

# Chaplaincy and Spiritual Care Provision

<b>Unique Identifier:</b>	CORP/PROC/588				
<b>Version Number:</b>	4				
<b>Type of Update / Status:</b>	Ratified with Moderate Changes				
<b>Divisional and Department:</b>	Chaplaincy and Spiritual Care Department, Nursing and Quality				
<b>Author / Originator and Job Title:</b>	Reverend Ian Baxter (Chaplain)				
<b>Replaces:</b>	CORP/PROC/588, Version 3, Chaplaincy and Spiritual Care Provision and CORP/GUID/027, Version 4, Religious and Cultural Beliefs				
<b>Description of amendments:</b>	Merger of two documents				
<b>Approved by:</b>	Patient and Carer Experience and Involvement Committee				
<b>Approved Date:</b>	25/02/2020				
<b>Issue Date:</b>	25/02/2020				
<b>Review Date from Date of Approval:</b>	1 Year <input type="checkbox"/>	2 Years <input type="checkbox"/>	3 Years <input checked="" type="checkbox"/> 25/02/2023	4 Years <input type="checkbox"/>	5 Years <input type="checkbox"/>

Version Control Sheet			
This must be completed and form part of the document appendices each time the document is updated and approved			
Date dd/mm/yy	Version	Author	Reason for changes
25/02/20	4	Reverend Ian Baxter (Chaplain)	Merger of two documents

Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received
Ashfaq Patel	Muslim Chaplain and Imam of Blackpool Mosque	18/12/2019
Paul Berry	Chaplain, Trinity	14/01/2020
Chaplaincy Team	Chaplains	14/01/2020
Carla McCaffrey	Section Manager Mortuary & Bereavement Services	25/02/2020
Patient and Carer Experience and Involvement Committee	Patient and Carer Experience and Involvement Committee members	25/02/2020

## CONTENTS

Version Control Sheet.....	1
Consultation / Acknowledgements with Stakeholders.....	1
1 Introduction / Purpose .....	3
2 General Principles / Target Audience .....	4
3 Definitions and Abbreviations .....	4
4 Procedure.....	4
4.1 How to Contact the Chaplaincy and Spiritual Care Department.....	4
4.2 Recording of Religion.....	5
4.3 What Helps to Understand a Patient’s Spiritual Needs .....	5
4.4 How Those Spiritual Needs may be Met by Ward Staff .....	6
4.5 When to Involve Chaplaincy in Meeting those Spiritual Needs .....	6
4.6 Availability of Scriptures and New Testaments .....	7
4.7 Availability of Religious Items.....	7
4.8 Use of the Chapel and Prayer Rooms at Blackpool Victoria .....	7
4.9 Visiting Faith Leaders.....	8
4.10 Spiritual Care Training .....	8
4.11 Chaplaincy Volunteers .....	8
4.12 Religious and Cultural Beliefs .....	9
4.13 Staff Support .....	11
4.14 Chaplaincy as an Integral Part of the Healthcare Team.....	12
5 References and Associated Documents.....	12
Appendix 1: Chaplaincy Call-Out Flowchart.....	13
Appendix 2: Summary of Religious and Cultural Beliefs .....	14
Appendix 3: Equality Impact Assessment Form.....	35

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## 1 Introduction / Purpose

To ensure the delivery of good spiritual care for patients, visitors and staff. This is the responsibility of all staff alongside the specialised services of the Chaplaincy and Spiritual Care Department.

Good spiritual / religious care will help to promote a sense of well-being, self-esteem, hope, trust, value, meaning, which will reduce isolation and help patients cope during a hospital stay.

Good spiritual care is an integral part of good End of Life Care and Bereavement support. The Chaplaincy and Spiritual Care Department are aligned with the SWAN model of bereavement care helping resource and educate staff and volunteers.

**Religious care** is given in the context of the shared religious beliefs, values, liturgies and lifestyle of a faith community. For many patients this is an essential part of their care to have their faith needs met.

**Spiritual care** is usually given in a one-to-one relationship, is completely person-centred and makes no assumptions about personal conviction or life orientation. Spiritual care is not necessarily religious. Religious care, at its best, should always be spiritual.

### **This procedure incorporates policy:**

- To ensure that patients, visitors and staff are made aware of spiritual care and Chaplaincy provision within the Trust.
- To provide timely information for patients on admission.
- To ensure that a patient's religion / non-religion is recorded as appropriate on admission.
- To ensure that patients are asked if they would like Chaplaincy to be notified that they are in hospital.
- To ensure that Chaplaincy is notified of patients who wish Chaplaincy to know they are in hospital.
- To ensure that Chaplaincy is notified of patients who wish to be visited during their hospital stay by a member of the Chaplaincy and Spiritual Care Department.
- To ensure that patients spiritual and religious needs are identified and documented appropriately.
- To ensure that patients religious and spiritual needs are taken into account and appropriately met.
- To ensure that staff can also access Chaplaincy provision as and when needed for personal, spiritual and religious need.
- To give clear guidance to staff regarding the provision of spiritual care and how they should appropriately refer to the Chaplaincy and Spiritual Care Department.
- To resource and educate staff and volunteers in the SWAN model of bereavement care.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## 2 General Principles / Target Audience

For all patients, visitors and staff of Blackpool Teaching Hospitals NHS Foundation Trust.

These are the minimum standards expected for good spiritual care available for all patients, visitors and staff.

## 3 Definitions and Abbreviations

A&E	Accident and Emergency
ART	Artificial Reproductive Technologies
DH	Department of Health
LGBT	Lesbian, Gay, Bisexual, and Trans
PGD	Prenatal Genetic Diagnosis
PND	Prenatal Diagnosis
R.C.	Roman Catholic

## 4 Procedure

### 4.1 How to Contact the Chaplaincy and Spiritual Care Department

- 4.1.1 Chaplaincy provides a patient centred service available both within working hours and out of hours. It is important to contact a Chaplain as soon as possible for a patient who needs support. Do not wait to see a Chaplain on your ward / unit before referring a patient as this will cause unnecessary delay.
- 4.1.2 Please refer to flowchart (Appendix 1) on how to call a Chaplain for urgent and non-urgent referrals.
- 4.1.3 For non-urgent referrals phone the Chaplaincy and Spiritual Care Department at Blackpool Victoria Hospital – extensions 956299 or 953876. Non-urgent referrals are usually situations where the patient wants to be visited by a member of the Chaplaincy and Spiritual Care Department during their hospital stay.
- 4.1.4 For urgent referrals where a Chaplain is needed as soon as possible, contact switchboard for the On-call Chaplain. Please make it clear to switchboard if the patient is Roman Catholic (R.C.) so that the On-call R.C. Chaplain can be contacted. For other non-Christian faiths, please ask switchboard to make contact with the appropriate faith leader listed in the directory held by switchboard. Local faith leaders may not be immediately available to visit.
- 4.1.5 Urgent referrals are usually made when a patient is seriously ill; patients in distress; end of life care support; in urgent need of a religious sacrament or ritual; Accident and Emergency (A&E) emergencies; pregnancy loss; patients who have received significant news about their condition; patients who have received distressing news (i.e. family or close bereavement); or when a member of staff / staff team are dealing with a very difficult situation (i.e. traumatic death; significant news).

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Next Review Date: 25/02/2023
Title: Chaplaincy and Spiritual Care Provision		
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## 4.2 Recording of Religion

- 4.2.1 Every patient on admission or pre-admission must be asked if they have a religion and what that religion is. Respect must be shown for those patients who do not wish to disclose their religious belief or those who identify themselves as non-religious.
- 4.2.2 Declared religious belief should be recorded on admissions documentation, patient notes, electronic patient systems where applicable; and in the green ward admissions book.
- 4.2.3 Record whether a patient wants the Chaplaincy and Spiritual Care Department to be informed of their admission. This information must be passed onto Chaplaincy.

## 4.3 What Helps to Understand a Patient's Spiritual Needs

- 4.3.1 In order to understand and identify a patient's spiritual needs there should be a good holistic understanding of the patient.
- 4.3.2 Spiritual needs include issues around hope, fears, love, forgiveness, relationships, meaning and making sense of what is happening.
- 4.3.3 The use of active listening skills and sensitive questioning will help identify spiritual needs.
- 4.3.4 When a patient declares their religion, it is important to go on to ask: what their faith means to them; how the patient feels their religion may impact their hospital stay; and how their religious practices may be supported. Some patients may declare a religion but not actively practice.
- 4.3.5 All patients may express spiritual needs even if they aren't religious. This will include patients who would benefit from chaplaincy support to explore their spiritual needs.

Spiritual needs of patients are often linked to their hopes, fears and concerns, relationships, distress and faith. These needs should be identified and discussed sensitively as much as the patient would like and feels comfortable to discuss.

- 4.3.6 For patients who are unconscious or unable to communicate it will be important to draw on information provided by their family or carer(s).

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

#### 4.4 How Those Spiritual Needs may be Met by Ward Staff

- 4.4.1 Effective spiritual care can be provided by many staff and not just members of the chaplaincy team.
- 4.4.2 Sensitive and supportive conversations with a patient helps to affirm the patient as an individual who expresses spiritual needs in terms of their hopes, fears and concerns, relationships and any distress.
- 4.4.3 Simply 'being there' with the patient and sometimes holding their hand (or other appropriate physical contact) is a critical part of providing care which often meets a spiritual need.
- 4.4.4 Enabling the patient to 'connect' with their family and loved ones through telephone messages; cards and letters; supportive visiting etc. may add their sense of spiritual wellbeing.
- 4.4.5 Provision of quiet spaces; music and/or access to a garden area may help some patients to reflect and draw strength.
- 4.4.6 Provision of prayer facilities; appropriate food; scriptures or other religious items may help some patients practice their faith.
- 4.4.7 Resources, such as written prayers, to aid patients in religious observance are available from the Chaplaincy and Spiritual Care Department.

#### 4.5 When to Involve Chaplaincy in Meeting those Spiritual Needs

- 4.5.1 Chaplaincy support must be offered to patients you are caring for both on admission and during their stay as appropriate.
- 4.5.2 Explain to the patient how Chaplaincy may be able to help so that they the patient (and / or carer) can make an informed choice on receiving Chaplaincy care. Information about current Chaplaincy provision can be found on the Trust's internet and intranet sites.
- 4.5.3 Chaplaincy services must be offered when there is a specific religious need; significant spiritual need; bereavement care need and for patients facing end of life. Arrangements must be made with the chaplaincy department when needed.
- 4.5.4 For patients facing end of life care it is better to involve Chaplaincy earlier rather than later to allow the Chaplain to build a positive relationship with the patient and family / carers.
- 4.5.5 Chaplaincy should be involved when identified through Priority 4 of the 'Plan of Care for People Approaching The Last Day and Hours of Life' (see: [Plan of Care](#) on intranet).
- 4.5.6 When patients are to be discharged, their spiritual needs should still be assessed and planned for continuity of care. It is possible for Chaplains to

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

provide ongoing care if the patient is discharged to a community unit or to Trinity Hospice. In some situations the Chaplain may be able to provide or facilitate support if the patient is discharged home or into another care setting (i.e. especially for end of life care needs).

- 4.5.7 Chaplaincy and Spiritual Care Department leaflets are available on each ward. These introduce the Chaplaincy service and contain details on how a patient can access Chaplaincy support.

#### **4.6 Availability of Scriptures and New Testaments**

- 4.6.1 New Testaments are kindly provided by the Fylde Coast branch of Gideons International. These testaments should be placed inside each bedside locker in patient bays only.
- 4.6.2 Gideon’s testaments should be offered to patients in side rooms and on intensive / high dependency units as appropriate.
- 4.6.3 Gideon’s testaments must be cleaned as part of the daily cleaning schedule. Please dispose of any testaments which have become soiled or spoiled (replacement stock can be requested from the chaplaincy department).
- 4.6.4 Other bibles and scriptures / literature from different faiths are also available via the Chaplaincy and Spiritual Care Department.

#### **4.7 Availability of Religious Items**

- 4.7.1 Religious items such as head coverings; shawls; compasses to find direction of Makkah (Mecca) for Muslim prayers; prayer mats; rosary beads; holding crosses can be made available by contacting the Chaplaincy and Spiritual Care Department.
- 4.7.2 Any items that are borrowed must be returned to the Chaplaincy and Spiritual Care Department after use (some items such as rosary beads and holding crosses may be kept by the patient or their family).
- 4.7.3 Loaned items will be recorded by a member of the Chaplaincy and Spiritual Care Department.

#### **4.8 Use of the Chapel and Prayer Rooms at Blackpool Victoria**

- 4.8.1 There is a Chapel and prayer room in Area 3 (near A&E and medical wards) at Blackpool Victoria Hospital.
- 4.8.2 The Chapel and Prayer Room is available to any patient, staff and visitor who would like to spend time praying; reflecting; worshipping or meditating.
- 4.8.3 Candles may be lit in the Chapel on request and under the supervision of staff. Candles must not be left unattended at any time.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

- 4.8.4 Prayer requests can be written and posted on the prayer board of the Chapel.
- 4.8.5 Services and Muslim prayers are held as advertised in the Chapel and Prayer Room.
- 4.8.6 An additional Prayer Room with ablution facilities is available on the ground floor of the Lancashire Cardiac Centre at Blackpool Victoria (Area 12).

#### 4.9 Visiting Faith Leaders

- 4.9.1 Many patients will appreciate being visited by their own faith leader whilst in hospital.
- 4.9.2 Sometimes it is appropriate to allow the patient's faith leader to visit outside of normal visiting times so that a more private conversation can take place without the interruption of other visitors. Such visits should be facilitated and allowed by the nurse in charge subject to convenience, safety and dignity of other patients. Faith leaders are advised to ask permission in advance from the ward to visit outside of normal visiting times as they do not have automatic right of access (Guidance for faith leaders is available on request from the Chaplaincy and Spiritual Care Department).
- 4.9.3 The Chaplaincy and Spiritual Care Department and switchboard hold a directory of local faith leaders. This can be referred to when a patient requests for the ward to make contact but do not themselves have a telephone number to hand.
- 4.9.4 Each Ward has the responsibility of protecting patients and their carers from unwanted visits.

#### 4.10 Spiritual Care Training

- 4.10.1 Chaplaincy provides training for staff on spiritual, religious and cultural care. Details of current courses are available by contacting the Chaplaincy and Spiritual Care Department (ext. 953876 / 956299).
- 4.10.2 Chaplaincy is able to provide bespoke / ad-hoc training for individual staff teams / wards / departments on request. Such training has the advantage of meeting the specific needs of each area.
- 4.10.3 It is good practice for each ward / department to ensure that a significant number of their staff access spiritual care training and are kept up to date with current spiritual care issues / developments.

#### 4.11 Chaplaincy Volunteers

- 4.11.1 The Chaplaincy and Spiritual Care Department manages and makes available chaplaincy volunteers for all wards throughout the Trust.
- 4.11.2 These volunteers are an integral part of patient care and must be welcomed as such.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		



- 4.11.3 Chaplaincy volunteers must be notified of specific patients (with the patient's permission) who have been identified as those who would benefit from a visit or in need of sacramental care (i.e. Holy Communion).
- 4.11.4 It is ward nurse responsibility to notify Chaplaincy Volunteers if there are any specific infection control or safety issues they need to be aware of.

**4.12 Religious and Cultural Beliefs**

- 4.12.1 Chaplains are available to offer guidance direct to patients and staff regarding faith practices and healthcare concerns
- 4.12.2 For a brief summary of some Religious and Cultural Beliefs see Appendix 2. Comprehensive guides exist online and can be helpful, however the care offered should be personalised and appropriate to the individual's needs. Do not make assumptions based on generalised information given around religious needs.
- 4.12.3 It is important to identify with the patient what their individual religious requirements and practices are. Do not assume they will practice all that their faith may teach. Be aware that an individual's beliefs may change through a time of crisis. An individual of faith may reject God or be fearful with doubt, similarly one who describes themselves as non-religious may decide to ask for certain religious rites or a confidential conversation with a Chaplain.

**Some Common Themes to Consider in Religious Care**

- 4.12.4 **Diet** – Patients should always be asked to state their dietary needs; nutrition is an essential element in the treatment and recovery of patients, and patients could refuse food if it does not meet the requirements of their religion or belief. This is especially relevant in older patients, who may not indicate their needs unless they are asked, or in those who fear they are likely to die and are therefore even more observant in their religious practice at the time. There is a risk that the refusal of food may be attributed to a loss of appetite, leading to poor nutrition if the real reason for refusing food is not established. An example of this could be offering a chicken sandwich with butter to a Jewish person, whose religion forbids the mixing of meat and dairy or milk-based products.
- 4.12.5 **Modesty** - Modesty in dress and a requirement to be treated by a doctor / nurse of the same sex is also important in some religions. NHS staff should consider these requirements in order to preserve the dignity of the patient. However, it is not always possible or feasible to provide same-sex attendance, particularly without adequate notice that this might be an issue, and this should be made clear at the time of making appointments.
- 4.12.6 **Beginning of Life** – Many religions will have concerns in relation to contraception, abortion / termination, prenatal medicine (artificial reproductive technologies (ARTs), prenatal diagnosis (PND), and prenatal genetic diagnosis

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

(PGD). Issues such as these should always be sensitively considered and discussed if there is a particular religious or cultural understanding.

- 4.12.7 **Palliative Care** - Palliative care aims at the enhancement of the quality of life for patients with life limiting illnesses as well as their relatives / family. Both the physical and the spiritual aspects of individual patients are to be considered, allowing for individual religious views on the relationship between body, mind, soul and spirit. The inclusion of family is particularly relevant in religious communities where large emphasis is placed on familial bonds. Where palliative care includes families and relatives in the care of patients, it is particularly important that the staff involved are aware of religious attitudes towards disease, suffering, dying and death and religious practices (such as anointing of the sick in Christianity, and prayer in Islam), as well as views on familial responsibilities and traditions.
- 4.12.8 **End of Life Concerns** - Many religions and beliefs include in their teachings views on dying, death and the afterlife. For many religions, life does not end with death. Often the process of dying is seen as an opportunity for spiritual insight. In Buddhism, Hinduism and Sikhism, for example, the way in which one dies may influence one's rebirth. In the event of a death, NHS staff should consult the patient's relatives to determine their preferences with regard to preparation of the body and other religious requirements. It is important to remember that early burial is a requirement in some religions.
- 4.12.9 **Concerns with Certain Drugs and Treatments** – some religious patients may raise issues with prescribed medicines or treatments that involve porcine-based drugs or alcohol-based drugs / treatments. However, if there is no ready alternative the patient may be happy to take the prescribed medicine as allowances in their religious observance may be made for the sake of their physical health.
- 4.12.10 **Organ / Tissue Donation** – it should not be assumed that the patient who is of a particular religion will be against organ / tissue donation. Many religious groups are positive about donation being a great gift of life to others. Sensitive discussion should take place with patients / families around this issue taking into consideration any religious perspectives / concerns.
- 4.12.11 **Naming Systems** – ways of naming individuals and families vary around the world therefore:
- Do not presume that someone's name follows a pattern of First name-Family Name, where the family name is inherited from the father's side. For example: sometimes family names come first, some apparent 'names' are in fact titles or indicate gender and some cultures do not use 'family' names at all
  - Do not 'alter' someone's name or give a nickname to get round pronunciation difficulties unless they specifically ask you to do this.
  - If someone does offer an alternative name, check that they are genuinely happy with this and that all names (and nickname) are still recorded.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

- In some cultures, formality is valued and familiar names are not used lightly.
- Some names have great personal or cultural significance or value.
- Note that some people have adopted their name to match European models, but this may not be how relatives know them.
- Some women may use their maiden name but pass their husband's name on to their children. (source: South Devon Healthcare Trust, guidance)

4.12.12 **Hygiene** – water and washing can have a significant symbolic role in some countries and cultures, and this needs considering in some circumstances. Some may want to wash in a particular way using running water where a single bowl would not be sufficient. Many will want to wash their body after using the toilet, and this needs making possible without embarrassment.

4.12.13 **Sexuality** – religions have varied teachings on issues of sexuality. Many of these teachings are understood in different ways. The sexuality of a patient at all times must be respected which is especially important for those from the LGBT community who have specific religious and cultural beliefs and practices.

4.12.14 **Festivals and Religious Observations** – it is important to recognise that different faiths have different religious and holy days. These vary from faith to faith and aren't always set dates each year. It is important to be aware of these festivals and holy days by referring to a Faith Calendar <https://www.interfaith-calendar.org/>

#### 4.13 Staff Support

4.13.1 Chaplaincy support is available for staff recognising that staff members have spiritual and religious needs too.

4.13.2 Chaplaincy provides a weekly communion service open to all (led by either a Chaplain who is Anglican or Free Church) held Wednesday lunchtimes at 12 midday in the chapel at Blackpool Victoria. Roman Catholic Mass is also celebrated weekly on a Monday at 4pm (times and dates advertised in the chapel).

4.13.3 Muslim Jumma (Friday) prayers are held weekly in the chapel (times advertised in the prayer room).

4.13.4 Other special services are held as advertised by chaplaincy (i.e. during Christmas and Easter).

4.13.5 Chaplaincy is available for wards and departments coming to terms either with the expected death or unexpected death of a colleague. Please contact switchboard for the on-call chaplain to respond and support.

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

#### 4.14 Chaplaincy as an Integral Part of the Healthcare Team

- 4.14.1 Hospital Chaplains are an integral part of the healthcare team benefiting patient care.
- 4.14.2 Chaplaincy Stickers, indicating that a Chaplain has visited a patient, are added to the History Sheet Section 4 of the Patient's Notes.
- 4.14.3 Chaplains may instigate a 'Chaplaincy Support Sheet' for individual inpatients which must be filed with the nursing notes. This sheet will be updated by chaplains at each visit to keep the ward team informed about ongoing spiritual care.
- 4.14.4 Other Trust staff must provide relevant patient information to chaplains as needed to best support and care for patients.

#### 5 References and Associated Documents

BTHFT - Form, 2017. *Plan of Care for People Approaching the Last Days and Hours of Life*. [Online]

Available at:

[http://fcsp.xfyldecoast.nhs.uk/H/HealthRecordsLibrary/Documents/63844\\_BLAC\\_VS2035\\_PROOF3.pdf](http://fcsp.xfyldecoast.nhs.uk/H/HealthRecordsLibrary/Documents/63844_BLAC_VS2035_PROOF3.pdf)

[Accessed 20 02 2020].

NHS England, 2015. *NHS Chaplaincy Programme*. [Online]

Available at: <https://www.england.nhs.uk/chaplaincy/>

[Accessed 20 02 2020].

NICE, Last updated: March 2017. *End of life care for adults - Quality standard [QS13]*. [Online]

Available at: <https://www.nice.org.uk/guidance/qs13>

[Accessed 20 02 2020].

NICE, Published date: December 2015. *Care of dying adults in the last days of life - NICE guideline [NG31]*. [Online]

Available at: <https://www.nice.org.uk/guidance/ng31>

[Accessed 20 02 2020].

NICE, Published date: March 2004. *Improving supportive and palliative care for adults with cancer - Cancer service guideline [CSG4]*. [Online]

Available at: <https://www.nice.org.uk/guidance/csg4>

[Accessed 20 02 2020].

NICE, Published date: March 2017. *Care of dying adults in the last days of life - Quality standard [QS144]*. [Online]

Available at: <https://www.nice.org.uk/guidance/qs144>

[Accessed 20 02 2020].

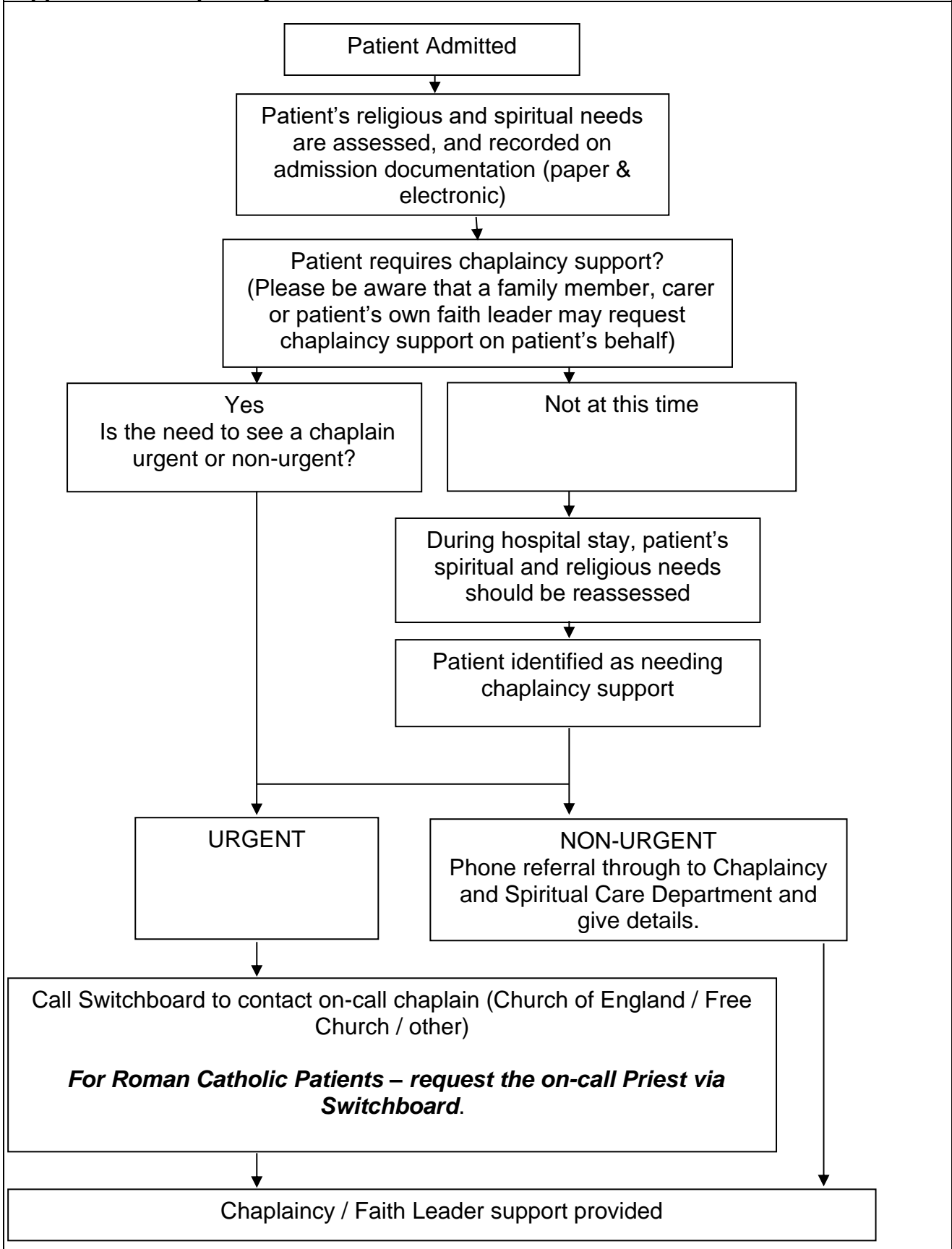
NICE, Published date: October 2019. *End of life care for adults: service delivery - NICE guideline [NG142]*. [Online]

Available at: <https://www.nice.org.uk/guidance/ng142>

[Accessed 20 02 2020].

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b>Do you have the up to date version? See the intranet for the latest version</b>		

## Appendix 1: Chaplaincy Call-Out Flowchart



## Appendix 2: Summary of Religious and Cultural Beliefs

1. Buddhism
2. Christianity
  - 2.1 Catholic
  - 2.2 Church of England
3. Gypsy, Traveller and Romany
4. Hinduism
5. Islam (Muslim)
6. Jehovah Witness
7. Judaism (Jewish)
8. Mormon
9. Non-Religious
10. Pagan
11. Sikhism
12. Spiritualist

### 1. BUDDHISM

Buddhist teaching centres on Buddha (the Enlightened), revered not as a god but as the Founder of the Way of Life. While there are several 'schools' of Buddhism, all their teachings are based on non-violence, brotherhood, and the seeking of spiritual growth. Buddhists believe in re-birth (not the same as re-incarnation) and that their actions in this life influence the quality of the next, so have a strong sense of personal responsibility.

#### Key issues and special considerations

- Indian / eastern Buddhists may have strict hygiene rules
- Monks and nuns in particular, should be asked by what name they are known.
- Peace and quiet for meditation (and maybe chanting) would be appreciated, as would visits from other Buddhists, preferably of the same school.
- A statue of Buddha or scriptures should always be treated with great respect.
- Buddhism embraces modern medicine. Buddhists are generally against abortion and euthanasia, but regard this principally as a matter of personal choice.

#### Diet

Many Buddhists are vegetarian. Alcohol is forbidden to monks and nuns, although total abstinence for lay Buddhists is a matter of personal choice.

#### Care of the dying and what to do after death

- A side room is a priority.
- Support from another Buddhist (ideally from the same school) should be offered.
- The patient should be involved at all stages. Personal preparation for death is very important (Some Buddhists spend a lifetime preparing for their death). The state of

## Appendix 2: Summary of Religious and Cultural Beliefs

mind at the time of death is believed to influence the character of re-birth. Death is considered an important point of transition, and the ideal is to remain clearly conscious as long as possible. For this reason, Buddhists may not want to be given drugs that have a sedating or tranquilising effect.

- If possible, some Buddhists may prefer the body of the dying person to be touched as little as possible, except for the area around the crown of the head.
- Quiet, meditation, and chanting may be used.
- There may be no objection to organ donation, or to post-mortems, but this is a matter of personal choice.
- After death, it is essential that a Buddhist minister or monk is informed. Routine last offices are appropriate as long as the body is treated with respect.
- Members of the Buddhist community may request time (up to an hour) to pray with the deceased, before the body is touched.
- Buddhists are usually cremated.

### Local Contacts

There is a Kadampa Centre in North Shore, which is the base for either a resident Buddhist monk or nun. Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers.

## 2. CHRISTIANITY

The Christian religion acknowledges the divinity of Jesus Christ. Christians believe that God became man on earth in the person of Jesus. He was crucified, was raised from the dead and ascended into heaven. The holy book is the Bible, consisting of scriptures shared with the Jewish faith (the Old Testament) and the collection of Gospels and Epistles specific to the Christian faith (the New Testament).

There are a number of denominations (branches of the Christian Church), including:

- Roman Catholic
- Baptist
- United Reformed Church
- Church of England
- Methodist
- Salvation Army

Many people are only nominally Christian (not practising), even if a Christian does not regularly practice or belong to a church then they may still find support helpful in a time of crisis.

There is a great spectrum of belief and practice within Christianity, and there are many different Christian Churches, each tradition having a slightly different emphasis and structure. Some have distinctly different practices. For example some do not have ordained Ministers, but Elders.

Some groupings, such as The Unitarian Church, Mormons and Jehovah's Witnesses, are

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

not recognised as mainstream Christian Churches, even though they might use the terms 'Church' and 'Christian'. Such groups may be called 'sects'.

### Key Issues and special considerations

- Chaplaincy services should be offered routinely to all patients and, where appropriate, to their families.
- Patients may wish to see a Chaplain, especially before an operation. Some may wish to be anointed and/or to receive Holy Communion.
- Most Catholic patients will wish to be visited by the Catholic Chaplain whilst in hospital, especially in times of crisis.
- There is no religious objection to the giving or receiving of blood or organs, nor of the donation of the body for research.
- Issues around birth: Some may appreciate prayers of thanksgiving or a blessing for their baby. If a baby is critically ill, parents should be offered the possibility of baptism. Although this is usually performed by a priest or chaplain, in an emergency, anyone (preferably a practising Christian) may baptise. If a baby has already died, a naming and blessing ceremony should be offered. Sometimes other family members (e.g. grandparents) may need support, even if the parents decline.

### Care of the dying and after death

The dying patient and/or the family may value support from either their own church minister or a Chaplain. Around the time of death, prayers may be said, and the person may be anointed (this used to be called the 'last rites').

Routine last offices are appropriate.

### Local Contacts

Chaplaincy is available throughout the Trust. Where a patient request the support of their own church please check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers of local churches.

## 2.1 CHRISTIANITY (CATHOLIC)

The Catholic Church is the largest single denomination within Christianity, and traces its roots back to the first Apostles and the commission given to them by Christ Jesus, who founded the Church and instituted the sacraments (special rituals and prayers). It is present throughout the world, with a variety of practices originating from different cultural traditions; within England, where the Church is known as the 'Roman Catholic Church', approximately 9% of the Population are Catholic.

### Key Issues and special considerations

Catholics have particular needs: they require, most importantly, contact with ministers of the Catholic Church. These ministers bring the presence of Christ especially in prayer and the sacraments. This presence is the main source of healing, comfort and peace to the Catholic. Insofar as it is possible, it is the aim of the Catholic team to visit every Catholic patient, to assess, and to provide for, their spiritual needs. Distinctive Catholic beliefs include the special authority of the Pope, the ability of saints to intercede on behalf of believers, the concept of Purgatory and the doctrine of the Real Presence - that is, that the bread used in the Eucharist becomes the true Body of Christ when blessed by a priest.

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	



## **Appendix 2: Summary of Religious and Cultural Beliefs**

Bedside Communion Services are, therefore, very important to many Catholics.

### **Care of the dying and after death**

As someone's life draws to a close, there are particular prayers and sacraments which may be celebrated, and it is important that the Catholic Team are informed as soon as possible, especially if the patient's swallowing or consciousness may become compromised.

Often, a family member may ask for 'The Last Rites' or the 'Anointing of the Sick' and, if so, it is imperative that the Chaplain is called before death occurs. Even after death, though, there are prayers and rituals that can be performed that will assist the deceased into heaven and bring comfort and consolation to their family and friends.

To contact the on-call Catholic Priest ring the Hospital Switchboard and specify that it is the On-call Catholic Priest required.

## **2.2 CHRISTIAN (CHURCH OF ENGLAND)**

The Church of England belongs to the Anglican Communion, a world-wide grouping of churches which includes the Church of England, Church of Wales, Church of Ireland and the Scottish Episcopal Church (confusingly the Anglican Church in Scotland is not called the 'Church of Scotland' which is another family of churches entirely).

The Church of England and sister churches in the Anglican Communion, share the same principal beliefs as other mainstream Christians. In England over half the Christian population identifies with the Church of England.

Church of England churches are led by clergy who may identify themselves as any of the following: Deacon, Priest, Vicar, Rector, or Minister. They might call themselves 'Reverend', 'Father' or 'Mother', or simply introduce themselves by their first names. The majority of Church of England clergy will wear a clerical-collar, but not all.

### **Key Issues and special considerations**

Please don't make assumptions about what religious help your patient may need: you must always ask the patient concerned. Some suggestions might include:

#### **(i) Contact with their church**

Practising Anglican Christians often belong to a particular parish church and may appreciate seeing a familiar face. Sometimes the church will have a pastoral team whose job it is to carry out hospital visits, sometimes the church leader might want to come him/herself. Please feel free to contact the church leader directly or approach the hospital Chaplaincy Team if you need help.

#### **(ii) Prayer**

Prayer is an essential part of what it means to be a Christian. An Anglican will find it important to have quiet times on the ward for their personal prayers and devotions. If the patient is able to walk he / she may find time in the Chapel helpful. The Chapel is located in Area 3 near the Accident and Emergency Department. Patients may also request prayer books or liturgies to help them pray. Please contact the Hospital Chaplaincy Team for resources.

#### **(iii) Religious icons and symbols**

Like Catholic Christians, Anglican Christians may sometimes use a rosary or prayer beads

## **Appendix 2: Summary of Religious and Cultural Beliefs**

to help them in their prayers. They may also find it to comfort wear a cross or have an icon (a religious picture) to hand.

### **(iv) Access to the Bible**

The Christian holy book is called the 'bible'. Christians find reading the bible can be especially comforting during times of illness. 'The Gideons' organisation provides the hospital with bibles and New Testaments (a shortened version of the bible) which may be available in patient lockers or can be requested from the Chaplaincy Department. Please remember that the bible is a holy book to Christians and should be treated as such by staff who handle it.

### **(v) Religious ceremonies**

Anglicanism contains a number of religious ceremonies that adherents and their families may find helpful. These ceremonies are conducted at the bedside and may include structured prayers, anointing with oil, and the sacraments of Baptism and Holy Communion. It is also possible that the patient may wish to renew his / her commitment to a partner and might ask for a blessing or renewal of vows.

NB: When you have a patient with a life-limiting illness, please try to ensure his / her wishes are recorded for the benefit of family members and other health care professionals. The chaplain would want to follow these wishes wherever possible while taking into consideration the needs of the patient's family and loved ones.

### **Care of the dying and after death**

1. When death is imminent please call the religious contact provided by the patient. If no name has been provided but spiritual and religious care is required for your Anglican patient, please contact the on-call hospital chaplain.
2. Where possible and appropriate, please try to identify in advance of speaking to the chaplain what kind of spiritual or religious care the patient or his / her loved ones are asking for. Please see (v) above for suggestions.
3. Prayers may be said before or after death or both.

### **After Death**

1. Personal religious items: Some Anglican Christians may wear crosses. Please do not remove the cross without speaking to the patient's family.
2. Preparation of the body: Normal washing and preparation can be carried out.
3. Post-mortem requirements: There is no religious objection to post-mortem.

### **Internment rituals**

Both cremation and burial are generally acceptable.

## **ADDITIONAL NOTES ON MATERNITY AND PAEDIATRIC CARE**

In the Anglican tradition the sacrament of Baptism is a ceremony which initiates a person into the Christian faith. Baptism normally takes place when a person is very young. If there is a chance a baby may die, it is important that parents are offered the opportunity to have their baby baptised.

If baptism is required please contact the chaplain on call. A 'baptism tray' with a few items suitable for performing baptism is kept in the nurses' station of the Delivery Suite. It would

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023	Title: Chaplaincy and Spiritual Care Provision
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>		

## Appendix 2: Summary of Religious and Cultural Beliefs

be useful if these were found in advance.

When time is especially short, any practising Christian may perform baptism. This is done by making the sign of the cross on the baby's forehead, then sprinkling water over the forehead and saying the words:

“(Insert child's name here) I baptise you in the name of the Father and of the Son and of the Holy Spirit.”

If the child survives he / she can be welcomed into the local church at a later date.

If the baby dies before baptism can be performed, a 'Blessing and Naming Ceremony' can be offered to parents instead. Please phone the on-call chaplain who will come and perform the service. Service cards are kept in the nurses' station of the Delivery Suite.

### After Death

There are no specific religious requirements or restrictions.

The chaplain can offer religious ceremonies based on the wishes and needs of the parents.

## 3. GYPSY, TRAVELLER AND ROMANY

English Gypsy and Irish Traveller are two recognized ethnic groups. Many live in mobile / caravan accommodation though others will live in houses / flats. The Roma community are different and usually live in housing.

There are six main groups living within the UK:

- Romani Gypsies
- Irish Travellers
- Scottish Travellers
- Roma – more recent arrivals from Eastern Europe
- Welsh Gypsies (the Kale)
- Show-people

(source – Blackburn with Darwen NHS: Health Needs and Inequalities for Gypsies and Travellers, Feb 2012)

Many prefer to carry out religious rituals in their own homes or in the context of folk observances. Formal religion is often supplemented by faith in the supernatural. Many will be Roman Catholic and look at a Priest for support and Sacramental care.

Although a Traveller may have relinquished their nomadic lifestyle, this does not mean the loss of their ethnic identity, but communities vary in the maintenance of traditional culture.

Travellers often experience difficulties in seeing a GP, and when this happens, will present themselves at A&E departments, as this is their only means of gaining the health care needed. Many may need assistance with forms etc.

### Key issues and special considerations

- Many have strict rules of cleanliness. Washing should be in running water.
- The lower part of a woman's body is considered unclean; it must be kept covered,

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

usually by a long skirt. Separate soap and towels are used on the upper and lower parts of the body and they must not be allowed to mix. For many, failure to keep the two sections separate in everyday living may result in serious illness. For this reason, many women will not agree to a gynaecological examination unless the procedure is clearly explained as being essential to her well-being.

- Modesty is important, especially for women, and they prefer to keep legs and feet covered, where possible.
- Many believe that actions (e.g., clean or polluting / marimé) can promote health or result in illness.
- For these communities, illness is a problem shared by the entire clan. Family members are expected to remain with their relative day and night to watch over, protect, and perform caring and curing rituals. Some are especially fearful of any surgical procedure that requires general anaesthesia because of a belief that a person under general anaesthesia undergoes a "little death". For the family to gather around the person coming out of the anaesthesia is especially important.
- Christian patients may wish to see a Chaplain, and/or request a Bible.
- Roma, Gypsy and Travellers are recognised as an ethnic minority and their culture should be respected.

### Diet

There are no foods that are always prohibited. Some foods - pepper, salt, vinegar, garlic, and onions- are considered lucky. To eat them encourages good health.

Many try to eat only food that is known to be pure and clean. Consequently, there are many regulations regarding the preparation and handling of food. Food prepared by those outside the community may be considered impure, so avoided. This can also apply to implements, plates etc. where disposable ones may be preferred. Eating together is imbued with great social significance. Refusing to share food is a serious affront, implying a person is not pure and clean.

### Issues around birth

A woman may be considered impure, during pregnancy and after the birth of the infant until its baptism or until she has prayers said for her (is 'churched'). The woman must be isolated as much as possible from the community. She is cared for mainly by other married women in the community. She may not enter other people's homes until the prayers have been said, so this is often requested in hospital, before discharge. The baptism usually takes place between two and three weeks after birth.

### Care of the dying and after death

- Belief in the supernatural and fears about death play a significant role in their rites and customs related to dying and death. All relatives who can possibly do so appear at the bedside of the person who is reaching the end of his life. It is necessary to show family solidarity, and to obtain forgiveness for any harmful act they might have committed toward the dying in the past. This often means that there will be a large number of people visiting and wishing to stay in/near the hospital.
- The dying must never be left alone. It is important, where possible that relatives be allowed to be present at the moment of death. After death, the family may request

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023
Title: Chaplaincy and Spiritual Care Provision	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

that the person be laid out in clothing of their choice.

- Grief is often displayed loudly and may include moaning and shouting out to the deceased.
- The family may also want to take the deceased back with them in order to sit up all night with him/her allowing family and friends to pay their last respects before the funeral.
- The release of the body should be organised where possible, according to hospital procedures (see the Trust Bereavement procedure for details relating to inpatient deaths).
- Family and friends will often place items in the coffin - things that the deceased was fond of - jewellery, photographs, children's toys.
- There is no religious/cultural objection to the giving of receiving of blood or organs.

### Local Contacts

There are quite a number of Travellers in Blackpool, many of whom live in houses or on residential caravan sites, especially in the Marton / South Shore / Hawes Side areas. Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers.

## 4. HINDUISM

Hindus believe there is one God, who can be understood and worshipped in many different forms; an immortal soul that exists in all living things; the cycle of birth, death and rebirth through which everyone must go; release from that cycle as the ultimate aim of life, and a clear code of right behaviour. It is important to prepare for a good death. The principal holy book is the Bhagavad-Gita.

### Key issues and special considerations

- Hindu women prefer to be treated by female staff.
- For most Hindus, washing is important before prayer.
- Holy articles and books should be treated with respect. This may include items of jewellery, and holy water from the Ganges.

### Diet

Most Hindus will be vegetarian. Consumption of beef and beef products (animal fat, some drugs and vaccines) is often prohibited. For some Hindus, the use of crockery previously used for meat is not acceptable.

### Issues around birth

Customs and ceremonies vary. Soon after birth a family member may write 'OM' (representing the Supreme Spirit) on the baby's tongue in honey or ghee (clarified butter). The baby may be wrapped in a special cloth. On the sixth day, the women of the family may gather to pray and give presents.

### Care of the dying and after death

- Large numbers of family may wish to visit.

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

- For many it is essential that the patient is supported and does not die alone.
- A Hindu priest may be requested.
- A devout Hindu may wish to receive hymns and readings from holy books, especially the Gita. Some may wish to lie on the floor, symbolising closeness to Mother Earth. They may be sprinkled with water from the River Ganges, and a sacred thread may be tied round the arm.
- Funerals, usually cremation, must take place as soon as possible.
- The family should be consulted before the body is handled, as distress may be caused if it is touched by a non-Hindu. Staff touching a body should be of the same sex as the deceased.
- The family will usually want to wash the body later.
- Unless the family wishes otherwise, close the eyes, straighten the legs. Do not trim nails or hair. Place the hands on the chest with the palms together and the fingers just under the chin (in a traditional sign of greeting). Do not remove any jewellery threads or other sacred objects. Wrap the body in a plain sheet.
- Post mortems are disliked but accepted. Prior to a post mortem, family members may wish to remove sacred threads from the deceased.

### Local Contacts

There is a Fylde Coast Hindu Society. Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact number.

## 5. ISLAM (MUSLIM)

Islam means 'surrender to God's will', and Muslims submit themselves to the will of Allah (Arabic name for God mentioned in the Islamic scriptures), whom they believe is the one true God. They follow the teachings of the prophet Mohammed ('peace be upon him'). Over 1.2 billion people worldwide profess Islam. As Islam is practiced all over the World, there can be wide cultural variation and language differences. There are two major groups of Muslims – Sunni Muslims (the majority in Britain) and Shi'ite Muslims.

Mecca (Makkah) in Saudi Arabia is the religious centre for Muslims. It was here that the prophet Mohammed (pbuh) was born and began his teaching. The Muslim holy book is the Holy Qur'an (Koran), which should always be treated with great respect. The person who leads worship in the Mosque is the Imam. Islam follows the lunar calendar (354 days in a year) so the festivals fall 11 days earlier each year. The main events are the month of Ramadan, a time for fasting during daylight hours, the festival of Eid-ul-Fitr, marking the end of this period and a family time of celebration, and Eid-ul-Adha, the festival of sacrifice.

There are five main religious duties for a Muslim:

1. Declaration of faith (the Shahadah);
2. Salah - praying five times a day, preceded by ablution (ritual washing);
3. Zakaat - alms giving;
4. Saum - fasting in the month of Ramadhan

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

### 5. Hajj a pilgrimage to Mecca.

The holy day is Friday, when the main service is held at around midday. Men must offer the Friday Prayer (Jumma Prayer) in congregation most preferably in a Mosque. Women have a choice of attending the Mosque or praying at home if they are looking after young children. The Athaan (declaration of faith along with other sentences) is the call to prayer. Prayers can be conducted anywhere which is clean and convenient. Prayer times are dawn, midday, late afternoon, after sunset and late evening.

The person faces Mecca (South East by East, 118 degrees from true north in Blackpool) and uses a prayer mat. Usually prayer involves:-

Standing, bowing, prostrating and sitting, and memorised verses from the Qur'an are recited.

Before prayer washing is essential: ablution involves washing the hands, rinsing the mouth, passing water into the nostrils washing the face, then the arms and then passing wet hands over the hair; and finally washing the feet. Washing is done under running water. If the patient is unable to wash with water they may choose to do a 'dry ablution' using a rock with specific hand movements as if they were washing.

#### Key issues and special considerations

- A Muslim patient may wish to pray five times a day. This may be in a private room or by the bed using a prayer mat, or sitting on the bed. The patient may like the curtains closed for privacy. Patients may bring their own mat, but if a mat is not available, a clean towel may be used instead. There are some prayer mats and a copy of the Holy Qur'an in the Prayer Room by the Chapel and in the Cardiac prayer room. Prayer takes 5-10 minutes.
- Before prayer ablution in running water is necessary. A jug or cup may be used to pour water for washing.
- Strict modesty: men must be covered from the navel to the knee; only the face and hands of a woman should be visible. This may be of great concern to female patients during their transfer from their bed to the operating theatre. The clothing should be such that it can cover the body of the patient to avoid any discomfort and embarrassment.
- The mixing of sexes is not allowed in Islam, and a practicing Muslim may feel very uncomfortable if their bed is near one occupied by someone of the opposite sex.
- A Muslim man may not wish to shake hands with any woman; similarly a Muslim woman may wish not to have any physical contact with a man. Respect modesty and privacy as far as possible on the ward. May sometimes be helpful to limit eye contact and do not touch while talking.
- Treatment by a medical attendant of the same sex is strongly preferred.
- Muslims attach great importance to cleanliness. Hands, feet and mouth are washed before prayer; after menstruation, women are required to wash the whole body. In hospital the use of a shower rather than a bath will be appropriate. Most Muslims are accustomed to having water in the same room as the toilet. If a bedpan has to be used, then a bowl of water must be provided for washing.
- Patients may prefer not to receive treatments derived from pigs (e.g. heart valves,

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b>Do you have the up to date version? See the intranet for the latest version</b>		

## Appendix 2: Summary of Religious and Cultural Beliefs

porcine insulin), and should be made aware of the proposed use of such products at an early stage.

### Issues around birth

For many parents, the baby should be washed immediately. The father may then whisper the adhaan (call to prayer) into the baby's ear. The baby's name may be given on the seventh day, when the baby's head may be shaved, and boys circumcised.

Neo-natal and post-natal deaths:

These are complex and sensitive situations that may involve the observance of certain religious and cultural customs. Many parents may not be aware at the time what decisions to make with regards to burial (a foetus / baby should not be cremated according to Islam) It is best that these issues are discussed with the family and the Muslim Chaplain at the hospital, with consent from the family (contact through switchboard).

In the event of a pregnancy loss, Muslim parents will wish to take the foetus or products of conception for burial.

Termination of pregnancy is not usually permitted unless the life of the mother is in danger.

### Names

Muslims are required to give the new-born a name with a good meaning, which they believe will resemble the character of the person. Muslims usually do not always have a shared family name. Women do not usually take the Husbands surname in order to protect their lineage. Men have a religious name (e.g. Mohammed) followed by a personal name.

Children will not usually have the same name as either parent. A Muslim will often have a name including the name of Abdul meaning 'servant of', with Allah or one of His 99 attributes, e.g. Abdullah, which means 'servant of God'.

### Diet

The hospital provides recognised Halal meals (meals containing meat slaughtered according to the Halal ritual) and a menu is available; vegetarian options from the standard menus are also acceptable. Nurses should discuss dietary requirements with Muslim patients.

Pork and pig products (e.g. lard, some gelatine and products containing these, such as pastry), and alcohol are forbidden.

During the month of Ramadan a Muslim fasts between dawn and sunset, although those who are sick are not expected to fast.

### Care of the dying and after death

If no family are able to be present, please contact the Trust's Muslim Chaplain, who can be reached through the switchboard, he is also accessible out of hours in an emergency through the switchboard.

The dying Muslim patient may wish to have the bed facing Mecca. Another Muslim, usually a relative, may read from the Qur'an, and will whisper the Shahadah, the declaration of faith into the ear of the dying person. They will also encourage the Dying to recite the Shahadah.

- After death the body should not be touched by the opposite gender unless absolutely necessary and for this reason health workers should wear disposable gloves. The

Blackpool Teaching Hospitals NHS Foundation Trust

ID No. CORP/PROC/588

Revision No: 4

Next Review Date: 25/02/2023

Title: Chaplaincy and Spiritual Care Provision

***Do you have the up to date version? See the intranet for the latest version***



## Appendix 2: Summary of Religious and Cultural Beliefs

body should be handled by a health worker of the same sex as the deceased, if possible. At all times the body should be modestly covered.

- Under normal circumstances the body should be prepared according to the wishes of the family. However, if no family members are present, the following steps should be taken:
- Do not wash the body, nor cut hair or nails; a minimal medical wash may be required (any leakage of fluid / blood needs to be dealt with appropriately in accordance with agreed last offices and any invasive lines or tubes must be removed before release of the body – see Bereavement Proc. - CORP/PROC/149).

Washing is an important ritual carried out by a Muslim of the same sex, usually a family member.

- Wearing disposable gloves, close the eyes.
- Bandage the lower jaw to the head so that the mouth does not gape.
- Straighten the body immediately after death but flex the joints of the limbs to stop them becoming rigid, to enable washing and shrouding.
- Tie the big toes together to keep the feet and legs modestly together.
- Turn the head towards the right shoulder so that the body can be buried with the face towards Mecca.
- Cover with a plain sheet
- It is forbidden to cremate the body of a Muslim.
- Post mortems are not permitted however if a Coroner orders a post mortem as a last resort then according to the law of the land Muslims must comply. During a post mortem the body should be modestly covered, it should in no circumstances be fully undressed, only the parts of the body which are necessary during post mortem should be exposed.

There should be no delay in the burial, it should be carried out immediately, and therefore the Family of the deceased will require necessary paper work to be available as soon as possible. An area in the Layton cemetery on Talbot road has been specifically designated for Muslim Burials, there is also an area in the Lytham cemetery. The family may wish to remove the body from the hospital immediately.

Please refer to the Bereavement Procedure for arrangements to release the body 'out of hours' –

<http://fcsharepoint/trustdocuments/Documents/CORP-PROC-149.docx>

PLEASE NOTE:

Under no circumstances can a body be released from the hospital, until a doctor has given a correct cause of death. If the doctor is unable to issue a certificate, and the Deceased is 'Referred to Coroner' the body must remain in the hospital until the Coroner's Officer can be contacted.

### Local Issues

There is a small but growing Muslim community in Blackpool, Fylde and Wyre, The Central Mosque Blackpool on Revoe street behind the Revoe library, off Central drive is the

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

Centre of worship available for all. <http://www.blackpool-mosque.co.uk>

There are much larger communities in Preston and East Lancashire, from where some patients come e.g. for cardiology procedures or surgery.

### Local Contacts

There is a Muslim Chaplain, who is also Imam at Central Mosque Blackpool, available through Switchboard or the Chaplaincy and Spiritual Care Department.

## 6. JEHOVAH'S WITNESSES

Jehovah's Witnesses believe in Almighty God Jehovah, they regard Jesus Christ as a son of God, but not divine. They await the end of the present world system at which Jehovah and his true witnesses will be the only survivors.

Jehovah's Witnesses believe in the importance of evangelism, especially to those at home. They often offer literature, 'the Watchtower' being a common publication. Witnesses conduct meetings in Kingdom Halls on a weekly basis, and also assemble in private homes for Bible Studies each week.

The only festival celebrated is the annual memorial of the death of Christ, the date of which varies. Witnesses do not celebrate Christmas.

### Key issues and special considerations

- Jehovah's Witnesses avail themselves of the various medical skills to assist them with their health problems. They love life and want to do whatever is reasonable and Scriptural to prolong it.
- Jehovah's Witnesses have definite objection to blood transfusions for religious reasons, but many also have medical objections. Witnesses are deeply religious people who believe that blood transfusion is forbidden by Biblical passages. Alternative treatments should be offered.
- Immediate intra-operative auto-transfusion is permitted by many Witness patients when the equipment is arranged in a circuit that is constantly linked to the patient's circulatory system and there is no storage.
- Deliberately induced abortion simply to avoid the birth of an unwanted child is the wilful taking of human life and hence is unacceptable to Jehovah's Witnesses. If (at the time of childbirth) a choice must be made between the life of the mother and that of the child, it is up to the individuals concerned to make that decision.

### Diet

Jehovah's Witnesses reject food containing blood. They do not use tobacco.

### Care of the dying and after death

- There are no special rituals or practices for the dying, but patients who are very ill will appreciate a pastoral visit from one of their elders.
- There are no religious objections either to post-mortems or transplants.
- Jehovah's Witnesses may be buried or cremated.

### Local Contacts

Jehovah's Witnesses have established a countrywide network of Hospital Liaison

Blackpool Teaching Hospitals NHS Foundation Trust

ID No. CORP/PROC/588

Title: Chaplaincy and Spiritual Care Provision

Revision No: 4

Next Review Date: 25/02/2023

***Do you have the up to date version? See the intranet for the latest version***

## Appendix 2: Summary of Religious and Cultural Beliefs

Committees (HLCs), the members of which are trained to facilitate communication between medical practitioners and Jehovah's Witness patients. They are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient.

Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact number.

### 7. JUDAISM

'Jew' is the name given since the sixth century BC to the members of the tribe of Judah (descendants of the Patriarch Abraham from about the year 2000 BC).

Jewish religion and culture are inextricably entwined. Judaism is based on the belief in one universal God, and the religious precepts followed are simply to worship one God, to carry out the Ten Commandments, and to practise charity and tolerance toward one's fellow human beings. The family has great importance in Jewish life.

There is a wide spectrum of observance amongst Jews, from 'reform' to 'liberal' to the ultra-orthodox communities. The Jewish Holy Day is Saturday, the Sabbath (Shabbat). It starts at nightfall on Friday, which Jewish people usually mark with a short ceremony of candle lighting and blessing of wine and bread, and a family meal. Jewish people worship in the Synagogue: usually women sit apart from the men. A Jewish teacher/pastor is a Rabbi. The holy book is the Torah, the books of Moses. In the Synagogue this is written in Hebrew on a parchment scroll, covered by a mantle when not in use. A patient may bring a printed version, maybe an English translation, for personal use. Traditionally prayers are offered three times a day; a male over 13 may wish to wear a prayer shawl to pray. The main festival is Passover, the festival of Unleavened bread, which celebrates the Exodus of the Jewish people from slavery Egypt. During the 8 days of the festival, no yeast or bread is eaten.

#### Key issues and special considerations

- Orthodox Jews may wish to observe the Sabbath and will prefer not to write, travel, or switch on electrical appliances during the Sabbath. They will therefore appreciate such things as having the bed light switched on for them.
- Orthodox Jews will not use transport but will walk on the Sabbath, so where possible, a Jewish patient may prefer not to be transferred or discharged on a Saturday.
- Orthodox Jewish women will dress with modesty and, for example, will never enter synagogue with their head or arms uncovered. In hospital they will prefer to have their bodies and limbs covered, and may be reluctant to expose themselves to others, as, for example, in teaching situations.
- They do not wish others to look at their hair and may wear a wig. In hospital they will prefer to keep their hair covered with a head scarf.
- Despite this modesty, they are unlikely to make a special request to see a female doctor.
- It is considered an important religious duty to visit those who are ill, so Jewish patients often receive many visitors. The Rabbi will usually visit regularly.

#### Issues around birth

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## **Appendix 2: Summary of Religious and Cultural Beliefs**

Strict orthodox couples are prohibited from physical contact during and after birth.

Washing the baby may be very important. Boys are traditionally given their name and circumcised on the eighth day after birth, usually at home, but it may take place in hospital. This may be postponed for health reasons. Girls are usually named on the Sabbath. Among Reform and Progressive Jews, both boys and girls have baby blessing ceremonies, usually held during the Sabbath morning service. In Jewish law, life begins after forty days of pregnancy; however, if a baby dies within thirty days of birth, traditional mourning rituals are not followed. The parent's wishes should be followed.

### **Diet**

For orthodox Jews the dietary laws are strict, and only 'kosher' food will be acceptable. Milk and meat are not eaten at the same meal, and different implements should be used in the preparation of 'dairy' and 'meat' meals.

The hospital provides recognised kosher meals (meals containing meat slaughtered according to the Kosher ritual, and prepared in kosher kitchens) and a menu is available; vegetarian options from the standard menus are also acceptable. Pork and pig products (e.g. lard, some gelatine and products containing these, such as pastry) and shellfish are forbidden. Not all Jewish patients have the same level of observance, and nurses should discuss dietary requirements.

### **Care of the dying and after death**

- A dying Jew may wish to hear or recite special psalms, particularly Psalm 23, and the special prayer (The Shema), and will appreciate being able to hold the page on which it is written.
- The body should be handled as little as possible by others and burial should take place as soon as practicable, preferably within 24 hours of death, and will be delayed only for the Sabbath.
- It is considered important for the Rabbi to be present at the moment of death. If this is not possible, inform him as soon as possible. The Rabbi cannot be contacted directly on the Sabbath (Friday evening - Saturday evening, times vary) or during Jewish festivals, but a message can be left.

### **Preparation of the body**

- Gloves should be worn
- The eyes should be closed, preferably by a family member.
- Do not move the body for 30 minutes (during this time, death may be verified).
- The mouth should be held closed by a bandage under the chin, tied over the head.
- Any jewellery should be removed.
- The limbs (including fingers) should be straightened, and placed parallel to the body.
- Full washing is part of the preparation for burial, carried out later by members of the Jewish Community however a medical wash may be required by nursing staff to clean any soiling / leakage.
- The body, still fully clothed, should be wrapped in a sheet, and labelled 'Jewish', is then transferred to the mortuary.

## **Appendix 2: Summary of Religious and Cultural Beliefs**

- The family may wish to remain with the deceased.

Non-essential post-mortems and cremation are not permitted, and to suggest them may cause offence and distress.

### **Death during office hours**

If the doctor attending the deceased is available, the death certificate should be completed on the ward. The cause of death must be entered in the patient notes.

The certificate and case notes, together with the relatives should be brought to Bereavement Office, where the certificate is checked and issued.

If the doctor is not available, the notes should be taken as soon as possible to Bereavement Office, who will issue the certificate. In this case, a telephone number of relatives should be taken, so they can be informed as soon as the certificate is available.

Usually the local Rabbi will be available to assist in this process. He is contactable through Switchboard. If the Rabbi is unavailable advice may be obtained from the local Synagogues Chairman of the Burial Board or Co-op Funeral Directors.

If the Burial is to take place out of town, it is the relatives' responsibility to contact the appropriate Burial Board.

### **For deaths out of office hours**

The family may wish to have the body released from the hospital as soon as possible.

The local Rabbi should be contacted if possible. If it is during the Sabbath or a festival, or he is out, a message should be left on the answerphone. The Co-op Funeral Service should also be informed, and may also be able to give advice if needed.

### **For Deaths at the Weekend**

Relatives should be informed that no weekend burials are undertaken, so the funeral service will have to wait until Monday. They should be advised to contact The Bereavement Office first thing on Monday morning.

The death certificate must be ready for collection at the earliest opportunity on Monday, the on-call doctor should certify the death on the ward, and the cause of death entered in the patient's notes.

The notes and certificate should be sent to The Bereavement Office as early as possible.

For burials out of town, where weekend burials are possible (e.g. Manchester):

The Duty Manager must authorise the removal of a body from the hospital. The on-call doctor should certify the death on the ward, and ensure the cause of death is entered in the patient's notes.

If available the local Rabbi will contact the Registrar on the Sunday, to arrange registration.

Once this is completed, the body may be released. The local Rabbi will liaise with the Duty Manager, the Funeral Directors and the Portering Supervisor.

The Duty Manager informs The Bereavement Office at the start of the next working day.

Under no circumstances can a body be released from the hospital, until a doctor has given a correct cause of death. If the doctor is unable to issue a certificate, and the deceased is

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

'Referred to Coroner' the body must remain in the hospital until the Coroner's Officer can be contacted.

### Local Contacts

There is a small Jewish community in Blackpool and in St Anne's where there is a Synagogue. The local Rabbi is available through Switchboard.

## 8. MORMON / LATTER DAY SAINTS

The Mormon Church (known as the Church of the Latter-day Saints) arose in America in the early 19th Century. Joseph Smith founded the Church based on his report of a personal encounter with God the Father and Jesus Christ. In 1827 he announced that an angel (Mormon) had given him a text, the Book of Mormon. The King James Bible, the Book of Mormon, the Pearl of Great Price and Doctrine and Covenants are considered sacred. The Articles of Faith, written just before Joseph Smith's death, are in general use. There have been several splinter groups and sects over the years, some still practicing polygamy, which the Mormons discontinued in 1890.

Mormonism considers itself the only true Christianity, but many Christian churches would consider it polytheistic and outside of the general Christian tradition. Mormons believe that God, Christ and Holy Ghost are separate divine beings. Each human being can develop into a god, following the pattern of Jesus Christ. There is a belief in the "God-Adam" theory, rejecting the concept of original sin, which states that "As man now is God once was, and as God now is man can become." Jesus Christ atoned for all, but each person is seen as responsible for his own salvation, which can be attained by undergoing Mormon Baptism and living in accord with the laws of the Church.

A central understanding is the call of each male to priesthood, and the role of the man as head and priest of his family. A strong importance is placed on a man and woman being "sealed" in a covenant marriage, with children born of that union being "sealed" at birth.

Obedience to Church authority is strongly emphasized, but the Church rarely takes an official stance on special social issues. The guiding principles could be summarized as: the central beliefs of the Church; the primary role of marriage and children (including "children-to-be" referred to as "tabernacles"); the preservation of free agency and personal responsibility; and the rejection of decisions based on "selfish" motivation.

Missionary work is mainly done by young people (19-22 years) who travel in pairs serving full-time without pay. They spread the word of the Mormon Church visiting homes and the community. Sunday is a day of observing the Sabbath and resting. The one sacrament is the Lord's Supper using bread and water. There are two ordinances, Baptism and the laying on of hands for the gift of the Holy Spirit. Local Church leaders are called Bishops.

### Key issues and special considerations

- 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. It may be removed for hygiene purposes and laundering and for surgical operations, but it must be considered private and treated with respect. Members view themselves as part of a close community, and strong support, both emotionally and practically, is provided members who are sick. The Church should be considered an important practical resource. Members delegated as "home teachers" may visit. They may offer prayers for the patient, perform the priesthood blessing of anointing the

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

sick, or administer the Lord's Supper.

### Diet

Mormons try to take care of their body, take proper rest and exercise and eat a healthy diet. They are not usually vegetarians, but will eat meat sparingly avoiding products with much blood (i.e. black pudding). There is concern over the effects of stimulants including caffeine, and Mormons drink neither tea nor coffee. Some will avoid all hot drinks. In hospital, water, milk or fruit juice will be acceptable. Alcohol and tobacco are forbidden.

### Issues around birth

In Vitro fertilization, with the common practice of fertilizing and freezing multiple embryos, with the possible discarding of some, is strongly discouraged. Many will have difficulties with termination of pregnancy.

### Care of the dying and after death

- Death, if inevitable, is regarded as a blessing and a purposeful part of eternal existence.
- There are no rituals for dying, but spiritual contact is important and active members of the church may want to contact their Bishop. Routine last offices are appropriate. The sacred undergarment must be replaced on the body following last offices. There is no religious objection to post-mortems or organ transplantation or donations - it is a choice for the individual. Burial is preferred, although cremation is not forbidden.

### Local Contacts

There is a large temple, serving the north of Britain, on the outskirts of Chorley, by the M61. Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers.

## 9. NON RELIGIOUS BELIEF SYSTEMS

**“Agnostic”** in normal usage today means “don't know” or having an open mind about religious belief, especially the existence of God. It can also mean something much firmer: that nothing is known, or can possibly be known, about God or supernatural phenomena, and that it is wrong of people to claim otherwise.

**“Atheist”** includes those who reject a belief in the existence of God or gods and those who simply choose to live without God or gods. Along with this often, but not always, go disbelief in the soul, an afterlife, and other beliefs arising from god-based religions.

**“Humanist”** is used today to mean those who seek to live good lives without religious or superstitious beliefs. A humanist may embrace all or most of the other approaches introduced here, and in addition humanists believe that moral values follow on from human nature and experience in some way. Humanists base their moral principles on reason (which leads them to reject the idea of any supernatural agency), on shared human values and respect for others.

**“Non-religious”** – as well as those who are uninterested in religion or who reject it, this category may include the vague or unaffiliated, those who are only nominally or culturally affiliated to a religious tradition, and the superstitious.

**“Rationalist”** in this context, describing a non-religious belief, means someone who prioritises the use of reason and considers reason crucial in investigating and

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<i>Do you have the up to date version? See the intranet for the latest version</i>	

## Appendix 2: Summary of Religious and Cultural Beliefs

understanding the world. Rationalists usually reject religion on the grounds that it is unreasonable.

“**Sceptic**” today usually means someone who doubts the truth of religious and other supernatural or “paranormal” beliefs, typically on rationalist grounds. (‘Sceptic’ also has a special philosophical meaning: someone who rejects or is sceptical with regard to all claims to knowledge).

“**Secularists**” believe that laws and public institutions (for example, the education system) should be neutral as between alternative religions and beliefs. Almost all humanists are secularists, but religious believers may also take a secularist position which calls for freedom of belief, including the right to change belief and not to believe. Secularists seek to ensure that persons and organisations are neither privileged nor disadvantaged by virtue of their religion or lack of it. They believe secular laws – those that apply to all citizens – should be the product of a democratic process, and should not be determined, or unduly influenced, by religious leaders or religious texts.

### 10 PAGAN

Paganism encompasses a diverse community with some groups concentrating on specific traditions, practices or elements such as ecology, witchcraft, Celtic traditions or certain gods.

Wiccans, Druids, Shamans, Sacred Ecologists, Odinists and Heathens all make up parts of the Pagan community.

- Most Pagans share an ecological vision that comes from the Pagan belief in the organic vitality and spirituality of the natural world.
- Due to persecution and misrepresentation it is necessary to define what Pagans are not as well as what they are. Pagans are not sexual deviants, do not worship the devil, are not evil, do not practice 'black magic' and their practices do not involve harming people or animals.
- There is a Pagan Federation of Great Britain

#### Local Contacts

Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers.

### 11. SIKHISM

Sikhs (disciples) are members of the religious faith which originated in the 16th century in the Punjab in Northern India as a reformist movement of Hinduism. After much persecution, Sikhs eventually became a people with military organisation (Khalsa Panth) in defence of their faith.

The Sikh beliefs are based on the teachings of the Ten Gurus (supreme teachers) and the Guru Granth Sahib (the Holy Book). The religion believes in one God (Ek-Onkar) who is the eternal source of light and creator of all being. The spiritual message taught by Guru Nanak has three elements: Meditation, which involves chanting hymns composed by the Gurus; honest toil, and almsgiving. Daily prayers are important. The Sikh faith believes in rebirth, and that the soul is reborn in many bodies, to achieve true understanding and unity with God. Sikhism preaches the equality of all people, irrespective of caste, colour or

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023
Title: Chaplaincy and Spiritual Care Provision	
<b>Do you have the up to date version? See the intranet for the latest version</b>	



## Appendix 2: Summary of Religious and Cultural Beliefs

creed.

A Sikh who is baptised may be recognised by his wearing of the 'five K's'<sup>1</sup>. These are Kesh - uncut hair; Kangha - the wooden comb; Kara –steel bangle; Kirpan - a short sword; and Kachehra - underwear. These symbols should not be disturbed unless it is absolutely necessary. Sikh people worship at the Gurudwara (Temple), usually on Sundays, and share a meal together after the worship to which visitors are welcome.

### Key issues and special considerations

- All Sikhs are required to bathe every morning.
- A Sikh may have a smaller version of the Holy Book containing morning and evening prayers. It is kept wrapped in a clean cloth, and should be kept in a clean place and respected.
- Female doctors for female patients whenever possible.
- The Five K's worn by men should NOT be disturbed.
- Sikhs will keep their hair covered at all times.
- A Sikh is not allowed to shave hair from any part of the body. If it is necessary to cut the hair, the reasons should be carefully explained to both patients and family.
- The Kara (steel bracelet or ring worn on the right wrist) should only be removed from the right wrist, for surgery or X-ray, otherwise it should be sealed with tape.
- Most Sikhs are accustomed to having water in the same room as the toilet plus a small plastic vessel for washing. This is preferred to using toilet paper. If a bedpan has to be used, then a bowl of water must also be provided for washing.
- Sikh patients would prefer to be on a single sex ward.
- Names: Traditionally there is no family name, but a personal name and a title; Singh for men, Kaur for women. To call a woman Mrs Singh may be offensive; however some do now use family names.

### Issues around birth

When a baby is thirteen days old, a ceremony may be held where prayers are said, and mother and child blessed with sweetened water. A larger celebration may be held on the fortieth day. The baby may be named on one of these days; before this a pet name may be used. Babies are usually buried, not cremated.

### Diet

Many Sikhs, especially women, are vegetarians. They may exclude eggs and fish from their diet. It is forbidden for Sikhs to eat Halal, Kosher and beef. Chicken, lamb and pork may be eaten.

### Care of the dying and what to do after death

- The family will normally be present and will say prayers. They may request the service of a Sikh priest, and where possible should contact the Temple where they belong.
- If the family are not present, the body of the deceased should be covered, and as far as is possible, must not be sent to the mortuary before they arrive (unless express

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b>Do you have the up to date version? See the intranet for the latest version</b>	

## Appendix 2: Summary of Religious and Cultural Beliefs

permission is given).

- At death, routine practices may be performed, but do not remove the five K's.
- The body may be covered with a plain white sheet.
- There is no religious objection to post-mortem or transplantation, although the former is disliked (relatives should be reassured that the 5 Ks will be treated with respect and replaced).
- The body should be released as soon as possible to enable the funeral to take place.

There are no special arrangements with the Registrar at present.

- Sikhs over five years old are always cremated.

### Local Contacts

The nearest Sikh Gurudwara is in Preston, where there is also a Cultural and Recreational Centre. Check with Switchboard or the Chaplaincy and Spiritual Care Department for current contact numbers.

## 12. SPIRITUALIST

Spiritualism is a rational religion based on the proven knowledge that man's Spiritualism began on March 31st, 1848 when the Fox sisters produced spirit rapping in their home in Hydesville, New York. Spiritualism believes that this was the first deliberate attempt to communicate with the next world. After this Spiritualism rapidly developed throughout America and Europe

Spiritualism affirms that man's spirit survives physical death and enters a spirit world which surrounds and interpenetrates our material life. Spiritualism asserts that the truth of this statement can be demonstrated under the right conditions when communication can and does take place between the worlds of spirit and earth. This communication is possible through the individuals who have mediumistic abilities and who are known as mediums.

Spiritualist philosophy contains neither dogma nor creed and it is discussed rather than preached.

No special dietary requirements have been identified

Member's particular progress into the spiritual realm will depend on their desire to go there; therefore their state of mind is important.

They believe that those in the spiritual world will come to meet and welcome them.

Routine last offices are important.

There are no objections on religious grounds to organ donation or transplantation

There are no objections on religious grounds to Post Mortems.

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Next Review Date: 25/02/2023
Title: Chaplaincy and Spiritual Care Provision	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	

<b>Appendix 3: Equality Impact Assessment Form</b>					
Department	Chaplaincy	Service or Policy	Chaplaincy PROC 588	Date Completed:	3/03/20
<b>GROUPS TO BE CONSIDERED</b> Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
<b>EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED</b> Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	Revised policy and procedure for staff to support the spiritual needs of patients, visitors and colleagues		Positive		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No		Positive		
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No as this procedure ensures spiritual care available for all		Positive		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No		Positive		
How does the service, leaflet or policy/ development promote equality and diversity?	Makes spiritual care available for all groups		Positive		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	Yes. This procedure provides opportunities for all to benefit from spiritual care.		Positive		
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes		Positive		
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	Yes. Training provided by chaplaincy to assist staff development		Positive		
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	Yes. Promotes spiritual well-being		Positive		
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No		Positive		
Does the policy/development promote access to services and facilities for any group in particular?	No, as this is for all to access as appropriate		Positive		

Blackpool Teaching Hospitals NHS Foundation Trust		ID No. CORP/PROC/588
Revision No: 4		Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023		
<b>Do you have the up to date version? See the intranet for the latest version</b>		

<b>Appendix 3: Equality Impact Assessment Form</b>			
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No		Positive
<b>ACTION:</b>			
<b>Please identify if you are now required to carry out a Full Equality Analysis</b>		No	(Please delete as appropriate)
<b>Name of Author:</b>		<b>Date Signed:</b>	
<b>Signature of Author:</b>			
<b>Name of Lead Person:</b>		<b>Date Signed:</b>	
<b>Signature of Lead Person:</b>			
<b>Name of Manager:</b>		<b>Date Signed:</b>	
<b>Signature of Manager:</b>			

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. CORP/PROC/588
Revision No: 4	Title: Chaplaincy and Spiritual Care Provision
Next Review Date: 25/02/2023	
<b><i>Do you have the up to date version? See the intranet for the latest version</i></b>	