



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH BAHÁ'Í PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Bahá'í patients, please see the complete version of the *Guidelines for Health Care Providers Interacting with Bahá'í Patients and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ The Bahá'í Faith is the youngest of the world's independent religions. Its founder, Bahá'u'lláh (1817-1892), is regarded by Bahá'ís as the most recent in the line of Messengers of God that stretches back beyond recorded time and that includes Abraham, Moses, Buddha, Zoroaster, Christ and Muhammad. The Bahá'í Faith is recognized as being the second most widespread religion in the world next to Christianity. The Bahá'í membership in the United States reflects the racial and cultural diversity of the American population. ▪ The central theme of Bahá'u'lláh's message is that humanity is one single race and that the day has come for its unification in one global society. The principal challenge facing the peoples of the earth is to accept the fact of their oneness and to assist the processes of unification. ▪ There is no clergy in the Bahá'í Faith and elected bodies known as local Spiritual Assemblies administer the affairs of the community. ▪ Bahá'ís pray daily and believe sickness can be healed both through the use of medicine and the use of prayer. As there is no clergy in the Bahá'í Faith, the believers are free to pray and consult about making medical decisions according to the Bahá'í teachings.
GENDER ISSUES/ BODY EXPOSURE	Whether it is preferable that a same-sex doctor be assigned to a Bahá'í is entirely a matter of personal choice.
BLOOD TRANSFUSIONS	Blood transfusions are allowed.
DIETARY ISSUES	There are no dietary restrictions for Bahá'ís. During the Fasting period (March 20 th – 21 st), Bahá'ís between the ages of 15 to 70 years old do not eat or drink between dawn and sunset, except in the case of pregnancy, travel or ill health.
END OF LIFE CARE	The decision to remove or withhold life support in medical cases where intervention prolongs life in disabling illness must be left to those responsible, notably the patient/surrogate and the physician.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Bahá'ís can receive and donate organs.
AUTOPSY	Autopsies are permitted.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ The body of the departed should be treated with honor and respect, and the family or local governing body of the Bahá'í should be contacted. There are no formal last rites for Bahá'ís. However, prayers may be offered by family, friends, or hospital clergy.

	<ul style="list-style-type: none"> ▪ Since Bahá'ís believe that the soul is present from conception, the embryo/fetus should be treated with respect regardless how young it is. The burial of embryos/fetuses should be left to the discretion of the parents whenever possible. It should not be incinerated if this can be prevented. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<p>Bahá'ís may wish to have symbols such as a picture of a nine-pointed star present in their hospital room. It should be placed in a position of respect. Other objects may include a photograph of 'Abdu'l-Bahá, son of the Prophet Founder of the Bahá'í Faith, a prayer book, or other books containing Bahá'í Writings. No special room is needed for prayers.</p>
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ National Spiritual Assembly of the Bahá'ís of the United States, 202/466-9870 ▪ Health for Humanity, 847/835-5088 ▪ Official website of the Bahá'ís of the United States, www.us.Bahai.org ▪ Official website of the worldwide Bahá'í community, www.Bahai.org



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH BUDDHIST PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Buddhist patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Buddhist Patients and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

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<p>GENERAL</p>	<ul style="list-style-type: none"> ▪ Buddhism adheres to the belief that human existence is part of an ongoing cycle of multiple lives (<i>samsara</i>) the circumstances of which are governed by one's deeds or actions (<i>karma</i>). <i>Karma</i> is the law of cause and effect: there is a reason for all things that happen in life - positive action results in positive results; negative action results in negative results. It is believed that all beings possess Buddha-nature (the potential for full and complete enlightenment.) ▪ Among the common teachings in Buddhism are the <i>Four Noble Truths</i>: <ul style="list-style-type: none"> √ that the nature of life involves suffering, √ that suffering is caused by ignorant grasping desires, √ that there is possible a life based on peace and contentment (<i>Nirvana</i>), and √ that this life is realized by moderating desire and ameliorating ignorance through the practice of the <i>Eightfold Noble Way</i> (or the <i>Eightfold Path</i>). ▪ Pain management and palliative care measures are acceptable as they relieve suffering. There is no conflict with the <i>precept</i> on intoxication as long as the intention and the effect is simply to relieve physical pain. If the individual patient wishes to minimize the use of pain medication in order to be as lucid as possible then that expressed wish should be respected. In the absence of an expressed wish, standard care is acceptable.
<p>GENDER ISSUES/ BODY EXPOSURE</p>	<p>Generally, Buddhists do not have a preference that the health care professional rendering care be of the same sex. An individual may have such a preference, perhaps because of ethnic or cultural values but not because of Buddhist values.</p>
<p>BLOOD TRANSFUSIONS</p>	<p>Blood transfusions are allowed. There are no restrictions on blood or blood products.</p>
<p>DIETARY ISSUES</p>	<p>Buddhists may or may not be vegetarian or vegan. Many have no specific dietary preference and so consulting the patient and family is advised.</p>
<p>END OF LIFE CARE</p>	<ul style="list-style-type: none"> ▪ Decisions about removing artificial means of life support or not employing such means in the first place should be based primarily upon the wishes of the patient. Difficult decisions on procedures such as abortion are the responsibility of the individual with the religious teacher providing caring consultation and support. If the patient is incapable of expressing a preference, the family must be consulted. ▪ Whether the individual has an advance directive would depend on their culture and ethnicity. The decision to forego life-sustaining efforts is an individual matter that requires consultation with the person concerned and their family. As the end of life approaches it is important that the attending physician consult the patient, patient's family and priest.
<p>ORGAN DONATION/RECEIPT OF TISSUE OR</p>	<p>Organ transplants (both donor and recipient) are generally permissible, although with some individuals there is a concern that organ donation may affect the consciousness of the decedent. Some traditions hold this to be possible and, therefore, organ donation</p>

ORGANS	may be impossible.
AUTOPSY	Beliefs on autopsy vary, therefore the individual or the individual's family must be consulted.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ Disposition of the body varies with the culture and denomination. Consult with the family regarding their preferences and their choice of mortician. ▪ For ethnic Japanese, cremation is the predominant custom; for non-Japanese people inhumation (burial) may be preferred. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	Buddhists are of many cultures and therefore celebrations of religious events are also not uniform. Either or both the Solar and Lunar New Year's Days may be celebrated. Religiously, the most important celebrations are the days of the birth, enlightenment, and entry into <i>Nirvana</i> of the Buddha. There is generally an annual period of paying respect to the family dead, which usually occurs in the summer.
CONTACT INFORMATION & RESOURCES ON THE WEB	<p>For contacts in the Buddhist community in case of emergency:</p> <ul style="list-style-type: none"> ▪ Pure Land Tradition; Japanese ethnicity: Midwest Buddhist Temple - Rev. Bryan Siebuhr, 312-943-7801 ▪ Theravada Thai Tradition: Ven. Dr. Boonshoo Sriburin, 708-594-6131 or Ajahn Ratana Thongkrajai, 773-784-0257 ▪ Tibetan community: Tsering Tashi, 773-743-7772 ▪ Korean Zen: Ron Kidd , 773-327-1695 ▪ Vietnamese/Chinese Buddhism- International Buddhism Friendship Association: 773-271-5708 ▪ For other ethnic groups, call Asayo Horibe, Buddhist Council of the Midwest, 847-869-5806 ▪ Official Sotoshu website, http://www.sotozen-net.or.jp/



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH HINDU PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Hindu patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Hindu Patients and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ Hinduism teaches that there is one ultimate reality behind the universe, <i>Brahman</i>. This reality is manifested in the universe as various gods and goddesses, who are worshiped as forms of <i>Brahman</i>. ▪ <i>Vedanta</i> is one of the six major philosophies of Hinduism. <i>Vedanta</i> teaches that man's real nature is divine, and that the aim of human life is to realize divinity through selfless work, devotion to God, control of the inner forces, and discrimination between the real and the unreal. It recognizes that Truth is one and accepts all religions, properly understood, as valid means of realizing the truth. ▪ Religion is a way of life rather than a set of dogmas, and <i>Vedanta</i> places great importance on actually experiencing the truth for oneself. Through spiritual practice Hindus try to establish contact with the divine reality and then manifest that divinity in all their actions. ▪ Many Hindus feel that Western medicine tends to overmedicate the patient, especially in the use of antibiotics, and they may be hesitant to start aggressive treatment. Hindus also may want to use alternative medicine such as Ayurveda and homeopathy.
GENDER ISSUES/ BODY EXPOSURE	Women may want to be examined by a doctor of the same sex.
BLOOD TRANSFUSIONS	Blood transfusions are allowed.
FAMILY ISSUES	<ul style="list-style-type: none"> ▪ Consult the individual regarding their preferences. Customs may vary from one region of India to another. ▪ Hindus tend to have close extended families and an active social life and may have many visitors. Family members prefer to be involved in the patient's care. ▪ Most Hindus in America speak English well, but some, especially older women, may not be comfortable with English.
DIETARY ISSUES	<ul style="list-style-type: none"> ▪ Many Hindus are strict vegetarians. Most Hindus do not eat beef or beef products, such as jello. Very orthodox Hindus may also avoid certain vegetables such as onions and garlic. Consult with the patient about his/her dietary practices.
END OF LIFE CARE	<ul style="list-style-type: none"> ▪ Hindus believe the body is a vehicle for the soul through which it can experience the world and progress in its journey to God. When the body has served its purpose, it is discarded and the soul takes on another body until it finds union with God. Although Hindus believe in preserving the body until its natural end, they recognize that death is a part of life, and that the true self is immortal and does not die when the body dies. ▪ Maintaining a terminal patient on artificial life support for a prolonged period in a

	<p>vegetative state is not encouraged.</p> <ul style="list-style-type: none"> ▪ Hindus, because of their religious belief, are more acceptable of natural death, and hence not in favour of artificially prolonging life.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> ▪ A Prayer Room for Hindus may be provided. The room should be quiet, clean, and carpeted. An inter-religious space sensitive to the needs of persons of diverse traditions is acceptable. ▪ Some Hindus may practice fasting on certain days. Generally, a sick person can be excused from fasting, but consult the individual.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Organ transplantation, both donating and receiving, is allowed.
AUTOPSY	Autopsy is permitted.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ Hindus practice cremation. Cremation should take place shortly after death, preferably within 24 hours. It is important that the Death Certificate be filled out quickly so that funeral arrangements can be completed. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Indo-American Center 773/973-4444 ▪ Asian Human Services 773/728-2235 ▪ Vivekananda Vedanta Society 773/363-0027 ▪ Hindu Temple of Greater Chicago 630/972-0300 ▪ Hinduism and Medicine—A Guide For Medical Professionals, http://www.angelfire.com/az/ambersukumaran/medicine.html ▪ Vivekananda Vedanta Society web page, http://www.vedantasociety-chicago.org ▪ Hindu Temple of Greater Chicago web page, http://www.ramatemple.org



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH JAIN PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Jain patients, please see the complete version of the *Guidelines For Health Care Providers Interacting With Patients Of The Jain Religion And Their Families*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

<p>GENERAL</p>	<p>Jainism is one of the oldest living religions. The term Jain means the follower of the Jinas (Spiritual Victors), human teachers who attained omniscience (infinite awareness, understanding and insight).</p> <p>The moral fabric of Jainism is based on nonviolence. Jainism considers nonviolence to be the most important virtue for an individual as well as society. Jains believe that, on a global scale, no good of an individual or society can be achieved through violence.</p> <p>Jainism believes in the peaceful co-existence of all living beings and teaches reverence to and respect for all life and that all life has a unique place in the universe and has the right to exist. Since Jainism is not only a religion but also a way of life the basic tenants of Jainism, include nonviolence, truthfulness, not stealing, chastity and non-materialism. .</p> <p>Jainism does not believe in a creator - God, that controls the destinies of humans. According to Jainism, God is the soul that has acquired All-Truth. All-Knowledge and All-Bliss, and is Free of all Attachment or Aversion, and is Omniscient and Omnipotent.</p> <p>Jains are vegetarians and may have concerns and resistance about treatments involving animal derived food and medications, however individuals may make personal choices.</p>
<p>GENDER ISSUES/ BODY EXPOSURE</p>	<p>In general, Jains do not have a preference that the health care personnel rendering care be of the same sex. However, there may be orthodox practitioners who may request same-sex caregivers.</p>
<p>BLOOD TRANSFUSIONS</p>	<p>Blood transfusions and organ transplantation are by personal choice.</p>
<p>FAMILY ISSUES</p>	<p>It is Jain culture to visit the sick. Hospital staff should be open and understanding of the visits by family members and well wishers when practical.</p>
<p>DIETARY ISSUES</p>	<ul style="list-style-type: none"> ▪ Jains are generally strict vegetarians; no meat, beef, fish, chicken, poultry, and eggs or their by-products. Many devout or orthodox Jains may not eat underground vegetables such as potatoes, carrots, turnips, onions, garlic and the like. Jains observe further restriction on foods said to support large amounts of microscopic life such as figs, honey, and alcohol and root vegetables. Some will not eat multi-seeded fruits and vegetables such as eggplant, guava, cauliflower and broccoli, which are often found to contain worms. Some Jains may be vegans and not even consume milk and milk products. ▪ Consultation with the patient and family is important regarding dietary restrictions, including tube feedings.

END OF LIFE CARE	<ul style="list-style-type: none"> ▪ Decisions on the withdrawal of life support will be made by personal choice with the advice of a spiritual leader. ▪ When someone is dying, Jain leaders, relatives, family members visit the dying to give the family solace and support. Monks and nuns if present in the vicinity may come to see the dying person. They will sing hymns for surrendering to the liberated souls. They also explain the temporary nature for the physical body and all worldly attachments. They will encourage the dying person to have noble thoughts, ask them to think about forgiveness for anything they have done that was not life enriching during their life and to forgive all beings who have done wrong to them, and have a peaceful death.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Consult with the family regarding their preferences.
AUTOPSY	Autopsy is allowed.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ After death, the family members participate in the process of preparing the body by washing and dressing the body in new clothes. Prayers are continuously chanted. A lit lamp burning with clarified butter may be kept in the room with a dead body. Different Jains may or may not use flowers during this time. After death the body is cremated, and the whole community may come to the cremation. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	During the eight days of <i>Paryushan</i> , Jains practice penances, recommit to the vows of nonviolence, refrain from food intake by fasting for extended periods of time and study the scriptures.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ The Jain Society of Metropolitan Chicago, 630/837-1088 ▪ Jain Study Group, www.jainstudy.org



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH JEHOVAH'S WITNESS PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Jehovah's Witness patients, please see the complete version of the *Guidelines For Health Care Providers Interacting With Jehovah's Witnesses And Their Families*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

<p>GENERAL</p>	<ul style="list-style-type: none"> ▪ Jehovah's Witnesses believe in Almighty God, Jehovah, the Creator of the heavens and earth. They believe that the very existence of the intricately designed wonders in the universe surrounding us reasonably argues that a supremely intelligent and powerful Creator produced it all. They also believe that Jehovah God had a purpose in his creations. Their beliefs are based on the Bible and not on "mere human speculations" or religious creeds. They consider the Bible's 66 books to be inspired and historically accurate. They interpret the Bible literally except where the expressions or settings obviously indicate that they are figurative or symbolic. ▪ Jehovah's Witnesses do not participate in nationalistic ceremonies, such as saluting the flag. They also do not celebrate traditional Christian holy days, such as Christmas, or birthdays. ▪ Jehovah's Witnesses accept medical and surgical treatment. They do not adhere to so-called "faith healing" and are not opposed to the practice of medicine. ▪ Jehovah's Witnesses believe that the taking of mind-altering medications and drugs, including narcotics for severe pain, under the supervision of a physician, is a matter for personal decision although they may not want to resort too quickly or without good cause to drugs that are addictive or hallucinatory if other effective methods of treatment were available or if endurance of temporary pain would be the preferable course.
<p>GENDER ISSUES/ BODY EXPOSURE</p>	<p>Each patient who is one of Jehovah's Witnesses will decide what is appropriate for him or her according to his or her circumstances.</p>
<p>END OF LIFE CARE</p>	<p>Jehovah's Witnesses believe life is sacred and the willful taking of life under any health care circumstance would be wrong. For this reason, reasonable and humane effort should be made to sustain and prolong life. However, Jehovah's Witnesses believe the Scriptures do not require that extraordinary, complicated, distressing and costly measures be taken to sustain a person, if such, in the general consensus of the attending physicians, would merely prolong the dying process and/or leave the patient with no quality of life. Medical personnel should respect the patient's Advance Directive.</p>
<p>BLOOD TRANSFUSIONS</p>	<ul style="list-style-type: none"> ▪ Jehovah's Witnesses believe that blood transfusions are forbidden for them. They believe that taking blood into the body through the mouth or veins violates God's laws. However, Witnesses' religious understanding does not absolutely prohibit the use of fractions such as albumin, immune globulins and hemophiliac preparations; each witness must decide individually if he or she can accept these. ▪ Nonblood expanders, and some drugs (including dextran, hydroxyethyl starch, aprotinin, antifibrinolytics) are acceptable to Witness patients. ▪ Jehovah's Witnesses do not accept preoperative autologous blood donation. Autotransfusion techniques such as hemodilution and cell salvage are a matter for personal decision. ▪ Hemodialysis is a matter for each Witness patient to decide conscientiously when no blood prime is used. ▪ Serums are not forbidden; however, an individual Witness may still conscientiously refuse them. The same applies to minor blood fractions. ▪ Alternatives to blood transfusions may be requested by Witness patients. They may include: <ul style="list-style-type: none"> √ <u>Use of fluids</u> such as Ringer's lactate, dextran, hydroxyethyl starch and others to maintain blood volume, preventing hypovolemic shock. √ <u>Drugs</u>: Genetically engineered proteins can stimulate the production of red blood cells (erythropoietin), blood platelets (interleukin-11), and various white blood cells (GM-CSF, G-CSF) and other medications greatly reduce blood loss during surgery

	<p>(aprotinin, antifibrinolytics) or help reduce acute bleeding (desmopressin).</p> <ul style="list-style-type: none"> ✓ <u>Biological hemostats</u>: Collagen and cellulose woven pads that stop bleeding by direct application; fibrin glues and sealants can plug puncture wounds or cover large areas of bleeding tissue. ✓ <u>Blood salvage</u>: Blood lost during surgery or trauma is salvaged, cleansed and can be returned to the patient in a closed circuit. ✓ <u>Surgical tools</u>: Devices that cut and seal blood vessels simultaneously or devices that seal bleeding on large areas of tissue. Laparoscopic and minimally invasive instruments that enable surgeries to be performed without the blood loss associated with large incisions.
DIETARY ISSUES	Jehovah's Witnesses abstain from eating the meat of animals from which blood has not been properly drained. They also refrain from eating such things as blood sausage and blood soup. No special preparation is required. The patient can manage his or her own diet within the hospital dietary parameters.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> ▪ Jehovah's Witnesses may practice daily prayers and reading of scriptures, which provides mental and spiritual comfort. ▪ Members of the congregation and elders may visit to pray with the sick person and read scriptures. ▪ Witnesses do not observe special rituals that are to be performed for the sick or those dying. Every reasonable effort should be made to provide medical assistance, comfort and spiritual care needed by the patient.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	While Witnesses believe the Bible specifically forbids consuming blood, they believe there is no Biblical command that pointedly forbids the taking in of tissue or bone from another human. Whether to accept an organ transplant is a personal decision. The same is true for organ donation.
FAMILY ISSUES	<ul style="list-style-type: none"> ▪ In all congregations of Jehovah's Witnesses, <i>Local Congregation Elders</i> (a body of elders) function to provide needed spiritual and emotional support to members and their families on a weekly basis while the member is a patient. These elders are familiar with the convictions of the Witness patient and can better communicate with them. This can help eliminate misunderstandings and can facilitate medical treatment by physicians. ▪ The patient (or parents/guardians of young children) should be fully informed on diagnosis, prognosis and treatment recommendations so that informed health care decisions can be made. Parents have the legal right to make such decisions for their unemancipated children. In rare emergent situations where doctors believe it is necessary to obtain a court order to impose medical care for which the parents have not given consent (such as administering a blood transfusion), the parents should be informed of such intended action as early as possible so that they may also be represented in court.
AUTOPSY	Unless there is a compelling reason, such as when an autopsy is required by law, Jehovah's Witnesses generally prefer that the body not be subjected to postmortem dissection. The appropriate family member can decide if a limited autopsy is advisable to determine the cause of death.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ Jehovah's Witnesses do not practice special rituals for the deceased. Consult the family for their preferences. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Hospital Liaison Committee for Jehovah's Witnesses: In the Chicago area, contact Jesse Graziani 708/795-4852 or 708/962-2034 or Ronald Sheaffer, 630/584-3656 or 708/348-0118 ▪ Watchtower, Medical Care and Blood, http://www.watchtower.org/medical_care_and_blood.htm



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH JEWISH PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Jewish patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Jewish Patients and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ Most Jews believe in <u>one</u>, indivisible, incorporeal (without a physical body) and eternal G-d¹ Who is creator of heaven and earth. Some consider the Almighty to be a personal G-d and approach the Deity in a special way. They believe that, as the supreme ruler, G-d gave the Jewish people the Torah (law) that consists of 613 positive and negative commandments (Mitzvot). Many of these do not apply to one person in a lifetime, but many Mitzvot are seen as regular guides to life. ▪ The classification of Jews into Hasidic, Orthodox, Conservative, Reconstructionist, and Reform does not offer sufficient parameters to the health care provider until s/he asks the patient or family regarding their religious needs. It is helpful to be guided by the patient and family about which care they feel comfortable receiving. Each group has some of its own beliefs on certain issues – it is important to ask the patient and/or family regarding specific religious needs as early as possible in the course of care. ▪ When a therapeutic procedure seems to contradict a biblical command, i.e. surgery on the Sabbath or eating on Yom Kippur, it is clear that one is to preserve one's life at all cost. However, if the therapeutic procedure can be done on a day other than the Sabbath or holiday without adverse effect, then the patient should be given the choice to comply with his religious observance.
GENDER ISSUES/MODESTY	<p>There are some very observant Jews who feel rather uncomfortable receiving care from a provider of the opposite gender. Some men would prefer a male physician, nurse or therapist. Likewise some women feel uncomfortable with treatment delivered by a male caregiver. These people may accept cross-gender care if they know that their team is the best available for their treatment. Thus, it is suggested that when the same gender caregiver is available s/he should be the provider to alleviate unnecessary anxiety. If not, the care will be accepted.</p>
BLOOD TRANSFUSIONS	<p>Blood transfusions are allowed.</p>
DIETARY ISSUES	<p>Observant Jews eat only Kosher food. Disposable plates and silverware should be used. Removing the double wrapping of the packaged food may not be acceptable. If staff opens the Kosher food, it should be done in the presence of the patient.</p>
END OF LIFE CARE	<p>Withdrawal of medical supports, autopsy, organ transplant, withholding or removing nutrition and hydration are best handled by seeking the advice of the patient's and/or family's Rabbi. When there is none, and the family agrees, the chaplain may act as the religious guide according to the wishes of the family.</p>
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	<p>Organ transplant is permissible after the donor has been declared dead by the criteria of full brain death.</p>
AUTOPSY	<p>Routine autopsies are not permitted. When an autopsy is advised, the patient and/or</p>

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¹ G-d is spelled this way out of respect.

	family might elect to consult their rabbi.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ Burial should take place as soon as possible after death. All organs (with the exception of those donated) should be buried with the body. Any blood that is lost after death should be buried. It is best that all tubes be tied off and removed by the Jewish funeral director so that any blood still remaining in the tubes will be buried. Another alternative is to assure that hemostasis is maintained by bandaging any insertion sites in the body where blood may leak out. This may be accomplished by applying appropriate dressings to the sites and making sure the individual is shrouded and transported to the funeral home with the dressings intact. The patient at the time of death should have the eyes closed and be covered with a sheet. If possible, the deceased should not be moved unless absolutely necessary. The body should not be left alone. Members of the family, friends or personnel from the funeral home should attend the body in order to say prayers. When the body must be moved to the morgue, it may be done. The hospital should facilitate allowing Shomrim (watch persons) to attend the body if it is moved. On the Sabbath or festivals it may be more difficult to notify the family and the funeral director may be slower in the response. ▪ Jewish law makes no special provisions for miscarriages, stillborn deaths or infant deaths at less than thirty (30) days of life except for the directive to bury. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> ▪ Religious days needing special attention are: Sabbath – 1 day; Passover – 2 days at the beginning and 2 days after four intermediate days; Shavuot (Feast of Weeks) – 2 days; Rosh Hashana (New Year) – 2 days; Yom Kippur (Day of Atonement) – 1 day; Sukkot (Feast of Tabernacles) –2 days at the beginning and 2 days after five intermediate days. ▪ When holy days are observed Jewish patients may: <ul style="list-style-type: none"> √ Consume grape juice and two loafs of bread or matzo for the day and evening meals to sanctify the day. (Yom Kippur is excepted.) √ Avoid the use of electricity, e.g. turning on electric lights, adjusting the electric bed, using the call-button, using the telephone, turning on TV, using the elevator. √ Request that Sabbath lights be lit (electric lights can be used). √ Be prohibited from writing. √ Request that medical procedures be deferred.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Chicago Rabbinical Council, 773/465-3900, www.crc.org ▪ Chicago Board of Rabbis, 312/444-2896 ▪ Ezra Help Line, 800/248-1818, http://www.juf.org/services_resources/directory.asp?id=0019



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH MUSLIM PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Muslim patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Muslim Patients and Their Families*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

<p>GENERAL</p>	<ul style="list-style-type: none"> ▪ The fundamental belief of Muslims is the oneness of God and belief in Muhammad as the last Prophet of God. “Islam” means submission and obedience to the will of God, and aims at achieving peace with self and the surroundings. The Five Pillars of Islam are Declaration of Faith, five daily Prayers, Fasting (for the entire month of Ramadan from dawn to dusk), Charity and Pilgrimage to Makkah (Mecca). ▪ During illness, Muslims are expected to seek God's help with patience and prayer, increase the remembrance of God to obtain peace, ask for forgiveness, give more in charity, and read or listen to more of the Qur'an (the Muslim spiritual text).
<p>GENDER ISSUES/ MODESTY</p>	<ul style="list-style-type: none"> ▪ Respect modesty and privacy (knock on the door, announce your arrival, etc.). ▪ Limit eye contact. ▪ Do not touch while talking. ▪ Some Muslim women will insist on covering their whole bodies except for the face, hands and feet at all times. Some examinations may be done while a patient wears a gown. Hospital gowns should be long, with long sleeves. If such clothing is unavailable, Muslim women should be allowed to use their own gowns. ▪ Although Islam does not ban treatment by the opposite sex, providing the patient with a nurse and/or physician of the same sex when possible is recommended, especially if the patient feels strongly about it. Alternately, a male physician should examine a female patient in the presence of her husband or another female if the patient desires, when possible.
<p>BLOOD TRANSFUSIONS</p>	<p>Blood transfusions are allowed.</p>
<p>FAMILY ISSUES</p>	<ul style="list-style-type: none"> ▪ An essential aspect of health care is the health care providers' roles in understanding the concerns of the patient and family and communicating these concerns to all those involved in the decision-making process; to console and comfort the patient and his/her family so that they can accept their or their loved one's disease state; and if possible, to take care of the family's needs beyond the medical aspects. ▪ It is an Islamic cultural and religious practice to visit the sick. Be open and understanding of visits by family members and well wishers when practical. ▪ In matters of terminal care, the attending physician should consult the patient, the family, the ethicist, and preferably, an Islamic scholar before making a final decision.
<p>DIETARY ISSUES</p>	<ul style="list-style-type: none"> ▪ Muslim Halal (similar to Kosher) meals should be provided, if available. Pork, ham, lard, bacon, and alcohol are strictly prohibited. If Halal meals are not available, Jewish Kosher meals or vegetarian meals are acceptable. Allow patients to bring food from home if there are no dietary restrictions.

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	<ul style="list-style-type: none"> ▪ Fasting is done once a year (from dawn to dusk) during the month of Ramadan. In general, fasting is exempt in illness and pregnancy.
END OF LIFE CARE	Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Organ transplantation, both donating and receiving, is allowed with some restrictions (donor material of porcine origin).
AUTOPSY	Autopsy is not encouraged but is permitted if required by law.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ It is important that funeral and burial arrangements be made in advance in consultation with the family and according to the wishes of the dying or deceased patient if possible. ▪ With minimum delay, the body is to be removed to the funeral home because Muslims prefer an expeditious burial. Provide routine post-mortem care; the body should be gowned and shrouded. ▪ Allow the family and Imam (chaplain) to follow Islamic guidelines for preparing the dead body for an Islamic funeral. The dead body should be given the same respect and privacy as during life. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<p>A prayer room for Muslims may be provided. The room should be quiet, clean and carpeted (prayers are done while kneeling on the floor). An inter-religious space sensitive to the needs of persons of diverse traditions is preferable.</p> <p>It is a religious custom that an elder says the Islamic prayer call in an infant's right ear shortly after birth.</p>
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Council of Islamic Organizations of Greater Chicago, 630/629-7490, http://www.ciogc.org/ ▪ Muslim Community Center, Chicago, 773/725-9047 ▪ Islamic Foundation, Villa Park: 630/782-6562 ▪ The Mosque Foundation of Chicago, Bridgeview, 708/430-5666 ▪ Islamic Cultural Center of Greater Chicago, Northbrook, 847/272-0319 ▪ Aminah Beverly McCloud, Ph.D., Associate Professor, Islamic Studies, DePaul University, 773/325-1290 ▪ Islamic Medical Association of North America (IMA), http://www.imana.org



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH AMERICAN INDIAN (NATIVE AMERICAN; FIRST NATION) PATIENTS AND THEIR FAMILIES

For more complete information on interacting with American Indian (Native American; First Nation) patients, please see the complete version of the *Guidelines For Health Care Providers Interacting With American Indian (Native American; First Nation) Patients And Their Families*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

<p>GENERAL</p>	<ul style="list-style-type: none"> ▪ The information in this document is general and is applicable to all communities of Native Americans. In the United States, there are more than 500 nations of Native Americans, each having their own separate customs, language, culture, set of beliefs and religious practices. There is no single “Native American Religion”, or church hierarchy. There is no central figure like Moses, Jesus, Muhammad or Buddha, nor is there a central holy book in Native American Religious tradition. It is an oral tradition that is passed down from generation to generation, based on certain guiding principles that are internalized from childhood and are an integrated part of each person's life. ▪ There are many Native Americans who follow traditional customs and spiritual beliefs. There are also many Native Americans who combine their traditional set of beliefs and religious practices within the framework of Christianity and would want both traditional and Christian religious traditions while in the hospital. ▪ Decisions will be put off if agreement cannot be reached. Dissention will dictate that one needs to proceed with caution and take time to reflect in order for everyone to come to “one mind”, “one accord” and/or “one decision”. ▪ Many traditional Native Americans believe that illness comes from supernatural forces. Examples are: the Cherokee believe animal spirits bring illness when hunters do not pay proper respect; other tribes believe illness is caused through an individual's bad actions; Iroquois believe illness is caused by unfulfilled desires and dreams; Inuit believe illness can be the result of sins committed by ancestors; and others believe illness occurs through contact with evil spirits. Serious illness may be the result of “soul loss”, in which evil spirits, especially those of the dead, capture the sick person's soul when it is out of his or her body during sleep. A diagnosis of soul loss denotes critical illness. This patient may have a wasting disease, be delirious, unconscious, or in a coma. Curing takes place through rituals that restore the sick person to balance and harmony. Health and healing are built on the foundation of relationship and the interconnectedness of life. ▪ Many Native Americans today will call upon both modern medicine and traditional healing ceremonies to achieve wellness. ▪ Greet with a gentle handshake. Do not look straight in the eyes, especially Elders. Hugs and touching are rarely done. Do not initiate. ▪ Many Native Americans have items that they consider sacred. They may be stones, feathers, antlers, fur, claws, or pouches of cloth or leather. Do not touch sacred items. In an emergency, keep sacred items with the patient when at all possible. ▪ Ask permission before taking any photographs. If taking X-Rays, CT-Scans, MRI's or any other type of imagery take time and explain the procedure. ▪ If the person is in need of an amputation of a body part, ask what their tradition is and what they may require afterwards for the body part that is removed. Some may request that the body part be blessed and then followed by cremation in order to be buried with them at the time of death or they may need it to be buried soon after the surgery if the body part is not being cremated. ▪ Patients may deny their pain, or decide not to talk about it because it is hard to accept that their bodies are failing them. ▪ Patients may not believe in medication due to their belief that the Creator will heal them through traditional healing practices.
<p>GENDER ISSUES/ BODY EXPOSURE</p>	<ul style="list-style-type: none"> ▪ Native Americans are a modest people. Try to be sure their bodies are not exposed to others. ▪ When possible, provide male doctors and nurses for male patients and female doctors and nurses for female patients.
<p>BLOOD TRANSFUSIONS</p>	<p>Most Nations allow blood transfusions. In general, Navajos do not.</p>
<p>FAMILY ISSUES</p>	<p>Community and relationships are important. Family includes many extended family members and friends and/or an entire clan. Elders are respected and listened to when decisions are being made.</p>
<p>DIETARY ISSUES</p>	<ul style="list-style-type: none"> ▪ Fasting is a traditional part of preparation for rite of passage ceremonies and for spiritual discernment. Although a person who is ill should be encouraged to eat, family members and others may be fasting on behalf of the person. Sometimes fasting is a part of body healing, as a cleansing of toxins. ▪ Native Americans have preference for certain traditional foods during ceremonial times. These may be requested, especially particular teas.
<p>END OF LIFE CARE</p>	<ul style="list-style-type: none"> ▪ Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged. At the end of life, prayers may be said and family is encouraged to be present.

	<ul style="list-style-type: none"> A patient who is nearing death often reports visits and conversations with deceased relatives. Usually the patient will request traditional foods and it is very important that the family obtain these foods for the patient so that they are ready for their journey. Native Americans use food to honor the dying and deceased where other people may use flowers. Patients may also request special prayers from their tradition and if they are Christian they may also want to have their pastor or priest present.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Organ transplantation, both donating and receiving, is generally allowed. There is a special effort to get Native Americans to sign up as donors due to difficulty in matching tissue. In general, Navajos do not allow organ donation.
AUTOPSY	Autopsy is not encouraged among traditional people. However, it is permitted if required by law. Modern families may desire autopsy for health care information.
CARE OF THE DECEASED	<ul style="list-style-type: none"> The body should not be moved until the family has been consulted about their particular tradition. Special clothing may be brought to dress the body in before it leaves the hospital, or the family may request that their loved one be covered at the time of death by a blanket. Particular ceremonial objects may be placed on the body. It is often customary for a family member or the spiritual leader to cut a piece of hair from the deceased. This is for some tribes especially important at the death of a child. Traditional persons do not generally desire embalming, and may require significant lengths of time to be with the body. Traditional families may wish to have the body near them for as long as 4 days. It is critical to talk to the family about their particular tribal tradition. For example, Navajo people destroy the clothes and possessions of the dead person and are careful never to speak the person's name because to do so might attract his/her wandering ghost or spirit. Some tribes will make special ceremonies of giving away the deceased persons possessions and will repeatedly speak the name of the person after death as part of ceremony. If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> <u>Sacred Objects/Healing Rituals</u> <ul style="list-style-type: none"> ✓ A Medicine bundle, medicine bag is a collection of objects with sacred meaning and spirit power, which is wrapped in an animal skin or in a cloth. ✓ Smudging with sage, cedar, and sweet grass may be desired. To smudge is to spread the smoke of burning herbs over a person, space, or object for purification. This ceremony usually involves a feather or fan. If smoke is not allowed, smudging the oils for sage, cedar and sweet grass may be used as a substitute. ✓ Feather ceremonies might involve the sweeping of a person or body with feathers, the tying on of feathers, or the handling of feathers in prayer. ✓ Face painting may be a part of a ceremony to prepare a person for surgery or death, or may be a part of the care of the body after death. ✓ Healing herbs, oils, roots are often used for spiritual and emotional healing as well as a part of the treatment of the physical condition ✓ Pipe ceremony may be performed by a spiritual leader either in the hospital or outside on behalf of the patient. ✓ Chantways and songs with drum or rattle are a daily part of healing for many Native Americans. The visit by tribal singers is emotionally very healing for the patient. ✓ Medicine lodge or inipi lodge is a purification ceremony that takes place in a special "sweat lodge." It involves prayers and the calling of spiritual ancestors for help. This ceremony may be requested before a medical treatment such as surgery. If the patient is unable to participate, the spiritual leader may perform this ceremony on their behalf. ✓ Crystals and sacred stones may be used as part of healing. Crystals may be laid on a person's body, or may be held for prayer. When a family is having a ceremony performed – leave the room and provide privacy unless the family asks you to stay. Providing a room for ceremonial purposes would be helpful and afford families with their needed privacy.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> Sr. Patricia Mulkey, Anawim Center, 773/561-6155 Rev. Michelle Oberwise Lacock, Advocate Health Care, 630/990-5637 Ken Scott, Executive Director, American Indian Health Service of Chicago, Inc., 773/883-9100, 773/883-0005 Search the Web for the specific community for whom you are providing care.



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH PROTESTANT PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Protestant patients, please see the complete version of the *Guidelines For Health Care Providers Interacting With Patients and Their Families Who Are Members of Protestant Religious Groups*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ There is no “Protestant Religion” as such. “Protestant” is a term which applies to a large number of Christian groups, such as Adventist, Baptist, Congregational, Episcopal/Anglican, Lutheran, Methodist, Pentecostal and Presbyterian. ▪ Protestant Christians will differ in their understanding of the cause of illness, some seeing it as a consequence of personal behavior and expressing guilt or shame. Others may view their illness as coming from causes over which they have no control and may see themselves as victims. Some may interpret illness as punishment or as a personal test from God. Some will view illness as a part of the natural course of events and will take responsibility for doing what is necessary to overcome a temporary inconvenience and return to their normal routine of life. Since these ideas are often related to a person’s experiences and relationships, it is best to refer patients to their clergy or to the Chaplain if staff finds the patient’s views troublesome. ▪ A number of Protestant groups do not practice infant baptism. In some cases the rite associated with birth involves the naming of the child. Staff should ask the parents’ preferences regarding baptism if a newborn is in crisis. ▪ A number of Protestant groups regularly offer services of healing and spiritual renewal. These services, which may include prayers, reading of Scripture, and anointing with oil, are presented in conjunction with the support of the healing ministry within the health care community. ▪ In general, Protestants will be receptive to medical care as practiced in today’s health care environment. Individual preferences, expectations, and demands will be related to the patient’s personality and family/cultural system rather than to their religious beliefs.
GENDER ISSUES/ BODY EXPOSURE	Individual preferences, expectations, and demands will be related to the patient’s personality and family/cultural system rather than to their religious beliefs.
BLOOD TRANSFUSIONS	Blood transfusions are allowed.
FAMILY ISSUES	Many Protestant groups affirm gender equality even though individual families may not practice it. Staff may encounter some families in which males are expected to be the decision-makers.
DIETARY ISSUES	While there are no specific Protestant prohibitions or requirements related to diet, individual preferences may vary, especially regarding consumption of caffeine, meat, and alcohol. Always ask the patient for his/her preferences.
END OF LIFE CARE	<ul style="list-style-type: none"> ▪ In general, Protestant groups support the drafting of advance directives. Most groups do not forbid cremation. ▪ Some groups have specific rituals and practices at the time of one’s dying and death.

	Many prefer family members, friends and their own clergy to be present for comfort and prayers at this time. Consult with the family regarding their preference.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Typically, Protestant groups do not prohibit organ/tissue donation or autopsy. Most groups encourage organ and tissue donation as a way of caring for others. However, individuals will have their own beliefs and preferences regarding these issues, so staff should ask the patient/family and/or surrogate about those preferences.
AUTOPSY	Autopsies are permitted.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ In general, Protestant groups do not practice special rituals for the deceased. Consult the family for their preferences. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<p>Protestant groups include persons from many ethnic, racial and cultural backgrounds. Ceremonies and celebrations are held at times of birth, confirmation or coming of age, marriage and death according to the individual's culture and family tradition more than according to the religious group.</p> <p>Advent and Christmas in December, and Lent, Maundy Thursday, Good Friday and Easter in the spring, are the most widely recognized observances for Christians. Advent is the 4-week season of preparation for the celebration of the birth of Jesus (Christmas). Lent, beginning on Ash Wednesday, is the 40-day period of preparation for the celebration of Easter. Maundy Thursday, the Thursday before Easter, is the time for remembering and reenacting the Bible story Jesus' Last Supper with his 12 disciples. Good Friday is the observance of the day when Jesus was crucified. Easter Sunday is the day when Jesus is believed to have risen from the dead (resurrected). The resurrection of Jesus on Easter is the reason most Christians worship on Sunday, the first day of the week, rather than on the seventh day, or Sabbath, (which is the practice in many other religions).</p> <p>These holidays and seasons are observed with varying degrees of intention and adherence to beliefs. There are no specific requirements of members during these times, but there may be individual preferences, such as the having ashes applied to one's forehead on Ash Wednesday or observing periods of fasting during Lent. Most practicing Christians will want to spend time with family on Christmas and Easter and will not want to be hospitalized on these days. If they must be hospitalized, provisions should be made for visitation by family.</p> <p>Many Protestant groups have members who take responsibility for praying for those who are ill or hospitalized. Sometimes those persons will come to the hospital to pray with the patient. Privacy should be provided when this occurs.</p>
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Contact your facility's pastoral/spiritual care department for specific information regarding local congregations. ▪ National Council of Churches – Member Communion & Denominations - http://www.nccusa.org/members/index.html



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH SIKH PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Sikh patients, please see the complete version of the *Guidelines For Health Care Providers Interacting With Patients of the Sikh Religion and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

<p>GENERAL</p>	<ul style="list-style-type: none"> ▪ The fundamental belief of Sikhs is that there is only One, Universal, Formless, Timeless God of all the people, Who is also the creator of this universe and all living beings. “Sikh” means a disciple, and Sikhism is a path of discipline of meditating on God’s name, earning a living by honest means, sharing good fortunes with the needy, and selfless service to humanity. Sikhs believe that whosoever is born has eventually to die. The physical body is perishable, but the soul is eternal. The soul is a part of God and it yearns reunion with the Supreme Being. Liberation from the cycle of birth and death, from millions of life forms, is the basis of the Sikh understanding of the purpose of life. Human life is the gift of the Divine, and its termination, a return to the Divine source. ▪ Initiated Sikhs, also known as <i>Khalsa</i>, at all times wear on their person five religious symbols that are articles of faith. They are known as 5K’s because their names start with the letter “K.” <p style="margin-left: 40px;">The Five K’s (Articles of Faith) are:</p> <ol style="list-style-type: none"> 1. Un-cut hair (<i>Kesh</i>), a gift from God representing spirituality; 2. A wooden comb (<i>Kangha</i>), symbolizes cleanliness; 3. A steel bracelet (<i>Kara</i>), represents self restraint and link to God; 4. A short sword (<i>Kirpaan</i>), an emblem of courage and commitment to truth and justice; 5. A type of underwear knickers (<i>Kachhehra</i>), represents purity of moral character. ▪ The religious significance of the headdress (a male turban or a female scarf) should be respected, because it is a covering for one of the 5K’s (<i>Kesh</i>) and is also a symbol of a Sikh’s honor. ▪ Generally, practicing Sikhs do not cut their hair, and do not consume tobacco products, alcohol, intoxicants or other illicit drugs. ▪ Respect modesty and privacy (knock on the door, announce your arrival, etc.). ▪ Do not interrupt a praying patient for routine care. ▪ Respect the patient’s personal space by limiting unnecessary touching. ▪ Be sensitive to the significance of the Sikh’s five K’s, (religious symbols or articles of faith) which they may choose to wear on their person at all times. Again, they are uncut hair (<i>Kesh</i>), a wooden comb (<i>Kangha</i>), a steel bracelet (<i>Kara</i>), underwear (<i>Kachhehra</i>), and a ceremonial sword (<i>Kirpaan</i>). ▪ After removing their headdress, Sikh patients may want to keep their head covered with an alternative covering such as a small turban or a scarf. (A surgical bouffant cap is acceptable.) The headdress should be respected, and if removed, it should be given to the family or placed with the patient’s personal belongings. <u>Do not place the headdress with the shoes.</u> ▪ Infants may be required to wear religious symbols e.g. “Kara” (a steel bracelet). ▪ Consult patient, family (or the parents in case of an child) prior to shaving or removing hair from any part of the patient’s body. This applies to both male and female patients.
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GENDER ISSUES/ BODY EXPOSURE	<ul style="list-style-type: none"> ▪ Sikh women may insist on covering their bodies with more than a hospital gown. They may request that when possible, examinations be done while a female patient wears a gown. ▪ Although Sikhism does not ban treatment from being provided by a practitioner of the opposite sex, providing the patient with of the same sex practitioner when possible is preferable, especially if the patient requests it.
BLOOD TRANSFUSIONS	Blood transfusions are allowed.
FAMILY ISSUES	It is a Sikh cultural and religious practice to visit the sick.
DIETARY ISSUES	Sikhs do not eat any ritual meat prepared by either sacrificing the animal to please God, or by killing the animal slowly to drain out the blood. Zabiha/Halal meat, (meat prepared the Islamic way), is forbidden for Sikhs to partake. Vegetarian or non-vegetarian meals are individual preferences. Sikhs do not observe fasting for any religious reasons.
END OF LIFE CARE	<ul style="list-style-type: none"> ▪ Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged. ▪ In matters of terminal care, the attending physician should consult the patient, the family, the ethicist, and preferably, a Sikh scholar before making a final decision. ▪ Health care providers, including nurses, physicians and chaplains should comfort the terminally ill patient, making sure he/she is pain-free, have his/her relatives and friends nearby, and have access to a Sikh <i>Granthi</i> (a Sikh), who can recite <i>Gurbani</i> (writings of the Gurus) and perform Sikh prayers. At the departure of their loved ones, Sikhs console themselves with the recitation of their sacred hymns.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	Organ transplantation, both donating and receiving, is allowed.
AUTOPSY	Autopsy is permitted.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ It is important that funeral and cremation arrangements be made in advance in consultation with the family and according to the wishes of the dying or deceased patient, if possible. ▪ With minimum delay, the body is to be removed to the funeral home for expeditious cremation, unless the family is waiting for a close relative to arrive. Provide routine post-mortem care. The body should be covered with clean linens and shrouded. If the person is wearing any of the 5K's, they should remain with the body. ▪ Allow the family and Sikh <i>Granthi</i>, to follow Sikh traditions for preparing the dead body for funeral. The dead body should be given the same respect as during life. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	Sikh art, song, dance, commemorations and celebrations are marked by the agricultural cycle and seasonal moods.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Sikh Religious Society of Chicago, 847/358-1117 or 847/359-5142 ▪ Sikh American Heritage Organization, 630/377-5893 ▪ The Sikhism Homepage, http://www.sikhs.org/ ▪ The SikhNetwork, http://www.sikhnet.com/



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH ZOROASTRIAN/ZARATHUSHTI PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Zoroastrian/Zarathushti patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Patients of The Zoroastrian/Zarathushti Religion And Their Families*. This Quick Reference is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ The majority of Zoroastrians/Zarathushtis are concentrated in India and Iran. Zoroastrians/Zarathushtis may also be identified as <i>Parsis</i>. ▪ Prophet Zarathushtra, or Zoroaster, preached in ancient Persia around 1500 BCE. He preached the monotheistic religion of the One Supreme God, Ahura Mazda (“Wise Lord”). His message is positive, life affirming, and active-principled. Zoroastrianism stresses conscious decisions to choose the righteous path (Asha). A Zoroastrian is taught to lead an industrious, honest and charitable life. Zarathushtra asked his listeners to choose a life of intelligent reflection and active benevolence. Zoroaster’s teachings are embodied in the triad: <ul style="list-style-type: none"> √ Humata -- Good Thoughts √ Hukhta -- Good Words √ Huvereshta -- Good Deeds ▪ Traditional patients may wear a white cotton loose shirt (Sudreh) next to the skin and a woolen girdle or cord (Kushti) circling the waist three times. As much as possible, the staff should allow and even encourage the patients to keep this attire on since this will have a soothing positive feeling for the patient’s mind and be helpful in the healing process. The garment can be removed for a short period of time for surgery or procedures with understanding and sensitivity and re-worn as soon as possible. Neither the shirt nor the cord should be cut and disposed of nonchalantly. Cutting or destroying may be permitted if no other way exists as in very serious trauma. Sensitivity to this religious attire is specifically important for emergency department staff that may unknowingly and spontaneously proceed to cut and destroy the garment. The garment should alert the staff that the unaccompanied individual is a Zoroastrian. Hospital personnel who may then approach the local Zoroastrian organization for intervention and proper identification of the individual.
GENDER ISSUES/ BODY EXPOSURE	There is no preference for same-sex care givers.
BLOOD TRANSFUSIONS	There is no specific religious instruction regarding blood transfusions. Check with the patient regarding their preference.
FAMILY ISSUES	It is believed that prayers made/offered in as close a proximity to the sick person as possible are most beneficial, hence, whenever possible, visitors should be permitted for short periods of time (15-30 minutes).
DIETARY ISSUES	Generally there are no religious guidelines hence individual preferences and restrictions (if expressed) may be honored. In general, Zoroastrians are not vegetarians.
END OF LIFE CARE	<ul style="list-style-type: none"> ▪ In the event of death, prayers at the last breath of life are beneficial. A candle, oil lamp or incense burner lighted by the person’s head is believed to assist the soul leaving the dying body. (A small electric table lamp may be substituted.) Prayers (Ashem Vohu) should be recited by a family member or friend by the dying or dead person’s bedside.

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	<ul style="list-style-type: none"> No special religious space is needed. Grieving relatives may wish to utilize a non-denominational quiet room. Having the Sudreh and Kushti worn at the time of death is beneficial to the dying person, hence if not already worn; it should be put on as soon as possible. Sudreh and Kushti should be worn by the person after competing post –mortem care.
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	There is no specific religious instruction on organ and tissue donation. Many Zoroastrians in the United States today are inclined towards donation and have expressed desire to donate. The religious practice is that organ and tissue donation should be done as a dying process rather than after death so that the funeral and disposal of the dead body can occur within 24 hours of death. Organ and tissue procurement organizations should be sensitive to this issue and to the religious practices so that swift and quick procurement can be done.
AUTOPSY	No religious instruction exists for autopsy. Hence, this is a personal issue with the family. Most families are well educated and astute so that if the necessity and benefit of autopsy is well explained, most will consider the rationale and agree. This should be done as soon after death so that funeral ceremony and disposition can occur within 24 hours.
CARE OF THE DECEASED	<ul style="list-style-type: none"> Final disposal of the dead body is expected as soon as possible and the funeral ceremony is encouraged to occur within six hours (one gah) if possible but not longer than 24 hours. <u>Funeral Ceremony</u> -- Zoroastrians regard the soul of the dead more important than the physical remains and extensive prayers for the dead are an integral part of Zoroastrian rituals. In India the body, after due reverence, is placed in the “Towers of Silence,” located on hilltops open to the sky and given free access to birds of prey. The bones are bleached and crumble to dust over time. No monument is erected for it is hoped that the departed will live on in the hearts and prayers of their loved ones. In other parts of the world, burial or cremation is the norm.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> Zoroastrians do not necessarily have to visit a temple in order to worship -- the universe, Ahura Mazda’s creation, is their temple. Zoroastrians generally worship at home where they maintain a corner with a burning flame for offering prayers. The devout will recite the Avesta five times a day during each of the five watches of the day -- morning at sunrise to mid-day, mid-day to mid-afternoon, mid-afternoon to sunset, sunset to mid-night, and mid-night to breaking of dawn. Recitations are from the Khordeh-Avesta, the daily book of prayers written in the ancient Avestan language. All of the prayers are reverence for Ahura Mazda and His Creation. <u>Navjote (Initiation) Ceremony</u> -- Every Zoroastrian child is officially initiated into the faith with the Navjote ceremony. He or she is invested with the sacred Sudreh and Kushti, accompanied with recitation from the Avesta. The Sudreh is an undershirt of pure white muslin with a small symbolic pocket in front reminding the wearer to fill it every day with Good Thoughts, Good Words, and Good Deeds. The Kushti, (a woolen cord that circles the waist 3 times) signifies that the wearer has girded him or herself to practice the teachings of Zarathushtra. The Sudreh and Kushti are worn next to the skin day and night.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> Mr. Rohinton M. Rivetna, 630/325-5383 The Federation of Zoroastrian Associations of North America (FEZANA), www.fezana.org Zoroastrian Association of Metropolitan Chicago, www.zac-chicago.org