LDS Church administers spiritual healing to the sick. Members of the LDS priesthood may visit and anoint the person with consecrated oil and offer prayer.
<b>Impact on EoLC</b>	Some Mormons who have undergone a special Temple ceremony wear a sacred undergarment. This intensely private item will normally be worn at all times, in life and death and should be treated with respect.  It is permitted to be removed for operations.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• There are no special rituals associated with dying or death, but spiritual contact is important and active members of the church may want to contact their Bishop.</li> <li>• After death, a deceased person should be washed and dressed in a shroud according to hospital protocol.</li> <li>• An 'endowed' Latter-day Saint should be buried wearing the sacred undergarments (see above) and other special clothes, and members of the Church will dress the body before burial, by arrangement with the funeral director.</li> </ul>
<b>Post-mortem</b>	No religious objections to post mortem or organ transplant or donation.
<b>Bereavement</b>	<p>Burial is preferred, although cremation is not forbidden. Mormons share many beliefs with the Christian and Catholic faiths, but the cross is not a symbol of their religion. Any inclusion of crosses or crucifixes is not acceptable, even in jewellery or as an embellishment on a floral arrangement. Funerals are usually held within one week of death. Funerals services can be used as an opportunity to teach the basic doctrines of the Mormon church.</p> <p>There are not any post-funeral rituals and no time limit on grief; or any strict process for remembering the deceased person. This fluid approach allows individuals to grieve and remember as they choose.</p>

# Sikhism

<b>Leaders</b>	Guru Nanak
<b>Holy book</b>	Guru Granth Sahib
<b>Holy days</b>	All days
<b>Diet</b>	Devout Sikhs are vegetarian. Halal and Kosher food is not permitted.
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Cremation wherever possible
<b>Beliefs</b>	A Sikh is a 'student' or 'disciple' who faithfully believes in one immortal God, the ten Gurus and the Eternal Guru holy book, The Guru Granth Sahib. Everyone is considered equal and can have a direct relationship with God. Belief is to break free from the cycle of life, death and rebirth as dictated by karma. Sikhs believe in prayer and earning God's grace to neutralise karma.
<b>Approaching death</b>	Relatives will recite from the Guru Granth Sahib. The word 'Waheguru' is chanted to maintain composure and remind them of the inevitability of God's will. Sikhs may sprinkle holy water called Amrit from the Sikh Gurdwara or give some to the dying person to drink or wet their lips.
<b>Impact on EoLC</b>	Special respect must be given to the hair which must not be cut, and male and female Sikhs who wear a turban will wish the hair to be maintained in accordance with their faith. It is advisable that someone from the family helps with this.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>Usually, the family takes responsibility for the last offices, but health workers may be asked to close the person's eyes, straighten the body, and wrap it in a plain white sheet.</li> <li>The five religious symbols of the Sikhs should remain on or near to the body. Do not remove the turban or head scarf, miniature sword, bracelet, special shorts, or the comb.</li> <li>Do not trim the hair or cut the nails.</li> </ul>
<b>Post-mortem</b>	No objections but you should discuss any potential delay to the funeral arrangements.
<b>Bereavement</b>	The focus of the funeral ceremony is not loss and grief, but celebration that the soul has an opportunity to merge with the Divine energy that is referred to as Waheguru (the Supreme Being). After the cremation the ashes are submerged into a river, with no monument erected for the person who has passed away. The time and place of the mourning period is determined by the immediate family - starting on the day of death. The bereaved family will carry out a devotional reading of the entire Sri Guru Granth Sahib, the Sikh holy scripture either at the deceased person's home or the local gurdwara; and will recite religious text daily. In England, the mourning period is normally from the announcement of the deceased person's death until the day of the actual cremation. During this period family and friends attend the deceased person's home to pay respect to the immediate family. In India, the cremation takes place as quickly as possible after a person dies, followed by the reading of the Sri Guru Granth Sahib.

# Zoroastrianism

<b>Leaders</b>	Zoroaster (or Zarathustra)
<b>Holy book</b>	Avesta
<b>Holy days</b>	None
<b>Diet</b>	No restrictions, though some may be vegetarian on certain days of the month.
<b>Organ donation</b>	No religious objection
<b>Funerals</b>	Cremation or burial
<b>Beliefs</b>	Zoroastrian beliefs can be summed up by “Good thoughts, good words, good deeds”. Zoroastrians believe in one God called Ahura Mazda (Wise Lord). They believe that Zoroaster is the prophet of God. Dualism in Zoroastrianism is the existence of, yet complete separation of, good and evil. There is a strong connection between physical purity and spiritual purity, and washing is a central part of purification rituals. The sacred sadra (shirt) and kusti (girdle) are always worn and treated with the greatest of respect. The sacred girdle is tied and untied during daily prayers.
<b>Approaching death</b>	Prayers are said facing the sun, fire or other source of light representing Ahura Mazda’s divine light and energy.
<b>Impact on EoLC</b>	Orthodox Zoroastrians are unlikely to accept blood transfusions or donate blood or organs.
<b>Last offices</b>	<ul style="list-style-type: none"> <li>• Routine last offices are appropriate.</li> <li>• The body should be bathed and wrapped in white.</li> <li>• 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 a scarf or cap.</li> </ul>
<b>Post-mortem</b>	Post-mortems are forbidden by religious law, and only a Coroner’s legal requirement would allow this to take place. Delays to a funeral will cause distress, and any reason for this must be carefully explained to the family.
<b>Bereavement</b>	Zoroastrians believe that as soon as the breath has left it, the body becomes impure. They want the funeral to take place quickly and the family may become distressed if there is a delay. Some families may want to prepare the body themselves. Zoroastrians believe that the soul is earthbound for three days after death, and so prayers should commence as soon as possible. Certain prayers and rites are performed during the three days and at the morning of the fourth day. Remembrance ceremonies are performed on the tenth day following the death, and on the thirtieth day of the month for one year.

## Considering cultural differences

Culture could be described as a way of life for a group of people. Culture can mean different things to different people and it is important not to generalise, and always be sensitive to different cultural practices and beliefs.

### Chinese

<b>Beliefs</b>	The Chinese community are not a heterogeneous group and draw upon many influences. Traditional rituals and practices are based on Chinese folk religion, Confucianism, Taoism and Buddhism. Values such as loyalty, piety, the maintenance of social order, self-restrain, self-respect, and self-blame are embedded in Chinese culture. Traditionally parents are looked after by their families, normally sons.
<b>Impact on End of Life Care</b>	<p>Open conversations regarding terminal illness and end of life issues may not be regarded as appropriate. Some Chinese people believe that talk of death may hasten the pace of the dying process or even cause death prematurely. Chinese people may not want to die in their home, because of the belief that it will bring bad fortune to the family.</p> <p>Collective decision-making within the family is regarded as the norm. Traditional Chinese medicine and natural remedies are favoured, and there may be a wish for these to be used alongside medical treatment and care. Post Mortems are not normally considered acceptable. Most Chinese will not have any issues with blood transfusion, however, may not wish to donate organs or tissue as traditionally the body should be buried whole.</p>

### Jehovah's Witnesses

<b>Beliefs</b>	<p>Jehovah Witnesses believe that a human being may not sustain his/her life with the blood of another creature. This belief is very deeply held and means that a patient is likely to refuse a blood transfusion whatever the possible consequences.</p> <p>Congregational support is important, and a dying patient may receive several visitors. Although there is no formal religious ritual as a person is dying, the opportunity for quiet private prayer with a local lay Elder may be appreciated. Lay Elders have pastoral and spiritual responsibility and authority.</p>
<b>Impact on End of Life Care</b>	Many Jehovah Witnesses carry advance directives requesting that medical staff do not use blood or blood products as a form of treatment. Blood is usually seen by Jehovah Witnesses to represent life itself. Specimens must be treated with respect and disposed of with care.



## Rastafari

<b>Beliefs</b>	Rastafari is a spiritual way of life rather than a religion. It recognises the dignity of each individual. The ideology is in tune with nature and the strong belief of the body's natural ability to heal itself. There is a natural scepticism about invasive treatments as this is going against God's plan. Rastas believe that cannabis has many medicinal purposes and has a cultural and spiritual use that allows the mind to reach a less conditioned state and relate with the divine state of life.
<b>Impact on End of Life Care</b>	Rastafari follow a healthy natural diet, normally avoiding meat, salt, dairy products, processed foods, and alcohol. There is some suspicion and mistrust in the use of drugs. The preference is to be treated at home. Examinations should be by same sex healthcare professionals. A person at the end-of-life stage may want to avoid any unnecessary medication, and procedures such as blood transfusions. Organ donation and post mortems are normally forbidden. Evidence suggests that there is a cultural aversion to dying in hospital and would prefer to die with their community around them.

## Gypsies, Roma, and Travellers (GRT)

<b>Beliefs</b>	Superstition features strongly in the culture and the GRT community are often suspicious of bureaucracy and institutions. There are a wide range of religious beliefs including Christianity, Buddhism, and Paganism. There are extended family groups and affiliates in which family ties are strong. Each family speaks for itself, and there are few community leaders, although old age is respected. Illness and death are not talked about, and older people in particular are private about death and dying.
<b>Impact on End of Life Care</b>	<p>There is poor access to healthcare generally, and often the community may not be able to access or receive good end of life care. There may need to be additional support and guidance in completion of consent forms and self-administration of medication due to the higher levels of illiteracy in comparison to the wider population. The extended family of a member of their community all need to visit to pay their respects to the person who is dying, while they are still alive. This means that there will be large numbers of visitors in the last days of their life. There may be a strong wish to take the dying person home.</p> <p>The community will wish for the quick release of the body for burial to take place as early as possible. There is a strong belief in the afterlife therefore post-mortem examinations are generally resisted as are organ donation.</p>

## Key questions for culturally appropriate care

### On communication:

- Some people want to know everything about their medical condition and others do not. How much would you like to know?
  - Do you prefer to make medical decisions for yourself, or do you prefer your family to decide for you?
  - Would you like to be in the room when I speak with your family?
- 

### On cultural values:

- Is there anything that would be helpful for me to know about how you and your family view serious illness?
- Are there cultural beliefs, practices or preferences that might affect you at times of significant illness?

### **If the patient is open to discussions about death, the following questions may be considered:**

- What concerns do you have about death?
  - Are there things that are important to you and your family that I should know about?
- 

### On comprehension:

- Can you tell me, in your own words, what you have heard from me and what's most important to you about what I have said?
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### On customs:

- Are there any specific practices that you would like to have in the hospital, hospice, or home?
- Are there aspects of medical care that you wish to forgo or have withheld because of your beliefs?
- Is there anything that is discouraged or forbidden?
- Are there any specific practices that are important to you at the time of death, or afterward, that we should know about?

## Conclusion

The delivery of culturally appropriate end of life care requires an understanding of the disclosure and consent preferences of the patient:

- the degree to which individual versus family decision making is preferred.
- specific privacy issues.
- the meaning assigned to the disease and its symptoms.
- the patient and their family's attitudes toward medications and nutrition, preferred end of life rituals, and customs and spiritual and/or religious preferences.

Taking the time to understand each patient's unique cultural needs, values and beliefs is the most respectful way of delivering palliative care and facilitating a dignified death.

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- Religious Practices – A Guide to General Principles, Phyllis Tuckwell Hospice Care.
- The Faiths Guide Sheet by Kauser Akhtar, Surrey Faith Links.
- Our NHS People – Understanding different bereavement practices and how our colleagues may experience grief, NHS England, and NHS Improvement Dec 2020.
- Caring for the Jehovah Witness Patient – Ashford and St Peters Hospital.
- Care Quality Commission – Gypsies and Travellers – A Different Ending Addressing Inequalities in End of Life Care.
- Tackling Inequalities in End of Life Care for Minority Groups VCSE Health and Wellbeing Alliance Project Group (2018). Care committed to me.
- Religious and Cultural Beliefs – Blackpool Teaching Hospitals Guidance document.
- A Multi-Faith Resource for Healthcare Staff - NHS Education for Scotland.
- The Handbook of Faiths and Cultures – NHS Manchester.
- Spiritual and Religious Care - Salisbury NHS Foundation Trust.

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## Contacts

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Frimley Health Pastoral Care and Chaplaincy Team

- Frimley Park Hospital: [fph.chaplaincyteam@nhs.net](mailto:fph.chaplaincyteam@nhs.net) 0300 613 4184
- Wexham Park & Heatherwood Hospitals: Chaplaincy 0300 615 3660

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## Further resources

NHS Chaplaincy Guidelines, 2015

[www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf)

Palliative and End of Life Care Toolkit

[www.rcgp.org.uk/clinical-and-research/resources/toolkits/palliative-and-end-of-life-care-toolkit.aspx](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/palliative-and-end-of-life-care-toolkit.aspx)

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Saunders Institute, June 2013

[www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/palliative-care-bame\\_full-report.pdf](http://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/palliative-care-bame_full-report.pdf)

Personal beliefs and medical practice GMC: [gmc-uk.org](http://gmc-uk.org)

Sacred texts of the six major faiths in England

- Buddhism – There are many traditions in Buddhism, and each has its own sacred text, including the Sutras, Tripitaka, and the Tibetan Book of the Dead
- Christianity – The Bible Hinduism – Bhagavad Gita Islam – The Qur'an Judaism – The Torah
- Sikhism – Sri Guru Granth Sahib

For more information on sacred texts, visit:

[www.bbc.co.uk/religion/religions](http://www.bbc.co.uk/religion/religions) [www.soas.ac.uk/library/subjects/religions](http://www.soas.ac.uk/library/subjects/religions)

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## Websites

Dying Matters Coalition: [www.dyingmatters.org](http://www.dyingmatters.org)

Marie Curie Care: [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

National Council for Palliative Care: [www.professionalpalliativehub.com](http://www.professionalpalliativehub.com)

Hospice UK: [www.hospiceuk.org](http://www.hospiceuk.org)