TO COMFORT ALWAYS

An inter-cultural spiritual care directory for use in the Health Services.

The Oakhill Trust

in conjunction with

Bromley Hospitals NHS Trust

THE PATIENT'S CHARTER

National Charter Standard 1

Respect for privacy, dignity and religious

and cultural belief.

The Charter Standard is that all health services should make provision so that proper personal consideration is shown to you, for example by ensuring that your privacy, dignity and religious and cultural beliefs are respected. Practical arrangements should include meals to suit all dietary requirements, and private rooms for confidential discussions with relatives.

This directory is published by the Oakhill Trust, a charity (charity number 1089236) set up to encourage the development of spiritual care in the Health Service, in conjunction with Bromley Hospitals NHS Trust.

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Mrs Diana Elvin, Dr Hilary Hones, the Revd Peter Marr, the Revd Tim Mercer, Dr Anne Thornton

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The address of Bromley Hospitals NHS Trust is Princess Royal University Hospital, Farnborough Common, Orpington, Kent, BR6 8ND
INTRODUCTION

All patients and clients have spiritual as well as physical and psychological needs. It is hoped that this Directory will help you to maintain a holistic approach to the people in your care.

Spirituality has been variously defined, for example, as “that inner space that relentlessly seeks meaning in oneself, in others and in the universe” (O'Murchu); another description says “Spirituality allows me to reflect on myself. I am a person because of my spirituality” (Stoll). Whatever their faith or belief system, a person’s concern for well-being in his/her personal journey is important. Many will have found meaning in a tradition or religion and will want to be able to practise rituals of their faith at home, in hospital or nursing home. Others will have different beliefs. It is important to enable the individual’s experience to be understood in terms of faith and belief. (Bristol Standards)

The crisis of illness may stimulate a search for spiritual meaning, or may spark off questions and doubts about previously held beliefs. It is important
that health workers are aware of this and are equipped to help anyone who is facing the need to make sense of their lives and to find a way to respond to suffering. It has been shown that there is a relationship between attention to spiritual needs and improved recovery from illness or ability to cope with pain. (Hayward) (Keighly) Good communication, attention and 'being there' for the patient is 50% of the cure. If care of the mind and body is not integrated, it is more difficult for the body to recover. (Firth)

Britain has always had a multicultural dimension. At present 6% of the population belong to ethnic minorities. Their cultures and faiths need to be understood as far as possible, and always appreciated and respected. Members of some societies in Europe may have a dual perspective, separating religion and culture from health, but this is often not the case in some other societies. There is a wide spectrum of culture and belief and no individual should be stereotyped. Many members of faith communities are not orthodox in all their beliefs or practices. There are many stressors which disadvantage people: social disadvantage, loss of social support, psychosocial factors such as prejudice and stereotyping, and language difficulties. Different cultures show emotional distress in different ways, and behaviour which might appear abnormal to others might not do so to the individual concerned and their cultural group. Some communities may use traditional remedies and put great reliance on alternative medicines or practices of their faith; health workers with duty of care should be aware of this. All these factors need to be taken into account. (Head) Of course, in supporting people's beliefs, no action which is contrary to English law should be undertaken.

In this Directory you will find details of different faiths or belief systems which you may meet, and it is hoped that this will help in the understanding and support of the patient or client. But it is most important to remember that everyone is an individual and will have his/her own interpretations, practices, concerns and maybe doubts. So here are some general suggestions on how to support patients and clients:

- Be ready and willing to listen.
- Ask if there are any particular needs.
- Ask how the patient wishes to be addressed. This may vary by age and culture. Using only their given name might be disrespectful in some cultures. (There is a separate note about names in Appendix Three)
- Enquire about diet. In hospital, special diets can usually be provided. If the patient wishes to fast, check that this is compatible with their condition.
- Show respect for the patient's beliefs.
- Ensure as much privacy as possible for religious observances, by drawing the curtains around the bed or using a quiet room or chapel if possible.
- In the community, please establish contact with the person's nearest place of worship, if they request this, to enable support there or at home.
- Please ask if the patient would like a visit from a representative of their faith, and record the request to assist other staff. Contacts given in the directory will assist in the process, but no information about a patient should be given to these contacts without permission of the patient or next of kin.
- Be confident in your own beliefs and draw upon the spiritual resources of your own faith or belief; but only share your views if asked to do so.
- Please be alert to people's feelings, hopes and aims.
- Seek advice and support in responding to your encounters. Have a colleague with whom you can discuss problems in confidence.

We are very grateful to the chaplaincy team of St Helier Hospital for allowing us to use their booklet World Faiths in Hospital as a pattern for this directory. Many of the entries have been changed in places, following advice from members of the faith groups concerned, and we are very grateful for all the help given to us. We plan to update the directory regularly and would be grateful for any comments or suggestions, or any corrections. Information in the Directory may be photocopied, but please acknowledge the source when making use of it.

The customs and practices of the various communities that this directory describes are those most generally found. However within many communities there are variations and customs and practices often develop or change with the passage of time. Therefore this directory is a guide only and although every effort has been made to be accurate it does not purport to be authoritative. If you have any comments please let us have them.

Contact: Dr Hilary Hones, Faith Project Co-ordinator
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Downe, Orpington, Kent, BR6 7HQ
e-mail: hilaryhones@hotmail.com
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Bromley Citizens Advice Bureau

Bromley Health

Bromley Refugee Network

Bromley Ethnic Communities Forum

Bromley Community Bereavement Service

Owen Cole

Bernice Golberg

John Pullig

Xinzhong Yao

The title of this Directory is taken from a 15th century French proverb, "To heal sometimes, to comfort always," quoted by Oliver Wendell Holmes.

REFERENCES


Hayward, J. *Information a prescription against pain*. (Study of Nursing Care, series 2 no. 8) Royal College of Nursing, London. 1975.


Main source of information for this paragraph: Julia Head, Chaplaincy Team, Maudsley Hospital.
THE BAHÁ'Í PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- May need a translator.
- 21st March is their New Year. The patient may wish to be at home to celebrate Nawruz (New Year).
- Special fasting from 2nd to 21st March. Those who are ill are exempt from this requirement.
- Other Holy days: 21st April, 29th April, 2nd May, 23rd May, 29th May, 9th July, 20th October, and 12th November. It would be appreciated if these dates could be avoided when arranging appointments. The day starts at sunset the day before the above.
- There are obligatory daily prayers. Privacy is preferable for these.
- The hands and face are washed before prayer: an ordinary wash basin or bowl can be used. If possible, the patient should stand facing the shrine of Bahá’u’lláh, at Acre in Israel, in a south easterly direction from UK. (Please be ready to indicate this if requested).

DIET

1. No special religious requirements, except that alcohol is not permitted.
2. The patient may wish to fast, therefore food should be available before dawn and after dusk.

CARE OF THE DYING

1. Death is seen as a transition to a further stage of life (like birth).
2. Patients may wish for members from the Spiritual Assembly of Bahá'í to come and pray with them. This may be arranged by the family.
3. Treat the body with great respect
4. Routine Last Offices and the body to be washed and wrapped in plain cotton or silk.
5. A special ring will be placed on the finger of the patient; this is not to be removed.
6. Bahá’í adherents may not be cremated or embalmed, nor may they be buried more than an hour's journey from the place of death. The next of kin will be responsible for these arrangements.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin
2. The Bahá’í regards organ donation as praiseworthy: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

There are no clergy and community affairs are in the hands of Spiritual Assemblies, members of which will visit to comfort and pray.

Secretary of Spiritual Assembly of Bahá’í in Bromley:

Mr Sina Pirjamali
37 Avondale Road
Bromley, Kent, BR1 4HS
(020 8460 7790 (home)

For more information, contact:

Barney Leith
Secretary General Bahá’í Community of the UK
27 Rutland Gate
SW7 1PD
(020 7584 2566)

No information about a patient should be passed to these contacts without the permission of the patient or the next of kin.
THE BUDDHIST PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- There are many different Buddhist traditions, for example: Theravada and Mahayana (Tibetan, Zen, Pure Land, and some other Japanese groups) as well as the Western Buddhist order. Try to ascertain which tradition should be contacted, and find out which country the patient comes from.
- Peace and quiet for meditation and chanting would be appreciated, therefore access to a day room or a single room may be required.
- The offer of the Chapel for visiting Buddhists to pray in with the patient would be appreciated. The use of a side room would be valued.
- The need to wash hands before mediation.
- May wish to sleep on the floor.
- The image of a Buddha would bring comfort as will some flowers and an incense stick. These must be handled with great respect.
- Do not place any books or objects on top of their Spiritual Writings; their scriptures are to be treated with great respect.

DIET

Many are vegetarians because of their respect for all life.

CARE OF THE DYING

1. A side room is essential. The state of mind at death influences the character of rebirth.
2. Full information about their imminent death must be given to the patient to enable them to make their own preparation for the event. An open, honest, and frank manner will be appreciated.
3. The need to approach death in a clear conscious state of mind is important, therefore this may mean the reduction of certain types of medication.
4. Patients should be fully involved and consulted at all stages of their treatment.
5. No special rituals after death but the relatives may appreciate support and comfort.
6. The need to inform a fellow Buddhist is important; the family may do this, if they are unavailable the Chaplain will fulfil this function, or staff may try the contact number themselves.
7. Cremation is preferred. The next of kin will advise.
8. Turning the mind of the patient to happy and buoyant thoughts will put him in the frame of mind required to make his journey to death.

POST-MORTEM AND ORGAN DONATION/TRANSPLANT

1. Unlikely for there to be any objections; however some Far Eastern Buddhists may object.
2. For post-mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

British Buddhist Association (non-sectarian)
11 Biddulph Road, Maida Vale, London W9 1JA
020 7286 5575

Buddhist Society (multi traditional)
58 Eccleston Square, London SW1V 1PH
020 7834 5858

Croydon Buddhist Centre (Western Buddhism)
96-98 High Street, Croydon CR0 1ND
020 8688 8624

Linh â€“ Son Buddhist Assoc in the UK
89 Bromley Road, Catford, London SE6 2UF

Venerable Somarantha
Thames Buddhist Vihara, Dulverton Road, Selsdon, Surrey
020 8657 7120

No information about a patient should be passed to the contact without the permission of the patient or next of kin
We realise that this group is a different category from the others in this Directory, but feel it is valuable to give information about the Chinese culture. This page is under review and we would be grateful for suggestions.

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- There are many different Chinese dialects. Check that your interpreter speaks the same dialect as the patient. All Chinese dialects are written in the same script, but some older people may not be able to read and write, while some younger people may only read and write English.
- Chinese philosophy and way of life are based mainly on Confucianism and influenced by Buddhism and Taoism. Some Chinese are Christian, or from other faith or belief systems than those referred to already. Please refer to the relevant pages in this Directory.
- The main values of the traditional way of life are obligations to family members, respect for elderly people, self-control and self-reliance.
- People may pray to their departed ancestors and many believe in reincarnation, but others do not.
- They may bring a picture or statue of their deity in to hospital, or may wear a pendant showing their deity which they may not wish to remove; these must be treated with respect.
- Traditional Chinese medicine is based on a principle of maintaining a natural balance within the body. The patient may wish to keep well wrapped up when feverish, and may feel they should not bath or shower when they are ill or have just had a baby. They should be asked what they would like to do.
- They may worry about the amount of blood which is taken for tests, as they fear it may harm their health. The reason and results of tests should be explained to them.
- Women as well as men traditionally wear trousers. They may find hospital gowns uncomfortable.
- Please see appendix two for "names".

**Diet**

1. When ill or feverish, they like to avoid cold drinks and meals. Ask whether the patient would like a flask of hot water rather than a jug of cold water by their bed.
2. Patients may prefer a cup of hot water to a cup of tea in the morning.
3. They may regard rice as an essential source of nourishment.
4. Certain foods are regarded as beneficial or harmful, and the food should be balanced according to the principles of yin and yang. Therefore they may wish to have Chinese food if available, or may rely on their families to bring in food.
5. Many will bring their own chopsticks, or they may need a spoon and a bowl. The food will need to be in bite size pieces.

**Care of the Dying**

1. Members of the immediate family will usually come and sit by the dying person.
2. For Christians or Buddhists, please see the relevant pages. Otherwise there are no special rites, but please refer to the family concerning the rites they wish to observe.
3. Some older people may regard death as bringing bad fortune, and may avoid a dying person and their family.
4. Some families may bring a special shroud to wrap the body in.
5. A traditional Chinese priest to conduct the burial may be difficult to find. Please refer to the family.

**Post-mortems and Organ Donation/Transplant**

1. Chinese people find post-mortems distressing, but normal legal procedures must be observed, and these should be explained to the next of kin.
2. For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

**Contact**

Refer to the patient or family for advice.

See Christian or Buddhist pages, if appropriate.
THE CHRISTIAN PATIENT

ANGLICAN/CHURCH OF ENGLAND

Church members are from a variety of cultural backgrounds, which affects their spirituality.

The Anglican communion of churches includes:

- Church in Wales
- Episcopal Church in Scotland
- Church of England
- Episcopal Church in the USA
- Church of Ireland

Churches with ecumenical agreements with the Anglican Church include some Lutheran Churches.

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Patients usually wish to maintain their religious practice whilst receiving medical care; they may wish to pray for healing, receive anointing, read the Scriptures, and to consult with their own minister. They may wish to go to the Chapel or to a prayer room or quiet room, if available.
- Patients may wish to see a Chaplain before an operation for prayers and to receive Holy Communion. Remember that some Anglicans will admit the administration of a **male** priest only.
- Patients may request a Bible (The Gideon New Testament should be available at every bedside locker).
- Baptisms, Confirmations and Holy Communion may take place on the wards or in the hospital. These will be the Chaplain's responsibility. Marriages in hospital need special consent from managers and legal registration; they take place very occasionally; please refer to the Chaplain.
- If a patient is in any kind of spiritual distress, the local Vicar or, in hospital, the Chaplain may be called to offer comfort.

**DIET**

1. Some patients may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some patients may wish to fast before receiving Holy Communion, which may have implications for the serving of meals; fasting is not required of the very sick.

**CARE OF THE DYING**

1. Prayers may be said at the bedside of the dying and sometimes it will be appropriate for the patient to be anointed. The close family must be asked.
2. After death the family may wish to gather around the bed to commend the person to God and to give thanks for their life.
3. Please ask the patient/significant others if they would like to see the Chaplain or wish their local priest to visit, in preparation for the patient's death and to respect the dying person's beliefs.
4. Blessing, Baptism or Commendation of infants who are seriously ill or in danger of death should be offered, with a referral to their own minister and/or to a chaplain.

**VIEWING THE BODY - VISITS TO SEE THOSE WHO HAVE DIED**

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

**POST-MORTEM AND ORGAN DONATION/TRANSPLANT**

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

**CONTACT**

The Chaplains of the NHS Trusts and Parish Priests. Any of the Mental Health Chaplains

Revd. Tim Mercer
Chaplaincy Office
The Princess Royal University Hospital
Farnborough Common
Orpington
Kent BR6 8ND.
THE CHRISTIAN PATIENT

ORTHODOX
and other Autocephalous Churches

Church members are from a variety of cultural backgrounds, which affects their spirituality.

The Orthodox Church includes several branches with their own patriarchs (senior bishops) or Archbishops. Orthodox Churches are numerically strong in Eastern Europe, the Mediterranean and the Middle East. In the United Kingdom communicant members of the church relate to the older, national, ethnic Churches. These include the Russian Orthodox, the Greek Orthodox, the Serbian Orthodox and the Oriental Orthodox Churches, such as the Armenian, Coptic, Ethiopian, Indian and Syrian Orthodox.

- The information below is a general guide only. Always check everything with the patient/client. If in doubt ask them or the contact for advice.
- Patients usually wish to maintain their religious practice, whilst receiving medical care; they may wish to pray for healing, receive anointing, read the scriptures and to contact their own minister. They may wish to go to the chapel or to a prayer room or quiet room, if available.
- Patients may wish to see a Chaplain before an operation for prayers and to receive Holy Communion. Their own priest should be contacted if possible; otherwise refer to the Chaplain.
- Patients may request a Bible. (The Gideon New Testament should be available at every bedside locker).
- Baptism, Chrismation and Holy Communion may take place on the Wards or in the Hospital Chapel. These will be the Chaplain's responsibility, with ministry arranged with the local Orthodox priest. Marriages in hospital need special consent from managers and legal registration and take place very occasionally; please refer to the Chaplain.
- If a patient is in any kind of spiritual distress, the Chaplain or an appropriate local minister may be called to offer comfort.
- The dates for Orthodox Christmas and Easter differ from the dates of the other main Christian traditions.

DIET

1. Some patients may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available
2. Some patients may wish to fast before receiving Holy Communion, which may have implications for serving meals. If patients are too ill to fast, this spiritual discipline is not required.

CARE OF THE DYING

1. In addition to the normal visits by the Chaplain, The Sacrament of the Sick with anointing is important. (This may also be required before an operation).
2. Inform the priest long before the point of death so that he may build up a relationship with the patient and the family at this stage of the patient's life.
3. The Orthodox priest should be contacted to care for a dying patient or one who has just died and he will normally be of assistance in consoling the relatives.
4. Baptism and Chrismation of infants in danger of death should take place.
VIEWING THE BODY - VISITS TO SEE THOSE WHO HAVE DIED

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

POST-MORTEM AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

EMERGENCY CONTACTS

For Holy Communion only contact:

Fr. Neophytos
106 Dalmeny Avenue SW16 4RD
020 8764 9997 Mobile: 07787 513945

For anointing or any blessing:

Revd D. Economou
5a Sunningvale Avenue, Biggin Hill, Kent TN16 3BU
01959 572787

No information about a patient should be given to the contacts without the permission of the patient or next of kin.

THE CHRISTIAN PATIENT

ROMAN CATHOLIC

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Patients usually wish to maintain their religious practice, whilst receiving medical care; they may wish to pray for healing, receive anointing, read the Scriptures, make use of a Rosary and to contact their own minister. They may wish to go to the chapel or to a prayer room or quiet room, if available.
- Patients may wish to see a Chaplain before an operation for prayers and to receive Holy Communion.
- They may request a Bible (The Gideon New Testament should be available at every bedside locker).
- Baptisms, Confirmations and Holy Communion may take place on the Wards or in the Hospital Chapel. These will be the Chaplain’s responsibility. Marriages in hospital need special consent from managers and legal registration and take place very occasionally; please refer to the Chaplain.
- If a patient is in any kind of spiritual distress, the Chaplain or an appropriate local minister may be called to offer comfort.

DIET

1. Some patients may wish to observe Friday as a no meat day, therefore a fish or vegetarian alternative must be made available.
2. Some patients may wish to fast before receiving Holy Communion, which may have implications for the serving of meals. No period of fasting is required for the sick, and their carers are encouraged to receive Holy Communion, even when they are unable to fast in preparation. (See Canon 919.3).

CARE OF THE DYING

1. In addition to the normal visits by the Chaplain, The Sacrament of the Sick with anointing is of particular importance. This may also be required before an operation.
2. Inform the priest long before the point of death so that he may build up a relationship with the patient and the family at this stage of the patient’s life.
3. The Catholic Priest should be contacted to care for a dying patient or for one who has just died and he will normally be of assistance in consoling the relatives.
4. Baptism of infants in danger of death should take place and children, who have been baptised, should be confirmed, if they are in danger of death.

VIEWING THE BODY - VISITS TO SEE THOSE WHO HAVE DIED

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.
POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Orpington:

Canon John Watts
Holy Innocents' Presbytery, Stricklands Way, Orpington, Kent BR6 9UE
01689 817537

Famborough:

Fr. Niall Thornton
St Michael and All Angels, Locksbottom, Orpington, Kent
01689 851776

Bromley:

Fr. Bob Mercer
St Swithun, 11 Fashoda Road, Bromley, Kent
020 8460 5764

Beckenham:

Canon Jack Madden
St Edmund's Presbytery, 20 Village Way, Beckenham, Kent BR3 3NP
020 8650 0970

The Rt. Rev. Howard George Tripp
8 Arterberry Road, London SW20 8AJ
020 8946 4609

Fr. David Hutton
Our Lady of the Rosary, The Priest's House, West Common Road, Hayes, Bromley, Kent BR2 7BX
020 8462 6745

Fr. Gerry Flood
St Theresa of the Infant Jesus, The Presbytery, 1 Haig Road, Biggin Hill, Kent TN16 3LJ
01959 571404

No information about a patient should be passed to the contacts without the permission of the patient or next of kin.

THE CHRISTIAN PATIENT

FREE CHURCH

Church members are from a variety of cultural backgrounds, which affects their spirituality.

The Free Churches are:-

In the Free Church Federal Council

The Assemblies of God
(A Pentecostal Church)
The Baptist Union of Great Britain and
The Baptist Union of Wales
The Council of African
& Afro-Caribbean Churches UK
The Fellowship of Churches of Christ
The Independent Methodist Churches
The Moravian Church
The Old Baptist Union
The Salvation Army
The United Reformed Church
in the UK

And also there are

Independent Churches and Missions The Church of
the Nazarene
The Church of Scotland
The Christadelphians

The Brethren, including The Plymouth
Brethren: see separate entry
The Church of God
The Society of Friends-Quaker: see
separate entry

Patients may use the terms 'Chapel' or 'Nonconformist' to
The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Free Church patients will welcome prayers and Bible reading; depending upon their tradition they may expect a sacramental ministry, and request holy communion or other sacraments.
- The Free Church Chaplain oversees spiritual care for Free Church patients, ministry may be given by the patient's own church minister or one of the chaplaincy team.
- They may request a Bible (The Gideon New Testament should be available at every bedside locker), or wish to attend services in the Chapel; the times of these should be indicated on every Ward.
- Baptisms, Confirmations and Holy Communion may take place on the wards or in the hospital chapel. These will be the Chaplain's responsibility. Marriages need special consent from managers and legal registration; they take place very occasionally.
- If a patient is in any kind of spiritual distress, the local minister or, in hospital, the Chaplain may be called to offer comfort.

**DIET**

Some patients may wish to fast as a spiritual discipline and some may wish to fast before receiving Holy Communion, which may have implications for the serving of meals.

**CARE OF THE DYING**

- Depending upon their tradition an appropriate ministry may be expected. Ask the patient/significant others if this is required.
- Blessing, Baptism or Commendation for infants, who are seriously ill or in danger of death should be offered; many Free Church members will choose prayers of blessing and commendation; some of them follow their tradition of thanksgiving or dedication of infants and adult baptism.

**VIEWING THE BODY - VISITS TO SEE THOSE WHO HAVE DIED**

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

**POST-MORTEM AND ORGAN DONATION/TRANSPLANT**

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

**CONTACT**

Revd. Wilfred Stanbury  
10 Cherry Orchard Road, Bromley Common, Kent BR2 8NE  
020 8462 2173  
(Baptist Minister and Free Church Chaplain, Bromley Hospitals NHS Trust)

Revd. Christine Pocock  
Health Care Chaplaincy Board of the Free Church Federal Council  
c/o Hospital Chaplaincies Council  
Church House, Great Smith Street, London SW1P 3NZ

For other contacts see *Religions in the UK*, A Multi-Faith Directory, available in Chaplain's office.

No information about a patient should be passed to these contacts without the permission of the patient or next of kin.
THE CHRISTIAN SCIENTIST PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- If the patient is voluntarily in hospital, they are likely to accept conventional but minimal medical treatment. They will also ask for drug therapy to be kept to the minimum.
- If involuntary, i.e. after an accident, they may wish to be completely free of medical treatment. Therefore there will be a need to contact the Christian Science practitioner. Refer to the relatives for the address and record it in the notes, or seek advice from the contact below.
- No specific objections to blood transfusions, but would prefer to rely on prayer. Therefore they would not usually wish to participate as donor or a recipient.
- Privacy will be needed for prayer and Bible reading. This should be made available by closing the curtains, or use of a quiet room if available.
- Children will fall under the Children Act 1989. If doctors are considering a Court Order to impose medical treatment, the parents should be informed as early as possible so that they can be represented at Court.

DIET

No alcohol or tobacco

CARE OF THE DYING

1. There are no particular last rites specified by the Faith, but the relatives may request support.
2. Female body to be handled by female staff.
3. Cremation is usually chosen in preference to burial, but it is entirely a matter of family choice.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Post mortems should be avoided, unless required by law.
2. For post mortems, normal legal procedures must be observed, and these should be explained to the next of kin.
3. Would not normally wish to donate or receive an organ.

CONTACT

No information about a patient should be passed to the contact without the permission of the patient or NOK. For guidance in care of a patient, contact:

Director of Nursing or Administrator
Chariton Manor, Gorse Hill,Farningham, Kent DA4 0JT
01322 863116

OR

Mrs Diana Manville
Assistant Committee on publication
First Church of Christ, Scientist, 54b Widmore Road,Bromley, Kent BR1 3BD;
0208 460 2410
GYPSIES AND TRAVELLERS: CULTURE AND RELIGIOUS AFFILIATIONS

We realise that this group is a different category from the others in this Directory, but feel it is valuable to give information about the Gypsy and Traveler culture.

The information below is a general guide only. Always check very thing with the patient/client. If in doubt, ask them, or the contact, for advice.

- The languages spoken are the language of the host country as well as the local Romany dialect. Irish Travellers speak a language called Shelta. There should be no language difficulties deriving from their Roma culture; if they are from abroad, interpreters speaking the language of the country of origin will suffice.
- The religion followed also depends on the country of origin. Please see entries under relevant religions. There are a number of churches 'adopted' by Gypsies and Travellers: Irish Gypsies will tend to be Roman Catholics, English will use the local Church of England for burials, and there are evangelical Gypsy churches (see Free Church page). Some Gypsies may feel unwelcome in some churches or places of worship.
- The extended family is important. Gypsies and Travellers are very unlikely to go into residential homes for the elderly.
- In hospital, large numbers of visitors are likely and they may be uninhibited in showing emotion such as grief. It is important to understand this, and to ask for support from the chaplaincy when appropriate.
- The culture is oral, so written communications should be explained fully and requests should be noted and agreed.
- There are sensitivities about gender roles, so it may be difficult to accept treatment by the opposite sex.
- Access to health services is difficult for Travellers. The long history of friction between the sedentary community and Travellers leaves a legacy of mistrust and suspicion.
- The naming system is important. The surname describes the clan, and family names are often similar. First names also tend to run in families and extended families, so it is important to check (eg: by date of birth) and avoid confusion.
- English Gypsies and Travellers are recognised under law as an ethnic minority and their culture should be respected.

DIET

Dietary considerations vary according to the religion followed.

CARE OF THE DYING

1. Death may not be talked about by some Travellers, but evokes the need to express grief and to organise appropriate rituals.
2. As above, there will be many visitors, and they may be uninhibited about expressing grief. It is appropriate to have several staff available and to make appointments carefully.
3. If the patient is Christian (Roman Catholic, Church of England, Free Church or Orthodox) a priest or minister must be called to commend the patient to God and console the bereaved. See appropriate page for contacts.
4. For members of other religions, please see relevant pages in this directory.
5. There are often specific and elaborate funeral rites. A fire has to burn between death and the funeral, and this fire is attended by family members.
6. When on the road, the deceased person's possessions had to be burned, but this practice is not often followed now.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Gypsies and travellers will be reluctant to allow post-mortem, but normal legal procedures must be observed, and these should be explained to the next of kin.
2. For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Bromley Gypsy Traveller Project
15 High Street, St Mary Cray BR5 3NL
01689 839052

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE HINDU PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Female patients prefer female doctors and consideration should be given to their modesty. Ask the pregnant woman if there are any special birth rites to be observed.
- Running water or a jug of water in the same room as the toilet is required; if a bedpan is used a bowl of water must be offered afterwards. Ablutions are important.
- Avoid using the left hand unnecessarily with patients. This hand is regarded as unclean.
- Offer a volume of the Bhagavad Gita, which can be obtained from the faith community or refer to the Chaplain.
- The patient may require to lie on the floor (close to Mother Earth)
- The family may wish to stay with the patient all the time.

DIET

1. Many are vegetarians but some do not eat eggs, therefore explanation of the content of unfamiliar food would be welcomed. Beef should never be served.
2. There is a dislike for plates which have been used for non-vegetarian food. A coloured plate system would be appreciated, or disposable plates.
3. There will be the need to rinse the mouth after eating.

CARE OF THE DYING (LAST RITES PUJA)

If death is imminent, Hindu patients wherever possible would like to die at home. Death in hospital can be distressing for the relatives.

1. Before death there will be a desire to distribute food and one’s own articles of use to the needy, religious persons and the Temple. These gifts will be brought by the relatives for the patient to touch, before giving away.
2. A Hindu would like to have the leaves of the sacred Tulsi plant and Ganges water placed in his/her mouth by relatives before death. Therefore warn the relatives if death is imminent.
3. After death the wishes of the dead are honoured.
4. Consult the family if they wish to perform the Last Rites in the hospital. The body has to be bathed in water mixed with water from the River Ganges. Normally this is done at home by the family.
5. Do not remove sacred signs like threads or jewellery from the dead body.
6. Consult the wishes of the family before touching the body. The use of gloves would be appreciated.
7. Viewing of the body:
   a) Remove all religious symbols
   b) Place Â«OMâ€, if available, on the altar or shelf.
   c) Allow the head of the patient to be close to the Â«OMâ€.
8. A Hindu is cremated. It is preferred that no longer than 24 hours lapses before the funeral.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

- Post mortems are not liked, but if required by law, all organs and remains must be returned before the funeral. Normal legal procedures must be observed, and these should be explained to the next of kin.
- There is no religious objection to transplants. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Dr S Shastry
Bharatiya Vidya Bhavan, 4a Castletown Road, West Kensington, London W14 9HQ
020 7381 3086/ 020 7381 4608

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE HUMANIST PATIENT

- The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.
- Humanists believe strongly in the individual's right to freedom of choice in the main decisions of life and death, and this will, therefore, have a bearing on discussions about a patient's prognosis.
- All people are equal regardless of sex, culture, age, race or sexuality and must endeavour to find solutions for problems within themselves
- They do not believe in any god or life after death

DIET

No special needs but a higher proportion are vegetarian/vegan than in the population as a whole.

CARE OF THE DYING

1. No praying please
2. Remove or cover religious signs if body is to be viewed
3. When dealing with a funeral director after the patient has died, he should be informed that a non-religious service will be required. There are trained Humanist officiants for funerals (see contacts below)

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No objection on Humanist grounds.
2. For post mortems normal legal procedures must be observed, and these should be explained to the next of kin.
3. For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Denis Cobell
0208 690 7917

For hospital visits, by appointment. Baby naming, weddings or funerals may be requested by the patient or next of kin. Weddings in hospital must be referred to the Trust Management.

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE JAIN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Female patients will usually prefer a female doctor and nurse and considerations should be given to their modesty and this desire.
- The Jain patient may wish to say prayers with their Brahman.

DIET

1. All Jains are vegetarians.
2. Some Jains may refuse potatoes, garlic and onions with their meal; so it is important to ask the patient what is acceptable food for them.
3. Many Jains prefer not to eat after sunset.

CARE OF THE DYING

1. The family may provide a plain white gown or shroud for the dead patient.
2. The family may wish to be present during the last offices and also to assist in their administration, and should, therefore, be asked if they wish to do so.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Post-mortem is usually seen as disrespectful to the body, but this will depend on the orthodoxy of the patient. If required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Jains may be willing to both give and receive organs. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Dr Vinod Kapashi
11 Lindsay Drive, Kenton, Middlesex HA3 0TA
020 8204 2871

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE JEHOVAH'S WITNESS PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

**Strongly held belief that taking blood into one's body is morally wrong.**

- Jehovah's Witnesses accept all "standard" medical treatment with the exception of blood and its primary components (red cells, white cells, plasma and platelets). Each witness will decide whether he/she can accept the use of minor blood fractions (albumen, immune globulins or clotting factors) which are not absolutely prohibited. Recycling of the patient's own blood is favoured if the appropriate apparatus is available.
- An Advance Medical Directive/Release is carried by all Jehovah's Witnesses. This directs that no blood transfusions be given under any circumstances, while releasing medical practitioners/hospitals from responsibility for any damages that might be caused by their refusal of blood.
- When entering hospital, consent/release forms should be signed that state matters similarly and deal more specifically with the treatment needed.
- Children will fall under the Children Act 1989. If doctors are considering a Court Order to impose medical treatment, the parents should be informed as early as possible so that they can be represented at any Court hearing.

**DIET**

The patient will reject food containing blood, eg: black pudding

**CARE OF THE DYING**

1. No special rituals
2. Those who are very ill appreciate a pastoral visit from one of their Elders. Friends or family may assist.

**POST-MORTEM AND ORGAN DONATION/TRANSPLANT**

1. Preferably no post mortems, but if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Organ donation and transplantation may be acceptable. The wishes of the patient and next of kin should be ascertained, and their wishes observed.

**CONTACT**

Oscar Hasdell  
c/o Hospital Liaison Committee, 36 Shaxton Crescent, Croydon  
CR0 0NU  
01689 841425

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE JEWISH PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Sabbaths and festivals are important. The Sabbath begins at sunset on Friday and will last until sunset on Saturday. Kosher meals are available on request.
- The lighting of two candles, a small glass of wine and some special bread will be needed to welcome the Sabbath. Friends will usually provide the necessities.
- Patients should be consulted about what they can do during the Sabbath. The simple acts of turning lights and television sets on and off for them would be greatly appreciated.
- Special care must be taken with Ultra Orthodox Jews.
- It is immodest for men to touch women other than their wives, therefore thought needs to be given about what contact is necessary between nurse and patient.
- Women may wish to cover hair with a wig or scarf and wish limbs to be kept covered at all times. This must be respected. Also, men may like to cover their heads during their stay.

DIET

Kosher meals are available on request, if required.

CARE OF THE DYING

1. Dying patients should not be left alone; relatives therefore may wish to stay.
2. Opportunity for saying a Prayer of Confession and to receive Affirmation of Faith â€“ this can be said by relatives.
3. The patient’s own Rabbi or minister could be called first; if unavailable, call the contact Rabbi available via Hospital switchboard.

Once death is established

1. The nearest relatives may wish to close the eyes. The arms should be extended by the side, hands open, mouth closed. The body is to be touched as little as possible.
2. If death happens during the Sabbath, the body should be left: seek advice from relatives.
3. Jewellery should be removed in presence of witnesses and a list made.
4. The body should be wrapped in a plain white sheet.
5. Relatives may wish to keep vigil over the body.
6. When viewing the body remove religious symbols, candlesticks etc.
7. Burial should take place within 24 hours if possible. Contact the Registrar of Births, Deaths and Marriages concerning special arrangements.

POST-MORTEM AND ORGAN DONATION/TRANSPLANT

1. The body is traditionally regarded as sacred and should not be damaged in any way. Orthodox Jews do not permit post mortems unless required by law. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. Orthodox Jews do not permit organ donation. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Rabbi Sylvia Rothschild
Bromley District Reform Synagogue, 29 Highland Road, Bromley
Kent
020 8460 5460

Catford & Bromley United Synagogue
6 Crantock Road, London SE6 2QS
020 7698 3025

The United Synagogue
8/10 Forty Avenue, Wembley, Middx HA9 8JW
020 8385 1855 for Senior Hospital Chaplain, Bereavement Support and other enquiries.

Burial Society of the United Synagogue
020 8385 1855 for advice and for funeral arrangements, where there is no relative or suitable person to make funeral arrangements.

No information about a patient should be passed to these contacts without the permission of the patient or next of kin.
THE MORMON PATIENT

Properly known as
The Church of Jesus Christ of Latter-Day Saints

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Those Mormons who have undergone a special Temple Ceremony wear a sacred under-garment. This private item will normally be worn at all times. It may be removed for laundering or surgical operations but must be considered as private and treated with respect.
- No religious objections to blood transfusion.

DIET

1. Mormons are very health conscious.
2. They eat meat very sparingly.
3. They are concerned about stimulants, therefore do not drink tea or coffee.
4. The availability of milk and fruit juices would be appreciated.
5. Alcohol and tobacco are forbidden.

CARE OF THE DYING

1. No ritual acts for the dying.
2. Contact with other members of the church is important.
3. The local church will supply a Bishop who will give blessings and minister to the sick. Ask the relatives for advice, or see the contact number below. If necessary seek advice from the Chaplain.
4. Home teachers will visit and support church members in hospital.
5. At death, if the sacred garment is worn it must be replaced on the body after the toilet is complete.
6. Burial is preferred.
7. The Bishop will offer solace and help with funeral arrangements.
8. The Relief Society, a women's organisation, will help with the practicalities of a funeral.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

David Eaton
85 Campbell Road, Caterham, Surrey CR3 5JQ
01883 380162 (Home)
01689 873636 (Work)

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE MUSLIM PATIENT

The information below is a general guide only. Always check everything with
the patient/client. If in doubt, ask them, or the contact, for advice.

- Great importance is attached to cleanliness. Therefore, before every
  act of prayer the patient will want to wash. Water poured from a jug
  will be appreciated.
- Times of prayer are dawn, noon, mid afternoon and just after sunset
  and before retiring for sleep. The patient will need to stand on clean
  ground or a prayer mat facing Mecca (south-east in Britain).
- Privacy will be appreciated but not essential.
- An offer of the copy of the Qu’ran will be appreciated. This must be
  handled with the greatest respect, no object or book being placed
  upon it. This can be supplied by the patient’s family, the local
  Mosque or by the Chaplain’s office.
- Both male and female Muslims are very modest in their dress and
  outlook. A female may request that her husband or a female
  companion be present during a medical examination.

DIET

1. During the time of Ramadan it is incumbent that all Muslims fast, but
   ill patients are exempt from this. Food should be made available for
   any patient before dawn and after sunset.
2. Both pork and alcohol are forbidden all year round.
3. The taking of medication during a fast may cause difficulties to the
   patient, no undue pressure should be applied. The local Mosque
   could be helpful in this situation.

CARE OF THE DYING

1. The patient may wish to sit or lie facing Mecca.
2. Family or friends may wish to quietly read the Koran.
3. At death wrap the body in one or two plain white sheets.
4. Place the foot of the bed facing Mecca or turn the patient onto their
   right side in order that the deceased’s face looks towards the Holy
   City.
5. Do not wash the body or cut nails or hair.

VIEWING THE BODY

1. Remove all religious symbols
2. If possible the foot of the trolley should be in a position that the face
   of the deceased is towards Mecca. (South-east in Britain)
3. A Muslim Undertaker will be contacted by the family.
4. The washing of the body, and prayers at the Mosque will be arranged
   by the family.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Muslims prefer no post-mortem, but if it is required by law, normal
   legal procedures must be observed, and these should be explained
   to the next of kin.
2. For organ donation, the wishes of the patient and next of kin should
   be ascertained, and consent obtained.

CONTACT

Bromley Muslim Council
11 High Street, Penge, London SE20 7HJ
020 8659 0640

Islamic Cultural Centre
The London Central Mosque Trust Ltd, The Islamic Centre,
146 Park Road, London NW8 7RG
020 7724 3363/7

Taslim Funerals
East London Mosque
020 7247 2625

No information about a patient should be passed to these contacts without
the permission of the patient or next of kin.
THE PAGAN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- A Pagan would be very upset if the hospital admission form stated that he or she has no religion or the nurse put down C of E or N/A.
- Most Pagans will not have any unusual needs, but during one of their festivals they may ask for privacy during visiting hours to allow them to worship with friends.
- Because of the diverse traditions within Paganism individual patients should be asked how their needs can be satisfied in hospital.
- It is worth bearing in mind that their families may not be aware of their beliefs and that most Pagans are still wary of making their beliefs known, therefore this information must be treated with the utmost respect.
- Pagans may wish to have a small white candle or a small figure of the Goddess on their locker.

DIET

1. Vegetarian.
2. Vegan.
3. Raw food diets (liaise with Catering Department if this is required).

CARE OF THE DYING

1. Pagans will want to know if they are dying to give them time to prepare positively for death.
2. It is important that Pagans have the name and telephone number of their Spiritual Adviser to attend them in the same way as clergy.
3. Most Pagans prefer to die at home.
4. Pagans will not welcome prayers at the bedside, but at the point of death would appreciate the comforting presence of a nurse or another person. Ideally this would be provided by another Pagan.
5. Cremation or burial are equally acceptable. A Pagan will want his or her own Spiritual Adviser to conduct the funeral.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Refer to the patient or family for advice.
PATIENTS WHO HAVE NO RELIGIOUS ALLEGIANCE

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

Patients may use the terms 'atheist', 'agnostic', or 'none' when asked to state their religion; or they may be Humanists please see relevant page.

- The patient's integrity should be respected and an opportunity provided for patients to describe what they think and how they feel.
- Patients may appreciate a visit to a quiet room as a change from the ward.
- Patients may wish to see an appropriate member of staff in order to consider their illness. Some will have deeply held convictions that there is no place for religion in their lives, and their opinions must be respected. Others may welcome the chance to discuss their experiences. A positive attitude towards coping with illness has been shown to aid recovery. (see introduction).

DIET

Please enquire concerning any special dietary requirements.

CARE OF THE DYING

1. As with all patients, ensure that the relatives and friends are supported and offered consolation, in accordance with their own beliefs.
2. Do not offer prayers unless requested.
3. As with all patients, at the point of death the patient may appreciate the comforting presence of a member of staff if no relative is present.
4. Consult with the next of kin concerning the funeral arrangements; a non-religious funeral or memorial event may be preferred.
5. Remove or cover religious symbols if body is to be viewed.

POST-MORTEMES AND ORGAN DONATION/TRANSPLANT

1. Normal legal procedures must be observed, and these should be explained to the next of kin.
2. The wishes of the patient and next of kin about organ donation should be ascertained, and consent obtained.

CONTACT

The adviser, relative or friend designated by the patient should be contacted if necessary. Please refer to the patient's notes.

If advice about a non-religious funeral or memorial event is required, it can be obtained from the undertaker or from Denis Cobell, (020 8690 7917.

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE PLYMOUTH BRETHREN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Some Brethren eat and drink only with those whom they break bread with. Therefore, it would be a kindness to ask if the patient may like to have the curtains drawn whilst eating meals.
- Women do not cut their hair and keep it covered when in public, this usually means outside, but some may regard an open ward as a public place and therefore keep this custom.
- Men keep their hair short and are clean shaven.
- Brethren may have had and may have little contact with the media such as television or radios.

DIET

There are no special considerations.

CARE OF THE DYING

1. The next of kin must be informed to facilitate their visiting.
2. Brethren will usually try and keep a 24 hour vigil when the patient is near to death.
3. After death the family will often like to have complete control over what happens to the body and would like to attend to washing and the last offices themselves. This should be remembered by nursing staff so that the family may be given this option.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. There should be no unnecessary interference with the body, but if a post-mortem is required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. The Brethren are unlikely to give permission for the donation of organs. Brethren are against heart transplants, as the heart is perceived as the seat of the affections. Kidney transplants may be acceptable. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Refer to the family for the support of the local Brethren group.
THE RASTAFARIAN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Rastafarians may have an antipathy to Western medicines and be reluctant to take treatment which they fear will contaminate the body by drugs, preferring alternative therapies such as herbalism, homeopathy, or acupuncture. They may be reluctant to answer questions.
- For some a legal marriage is unnecessary and thus extended families may be complex.
- They are easily identified by their distinctive headstyle dreadlocks. Their hairstyle is a symbol of faith and a sign of black pride. Orthodox members may not let their hair be cut.
- Rastafarians may be unwilling to wear hospital garments which have been worn by others. Therefore disposable theatre gowns may be preferred.
- Visiting the sick is important and their visitors often arrive in large groups. Therefore they can sometimes feel unwelcome in the hospital environment where there are restrictions on the number of visitors.
- The fear of contamination of the body would influence the attitude to transfusion, therefore assurance would be needed that no disease would be transmitted.

DIET

1. All forms of pig meat are forbidden. Only natural food is eaten, canned or chemical food never.
2. Some follow a vegetarian diet.
3. Certain fish are regarded as unwholesome: herring and sardines among others are not acceptable.

CARE OF THE DYING

1. Rastafarians have a deep love of God and believe that where people are, God is present, therefore the family may pray around the bedside of the dying member.
2. There are no rites or rituals before and after death.
3. Burial is preferred but cremation is not forbidden.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Post-mortems will be intensely disliked by most Rastafarians. However, if required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Permission for organ donation is unlikely. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Refer to the family for advice.
THE RELIGIOUS SOCIETY OF FRIENDS (QUAKERS)

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- A Friend will normally be well supported by the local Meeting.
- No objections to blood transfusion on religious grounds.

DIET

No special considerations.

CARE OF THE DYING

A Friend may often want The Clerk of the Meeting to know that he/she may be dying if they require spiritual support. Privacy would be appreciated for this if possible.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Contact the patient's own Meeting for Worship,

or:

George Watson
12 Hayes Street, Hayes,Bromley,Kent, BR2 7LE

No information about a patient should be passed to a contact without the permission of the patient or next of kin.

THE SEVENTH-DAY ADVENTIST PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- A non-conformist Christian church
- Saturday is observed as the Sabbath rest, which is from Friday sunset until Saturday sunset
- Privacy is needed for quiet meditation during the Sabbath hours.

DIET

1. Most will be vegetarian.
2. All will avoid pork and shellfish.
3. Most avoid caffeinated tea and coffee, and alcohol.

CARE OF THE DYING

1. Contact the Seventh-day Adventist minister as soon as possible and give time and privacy for pastoral care.
2. Routine Christian 'last offices' are appropriate.

POST MORTEMS AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Richard J B Willis
Health Ministries Director
British Union Conference of Seventh-day Adventists, Herts
WD25 9JZ

01923 672251/01923 893212

Local ministers change. The above office can give contact details of current ministers as required.

No information about a patient should be passed to a contact without the permission of the patient or next of kin.
THE SIKH PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- Female doctors and nurses for female patients whenever possible, or if not, there should be a female chaperone present
- Do not ask a Sikh to remove their KARA (steel bracelet or ring worn on the right wrist), unless vital for x-ray or surgery to be performed on right wrist or arm. Otherwise secure with tape. MRI Scan may not be performed unless patient agrees to remove their KARA.
- Many do not speak English so please provide an interpreter if possible, or make sure the patient understands instructions.
- Sikhs do not find a Christian chapel acceptable for their prayers. A prayer room should be provided, preferably with a wash basin. Prayers are said three times a day.
- Sikhs prefer flowing water to wash in before meals, after toilet or after the use of a bedpan.
- If for any reason the patient's KACCHA (special shorts or underwear) are removed, they should be replaced by another pair. Consult the patient for method of removal and replacement.
- Sikh women find hospital gowns immodest and would be more comfortable in their own clothes.
- Visiting the sick is felt to be a binding duty, so many will travel far and may arrive after hours, but should be accommodated if possible.

DIET

1. The Sikh religion does not require vegetarianism; some are vegetarian by choice. Please ask to be certain.
2. Some may not accept fish or eggs, so please consult the patient.

CARE OF THE DYING

1. The family may wish to say or sing prayers.
2. Taped hymns or prayers may be placed beside the patient. A separate room if possible would be appreciated.
3. The Sikh's 5 Ks are never removed when viewing the body; these are personal objects sacred to the Sikhs.
   - Kesh - Do not cut hair, beard or remove turban.
   - Kanga - Comb (semi-circular comb which fixes the uncut hair in a bun)
   - Kara - Bracelet
   - Kirpan - Sword (usually a miniature sword which is worn)
4. Sikhs are always cremated, usually within 24 hours of death.

POST MORTEM AND ORGAN DONATION/TRANSPLANT

1. Post-mortem may be resisted on cultural grounds, but if essential relatives should be reassured that the 5 Ks will be treated with respect and replaced. If required by law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. No objection to organ donation on religious grounds. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

The Community Gurdwara (local spiritual centre) must be contacted if there are no relatives.

Otherwise, contact Dr S Singh, chairman and consultant of the association, or Mrs R Kaur, Sikh religious minister and advisor.

Sikh Education and Religious Association UK
Satnam Kutia, 18 Farmcroft, Gravesend, Kent DA11 7LT
01474 332356

Second contact:

Mr Tarsem Singh Mahil
5 Cambrian Grove
Gravesend Kent
01474 351981 Mobile: 07980 744123

No information about a patient should be passed to the contact without the permission of the patient or next of kin.
THE SPIRITUALIST PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

- May request a Healer or "absent healing" for treatment alongside medical treatment. This will involve the laying on of hands, an act which can be performed quietly and with discretion, or prayer.
- They have no fixed creed, but generally accept the "Seven Principles" of Spiritualism as a basis for their religion and philosophy, which assert the continuous existence of the human soul and eternal progress for all, regardless of race, creed or colour.

DIET

No special dietary requirements

CARE OF THE DYING

1. Acceptance and a peaceful attitude could be important, since the state of mind is believed to have some influence on transition to the spirit realms.
2. They believe that friends and loved ones who passed into spirit before them will meet and welcome them.

POST-MORTEM AND ORGAN DONATION/TRANSPLANT

1. No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Mrs Helene Pitt
West Wickham Spiritualist Church, Surrey Road, West Wickham
020 8777 9375

Revd Alan Bowley
Orpington Spiritualist Church, C/o 7 Station Road, Orpington
01689 872941

Revd Colin Baker
United Spiritualists, Eltham SE9
020 8850 3238

No information about a patient should be passed to the contacts without the permission of the patient or next of kin.
THE UNITARIAN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt ask them, or the contact, for advice.

- Unitarians offer special services to celebrate birth and naming, marriage or partnership, or a life that has ended. These are arranged as far as possible to meet the needs of those most closely involved.
- Unitarian ministers are free and yet also have a responsibility to try to meet the spiritual needs of people whether or not they belong to Unitarian congregations.

DIET

No special requirements, but please ask individual patient.

CARE OF THE DYING

1. Prayers may be said at the bedside of the dying.
2. Whether at crematorium, place of worship, home or graveside, Unitarian ministers are concerned primarily with the needs and wishes of the bereaved, and seek to reflect the life and beliefs of the dead person in a personal way.

POST-MORTEMS AND ORGAN TRANSPLANT

1. No religious objections to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.
2. No religious objection to organ donation: the wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Matthew Smith, Information Officer, The General Assembly of Unitarian and Free Christian Churches, Essex Hall, 1-6 Essex Street London WC2R 3HY
020 7240 2384

Lewisham Unitarian Congregation
The Meeting House, 41 Bromley Road, Catford, London SE6 4XW
020 8690 7104

Croydon Unitarian and Free Christian Church
No. 1 The Croydon Flyover, Croydon, Surrey CR0 1ER
020 8667 1681

No information about a patient should be passed to these contacts without the permission of the patient or next of kin.
THE ZOROASTRIAN PATIENT

The information below is a general guide only. Always check everything with the patient/client. If in doubt, ask them, or the contact, for advice.

Children are initiated into the faith between the age of 7 and 15 years old. On the initiation day the sacred sadra shirt and kusti (girdle) are put on for the first time. These garments are worn at all times and are to be treated with the greatest respect.

An interpreter may be required.

The Zoroastrian has a very high standard of hygiene and running water would be preferred for washing. A bowl of freshly drawn water is an acceptable alternative.

Daily prayers are fundamental. The sacred girdle is tied and untied during the kusti prayers, and very sick patients may need help to do this.

Zoroastrian faith does not prohibit accepting blood transfusion or donating blood on religious grounds

DIET

No general restrictions but may prefer a vegetarian diet in hospital. Some may not eat pork or meat.

CARE OF THE DYING

1. It is important that the body is bathed before being dressed in white clothing.
2. Most families provide a special sadra which is to be worn next to the skin under the shroud with the sacred kusti.
3. The family may wish the head to be covered by a cap or scarf.
4. Delays to a funeral will cause distress and any reason for it must be carefully explained to the family.
5. The family may wish to prepare the body for the funeral, but in most cases a Funeral Director will be instructed.
6. Cremation and burial are both accepted. The next of kin will advise.
7. If a Zoroastrian patient has no immediate relatives or friends a fellow Zoroastrian should be contacted if possible.

POST-MORTEMS AND ORGAN DONATION/TRANSPLANT

1. Post-mortem examination forbidden by religious law. However, if required by English law, normal legal procedures must be observed, and these should be explained to the next of kin.
2. Orthodox Zoroastrians consider the pollution of the body is against the will of God. They are against transplants for this reason and are probably unwilling to donate or to receive. However the less orthodox may agree. The wishes of the patient and next of kin should be ascertained, and consent obtained.

CONTACT

Mr Behram Kapadia, 217 Pickhurst Rise, West Wickham, Kent, BR4 0AQ.

No information about a patient should be passed to the contact without the permission of the patient or next of kin.

Appendix One

NOTE ABOUT CORONER, POST MORTEMS AND ORGAN DONATION

Arrangements for post-mortem examinations involve the Coroner. The Coroners are lawyers, some of whom are medically trained; they are responsible for investigating deaths, when this is required by law. For information about a death which has been reported to the Coroner, contact the Coroner's Officer. 020 8249 6025/6. The Coroner may arrange for a post-mortem examination of the body.

Arrangements for organ donation are made via the Regional Transplant Coordinator, at East Dulwich Hospital. 020 8299 4648
SOME USEFUL PUBLICATIONS


Internet Sites


Appendix Three:

Names

The British system of names is only one of many, but it is one that people in the Health Service use automatically and on which all Health Service records are based. However, in some other systems of names there is no surname, that is, no last name shared by the whole family, and a person's first name is not always their personal name.

Note that the term ‘Christian name’ may offend non-Christian patients.

Names based on different naming systems can lead to people having several sets of notes. It is also easy to cause offence or embarrassment by using people's names wrongly.

### The British naming system

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/Christian name) Used by family and friends</td>
<td>Geraldine</td>
<td>Brown</td>
</tr>
<tr>
<td>e.g. Mary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other systems

**Chinese**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Personal names</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Normally all used together</td>
</tr>
<tr>
<td>e.g. Pang</td>
<td>Tak Choi</td>
</tr>
</tbody>
</table>

**Muslim**

<table>
<thead>
<tr>
<th>Religious name</th>
<th>Personal name</th>
<th>Hereditary name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not used alone to address a person</td>
<td>Yunus</td>
<td>Khan</td>
</tr>
<tr>
<td>e.g. Mohammed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use the two names together as a polite form of address or use "Mr Khan"*

**Sikh**

<table>
<thead>
<tr>
<th>Personal name</th>
<th>Religious title</th>
<th>Family name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could be male or female</td>
<td>Male = Singh</td>
<td>Often not used</td>
</tr>
<tr>
<td>Female = Kaur</td>
<td></td>
<td>Heer</td>
</tr>
<tr>
<td>e.g. Dilvinder</td>
<td>Singh or Kaur</td>
<td></td>
</tr>
</tbody>
</table>

*Use the two names together as a polite form of address*

**Hindu**

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name</th>
<th>Family name</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Nirmala</td>
<td>Devi</td>
<td>Vasani</td>
</tr>
</tbody>
</table>

*The first and middle names are normally written together: Nirmaladevi*

*Because polite Hindi usage is often just the first and middle names, some patients’ names may have been incorrectly recorded without a surname, e.g. Mrs Nirmala Devi instead of Nirmaladevi Vasani.*

The above is a broad outline only. There are many variations. Ask how the patient would like to be addressed, and how to pronounce the name. It is worth making a note of these in the notes. If a patient's notes cannot be found, it is worth looking under different spellings or under another of the names used by the patient. Main source of information: *Caring in a Multiracial Society* by Alix Henley, Dept of Community Medicine, Bloomsbury Health Authority.
## Useful Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beckenham Hospital</td>
<td>01689 863000</td>
</tr>
<tr>
<td>Bereavement Centre</td>
<td>01689 898979/898926</td>
</tr>
<tr>
<td>Bereavement Suite/ Office (PRUH)</td>
<td>01689 863585/4/863188</td>
</tr>
<tr>
<td>Bromley Asian Cultural Association</td>
<td>020 8777 4995</td>
</tr>
<tr>
<td>Bromley Community Bereavement Services</td>
<td>020 8290 6293</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>01689 853339</td>
</tr>
<tr>
<td>Bromley Refugee Network</td>
<td>020 8249 1414</td>
</tr>
<tr>
<td>Bromley User Group</td>
<td>020 8289 2129/ 020 8402 8579</td>
</tr>
<tr>
<td>Citizens Advice Bureau Beckenham and Penge</td>
<td>020 8778 0921</td>
</tr>
<tr>
<td><strong>Bromley</strong></td>
<td>020 8315 1940</td>
</tr>
<tr>
<td><strong>Orpington</strong></td>
<td>01689 827732</td>
</tr>
<tr>
<td>Coroners' Officer</td>
<td>020 8249 6025/6</td>
</tr>
<tr>
<td>Coroner's Officer (Hospital)</td>
<td>01689 863341/2/3</td>
</tr>
<tr>
<td>Community Links Bromley</td>
<td>020 8315 1900</td>
</tr>
<tr>
<td>Harris Hospiscare</td>
<td>01689 825755</td>
</tr>
<tr>
<td>Hospital Chaplaincy (switchboard)</td>
<td>01689 863000</td>
</tr>
<tr>
<td><strong>(internal extension)</strong></td>
<td>63912</td>
</tr>
<tr>
<td>Inter Faith Network for UK</td>
<td>020 7388 0008</td>
</tr>
<tr>
<td>Interpreting Services</td>
<td>020 8345 6789 or through Intranet</td>
</tr>
<tr>
<td>Mortician, Bromley Hospitals NHS Trust</td>
<td>01689 863000</td>
</tr>
<tr>
<td><strong>Internal extension (office)</strong></td>
<td>63586</td>
</tr>
<tr>
<td>National Federation of Spiritual Healers</td>
<td>07881 660076</td>
</tr>
<tr>
<td><em>(The Bromley Healing Group)</em> Orpington Branch</td>
<td>01689 861230</td>
</tr>
<tr>
<td>Orpington Christian Counselling Service</td>
<td>01689 821622</td>
</tr>
<tr>
<td>Oxleas Trust (Green Parks House)</td>
<td>01689 880000</td>
</tr>
<tr>
<td>Primary Care Beckenham (Beckenham Clinic)</td>
<td>020 8658 3035</td>
</tr>
<tr>
<td>Primary Care Refugee Project</td>
<td>020 8289 6600</td>
</tr>
<tr>
<td>Princess Royal University Hospital</td>
<td>01689 863000</td>
</tr>
<tr>
<td>Refugee Workers Project</td>
<td>020 8402 6998</td>
</tr>
<tr>
<td>Social services Bromley</td>
<td>020 8464 3333</td>
</tr>
<tr>
<td><strong>Orpington</strong></td>
<td>01689 836900</td>
</tr>
<tr>
<td>Penge</td>
<td>020 8659 2131</td>
</tr>
<tr>
<td>Transplant Co-ordination Service</td>
<td>020 8299 4648 + 08700 5555000</td>
</tr>
<tr>
<td>Welcome Project for Refugees</td>
<td>020 8778 7788</td>
</tr>
<tr>
<td>Youth Support</td>
<td>020 8650 6296</td>
</tr>
</tbody>
</table>

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This document is comprised of multiple reorganized indices tailored for your specific point of reference: Table 1. Service Documents, Indexed by Reference. RRR Document No. Table reference to Rolls Royce Service Documents effective for Rolls Royce manufactured C90, O200, O240, and O300 engines. A summary of all documents released since the last published Index. Refer to ICGFI documents on "Guidelines for Preparing Regulations for the Control of Food Irradiation Facilities" (ICGFI Document No. 1., 1991) and the "International Inventory of Authorized Food Irradiation Facilities" (ICGFI Document No. 2, 1993). 5.3.2 Requirements for staff. Code of Good Irradiation Practice for Dried Fruits and Tree Nuts, ICGFI Document No. 20, Vienna (1995). 11. Annex 2. Document No. MS002 8/25/05 Flowdowns for AEHF Contract F04701-02-C-0002 I Clause 1. 1100 Enabling Clause for General Systems Engineering and Integration â€” Applicable for all purchase orders/subcontracts (2000) ENABLE CLAUSE FOR GENERAL SYSTEMS ENGINEERING AND INTEGRATION (Aug (a) This subcontract covers part
of the Advanced Extremely High Frequency (AEHF) System Definition (SD) program which is.