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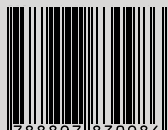
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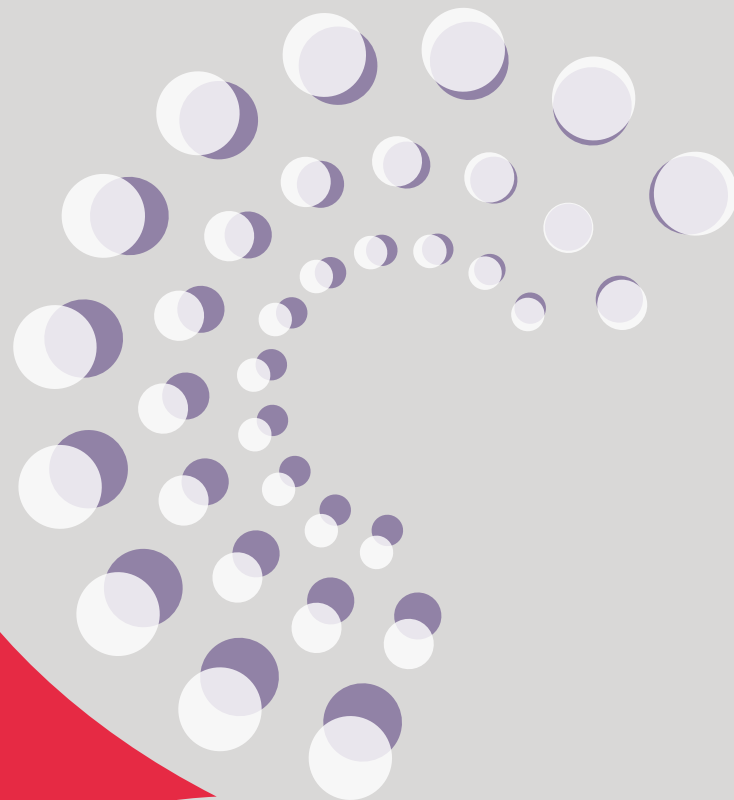
GRT GRUPPO PER LE RELAZIONI TRANSCULTURALI



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How to relate to patients of different cultures and religions

An advisory guide with useful questions

Insieme per prenderci cura
Taking care together

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More detailed information on patients' religious needs can be found in the free e-book on

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INTRODUCTION



Nowadays, doctors and medical staff are increasingly facing new ethical and professional challenges. These have been brought about by the different ethnic backgrounds of patients who speak **different languages** and have different **cultures** and **religions**. So, it is essential that the healthcare sector also responds to the demands for integration of **multi-ethnic societies** and that it promotes new forms of solidarity and mutual responsibility. The purpose of this advisory guide is to contribute to meeting such demands by giving suggestions on how to relate to patients from different cultures and religions. This guide is in the form of an easy-to-read reference booklet that can be used by healthcare staff, social workers, volun-

teers, patients and their families, to promote patient-centred care which respects diverse religions and cultural sensibilities, thus ensuring the patient's dignity.

For hospital management of **inpatient and outpatient services** which aspire to guarantee increasingly efficient and speedy diagnosis and treatment, it is essential to draw on the values and meanings that secular thinking and different monotheistic traditions attribute to the in-firm and their caregivers within their family, in society, in healthcare and care facilities. The **ethical dimension** and the deepest consideration that underlie any choice of treatment (be it active or passive), together with the patient's

psychological, religious and cultural background and clinical experience, all lead to a holistic approach centred on the **patient's wellbeing**, while holding dear the greatest respect for their dignity and their most intimate convictions.

The booklet is the outcome of a debate among experts from various sectors – health, religious, and juridical – on those topics that characterise our pluralistic society, which has been influenced by global mass migration and is today facing the challenge of the Covid-19 pandemic.

The drafting of the Guide was carried out by the Scientific Committee of the *Insieme per prendersi cura* (Taking care together) group based in Milan, founded in 2015. It is made up of **doctors, allied health professionals, university professors, legal experts, community and religious representatives** of the Hindu, Buddhist, Jewish, Catholic, Waldensian, Protestant and Muslim faiths who promote seminars in hospitals and universities. All participants of the group have had as their agreed baseline for the coming together and setting up of the healthcare staff training programmes the eth-

ics of responsibility, respect for different spiritual identities and for the religious values of the patient.

Dialogue with the patient, right from the first consultation, is the recommended way forward to achieve holistic care which is respectful of both the physical and **spiritual dimensions of each human being**.

The main practices and rituals of the Hindu, Buddhist, Jewish, Christian and Islamic religions, that would be relevant to hospital settings are outlined in this guide.

The same approach is also reiterated in the *Charter of good practice for religious pluralism and spiritual care in health facilities*, found in the appendix of this guide. It is stressed that it is everyone's responsibility – hospital trusts, healthcare professionals and patients – to guarantee that due attention and spiritual care is practised in all healthcare facilities, in the context of religious pluralism.

The Scientific Committee of
Insieme per prendersi cura
Taking care together
Milan, 21st October 2020





“INFORMED” HOSPITALISATION

Providing effective assistance and patient care requires taking into account the diversity of traditions, rules, codes of conduct, religious needs and their related ritual practices.

Lack of awareness of these aspects can hinder the achievement of “all-round” care of patients. The importance of discussion with patients and their families, aiming to build a sensitive and compassionate relationship, cannot be underestimated. Additionally, having a list of contact numbers of community and religious representatives, in case of need, is useful. It is also advantageous if healthcare facilities can provide access to a private room for prayer.

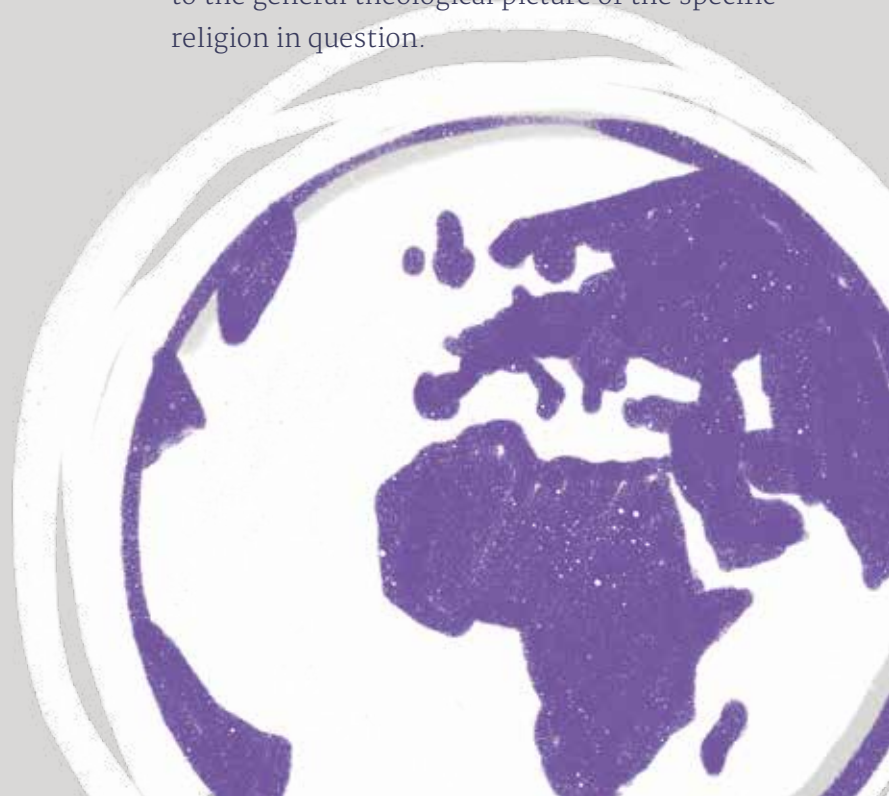
RELIGION AND CULTURE

It is not allowed under current Italian law on privacy to ask explicitly to which religion patients belong, nor to note it in their medical notes. Healthcare staff, therefore, **cannot immediately identify a person's religious affiliation**, although they can make general assumptions based on the patient's behaviour and on his/her cultural background.

For example, patients of different faiths, but originating from the same country, may prefer their diagnosis to be communicated only to their families. This means that it is important **not to identify as religious a behaviour which is instead cultural**, especially when dealing with different cultures with which we are not familiar. Furthermore, it can happen that the degree of patients' religious observance can be judged without in fact knowing the main elements of the religion they belong to. Religious practices are observed in different ways by worshippers and each religion has within its boundaries different doctrinal interpretations and more than one legitimate school (interpretations of an ideological kind are yet another matter). The

believer may only know one interpretation, which is not identified with the whole religion, and may be expected to follow one school only, without necessarily having doctrinal knowledge of the whole of his/her religion.

Many difficulties may thus arise for healthcare staff in trying to understand, case by case, the religious sensitivity of each patient in relation to the general theological picture of the specific religion in question.



ADVICE

- Take note of possible religious symbols (objects, clothing, foods, liquids etc) and holy texts among the patient's personal effects.
- In the case of religious fasting, agree times for therapy with the patient with exceptions being made for chronic illnesses and emergencies.
- Do not assume that a patient of a different ethnic origin or religion may not know your language or may not have your citizenship.
- In some cases, assess whether the patient's requests concern real religious requirements or are requests of a cultural, folkloristic or ideological nature.
- Do not take for granted that a handshake is an appropriate greeting.
- Some patients may not make direct eye contact with healthcare staff owing to a sense of modesty.
- Have available a list of telephone numbers of the representatives of the various religious communities to contact in case of need.
- Make available a private room without images or symbols for the purpose of prayer, placing religious texts, objects for rites and symbols of each religion in dedicated lockers.
- The administrators of morgues should consider fittings without religious symbols and should be suitably equipped to meet different needs for funeral rituals (for example, the washing of the corpse). It would be appropriate to allow access, even during the night, to relatives and religious representatives who may wish to keep a vigil over the deceased.

CONSULTATION TIME IS THERAPEUTIC TIME

As well as the process of taking nursing and medical history, as dictated by standards and protocols conforming to ministerial directives and to the medical facility, the questions that follow serve to establish an interpersonal relationship of trust that puts the patient at ease. Doubts and stereotypes resulting from a lack of knowledge can often be overcome by both parties investing more time in the relationship aspect between patient and healthcare professional, all of which undoubtedly helps on the road to recovery.



QUESTIONS

- 1 Are there any foods you do not eat for some reason?
- 2 Is there a religious holiday in the near future which you intend to observe?
- 3 Do you require spiritual support during your stay in hospital?
- 4 Do you observe fasting in connection with your religion? Please tell us if you intend to fast during your stay in hospital.
- 5 To a woman: are you prepared to be attended by male medical or nursing staff?
- 6 To a man: are you prepared to be attended by female medical or nursing staff?
- 7 In the case of negative replies to questions 5 and 6 and the impossibility of finding staff of the same gender, ask the patient if he/she would like to have a relative present during the examination.
- 8 Ask patients of both genders, who wear certain apparel (veils, tunics, saris) or people such as Hindu and Buddhist monks, Rabbis, Jewish women wearing wigs or hats, what items may be removed during the examination.

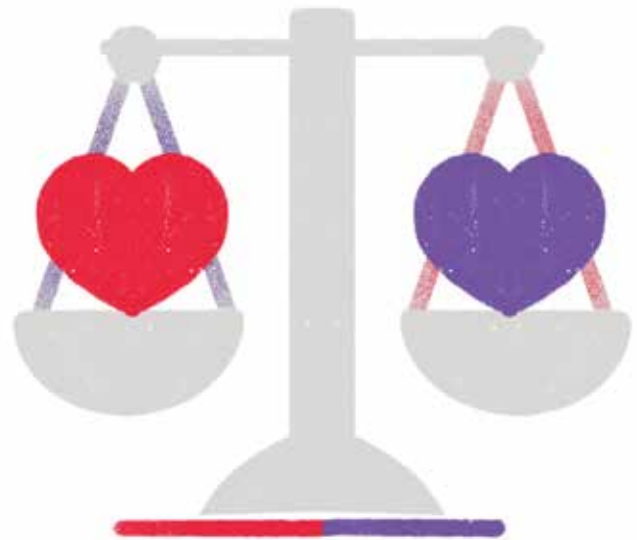
THE VALUE OF LIFE

All people are equal in terms of personal “value”, dignity and importance. Therefore, each person must be treated with the highest level of respect and attention, thus **avoiding any kind of discrimination**.

Religion and spirituality are essential elements of the human experience. They are found through multiple values, beliefs, traditions and practices, which are expressed dynamically on different levels of human existence.

The spread of the **Covid-19 pandemic** has necessitated the adoption of health protocols that have interrupted the observance of religious practices in hospital. Under normal circumstances, these are part of the spiritual assistance provided to patients, as well as some practices which are related to funeral rites. Families have been separated from their dear ones without being able to support them or to keep vigil over them in person. In these exceptional circumstances, doctors and nurses have provided a much more comprehensive care to

make life prevail over the illness and the isolation. Being knowledgeable of the characteristic elements, symbols and rites of the religious practices of Hinduism, Buddhism, Judaism, Christianity and Islam promotes **the culture of respect** for individuals, their lives and the communities to which they belong.



IF THE PATIENT IS....

Hindu

Always ask permission of Hindu patients before removing **religious items**: men may wear a holy thread that is tied around their chest and women may wear a holy necklace. Spiritual support is provided by their family, usually men. Some **holy images** may be found near the patient's bed. Before morning and evening prayers, Hindu worshippers carry out their **ablutions** (bathing) and wash their hands and feet before meals and other daily rituals. Ritual practices such as **fasting** and **meditation** are widespread.

There are various religious festivals – some of which also involve fasting – which are regulated by the lunar calendar; the main one is the **Festival of Light** (Dipavali or Diwali). Food holds a sacred and symbolic value; most Hindus follow a **vegetarian diet** in order to avoid harming any living creatures. Natural cures are preferred (**ayurveda**), while medications of animal origin could present a problem.

(The order in which the religions are listed is chronological, starting from the most ancient to the most recent.)

Some rituals at the moment of birth are carried out in private, even in hospital. Termination of pregnancy is not allowed unless there are risks for the mother in progressing with the pregnancy. In the terminal phases of life, the presence of a **religious minister** is requested to officiate at a specific ritual. **Autopsy** is considered a practice to be avoided and **cremation** is to be preferred to burial. Hinduism, or rather **Sanatana Dharma**, the eternal rule, the religion of **Veda**, teaches a great sense of acceptance of life and death. It is a monotheistic tradition in which the various names of the divinities are traced back to a single entity.

Buddhist

The disposition of a Buddhist patient may be characterised by a particular **kindness** which is the essence of the teachings of Buddha on the

four noble truths regarding pain, on the origin of pain, on the cessation of pain, on the path that leads to the cessation of pain. Buddhist traditions are practiced all over the world and in particular in Tibet, Sri Lanka, India, China, Vietnam, Cambodia, Japan and in South-East Asia. The **monks**, both men and women, are dressed in particular garments that leave the right shoulder uncovered as a sign of humility, in that it is the right hand that is used to ask for charity. There are some spiritual guides such as the Lamas, Masters and Gurus.

Buddhist patients may recite prayers on a daily basis (**sadhane**) and **mantra** (repetition of chants). **The Tibetan New Year** (Losar) falls between mid and the end of February. The main festival is that of **Vesak**, in the month of May, which commemorates the birth, the illumination and the death of Buddha.

Fasting is considered a spiritual practice together with meditation, special diets and other ascetic practices such as, for example, eating only once a day before 12pm. In Buddhism there is no single diet. According to some schools, **foods of animal origin** are also allowed. Absol-

ute death does not depend on either the absence of a heartbeat or on the absence of cerebral activity but instead occurs after three days (i.e. 72 hours) from the time of decease when the “subtle” conscience leaves the body. Only then is it possible to proceed with **cremation**. In those three days, it is requested that the body is cared for in a place of maximum tranquillity and absence of noise, unless the deceased had previously left particular instructions.



Jewish

Most patients consume exclusively **Kosher** food, whereas others abstain from certain prohibited foods, in particular pork and shellfish, or prefer to eat vegetarian food. It is advisable to allow food to be brought from home or to contact the services supplying kosher meals in some cities. The main weekly holy day is the **Sabbath** (from sunset on Friday to sunset on Saturday). Work is not permitted on Saturdays, nor writing, nor the use of electricity and telephones. Operations are to be avoided on the Shabbat if they are not

urgent and, in the case of forms needing to be signed, a proxy should be allowed to fill in the forms or else they should be prepared the day before. In the case of discharge on Sabbath, patients should be allowed to remain until evening (even without a bed) or to leave in safekeeping their personal effects that they cannot carry. The rules of the Sabbath may be broken only in the case of a threat to life. The main day of fasting is **Yom Kippur**, the Day of Atonement (which occurs between September and October) which lasts 25 hours. Infirm Jews are exempt from the fast, but it is up to patients themselves to decide.

Passover (which lasts 8 days, normally in April) is widely observed. During the year, three prayers are recited each day, facing in the direction of **Jerusalem**. At the morning prayer, men wear the **tallit**, (a rectangular shawl with fringes on the corners) and the **tefillin** (phylacteries, two small leather cases, containing biblical texts, one worn on their arm and the other on their forehead). Some patients, married men and women, prefer to keep their **heads permanently covered**. Others do so only during prayers and while eating their meals. The **washing of**

hands is carried out over a wash basin or, should the patient be in bed, a bowl, pouring the water from another receptacle; the washing of hands is prescribed upon waking, at prayer times and before meals. It is a religious obligation for relatives and the community to visit a sick person. Furthermore, a dying person absolutely must not be left alone. The dying person should recite the confession of sins and the declaration of their faith to a **rabbi** who may be contacted with the permission of the person concerned and/or of their family.

All types of medical treatments are allowed because the priority is always to preserve health and life. Since no human being must suffer from pain, palliative treatments and painkillers are permitted.

Bodies of the deceased are to be covered immediately with a bed sheet; the **ritual washing** of the corpse is to be carried out by dedicated people or volunteers of the same religion. According to Jewish law, autopsies are forbidden, except in exceptional circumstances. Burial must take place as soon as possible, without waiting 24 hours but always in compliance with the law of the land.

† Christian

The Christian world embraces the **Catholic, Orthodox** and **Protestant** churches. There are then important distinctions which range from religious ministers (women pastors in the Protestant church, the possibility for Orthodox priests to marry Orthodox women) to the administering of the sacraments, to a different approach to what is sacred, to the texts of the Bible and of the Gospels and to bioethical matters. Patients can therefore react in different ways when faced with the same situation. They may, for example, turn to prayer and **mass on holy days**, seek help of family or request more privacy from healthcare staff.


As well as spiritual support from religious ministers, each church may have organised groups of volunteers within each of the different city-wide health facilities. Catholic and Orthodox patients believe in the **intercession of saints** and may be particularly devoted to sacred images, while Protestant patients seek a direct relationship with God and the **Scriptures**.

Depending on the progress of the illness and on the hospital stay, healthcare profession-

als may need to promptly notify the families of patients who wish to ask for the **sacraments** to be administered: **Communion** before a surgical operation without interfering with the pre-op fasting, **Confession** and **Unction** for the dying. During **Lent**, it may be possible that Catholic patients observe a “lean” diet. Many Orthodox Christian believers observe abstinence from certain foods and drinks every Wednesday and Friday throughout the year.

Muslim

Practicing Muslim patients recite **five ritual prayers** at specific times of the day facing, if possible, towards **Mecca**. Easements for patients, travellers and pregnant women are provided by condensing the number of prayers, limiting movement (even allowing praying lying down) and maintaining a spiritual orientation rather than a spatial one. Prayer is preceded by **ablutions** with **water** or a smooth **stone**. The veil is



compulsory for women during prayers. The sacred text of the **Koran** can only be touched in a state of ritual purity by both men and women. According to Islam, diet is an instrument for maintaining the divine gift of health and the purity necessary for carrying out the rites. It is forbidden to drink alcohol, eat pork products and derivatives as well as any meat that has not been slaughtered according to Islamic rites.

The main festivals are **Id al-Fitr**, the end of the month of Ramadan dedicated to **fasting** from sunrise to sunset, and **Id al-Adha**, the feast of the Sacrifice by Abraham, which occurs at the end of the month of **pilgrimage**. On these occasions, children receive gifts and celebrations take place.

At birth, the father sings the call to prayer in the ear of his new-born baby. Support for the dying is also important as well as keeping vigil, while recounting in their ear the testimony of faith, **shahada**, (there is no god except God, **Muhammad** is the messenger of God). The washing of the body of the deceased by either Muslim staff or relatives is required; this is one

of the funeral rituals that have a community value. The integrity of the corpse and the burial in the ground are a practice linked to the Islamic belief in the resurrection of the dead on the **Day of Judgement**.



Charter of Good Practice for Religious Pluralism and Spiritual Care in Health Facilities

Introduction

The work and study group *Insieme per prenderci cura* (Taking care together) – whose activity started in 2015 and the work of which resulted in the publication of the book *Health and Religious Identities* – proposed a *Charter of Good Practice*, to be used by hospital medical staff and by other healthcare professionals. The purpose of this Charter is to promote awareness of a responsible and appropriate attitude in healthcare environments with regard to cultural and religious pluralism, that has become more apparent with recent migration flows. This document integrates the *Charter of Patient Rights* which is already known and in use in social and healthcare facilities.

The common denominator that unites different spiritual and religious traditions and denominations – Jewish, Christian, Muslim, Buddhist,

Hindu – is a holistic vision of men and women, not limited only to the physical dimension but also including the spiritual one.

This perspective does not intend to “convert” the hospital environment into a religious one, nor to justify exceptions to rules, practices and regulations that are specific to the medical and healthcare sector. Instead, it offers useful advice to be able **to work more effectively together** to take care of each other, whilst sharing responsibilities and hopes in all mankind.

Premise

- All people are equal in terms of personal “value”, dignity and importance. Therefore, each person must be treated with the highest level of respect and attention, thus avoiding any kind of discrimination.
- Religion and spirituality are essential elements of the human experience. They are found through multiple values, beliefs, traditions and practices, which are expressed dynamically on different levels of human existence.

- The Constitution of the Republic of Italy recognises human dignity and guarantees its freedom and inalienable rights, including those concerning the sphere of religion, both as individuals and in social groups where human personality develops (art, 2, 3, 7, 8, 19, 20 Cost.).
- Law n° 833 of 23rd December 1978, *Institution of the National Health Service*, in article 38, sets out that “religious support is guaranteed in hospitals and similar facilities of the National Health Service with respect to the will and freedom of conscience of the citizen”.

I. Good practice with regard to cultural and religious pluralism

- 1 In hospitals, nursing and care homes and outpatient facilities freedom of religion or belief is guaranteed, providing they are compatible with the specific organisational, service provision and safety conditions and requirements in the aforementioned institutions.



- 2 In the facilities mentioned in point 1, individuals have the right to receive, upon their request (or that of their relatives, should they not be able to express their wishes) the spiritual support of representatives of their religions and spiritual traditions, be they denominational or non-denominational.
- 3 Spiritual and religious support, in the above-mentioned facilities, will aim to facilitate the respect of religious practices, dietary rules, patients' holy days, according to their faith and spiritual conviction, without obstructing the diagnosis and essential treatments that cannot be postponed **to safeguard patients' lives**.
- 4 In addition to what is already mentioned above, and in respect of patients' sensitivities and wishes, spiritual and religious care will address more specifically the aspects concerning
 - care
 - beginning of life
 - contraception
 - procreation
 - pregnancy termination
 - organ donation and transplant
 - end of life: advanced directive for treatment and palliative care
 - withdrawal of active treatment.
- 5 Within the framework of religious pluralism, recognised and safeguarded by the State, all healthcare professionals should be aware of the basic religious and cultural principles and of the practices of various religions with regard to health and life of a sick person.

II. Responsibility of the hospital Trust

To be able to provide religious amenities, the hospital Trust pledges to ensure the provision of:

- space suitable for religious services (by designating a private room for this purpose).
- a morgue suitably equipped for funeral rituals of different religions or spiritual traditions. In case of death during hospitalisation in the facilities as per point 1, appropriate measures will be taken to ensure that a funeral ceremony can be held in conformity with the wishes previously expressed by the



deceased or, in the absence of known expressed wishes, in conformity with the ceremonies of the religion or belief of the deceased or of his/her family.

- a list of cultural intermediaries and religious ministers from various religions.
- providing they are compatible with the needs of **internal organisation and costs**, the facilities mentioned in point 1 will ensure that patients making the request can fulfil the dietary requirements and leave of absence from work related to their religion or belief. Moreover, they guarantee the delivery of publications of a religious or spiritual nature and the display of images or symbols of their religion or belief in their reserved personal areas.

III. Responsibility of hospital staff

- Medical and support staff must be aware and careful to ensure that patients are cared for and treated with respect with regard to their religion or belief.
- Members of the medical team must **identify the method of communication** (which may

also require cultural intermediaries) which is most appropriate to the cultural, religious and spiritual status of the patient being treated.

- During hospitalisation, patients must not be prevented from exercising their religious freedom or practices, providing they are compatible with the health requirements relating to their diagnosis and treatment.

IV. Responsibility of the patients

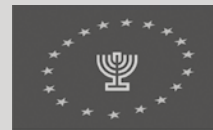
It is understood that, while respecting all religious and cultural identities, patients are expected **to comply with the laws, rules and regulations** that safeguard their own health, safety and security, as well as that of others.

The Scientific Committee of
Insieme per prenderci cura
Taking care together
Milan, 24th July 2018

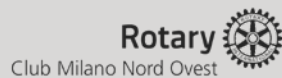


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