



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



HEALTH SERVICES INTERCULTURAL GUIDE:

*Responding to the needs of diverse religious communities
and cultures in healthcare settings*



The symbol of the **Tree of Life**, displaying the colours used for each group profiled in the Guide, was inspired by a similar emblem used at the Children's University Hospital, Temple Street (see Figure 3, page 21). The Tree of Life has been used symbolically for eons of time in fields including mythology, philosophy, religion/spirituality and science; the Tree also has symbolic meaning for a number of the groups profiled in the Guide.

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Every care has been taken to ensure the accuracy of this Guide. Contact details, website addresses, and other information were correct at the time of printing. The HSE cannot be accountable for changes that take place after the publication date (April 2009).

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Introduction to and use of the Guide

Census 2006 demonstrates that the growth in the Irish population is accompanied by significant diversity in national origin, ethnicity and religious affiliation. This builds on the diversity of religious communities and ethnic groups that were present in Ireland before the last wave of migration. The increasing diversity is evident both among those who use the health services and the staff teams who provide these services.

This Guide was developed in response to an expressed need by healthcare staff across a range of cultural backgrounds for knowledge, skills and awareness in delivering care to people from backgrounds other than their own. To this end the Guide profiles the religious and cultural needs of twenty-five diverse groups who are being cared for in healthcare settings. These groups comprise twenty-one religious groups, 3 ethnic/cultural groups and people without religious belief.

The Guide was developed under the *HSE National Intercultural Health Strategy 2007 to 2012* as part of a framework of initiatives designed to build capacity to deliver culturally competent care in Irish health settings.

USING THE GUIDE

The Guide comprises thirty-one sections. It commences with 6 general sections.

The first of the general sections *Development of the Guide* outlines the research process underpinning the document, highlights the contribution made by cultural informants for each group, and recognises the helpful input of colleagues across a range of professions and projects.

The second section *Context of the intercultural Guide* explores the context, scope and nature of the document.

The third section *Terminology and descriptions* explains the use of terms in the Guide, defines terms related to interculturalism and discusses appropriate terms to be used in describing the diversity of traditions within Christianity.

The fourth section *Good practice in person-centred intercultural care* itemises and explores eight key pointers that all staff should keep in mind in intercultural interactions in order to work to the principles of quality healthcare.

The fifth section *Overview of headings and themes* explains the key headings and related themes used to present information for the twenty-five groups profiled in the document.

The sixth section *Other helpful resources available* itemises other initiatives, either in place or developing at present, which could be helpful locally.

We have highlighted essential learning points throughout these first six sections.

These general sections are followed by twenty-five specific sections, one for each of the groups profiled in this Guide. These twenty-five sections have been presented alphabetically, and categorised under the headings and themes outlined in the fifth section.

We recognise that it may not be feasible for a staff member to read the entire Guide at once. We recommend that a staff member begins with the general sections. Particular attention should be paid to the eight key pointers itemised in the section *Good practice in person-centred intercultural care* so that these can be kept in mind in all intercultural interactions and *Overview of headings and themes* so that the staff person understands the layout of each specific group section.

We suggest that the staff person then proceeds to reading and practicing the guidelines in the specific sections for each of the twenty-five groups. Over time, a staff person can build their knowledge, awareness and skills in working with each of the groups.

Development of the Guide

Background

This Guide was researched and written by Bridget McGuane, Senior Human Resources Officer with a background in Equality and Diversity, under the implementation plan for the *National Intercultural Health Strategy 2007-2012*. The Guide was jointly resourced by the Social Inclusion Unit, which has responsibility for the implementation of the Strategy, and the National HR Directorate. At senior management level the Guide was sponsored and guided by Alice O' Flynn, Assistant National Director for Social inclusion and Síle Fleming, Assistant National Director Human Resources for Organisation Development and Design.

Previously, the Social Inclusion Unit commissioned the Irish School of Ecumenics to conduct research and consultations with healthcare staff, religious leaders and representatives of Minority Ethnic Communities in relation to guidelines for healthcare staff in working with diverse communities. HSE staff had compiled a draft resource book that was used by the Irish School of Ecumenics in these consultations. That draft was informed by secondary information including books on the subject and similar resource books compiled in the UK and Northern Ireland health services, all of which are credited in the bibliography. The ISE team sourced information for some religious communities, which was added to the original draft. The HSE wishes to acknowledge the work conducted by the Irish School of Ecumenics team led by Dr Katy Radford and consisting of Ms Wendy Cox, Ms Fiona Murphy and Ms Celia Petter.

This current Guide builds on the previous work. The material has been updated with resource books developed in Irish healthcare settings, which are acknowledged in the bibliography.

The primary source of information for this Guide

was a comprehensive research and consultation process with *cultural informants*¹ from the groups profiled in the document as well as healthcare providers and practitioners.

Groups profiled in the Guide and cultural informants

The Guide profiles twenty-five communities, namely twenty-one religious groups, 3 ethnic/cultural groups and people without religious belief. These groups were chosen for the following reasons:

- **Needs identified by Irish healthcare staff:** Healthcare staff have indicated that they are regularly delivering care to people from cultures and religions other than their own and to aid this process they wish to have access to information about other cultures and religions.² Particular ethnic/cultural groups and religions were identified as priorities in various training needs identification processes and these were itemised for inclusion.
- **Needs of Minority Ethnic Staff:** HSE HR data³, combined with anecdotal evidence, indicates that significant numbers of staff in direct healthcare provision roles are from Minority Ethnic Communities, including more recently arrived migrant workers. In addition, anecdotal evidence indicates that there is greater diversity in the religion practised by healthcare staff. Many recently arrived migrant

¹ The term *cultural informant* comes from the field of Anthropology and refers to a person who is especially knowledgeable about their group's culture and is willing to share information about it.

² This need was initially identified in the HSE (2005) report and framework *Learning, training and development needs of health services staff in delivering services to members of Minority Ethnic Communities* and was later re-iterated in the *Interim evaluation report for the National Intercultural Healthcare Project*.

³ HR data analysed by the Social Inclusion Directorate in 2007 indicates that approximately 33% of medical/dental staff, 15% of nursing and midwifery staff and 9% of health and social care professionals are from Minority Ethnic Communities. The data came from the PPARS systems and pertains to three Administrative Areas of the HSE and St James's Hospital.

staff have indicated a need to understand cultural and religious groups in Ireland as part of their socialisation process into healthcare practice here.⁴

- *Profile of religious affiliation in hospitals:* The HSE requested a paediatric, a maternity and a large acute hospital to provide a profile of the religious affiliation of in-patients for a period of time. The identified religions were prioritised for inclusion.
- *Census 2006:* The Census provided more detailed data on religious affiliation in Ireland. Additional religions that had significant growth were added to those received from the hospital data.

As the profile of Ireland changes and as interculturalism develops, future versions of the Guide could add other groups for whom information is needed.

A detailed research process led to the identification of cultural informants for each of the twenty-five groups profiled in the Guide. Where a religious group had more than one tradition, as much as possible we sourced informants for each sub-tradition so that the information is reflective of the overall membership. We were privileged to source informants that had a track record of involvement in their own communities and/or were part of representative structures; many also had involvement in intercultural activities. In some cases cultural informants for one group facilitated identification of contributors for another.

All information about any given group has been approved by the cultural informants who contributed to that specific section. Any information that refers to more than one group has been approved by that collective of contributors.

Throughout the process contributors warmly endorsed the need for the Guide and acknowledged their appreciation at being consulted so that the needs of members would be understood in

healthcare settings.

We wish to acknowledge the cultural informant contributors listed at the end of each section for their open-hearted approach to the requests placed on them, their generous investment of energy and their commitment to the needs of their communities.

Participation by healthcare providers

A range of healthcare settings, projects and personnel contributed to the development of the Guide. Their input included specialist advice in relation to particular issues; guidance on the scope, content and format of the document; enabling the establishment of contacts in particular communities and assistance in the dissemination process.

We wish to acknowledge the willingness of the staff listed below to assist in the process, the work invested and the direction provided at significant points.

Nursing and Midwifery profession

Ms Liz Roche, Director, Nursing and Midwifery Planning and Development, Dublin Mid Leinster
Ms Mary Wynne, Director, Nursing and Midwifery Planning and Development, Dublin North East
Ms Siobhan O' Halloran, National Nursing Services Director
Mr Michael Shannon, Area Director of Nursing and Midwifery Planning and Development, Dublin Mid Leinster
Ms Suzanne Byrne, Project Officer Workforce Planning, Nursing and Midwifery Planning and Development, Dublin Mid Leinster and Dublin North East

Medical profession and Health Protection services

Dr Robert Cunney, Consultant Microbiologist, Health Protection Surveillance Centre
Dr Paul McKeown, Specialist in Public Health Medicine, Health Protection Surveillance Centre
Dr Abdul Bulbulia, General Practitioner and Chair of the Traveller Health Advisory Committee

⁴ See note 1.

Surgical Services

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Social Inclusion

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Health Promoting Hospitals Network

Ms Rosemary Orr, Health Promotion Co-ordinator, Connolly Hospital Blanchardstown

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Mr Cathal M Boyle, Clerical Officer Mortuary Service

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Ms Deirdre Sheehan, Physiotherapy Manager

Sr Julie Buckley, Head Chaplain

Sr Margaret Ledwith, Chaplain

Sr Mary McWeeney, Chaplain

AMNCH, Tallaght

Mr John Kelly, A/ Director of Pastral Care

Ms Eden de la Cruz, Chaplain

St James's Hospital, Dublin

Ms Stefania Minervino, former Cultural Diversity Officer at the hospital

Mr Rory Wilkinson, Clinical Nurse Specialist, Haematology, Oncology and Palliative Care (HOPE) Directorate

Fr Brian Gough, Coordinating Chaplain

Rotunda Hospital, Dublin

Ms Mary O' Reilly, Practice Development Co-ordinator in Nursing and Midwifery

Networking with other projects

This project liaised with other initiatives in the health services that had a focus on cultural sensitivity in service provision to maximise the use of the Guide. Such initiatives included the Health Promoting Hospitals Network, the Hospice Friendly Hospitals Project and the National Association of Hospital Chaplains.

Further information

For further information contact socialinclusion.guide@hse.ie

Context of the Guide

Changed operating environment and purpose of the Guide

The increasing diversity in the Irish population is evident both among those who use the health services and the staff teams who provide those services. The changed operating environment has resulted in staff consistently reiterating a need to develop their capacity to respond appropriately to the health and personal needs of those from a culture other than their own.

The primary motivation in developing the Guide was to respond to this expressed need for intercultural knowledge, skills and awareness in the current working environment. This view is shared among Irish staff working in the services that are providing care to members of new communities, staff from other national backgrounds who were recruited to meet labour force shortages in the health services and staff from Minority Ethnic Communities living in Ireland who are working with cultures other than their own.

The purpose of the document is to provide information to healthcare staff so that they can deliver a sensitive, appropriate and quality service across cultural lines.

Policy and legislative framework

The Guide is supported by an extensive legislative and policy framework.

The Equal Status Acts 2000 to 2004 apply to those who provide a wide range of services, including health, and those who use the services. The Acts aim to promote equality of opportunity and prohibit particular forms of discrimination across nine grounds including gender, religion, race (identified as skin colour, nationality, ethnic and racial origin)

and membership of the Traveller community.⁵ Discrimination has a specific meaning in the Acts and is defined as “the treatment of a person in a less favourable way than another person is, or has been or would be treated in a comparable situation on any of the nine grounds which exists, existed, may exist in the future or is imputed to the person concerned.”⁶

The various forms of discrimination prohibited are also clearly spelt out in the legislation. For a fuller explanation of the *Equal Status Acts 2000 to 2004* and their provisions see *Equal Status Acts 2004 to 2004* explanation booklet produced by the Equality Authority or *Equal Status Acts and the Provision of Health Services* produced by the Equality Authority, the Department of Health and Children and the HSE.

Planning for Diversity: the National Action Plan Against Racism (2005)⁷ specifies actions that each public sector organisation should put in place to address the elimination of racism and positively promote interculturalism in service provision.

The HSE *National Intercultural Health Strategy*, launched by the Minister for Health and Children in February 2008, was developed to respond to the increasing diversity in the population and the developing legislative and government policy context. The strategy provides a framework within which diverse healthcare and support needs may be addressed whilst recognising the need to support staff to deliver responsive, culturally competent services.

As phased implementation of the strategy takes place, a number of actions emerging from its recommendations are being progressed. These

5 The full nine grounds covered by the Equal Status Acts are gender; marital status, family status, sexual orientation, religion, age, disability, race and membership of the Travelling community.

6 Equality Authority (undated) *Equal Status Acts 2004 to 2004* pg 6

7 *Planning for Diversity: the National Action Plan Against Racism* was developed by the Department of Justice, Equality and Law Reform.

include actions aimed at enhancing access of service users from diverse backgrounds to health services, building of capacity among staff and managers in delivering culturally sensitive healthcare, development of a national model for interpretation and translation services, and promoting the collection of data on ethnic origin so that the design and planning of services is inclusive of all communities.

This legislative and policy framework, coupled with the duty of care that the health services work under, places a duty on all of us involved in the delivery of health and social care to respect the religion and culture of those who use health services where norms are not in conflict with the laws of the country, nationally agreed protocols and international agreements to which Ireland is a signatory.

Staff and settings that will benefit from the Guide

The Guide is primarily targeted at staff who care for the ill, particularly in in-patient settings, as well as those involved in care of the dying for both adults and children. As such, it is relevant for a wide range of staff including medics, nurses, midwives, health care assistants, allied health personnel, chaplains, mortuary and catering staff. Equally it is relevant for a range of healthcare settings including acute, paediatric, maternity, primary, continuing and community care.

The material will also be of benefit as an educational resource in training establishments for healthcare personnel and in continuing professional development courses.

The Guide can also provide information for staff management so that sensitivity can be shown for the diverse religious needs of healthcare staff in areas such as prayer needs, ablution needs and food provision including timing of food availability for those who ritually fast.

Scope of the content

The Guide is a *diversity* publication. The content is restricted to information that is directly relevant to dealing with the religion, philosophical belief and culture of the person being cared for. As such, it has been selective in sourcing and presenting information about any group and cannot be taken as a definitive description or explanation of any religion or culture.

The Guide provides information on general cultural features of the Chinese, Roma and Travellers in response to specific requests from healthcare staff for this information. The information selected and presented in these cases is also selective to intercultural interactions with these groups.

The content of the document is outlined below under *Overview of Care Themes*.

Terminology and Descriptions

Presentation of terminology in the Guide

The *Equal Status Acts 2000 to 2004* specify *religion* as one of the protected grounds of the legislation. Healthcare settings tend to ask people their *religion*. For these reasons we use the term *religion* (and derivatives such as *religious*) as a standard term throughout this Guide.

We recognise that some groups discussed in the Guide do not identify with the word *religion* and prefer to use terms such as *spiritual tradition*. We have endeavoured to accommodate this preference in particular sections. Additionally, we respect the wishes of people without religious belief and where possible have avoided the use of the term *religion* when referring to them in this Guide.

Religions and cultures have individual terminology for particular practices, rituals, etc. Our contributors were accommodating of our need to categorise ceremonies, practices rituals, etc., under descriptions recognisable in Irish healthcare settings, while indicating that the integrity of their practices was not compromised.

Many groups included the terms used by them to describe areas including ceremonies, rituals, practices, food categories, specific items of clothing, etc. Where provided these terms have been italicised to aid recognition of them by readers; names of religious ceremonies have been capitalised and italicised.

We have followed guidance on the presentation of the material so that information is easily accessible and user-friendly.

Intercultural terms used in the Guide

We employ a core set of terms in this document and it may be helpful to establish a working understanding of these terms. The *National Intercultural Health Strategy* includes a *Glossary of terms* that explores and explains a broader range of definitions related to interculturalism.

Nationality is the status of belonging to a particular nation state (or country) through birth or naturalisation, the latter being the process by which a person born in one country secures granted nationality of another country. A government of a particular state provides protection to its nationals, including the right to travel under the passport and guardianship of the state, and in reciprocation expects compliance with the laws of the country.⁸

Ethnicity is characterised by the *group identify, belonging and affiliation* that one holds about oneself. Ethnic Groups share history, ancestry, language and geographic origin. Their shared identity exists independent of nationality. For example, communities holding *Irish ethnic identity* have developed as a result of emigration to countries such as England and the United States. Equally the Roma Community, while holding several nationalities, share a common identity.⁹

Minority Ethnic Group/Community is a standard term used in the European Union to describe all groups whose ethnicity is different to that of the dominant group, which in the case of Ireland is the *white Irish*. The term Minority Ethnic Groups can be used as a descriptor for a range of groups in Ireland other than the dominant group including long established ethnic groups such as the Jewish Community; other established groups such as the settled Asian communities; and more recently

⁸ Adapted from <http://en.wikipedia.org/wiki/Nationality>

⁹ Taken from a training programme developed by the HSE in partnership with Pavee Point Travellers Centre for the purposes of upskilling staff to implement an Ethnic Identifier question in data sets in healthcare settings

arrived communities from Africa, Asia, Eastern Europe, etc.¹⁰ This is the context in which we use the term in this publication, while recognising that not all members of these groups are identifiable with or wish to be identified with the term.¹¹

Many members of Minority Ethnic Groups/Communities are Irish citizens through naturalisation or birth. The term Minority Ethnic Groups/Communities is normally capitalised in intercultural publications to denote its status as an official descriptor.

Culture is commonly defined as the 'learned and shared values, beliefs, behaviours and customs of a group of people'.¹² National groups, ethnic groups, religious groups and other types of groups share a culture. Therefore, a person in a healthcare setting may carry aspects of several strands of culture including national, ethnic and religious.

Interculturalism refers to the willingness and capacity of an organisation to ensure that cultural difference is acknowledged, respected and provided for in a planned and systematic way in all systems, processes and practices. In the delivery of health services to Minority Ethnic Communities the features of such an approach include:

- Awareness of one's own cultural values
- Awareness and understanding that people of different cultures have different beliefs, ways of communicating, interacting, behaving and responding.
- Appreciating that cultural and spiritual beliefs impact patient's health and health-related

¹⁰ See for example ERHA (2005) *Regional Health Strategy for Ethnic Minorities*

¹¹ The *National Intercultural Health Strategy*, op cit, discusses this phenomenon. See page 129.

¹² See, for example, Henley, A. and Schott, J. (1999) *Culture, Religion and Patient Care in a Multi-Ethnic Society: A Handbook for professionals*; Ting-Toomey, S. (1999) *Communicating Across Cultures*; and Bennett, M.J. (Ed) (1998) *Basic Concepts in Intercultural Communication: Selected Readings*.

beliefs, help-seeking behaviour, interactions with health care professionals and health care practices.

- A willingness and capacity to respond appropriately to patients' cultural and/or ethnic background in order to provide optimal care for the patient.¹³

Migrant Workers are defined in Article 2 of the *United Nations International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families* as "a person who is to be engaged, is engaged, or has been engaged in remunerated activity in a state of which he or she is not a national".¹⁴ Migrant Workers are members of Minority Ethnic Groups.

Terminology and traditions within Christianity

This sub-section is included to help staff in healthcare settings to understand the diversity of Christian traditions in Ireland and develop sensitivity in working with persons from these traditions. To this end, this sub-section will provide a very brief synopsis of the origins and influences of the various Christian traditions in Ireland and provide guidance on appropriate descriptions for particular groups.

Catholic: The term Catholic means 'universal' and is used by more than one Christian church. Generally these churches emphasise historic continuity with the twelve apostles who, according to Christian tradition, were chosen by Jesus Christ to continue his teaching. The largest member is the Roman Catholic Church, whose leader is the Pope. Other churches that emphasise the Catholic tradition but are not part of the Roman Church are the churches in the worldwide Anglican Communion and the Orthodox Churches.

¹³ Thrive (2005) *Learning, training and development needs of health services staff in delivering services to members of Minority Ethnic Communities*, page 64.

¹⁴ Quoted from *National Intercultural Health Strategy*, op cit, page 129.

There is a specific Roman Catholic section in the Guide; we clarify that we are referring solely to Roman Catholics in this section.

Orthodox: The word Orthodox is derived from two Greek words and literally means ‘right teaching’ or ‘right worship’. The Orthodox Churches emphasise historic continuity with Christ’s twelve apostles. The Churches are the main Christian movement in much of Eastern Europe and the Middle East. Census 2006 indicated that the Orthodox Churches are the fifth largest religious group in Ireland.

Protestant and Reformed traditions: The term *Protestant* is often misapplied in the Irish context and there is often a lack of clarity about the origin and influences of the churches often described as *Protestant*.

The terms *Protestantism* and *Reformation* can be traced to developments that took place within Christianity in the sixteenth century. Key figures include Martin Luther, whose teachings gave rise to the Lutheran Church, and John Calvin, whose teachings gave rise to the Presbyterian and Reformed Churches. A concurrent reform occurred within the Church of England that influenced the churches of what is now called the *Anglican Communion*.

In the eighteenth century an Anglican Minister, the Reverend John Wesley, chiefly initiated a revival movement within the Church of England that became the source of the Methodist Church.

Generally churches that have a reformed influence emphasise biblical (i.e. the *Christian Bible*) rather than human authority and affirm their continuity with early Christianity.

Many churches have multiple heritages and as such the term *Protestant* is often either restrictive or inaccurate. The Church of Ireland affirms its continuity with the ancient Celtic Christian Church in Ireland and considers itself to be “the Ancient Catholic and Apostolic Church of Ireland” and “a

reformed and Protestant Church.”¹⁵ The Methodist Church has influences from the Catholic and Reformed traditions. The Lutheran Church has retained much of its original Catholic heritage. The Presbyterian Church in Ireland uses the term *Reformed Tradition* to describe its origins, while it shares the principal beliefs and practices of other historic Christian churches.

Baptist Churches, as the name of the movement suggests, hold a distinct approach to *Baptism*, the initiation ritual common among many Christian churches. The movement offers baptism only to those who voluntarily commit to the Christian religion. Within the movement it is usually referred to as *Believer’s Baptism* and candidates are completely immersed in water. In the Irish context, Baptist Churches are reformed, while they share the principal beliefs and practices of the other historic Christian churches.

Contributors from all of the Christian churches and groups have indicated that the most significant growth in numbers in recent years is from the newer Minority Ethnic Communities. It is likely that these groups may not use or understand historic labels used in Ireland to describe Christian traditions in Ireland.

For all of the reasons quoted here it is more appropriate to list the person’s chosen denomination, be it Church of Ireland, Methodist, Presbyterian, etc., when categorising the person’s religion rather than use loose terms such as *Protestant*. This will also assist in the identification of appropriate pastoral needs for the person.

Evangelicalism and Pentecostalism: The Irish Evangelical Movement was influenced by the ministry of John Wesley, whose teachings gave rise to the Methodist Church and who had a long

¹⁵ Quoted from the Constitution of the Church of Ireland, which is referenced at http://en.wikipedia.org/wiki/Church_of_Ireland

history with Ireland. Evangelicalism emphasises the sole authority of the Bible, the need for personal conversion through faith in Christ (hence reference to *born again Christians*) and the mandate to preach the Gospel.

Presently in Ireland the evangelical movement is expressed in most Christian denominations including Baptist, Church of Ireland, Methodist, Presbyterian and in numerous independent churches.

Pentecostalism is a specific strand within the overall Evangelical movement. It takes its name from the event of Pentecost when Christ's first disciples were *baptised in the Holy Spirit*.

Principal beliefs of Christianity: Particular sections of the Guide refer to the 'principal shared beliefs of Christianity'. In brief the main ones are:

- *Holy Trinity:* Christians believe in one indivisible God expressed as the Trinity, God the Father, God the Son (Jesus Christ) and God the Holy Spirit.
- *Deity of Christ:* Christians believe that Jesus Christ was God incarnate (literally 'God in flesh'), fully God and fully human, Saviour and Messiah.
- *Christ as Saviour:* Christian doctrine teaches that the death of Christ in crucifixion was an act of pure love, through which sin was forgiven and reconciliation with God was made possible.
- *Resurrection and afterlife:* Christians believe that Jesus Christ died and is risen or resurrected. Christ's resurrection offers the hope of resurrection for humans at the end of this present age.
- *God's grace:* Christians believe that the grace of God, received through faith, is essential to being in an eternal relationship with God.

- *Holy book:* The Christian Bible is the key holy book.

Mainstream Christianity: The term *Mainstream Christianity* was traditionally used to refer collectively to the major historic denominations of Christianity in Ireland including the Roman Catholic Church, the Church of Ireland, Presbyterianism and Methodism. Changing demographics indicate that the term may need to be revised, particularly given the growth in Christian movements such as the Orthodox Churches, the Evangelical/Pentecostal movement, etc. This Guide does not use the term *Mainstream Christianity* as it implies a value judgment about other Christian traditions and movements.

There are other groups profiled in this Guide, identified below, who use the *Christian Bible* within their religious practice. These groups use the group's own name and do not associate with terminology such as reformed, etc. Each of these groups is very distinct, with its own individual history and beliefs. They should not be taken as a collective by virtue of being described outside the above traditions. The movements are presented in line with their historic arrival in Ireland.

The Religious Society of Friends (the Quakers) commenced in Ireland in 1654; the first meeting took place in the home of William Edmundson who became convinced by the movement during business trips to England. George Fox, founder of the movement, visited the many groups established in Ireland in 1669. This Christian organisation has had a long history of involvement in humanitarian activities in Ireland and Friends have owned businesses renowned for positive employee well-being practices.

The Church of Jesus Christ of Latter-day Saints (sometimes known as the Mormon Church) has had a presence in Ireland since 1840. John Taylor, later third President of the worldwide Church, arrived in Newry in the summer of that year and commenced a mission programme. Today Latter-day Saints are found throughout Ireland. The Irish Mission office is located in Dublin.

The First Church of Christ, Scientist (Christian Science) has had a presence in Ireland since the late 1880s when Mrs Marjorie Colles began the practice of Christian Science healing in Dublin after attending a class in Boston conducted by founder Mary Baker Eddy. The branch church in Dublin was formed in the early part of the 20th century. Adherents of Christian Science are located in several parts of Ireland. Information about Christian Science in Ireland is currently handled by a regional office based in London.

The Seventh Day Adventist Church has been in Ireland since 1891 when the first Church was organised in Banbridge, County Down, where its head office is currently located. Today, the Church is an all Ireland movement. The diversity of the members reflects the global nature of Adventism, with worshippers from almost every continent. The Adventist Development and Relief Agency (ADRA – Ireland) is the humanitarian organisation of the church.

Jehovah's Witnesses have had a presence in Ireland since the 1890s. Today, the organisation is an all Ireland movement with its national headquarters in Newcastle, County Wicklow.

Good Practice in Person-Centred Intercultural Care

The principles of patient safety, quality care and value should Guide all interaction with people using health services.

Following are eight key pointers that all staff should keep in mind in all intercultural interactions in order to work to the principles of effective person-centred healthcare.

Working with cultural information

Cultural observers indicate that culture is 'dynamic and changing'.¹⁶

Many of us wish to have access to information that will indicate precisely how those from other cultures will behave in the belief that this information will help us be more competent in working with those from backgrounds different to ours. Cultural observers inform us that such information is unattainable, as each person is an individual who in normal circumstances has the capacity to conform to or deviate from the dictates of their culture. Each cultural norm is therefore best seen as a continuum rather than a fixed point.

Many complex and interrelated factors determine a person's relationship to any particular cultural or religious norm. These include the resources available to a person to live outside the norms of their culture, the actual or perceived consequences of deviating from cultural expectations and the person's willingness to exercise the freedom that they actually have. For example, in the 1950s Irish people tended to conform to societal expectations, while in the present era changed circumstances have allowed for considerably more freedom for deviating from family, social and religious expectations.

¹⁶ See for example, Ting-Toomey, S. (1999) *Communicating Across Cultures* and Bennett, M.J. (Ed) (1998) *Basic Concepts in Intercultural Communication: Selected Readings*.

Equally, a person's closeness to or divergence from the norms of their social, ethnic or religious group is part of a dynamic process that changes over time. This is particularly true of immigrants adapting to the way of life in a new country. For example, immigrant parents often find that their children struggle between the dominant culture of the new homeland and the traditional norms of their ethnic group.

An important distinction exists between *generalising* and *stereotyping*. In order to present information relating to the various cultures and religions we use *generalisations*. These indicate patterns *likely to present* in particular contexts, while recognising that the behaviour of any individual is not fixed in relation to those particular norms.

In providing this information, we cannot assume or imply that each individual member of a particular group will definitely conform to a particular pattern, which would be to *stereotype*.

We recommend that staff keep these cultural dynamics in mind in all intercultural interactions.

Person as individual

Some religions and cultures are more prescriptive about the expected behaviour of followers. At the same time each person is an individual with specific needs.

Our overall starting point must therefore be to clarify the wishes of each person so that the care plan reflects their individual wishes. Where necessary, we can consult with family or designated religious representatives, while recognising that the person has individual needs.

In all interactions we need to keep in mind that the person is an individual with specific needs irrespective of cultural, societal or religious obligations.

Individual versus family needs

It is not uncommon that where a person changes from the religion that they were born into to another that family may not be aware of the change or approve of it. This can be a sensitive issue among Irish people who have changed from one tradition of Christianity to another or who leave a Christian church and follow another religion. This can sometimes cause conflict between the person and family.

We need keep in mind that the wishes of the person being cared for are paramount, irrespective of family.

Assumptions about religion

We cannot make assumptions about a person's religion. For example, despite the fact that the majority of the Irish population indicated in Census 2006 that they are Roman Catholic or Christian, we cannot assume that a white Irish person will be a Catholic or a Christian.

It is equally inappropriate to assume, for example, that a white Irish person who declares a religious preference other than Catholic or Christian is a lapsed Catholic or Christian.

We should always enquire about the person's religion in a private respectful space (see next shaded point) rather than assume it based on subjective criteria.

Identifying an appropriate religious or personal contact

It is a common practice in Irish healthcare settings to ask the person their religion, often in a public area at the point of admission. One of reasons for asking the question is to ascertain pastoral needs. There are some fundamental issues with approaching the identification of pastoral needs in this way.

- The second largest response to the religion category in Census 2006 after *Roman Catholic* was *No Religion* (186 thousand people). Representatives of this group have indicated the embarrassment caused to their members at having to *opt out* of a preconception in Irish healthcare settings.
- Others may have spiritual beliefs without being a member of any of the main world religions. From the research for this publication we are aware that this is a feature of both the dominant ethnic group (i.e. the White Irish) and some Minority Ethnic Communities.
- Members of indigenous and ethnic religions, for example Witchcraft or Druidry, may be unwilling to disclose their spiritual affiliation in public settings due to preconceived and erroneous notions about the nature of their religious practices.
- Even where the person has a specific religious affiliation, in many cases this will not enable us to understand who to contact should the person wish to avail of guidance, religious or otherwise. The reasons for this include:
 - Some recognised religions listed in this Guide do not have formal religious leaders.
 - Others have enormous diversity in practice within the religion itself. For example knowing a person is Buddhist may not be useful as there is more than one tradition of Buddhism practised in Ireland.

We recommended that the person is asked for the name and contact details of who they wish to have contacted should they need religious guidance or personal support. This should be asked for in a private respectful space so that people do not feel uncomfortable disclosing this very personal information. Clarifying the name and contact details of a religious/personal contact is particularly important for those whose religion is not represented among the chaplaincy team, those who do not have formal religious leaders and those who do not have religious belief.

Establishing relationships with diverse religions

The chaplaincy department can be a resource in establishing contacts for many religions other than those represented on the chaplaincy team who can be contacted for information, guidance and if necessary religious intervention. In some of the healthcare settings that contributed to this resource the chaplaincy department compiled a list of religious contacts, which is a good starting point. Others have both compiled a list of contacts and invested time in establishing a mutually beneficial working relationship.

We recommend that each setting compiles a list of contacts for and establishes working relations with diverse religious groups locally, as relationship building is an essential component in ensuring that religious representatives will be available when needed.

At the end of each section we have listed information sources that could be used to establish relations with the religions that are more established and structured. In some cases the contact will have to be sourced from the person and we have indicated where this is the case.

Diversity within religious traditions

Many religious groups, particularly the larger ones, are diverse in themselves, making the process of describing the expectations of their members quite complex.

For example, Figure 1 below gives examples of some of the national and ethnic backgrounds that make up Roman Catholicism, the main religious affiliation of respondents in Census 2006.

The figure indicates that Catholic practitioners may come from Ireland, EU countries including recent accession states, Asia, Africa, Oceania and the Americas. The same diversity is represented within the other larger Christian Churches including the Church of Ireland, Methodism, Orthodox Churches and Presbyterianism all of whom have greater numbers of followers from the new communities.

Figure1: Roman Catholicism and national / ethnic background

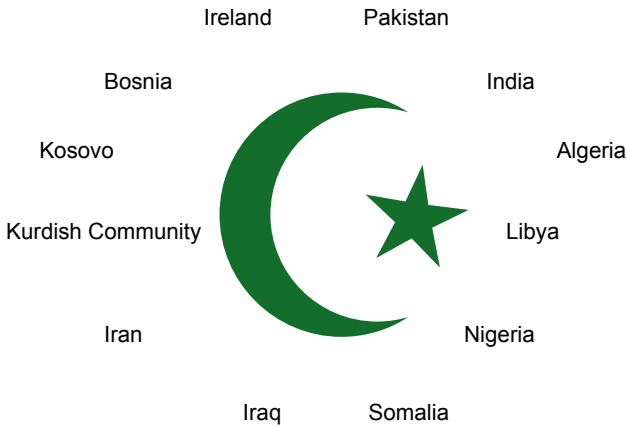


Figure 2 presents some of the national and ethnic backgrounds of followers of Islam currently living in Ireland, now the third largest religious affiliation in the State.

The figure clearly indicates that Muslims in Ireland come from a number of cultural backgrounds. Hence, while Islam was founded in the area now referred to as Middle East among an ethnic group referred to as Arab, it is inaccurate to associate

Islam solely with the Middle East and/or Arab culture.

Figure 2: Islam and national / ethnic background



In dealing with religious groups, staff need to remain open to additional cultural requests that may have their origins in national or ethnic culture.

Healthcare setting approach to diversity

Respect for the cultural and religious beliefs of diverse groups needs to be established and reinforced in the ethos of each healthcare organisation that is providing health services to the public. This ethos needs to be embodied in all aspects of healthcare practice.

A particular issue is the use of religious icons and symbols in the mortuary area, which is the sole facility for all religions in healthcare settings.

Some healthcare settings are already leading in the area of being sensitive to and respectful of all traditions. One example is the Children’s University Hospital, Temple Street. The facility has developed an icon-free multifaith facility with the entrance door displaying symbols of several religions on a *Tree of Life*, which is displayed in Figure 3. The *Tree of Life* is the only emblem on the mortuary door and family space has been set aside in the vicinity of the mortuary to allow the bereaved the space they

need at these vulnerable times. Other healthcare settings are following a similar approach. All of these settings testify to the value of this approach in promoting dignity and respect for the family and community mourning a deceased loved one.

We suggest that it is not appropriate to display icons of one religion when a deceased person and bereaved family from another religion are present in the mortuary. An alternative respectful practice is to store the crucifix, cross, candles, other traditionally used icons such as that of Mary, Mother of Jesus, as well as icons recommended by religious leaders from other diverse religions and use them as needed. At a minimum, where an icon such as the crucifix or cross is fixed to a mortuary wall and cannot be removed it should be covered when a deceased person and family from another religion are present in the facilities.

The same respectful approach should be used for any nearby family facilities.

The Executive of the National Association of Hospital Chaplains supports the need to be sensitive and respectful to everyone who avails of the mortuary facilities.

Figure 3: Tree of Life at the Children’s University Hospital, Temple Street displaying symbols of several religions



Overview of Headings and Themes

Each of the twenty-five groups profiled in this Guide have been allocated a specific section. Each section commences with a symbol associated with the group and a brief introduction.

Following is a summary of the headings and themes that have been used to present relevant and necessary information for the groups.

There are seven main headings (described below) that have been used to categorise information for each group and these are presented in each section. These are:

- Summary of Essential Practice Points
- Profile of the Group
- Care of the ill
- Care of the Dying
- Religious Icons and Symbols
- Additional Notes on Maternity and Paediatric Care
- Developing a Local Contact

We added an eighth heading *General Cultural Features and Social Experience* for the three ethnic/cultural groups, namely the Chinese, Roma and Traveller communities.

The headings *Care of the ill* to *Additional notes for maternity and paediatric care* contain a set of themes. We have been consistent in the use of the themes throughout the Guide so that it is user friendly.

- Each section has only the themes considered relevant for that group; hence some have all

of the themes and others less.

- Where a theme does not appear for a specific group, the contributors indicated that the theme was not necessary or that no particular needs applied. We can assume that normal practices conducted in healthcare settings apply in these situations.
- In some cases we have combined themes where this seemed a more helpful approach, for example combining *Religious contacts* with *Religious practices*.
- In other cases we have shortened a theme where the full remit of the theme does not apply, for example *Treatment issues* is presented rather than the full title of *Gender, modesty and treatment issues*.

The headings and themes are described below.

Summary of Essential Practice Points

In each section, we have identified the key points to be observed for the group, referred to as *Essential Practice Points*. These points are numbered and highlighted in each specific section. This presentation format eases access to important information in emergency situations.

Each section commences with a summary of these points; we recommend that the staff person also refers to the highlighted more detailed material related to each summary point.

At a minimum, staff should have a working knowledge of the *Essential Practice Points* for each group.

Profile of the Group

This heading indicates the numbers in Ireland, the

national or ethnic origin of members and information of specific sub-traditions within the overall group.

We have indicated the source of all data used. Census 2006 was the main data source. In some cases the group provided their own data estimates and we have credited them with this information.

General Cultural Features and Social Experience (*ethnic/cultural groups only*)

We have provided information on key cultural features of the three ethnic/cultural groups that may have implications for healthcare delivery. Such features include particular beliefs (aside from particular health-related beliefs described in the next point), language and family bonds.

Care of the ill

This heading contains information on caring for those who are ill in in-patient settings. There are eight related themes, which are described below.

Beliefs about the treatment of illness and Traditional Medicine

Cultural and religious beliefs have implications for healthcare delivery. This theme notes particular beliefs and practices that are likely to have implications for healthcare practice.

All groups consulted, irrespective of their specific cultural beliefs about illness, indicated their respect for Western medicine and their wish to co-operate with healthcare practitioners.

Religious and personal contacts

Some religions have a formal system of clergy/spiritual leaders, others have non-formal arrangements and some groups have no religious

leaders. This theme provides information on who should be contacted for the provision of religious and spiritual support.

We have indicated whether a group has formal religious leaders or designated contacts and how they can be sourced.

Where no formal religious leaders exist we advise that a specific spiritual or personal contact is sought directly from the person.

We have already recommended that the chaplaincy department in a setting establish contact and develop relationships with local religious communities who have designated clergy/spiritual leaders so that these can be called on as necessary.

Religious practices

This theme provides information for staff on religious practices for the group. We provide information on any implications arising from these practices in healthcare settings.

Food and the content of medicine

Some religions and cultures have particular food requirements. All of these needs are described in specific sections. The Islamic and Jewish communities provided information on food sources suitable for their members which is contained in the respective sections.

Notes:

- At the time of writing a separate initiative in the health services was planning to develop guidelines in relation to diverse food needs and ethnic diets. These guidelines will be published when developed and we have not developed this area of work in the current Guide.
- No religion consulted requires the ill to fast as part of religious practice or festivals. This Guide has not given details of religious and cultural festivals. Many groups produce intercultural calendars that provide details of

these festivals. Access Ireland is an example of one such group (01 8780589) who produce a specific calendar for the Republic of Ireland.

Ablutions and washing

Information has been given for those religions that have particular ablution rituals related to religious practice. In addition, some cultures have personal wash preferences and these have also been highlighted.

In general, ablution and wash rituals are conducted before prayer, before eating and after using the toilet. Contributors have indicated that in the case of toileting, children are socialised into the wash practices so that there is no soiling on the hand. The Health Promotion Surveillance Centre has indicated that with proper cleansing of the hands the practice of washing after toileting should not present any hospital contamination issues.

Gender issues, modesty and treatment needs

This theme deals with three types of needs relating to how healthcare is practised. Firstly, we indicate the groups that are likely to request treatment by a same gender healthcare worker. Secondly, we clarify modesty requirements for both men and women where they have been indicated as a need for a group. Finally, some groups have other specific treatment needs and these have been presented under this theme.

Family dynamics and decision making

In some cases the person may follow a different religion/philosophy to their family and there may be a conflict of views regarding treatment, for example among those who convert from one religion to another and those who have no religious belief. We have indicated particular groups who have signalled that this issue might present for their members in healthcare settings. We advise that the person's wishes are paramount.

We have highlighted cultures where a spouse, particularly a husband, may expect to be consulted in decisions for a partner. While sensitivity should be shown in these cases, good practice in healthcare provision upholds the person's right to determine their own healthcare choices.

We have also indicated cultures that are likely to discuss healthcare decisions with wider family.

Blood Transfusion and Organ Transplantation

This theme appears in every section indicating whether the group has any religious or other objections to these procedures. Where there are issues we have indicated the nature of these.

Care of the Dying

This heading contains information on caring for the dying, care practices for the deceased and family and cultural related death norms. This information is relevant for the diversity of disciplines who work with people around the time of death. There are seven related themes, which are described below.

Family and community visits

In many cultures it is customary that family and community members will visit the dying person, often to bring closure to events that are unresolved. We have indicated groups who are likely to have several visitors at a bedside, to the point that the setting may have difficulty administering care to others in a unit. We recommend that the healthcare setting clarify who will represent the family so that large numbers can be managed by rotating the visitors at the bedside, while respecting cultural norms regarding visitations to the ill and dying.

Death-related religious rituals

Many religions and cultures have very specific requirements as to the manner in which members are treated in death-related matters. Some cultures have elaborate and richly symbolic rituals that often draw on more ancient customs while others place less emphasis on ritual. This theme clarifies the nature of death-related rituals for each group.

Customs to be observed at death

Some religions and cultures have specific customs that need to be observed in the aftermath of death. We indicate the nature of these customs so that staff are aware of them. Some pertain to particular beliefs that have implications for how healthcare staff conduct specific practices, others are cultural expectations that may extend to healthcare staff, and others are particular cultural practices that the family/community may follow.

Cleaning and touching the body

Each section clarifies the nature of the cleaning to be conducted on the deceased. Most groups who contributed to this Guide are satisfied that staff conduct the normal washing and preparation procedures.

Some religious groups have particular requirements in relation to how the body is treated after death. Where groups conduct their own ritual cleansing, healthcare staff should only perform essential cleaning tasks. The specific groups that observe these practices are clarified and the work to be conducted by healthcare staff is specified.

In a few cases there is a need for clarification with the family as to what cleaning should be conducted and these groups have been specified.

Postmortem requirements

Each section clarifies whether there are particular requirements in relation to postmortem procedures for their specific group. Where there are requirements the nature of these is clarified.

Interment ritual

Each section indicates the nature of interment practices across religions and cultures for information purposes.

Bereavement

This theme indicates how groups manage bereavement. Some religious groups and cultures observe particular bereavement practices, which may have implications for family visits by healthcare staff. These cultural practices have been highlighted.

Religious Icons and Symbols

This heading has two themes. The first relates to personal items that the person may be wearing that are of religious or cultural significance and the second relates to the appropriate use of symbols in a hospital mortuary.

Personal and religious items

Followers of some religions wear a range of items of a religious nature including jewellery, images that are considered holy and specific clothing. We indicate the nature of these items in specific sections.

We also indicate instances of groups who wear items that are of cultural significance.

We recommend that no item worn on the body is touched or removed without permission from the person or their family.

Use of religious symbols

The mortuary needs to be used by families and communities from diverse religions in a time of grief. We feel it is appropriate that respect is shown for all in the manner in which the mortuary is presented. Many healthcare settings in Ireland tend to display Christian symbols, which are appropriate for particular groups. We indicate the symbols that are appropriate for each of the Christian groups contained in this Guide.

For all non-Christian groups we recommend that Christian icons are removed from the mortuary while the family and community are using it. Some healthcare settings are already following this respectful approach.

Additional Notes On Maternity And Paediatric Care

This heading provides additional select information suitable for maternity and paediatric care, particularly pertaining to care of dying children and their families.

Approach to child welfare

Some religious groups have beliefs that may cause members to not subscribe to particular Western medical interventions. We have clarified these groups' position on medical treatment for children where the group provided such clarity.

Birth rituals and practices

Some groups wished to indicate birth rituals and related practices of a religious or cultural nature that they wanted Maternity staff to be aware of. These norms have been specified in particular sections.

Initiation ritual/infant baptism

Baptism, usually involving water, is a shared initiation ritual across Christianity. However, there are varying approaches to the ritual.

Some Christian churches initiate infants, referred to as *Infant Baptism*, and for these it is very likely that the parents will want the newborn child to be baptised if in imminent danger of death. We have clarified in specific sections where this practice is appropriate. We also indicate who can conduct the baptism.

For groups who conduct infant baptism, if the child has died before being baptised the appropriate chaplain/religious leader can conduct a Naming Ceremony. We have clarified in specific sections where this practice is appropriate.

In light of the issues related to infection control in healthcare settings it is advised that water used in infant baptism be sterile and that the person conducting the ceremony has washed (and/or disinfected) their hands.

Other Christian groups initiate members at a time when the person is prepared to commit to the Christian faith and in these cases infant baptism is not necessary, even if there is a threat to the child's life. We have indicated in specific sections where this practice is followed.

Some non-Christian groups practice other initiation rituals and we indicate the nature of these practices.

Foetal, infant and child death

Beliefs about foetal death vary across religions; we indicate the nature of practices in relation to foetal death for individual groups. We also indicate the practices and requirements of individual religions in cases of infant and child death.

Note:

In 2007 the Irish Stillbirth and Neonatal Death Society (ISANDS) developed *Guidelines for Professionals working with parents and families whose baby has died or is expected to die*. The publication is available from ISANDS (01 8726996)

A Church of Ireland minister, Reverend Bruce Pierce, developed a guidebook titled *Miscarriage and Stillbirth, the changing response: A resource for families, those in pastoral ministry and healthcare providers*. Information about the resource is available through Veritas Publications (01) 878 8177.

Mementos of a deceased child

It is common in Irish hospitals to offer a memento of a child to a parent, such as a footprint, handprint or lock of hair. We have indicated individual views on the giving of mementos and any restrictions relating to cultural/religious beliefs.

Generally, even where giving a memento is appropriate within a religion, the contributors indicated that it is advisable to check with the parents/family if they would like to have a memento.

Naming practices

The Chinese naming convention differs to the Irish one. While Chinese tend to adopt the Western norms when living in Ireland, we have indicated differences in naming practices for staff awareness purposes. A few other groups have particular religious practices in relation to baby naming and we have indicated these.

Developing a Local Contact

We have endeavoured to facilitate local healthcare settings to develop a list of local contacts for groups who have dedicated religious leaders and other points of contact. In many cases we have supplied specific contacts and in others we have indicated

how a contact might be sourced.

As indicated earlier, some groups do not have religious leaders of any nature and in these cases a personal contact will need to be sought from the person.

Other Resources Available

Below are other resources and initiatives that are in place or developing at this time that can be used to enhance local capacity to respond to diverse needs.

Multilingual Aid

A resource book titled *Emergency Multilingual Aid: A multilingual and illustrated communication phrasebook for use by patients and staff* has been developed and will be disseminated in early 2009.

The *Emergency Multilingual Aid* is intended to assist staff in communicating more effectively with patients with limited English proficiency who present in acute/emergency situations, prior to requesting the services of an interpreter or while awaiting the interpreter's arrival.

The resource covers 160 common questions and statements to help front line hospital staff to communicate with patients with limited English proficiency. It also contains some patient-led questions to assist communication in the absence of an interpreter. These questions are translated into twenty languages.

The resource is a partnership project between the *National Intercultural Health Strategy* (Social Inclusion Unit) and the Health Promoting Hospitals Network. For further information contact socialinclusion@hse.ie

Accessible health information

Equality, social inclusion and health promotion initiatives across the health services have increased our awareness of English language proficiency issues for some recently arrived migrants as well as *health literacy* issues among the general population. In response to this, efforts are in place to produce essential health information in easily understood terms and in some cases in the mother tongue of

the person. At present particular initiatives are in place to address the need to produce and make available health information in an accessible and user-friendly manner.

A resource document, *HSE Plain language style Guide for documents*, outlining the process to be used for developing effective and user-friendly health information, including writing in plain English, is currently being finalised. This Guide will be available in early 2009 on www.healthpromotion.ie.

Under the implementation plan for the *National Intercultural Health Strategy* the Social Inclusion Unit is developing processes to ensure that essential information is available in a number of key languages. Some essential information has been translated into key languages and is available at a language hub on the HSE website at www.hse.ie/portal/eng/Find_a_Service/Languages

The Social Inclusion Unit is leading an initiative to develop guidelines and a business process that will ensure consistent standards for translated materials across healthcare settings. For further information contact socialinclusion@hse.ie

Cultural Mediation

Being uprooted from one's home culture, system of relationships and shared values leads to feelings of disempowerment and cultural dislocation. This is compounded by a lack of knowledge/ understanding of the systems and services in the new country. Cultural Mediation services have been developed in Ireland in common with other European countries over the past number of years in order to address issues such as these for migrants to Ireland. The role of Cultural Mediation is to bridge the gap between the culture of the person and the environment in which they now find themselves, while respecting the individuality of the person.

Cultural Mediation is a dynamic process through which a professionally trained third party acts as a cultural broker between a person using a service

and the service provider, to help them both to reach a common understanding, which will ultimately lead to more satisfactory outcomes in service provision and use.

Access Ireland has pioneered this area of work in Ireland and currently provides a Cultural Mediation service in respect of the Roma Community and African communities in the greater Dublin area. It is hoped to expand this service in 2009 and that a cultural mediation service will also be established in the west of Ireland.

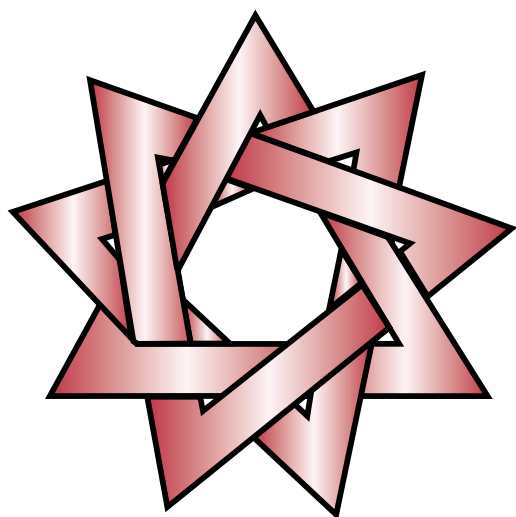
Access Ireland Social Integration, Dominick Court,
40/41 Dominick Street Lower,
Dublin 1.

Tel: (01) 8780589

Email: info@accessireland.ie

Website: www.accessireland.ie





The **Nine-pointed Star** is a common symbol in the Bahá'í religion. The number 9 is significant in the holy texts of the religion.

BAHÁ'Í

The Bahá'í movement is the youngest of the world's independent religions. It is based on the teachings of its Founder, Bahá'u'lláh, who emerged in the mid-19th century in what was then Persia, now Iran.

Bahá'ís believe in the existence of one God, the fundamental equality of all people, and that Divine revelation continues to be renewed by new Messengers who preach the same fundamental messages updated to the current needs of humanity. The Bahá'ís see Abraham, Moses, Krishna, Buddha, Jesus Christ, Muhammad and Bahá'u'lláh as Messengers of God.

Today there are an estimated 7 million members in over two hundred and thirty countries. There are no clergy in the Bahá'í religion; it is administered locally by democratically elected councils, called Spiritual Assemblies. There is also a National Spiritual Assembly, responsible for all the affairs of the Bahá'í community in Ireland. The Universal House of Justice, in Haifa, Israel, oversees the international Bahá'í community.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Bahá'í in Ireland:*

The majority of Bahá'ís in Ireland are ethnic Irish people. There is also an Iranian community who has settled in Ireland.

2 *Religious contacts and religious practices:*

There are no clergy in the Bahá'í religion. A local community contact can be sourced through the Irish National Secretary, whose details are at the end of the section. This contact can be called on for guidance for the healthcare settings and personal support for ill and dying Bahá'í.

3 *Death-related religious rituals:*

In the case of imminent death and where no family are immediately available the community member designated by the person should be called to support the person. There is no formal religious ritual for dying Bahá'í.

4 *Cleaning and touching the body:*

Healthcare staff may conduct the normal cleaning and washing practice on a deceased Bahá'í. It is customary for Bahá'ís to place a ring on the finger after death and in no circumstances should it be removed.

5 *Initiation ritual:*

There is no formal initiation into the religion for infants even in the case of imminent threat to life.

Profile of the Bahá'í in Ireland

Census 2006 indicated that the number of Bahá'í in Ireland increased by almost 3% between 2002 and 2006. 504 people indicated Bahá'í as their religious affiliation in the Census.

Essential Practice Point

1

The majority of Bahá'ís in Ireland are ethnic Irish people, including those who have converted to the religion and whose children are being raised Bahá'í. There is also an Iranian community that has settled in Ireland who are Irish citizens. There may also be Bahá'í visitors to Ireland who need healthcare during their stay.

Care of the ill

Beliefs about the treatment of illness

The Bahá'í religion encourages members to seek the guidance of a qualified doctor if necessary to maintain good health.

Religious contacts and religious practices

Essential Practice Point

2

- There are no clergy in the Bahá'í religion. Community members are available to visit the ill and dying in healthcare settings. A local contact can be sourced through the Irish National Coordinator whose details are at the end of the section. This contact can be called on for guidance for the healthcare settings and personal support for ill and dying Bahá'í.

- Bahá'ís generally are open to contact with hospital chaplains and people of other religions.
- Ill members may request a visit from a community member.
- The Bahá'í religion is mostly free of ritual, ceremony and symbols. Followers tend to pray and read from the teachings of the religion's founder.

Food and the content of medicine

Bahá'í avoid mind altering substances, including narcotics and alcohol. Medicines containing these ingredients are normally permitted.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- There is no formal religious ritual for Bahá'í. In the case of imminent death and where no family are immediately available the community member designated by the person should be called to support the person.
- It is customary for Bahá'ís to place a ring on the finger after death and in no circumstances should it be removed.

Cleaning and touching the body

Essential Practice Point

4

Healthcare staff may conduct the normal cleaning and washing practice on a deceased Bahá'í. Do not remove the ring placed on the finger after death.

Postmortem requirements

There is no objection to a postmortem conducted on compelling medical or legal grounds.

Interment ritual

Cremation is not permitted and burial should take place as near as reasonably possible to the place of death, certainly within the distance of an hour's transport.

Religious Icons and Symbols

Personal and religious items

- There are no particular items of religious significance worn by members.
- Some may carry holy books from the religion.

Use of religious symbols

It is not appropriate to display a crucifix, cross, candles or other Christian images in a mortuary area where a deceased Bahá'í is laid out.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Essential Practice Point

5

There is no formal initiation into the religion, even in the case of imminent threat to life. Rituals such as the practice of baptism in some Christian traditions are not appropriate for Bahá'ís.

Foetal, infant and child death

- There are no formal practices / rituals required for stillbirth and miscarriage. The community may hold their own ceremony.
- Adult practices apply for deceased infants and children.

Memento of a deceased child

Check with family if they require a memento of a child who has died as there is no formal requirement in this area.

Developing a Local Bahá'í Contact

The names of local Bahá'í members can be sourced from Mrs. Alison Wortley, National Secretary of the Irish Bahá'í Community (01 6683150). The number should be used solely for the purposes of sourcing religious support for Bahá'ís and seeking guidance in delivering healthcare to community members.

Contributors

Ms Caroline Smith, former National Secretary of the Irish Bahá'í Community, provided information for the first draft of this section. Mrs Alison Wortley, current National Secretary, reviewed and approved the finalised material.





Baptism by full immersion in water is a common practice within the Baptist movement.

BAPTIST CHURCHES

Baptist Churches take their name from the belief that the initiation ritual of *Baptism* is a voluntary declaration of faith in and commitment to Christianity. The movement grew out of a reform within Christianity in the 16th century. The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity (described on page 16).

There are over 110 million Baptists worldwide with large numbers in North America (approximately one in 5 US Christians is Baptist), Africa (including Nigeria and Democratic Republic of Congo), Asia (including India), Europe (including Romania) and Latin America (including Brazil).

Baptist Churches do not have a central governing authority.

Clergy are called pastors.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of Baptist Churches in Ireland:*

Baptist members may be Irish, English, North American and from new communities including Brazil, Romania and Nigeria. Currently there are at least twenty ethnic groups identified in Irish Baptist Churches, and there are two Romanian language congregations in Dublin.

2 *Religious contacts and religious practices:*

The person may wish to see their own pastor; hence it is important to clarify the name of a religious contact who can be called for religious support and guidance for the healthcare setting. The website address at the end of the section can be used to develop contacts for the Baptist community.

3 *Death-related religious rituals:*

There is no formal death ritual in the Baptist tradition. In cases of imminent death the person's pastor should be called so that the person and family can receive the religious and spiritual support that they need.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out.

5 *Initiation ritual/infant baptism:*

Baptism, the initiation ritual common to Christian traditions, is considered to be a voluntary declaration of faith conducted at a time when the person is ready. Therefore, baptism of infants is not practised even in the case of imminent threat to life.

Profile of Baptist Churches in Ireland

Baptists have been in Ireland since around 1650, initially establishing churches in Cork, Dublin, Kilkenny and Waterford. Census 2006 indicated that Baptist Churches increased their membership by over 47% between 2002 and 2006, with 3,338 members in 2006.

Essential Practice Point

1

Those who are likely to belong to the Baptist movement may be Irish, English, North American and from new communities including Brazil, Romania and Nigeria. Currently there are at least twenty ethnic groups identified in Irish Baptist Churches.

Baptist Churches in the Irish State tend to regard themselves as evangelical and many participate in associations of evangelical churches. At present there are Baptist Churches in a number of major urban centres as well as more rural areas. Many congregations, particularly in urban areas, have a mix of ethnic groups. In Dublin there are two Romanian language congregations in addition to the English speaking ones.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- The contact details at the end of the section can be used to develop a local Baptist Church contact for ongoing dialogue and relationship building with the community.
- The person is likely to wish to see their own pastor for religious and spiritual support. It is important to clarify the name of a religious contact who can be called as necessary for support for the person and guidance for the healthcare setting. This will be particularly important in times of critical illness and death-related matters.
- Baptists, relatively speaking, place less emphasis on religious ceremony, rituals and symbols. The *Sacrament of Holy Communion*, a religious ceremony common to Christian traditions, may be requested and can be administered by a Baptist pastor or a chaplain/clergy from the Methodist or Presbyterian Churches. Where a chaplain or minister from another church is called, the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that a chaplain from another church is being called.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- In times of critical illness or imminent death a Baptist pastor should be called so that the person and family can receive the spiritual support that they need.
- There is no formal death rite/ritual in the Baptist tradition. The pastor and/or other members may recite Christian hymns (songs) and prayers at the bedside. Holding the person's hand to give comfort and support is also common; these practices may be carried out even if the person is unconscious.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally. Usually a funeral service is held and the community provide support to the family.

Bereavement

The pastor will become involved with the family to aid the bereavement process. Baptists tend to emphasise the support provided by community in times of bereavement.

Religious Icons and Symbols

Personal and religious items

- The person may have a copy of the *Christian Bible* or may request one. Some may wear a plain cross, a common symbol in Christianity.
- Any other items are likely to be specific to the individual and the family rather than have religious significance.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- It is not appropriate to display a crucifix, images of Mary (the Mother of Jesus), saints or icons from other traditions in a mortuary area where a deceased Baptist is laid out.
- Candles are not necessary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- Baptism, the initiation ritual common to Christian traditions, is considered to be a voluntary declaration of faith conducted at a time when the person is ready. Therefore, baptism of infants is not practised even in the case of imminent threat to life.
- Instead of baptism the pastor may hold an infant dedication service in the church in the form of a thanksgiving prayer for a new infant, the family and the support of the community for the new member.

Foetal, infant and child death

- There are no formal practices/rituals required for stillbirth and miscarriage. A service may be held at the request of the family.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The pastor will be a resource in these matters.

Memento of a deceased child

- Baptists emphasise the need for support and care for a family when a child dies and as such offering a memento of a deceased child is seen as a welcome and appropriate gesture.

Developing a Local Baptist Church Contact

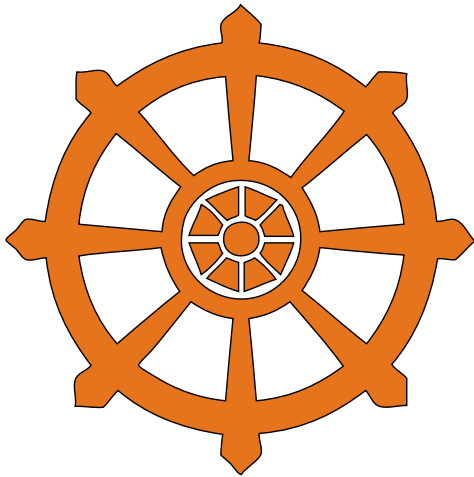
The Association of Baptist Churches in Ireland comprises churches from all parts of the island. The Association could be a useful starting point in developing a local Baptist contact. The website address is www.baptistsinireland.org

However, since each Baptist Church is autonomous not all of those present in the Republic are members.

Contributors

Pastor Robert Dunlop, Brannockstown Baptist Church, Kildare, provided information for the first draft of this section. Pastor Robert Millar, Jamestown Road Baptist Church, Finglas, Dublin and Pastor John Samuel, Grosvenor Road Baptist Church, Rathmines, Dublin, jointly reviewed and approved the finalised material.





The **Dharmachakra** or Wheel of Law is one of the most important Buddhist symbols.

BUDDHIST TRADITIONS

Buddhism originated in the teaching of Prince Siddhartha Gautama who was born approximately 500 BC in Nepal, near the border of present day India. Through the practice of meditation he became the *Buddha*, the *Enlightened One*.

Buddhists do not normally speak in terms of an Absolute Deity or God but rather emphasise the practice of meditation and *right* behaviours in all areas of life in the process of reaching Nirvana, the enlightened state free of suffering. Particular emphasis is placed on non-violence and the development of love and compassion for all. There are a number of Holy Scriptures within the various traditions of Buddhism.

Six per cent of the world's population is estimated to be Buddhist.

The religion has a clergy of monks, lamas (teachers) and nuns as well as many lay spiritual advisers. There are a number of Buddhist centres supporting different traditions in Ireland.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 **Religious contacts and religious practices:**

There are different traditions of Buddhism in Ireland. Clarify the tradition of Buddhism followed and the name of a spiritual contact. In emergency situations contact the local Buddhist centre or one of the centres named under *Developing a local Buddhist contact*.

2 **Food and the content of medicine:**

Many Buddhists are vegetarian or vegan. Clarify food preferences and inform the person if medicine contains an animal product.

3 **Family dynamics and decision making:**

Some Western Buddhists living in Ireland were raised in Christian families who may not be familiar with Buddhist death-related customs. As much as possible this needs to be taken care of before the moment of death as it is vital to maintain a peaceful environment. If deemed necessary, assistance could be provided to a family, through social work or family intervention, to resolve any issues. The wishes of the person are paramount.

4 **Death-related religious rituals:**

Generally, Buddhist teaching views life and death as a continuum, believing that *consciousness* (the spirit) continues after death and may be reborn. Rituals vary among Buddhist traditions and individual Buddhists may have specific wishes for the time of death. Where possible, discuss individual needs with the person and clarify requirements with a spiritual contact. In an emergency follow these protocols:

- Buddhists from all traditions are likely to prefer

to have a clear state of mind approaching death and may wish to reduce any mind-altering medication.

- If death is imminent the spiritual contact identified by the person should be called so that the appropriate prayer practice can be initiated.
- Preferably a dying Buddhist should be moved to a private area to allow prayers to be conducted in privacy.
- All Buddhist traditions believe that awareness is retained for some period after clinical death. Maintain a calm, stable and compassionate atmosphere around the person before, during and after clinical death to facilitate the *consciousness* (spirit) leaving the body.

5 **Cleaning and touching the body:**

In some traditions specific protocols apply to touching cleaning a body. Unless a spiritual contact advises otherwise, apply these practices to all Buddhists.

- Delay moving and laying out the body for a minimum of four hours to allow for prayers necessary to be conducted.
- Buddhists believe that the spirit should be allowed to leave gently via the crown of the head. Clarify with the spiritual leader if it is necessary for the head to be touched in the traditional way to enable the departure of the spirit. If so, the practice should be attended to before moving or cleaning the body and should be carried out by the spiritual leader or another Buddhist.
- When the body has to be moved it should be done with care and gentleness.
- Some Buddhist teachers have requested that the head is not touched after clinical death

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

by healthcare staff. Do not touch the head unless given permission to do so by a spiritual adviser, and then under guidance given by the adviser or another Buddhist.

- Do not wash the body unless it is essential to do so. Conduct only essential cleaning, for example clean excretions such as blood or excrement. Use as little touch as possible in any cleaning/washing that is done.

6 *Personal and religious items:*

Some Buddhists may wear religious items that must be replaced if removed. Some may also place *prayer mandalas* (sacred symbols drawn on material) on the body after clinical death and these need to be replaced if removed.

7 *Initiation ritual:*

In the case of imminent threat to life of a newborn infant no initiation ritual is necessary.

8 *Foetal, infant and child death:*

The death-related practices described in *Essential Practice Points 4 and 5* need to be followed for children of Buddhists, unless a family or spiritual adviser directs otherwise.

Profile of Buddhist Traditions in Ireland

Census 2006 indicated that Buddhist membership in Ireland increased by just over 67% over the four year period since 2002. The religion registered 6,516 members in 2006.

Buddhism developed in three distinct phases, each emphasising different aspects of the Buddha's teachings. The main branches, all of which have a presence in Ireland, are as follows.

- *Theravada or Southern Buddhism* is described as the oldest tradition and is strongest in southern Asian countries such as Sri Lanka, Cambodia, Thailand, Laos and Burma. There are some centres in Ireland supporting this tradition of Buddhist practice.
- *Mahayana or Eastern Buddhism* developed as a second phase and is found in China, Korea, Vietnam and Japan. Chan Buddhism developed in China as a specific tradition within this overall phase of development and spread throughout Asia where it is sometimes called Zen Buddhism. Groups such as *Mindfulness Ireland*, *Soto Zen* and the *Long Van Temple* in Clondalkin, Dublin, are examples of this overall tradition.
- *Tibetan Buddhism* is the best known school in *Vajrayana/Tantric/Northern Buddhism*. His Holiness the Dalai Lama is a key leader of Tibetan Buddhism, which builds on the Mahayana tradition and is practised in Tibet, Nepal, Siberia, Mongolia and Northern India. There are centres in several parts of Ireland supporting Tibetan Buddhist practices, some of which are supported by Tibetan Lamas.
- Various forms of *Western Buddhism* are also in existence, some of which may follow or are influenced by an Asian school. An example is the Dublin Buddhist Centre in Dublin.

Buddhist contributors have indicated that there is growing interest in Buddhism in Ireland. There are a number of Buddhist teachers, some of whom are Asian, visiting or living in Ireland. There are also an increasing number of people visiting Buddhist centres to learn about Buddhism. Based on contribution to this section, Buddhist practice in Ireland can be categorised as follows:

- There are a number of Asians living in Ireland who were raised in areas of the world where Buddhism is an established religion including China, Mongolia, Nepal, Tibet and Vietnam. These are continuing their practice in Ireland but may not have contact with Buddhist centres and groups in Ireland.
- Westerners, including those of Irish, UK and American origin, who have become Buddhist are following a specific Buddhist tradition and raising their children as Buddhists. This group usually have contact with Buddhist groups and are likely to wish to avail of Buddhist practices when ill or near death.
- A number of people are partaking in Buddhist practices and blending them with their own religious beliefs, often Christianity. Buddhist teachers, as a general principle, encourage people to learn from Buddhism without converting. As a result many of this group may not wish to avail of Buddhist practices in healthcare settings.

Care of the ill

Beliefs about the treatment of illness

Buddhist traditions emphasise personal responsibility for all of one's actions and as a result a Buddhist will wish to do all that is necessary to maintain health through positive means. They also emphasise the spiritual aspect and many may use prayer and psychosomatic techniques such as meditation as preferred options for pain relief.

Religious contacts and religious practices

Essential Practice Point

1

- There are followers of all Buddhist traditions in Ireland (see the *Profile of Buddhism in Ireland* heading above for further information). Many Buddhists receive spiritual support from spiritual advisers including teachers, monks, nuns and in some cases a community member. The setting will need to clarify the tradition of Buddhism followed and the name of a spiritual contact.
- In emergency situations where the person has not been able to identify a spiritual adviser contact the local Buddhist centre or one of the centres named under *Developing a local contact*. Even if the centre is not from the person's tradition they are likely to be willing to assist.
- Buddhists may wish to have a small altar/shrine beside their bed or in their room. The altar/shrine may contain religious symbols such as a small statue of the Buddha, religious images and objects, candles (can be unlit) and incense (can be unlit).
- Some Buddhists may use *prayer mandalas* (sacred symbols drawn on material) at the bedside.

Food and the content of medicine

Essential Practice Point

2

- Many Buddhists are vegetarian or vegan. Food needs should be discussed with the person and should meet recognised vegetarian or vegan standards.
- If medicines contain animal products the person should be informed so that they can make an informed choice.

Family dynamics and decision making

Essential Practice Point

3

Some Western Buddhists living in Ireland were raised in Christian families. The family may not be familiar with Buddhist death-related customs, some of which are summarised in *Essential Practice points 4 and 5* below. As much as possible this needs to be taken care of before the moment of death as it is vital to maintain a peaceful environment. If deemed necessary the healthcare setting could provide assistance to a family, through social work or family intervention, to resolve any issues.

Here, as in other cases, the wishes of the person are paramount.

Blood Transfusion and Organ Transplantation

The approach to blood transfusions and organ transplantation varies depending on the tradition of Buddhism that is being followed. Some will be happy to accept the procedures, seeing them as an act of kindness. Others may be concerned about the spiritual consequences of accepting blood and

organs from an unknown source and may first wish to have spiritual guidance. Where the person has not left instructions, it is best to consult a family member or the spiritual contact in these situations.

Care of the Dying

Death-related religious rituals

Essential Practice Point

4

Generally, Buddhist teaching views life and death as a continuum, believing that *consciousness* (the spirit) continues after death and may be reborn. Death can be an opportunity for liberation from the cycle of life, death and rebirth.

Rituals and in some cases precise beliefs surrounding death vary among Buddhist traditions. Tibetan Buddhism has defined practices and protocols that should be followed in times of death. For example, special prayers are said before death, during the dying process and for several days after death. The Mahayana (Chan/Zen, etc.) and the Western Buddhist approaches are relatively less defined; in these traditions prayers are held during the dying process, while the stages at which prayers are held and the length of these prayers vary.

In addition, individual Buddhists, even within the same tradition, may have specific wishes for the time of death, depending on their level of practice.

Tibetan teachers have provided specific clarification and protocols for this section and clarification has been given for other traditions based on feedback received.

Where possible, discuss individual needs with the person and clarify requirements with a spiritual contact. In an emergency follow these protocols:

- Buddhists from all traditions are likely to prefer to have a clear state of mind approaching death. As part of their preparation for death, the person may wish to reduce medication that clouds the mind and will want to be fully involved and consulted at all stages.
- Prayer and meditation are an important support for a Buddhist who is sick or dying. If death is imminent the spiritual contact identified by the person should be called so that the appropriate prayer practice can be initiated.
- Preferably a dying Buddhist should be moved to a private area to allow prayers to be conducted in privacy.
- All Buddhist traditions believe that awareness is retained for some period after clinical death. In the Tibetan tradition awareness may be retained for up to three days. The manner in which the body is treated is very important so that the spirit is allowed to leave correctly. In all circumstances maintain a calm, stable and compassionate atmosphere around the person before, during and after clinical death. Buddhists consider this highly important in facilitating the *consciousness* (the spirit) to leave the body.
- Friends and family may want to sit by the person to pray immediately after death, so facilitating this will be very much appreciated.

Cleaning and touching the body

Essential Practice Point

5

- Delay moving and laying out the body for as long as possible. The minimum should be at least four hours to allow for prayers necessary to be conducted.

- Buddhists believe that the spirit should be allowed to leave gently via the crown of the head. In some traditions they facilitate the departure of the spirit by tapping the crown of the head in a specific way and in a very specific frame of mind. Clarify with the spiritual leader if this practice is necessary and if so it should be attended to before moving the body and before any cleaning is conducted. The practice should be carried out by the spiritual leader or another Buddhist.
- When the body has to be moved it should be done with care and gentleness.
- Some Buddhist teachers have requested that the head of a Buddhist is not touched at any time during the post clinical death process by healthcare staff. A healthcare worker not touch the head at any time unless given permission to do so by a spiritual adviser, and then under guidance given by the adviser or another Buddhist.
- Do not wash the body unless it is essential to do so. Conduct only essential cleaning, for example clean excretions such as blood or excrement. Use as little touch as possible in any cleaning/washing that is done.

Postmortem requirements

Buddhists are likely to request that a postmortem be carried out only if required on compelling medical or legal grounds. In such circumstances a postmortem should be delayed until awareness has left the body. Unless directed otherwise by a spiritual adviser, a postmortem should be delayed for a minimum of four hours and preferably for three and a half days.

Interment ritual

Cremation or burial takes place after a period of time. In the Tibetan tradition interment takes place after three and a half days while the time varies across other traditions.

Bereavement

There will be a period of saying prayers, often throughout the day and night, in most Buddhist traditions. The traditional Tibetan practice involves a forty-nine day prayer ritual during which the spirit moves through the afterlife and decisions are made regarding rebirth.

Religious Items and Symbols

Personal and religious items

In some Buddhist traditions followers wear religious items including amulets (items for protection), blessed items, jewels, etc.

Essential Practice Point

6

In the Tibetan and other traditions *prayer mandalas* (sacred symbols drawn on material) may be placed on the body after death by the spiritual leader or community. If prayer mandalas have been placed on the body, replace them after putting the deceased in the coffin.

Use of religious symbols

Buddhists use a variety of religious symbols including statues of the Buddha, candles and incense. The family or community can supply these items; alternatively healthcare settings could consult with a local Buddhist centre and establish basic items to be held for use by Buddhists as necessary.

It is not appropriate to display Christian symbols in the mortuary areas when a Buddhist family/ community is using the facility.

Additional Notes on Maternity and Paediatric Care

The following applies to all Buddhist traditions.

Initiation ritual

Essential Practice Point

7

- There is no initiation ritual into Buddhism for a newborn infant; in the case of imminent threat to life of a newborn infant no initiation ritual is necessary.
- Some Buddhist traditions have initiation rituals, which are usually conferred on those who are choosing Buddhism as their specific spiritual path.

Foetal, infant and child death

Buddhist teaching considers life to be present from the moment of conception. Hence in cases of miscarriage and stillbirth Buddhists are likely to be respectful of the way the miscarried embryo/foetus is treated, irrespective of the stage of development. Parents are free to decide the course of action they wish to take.

Essential practice point

8

A child of a Buddhist is generally considered to also be a Buddhist until the child decides on their own path in adulthood. The death-related practices

described in *Essential Practice Points 4 and 5* need to be followed for children of Buddhists, unless a family or spiritual adviser directs otherwise.

Memento of a deceased child

It is advised to check with the family whether they wish to have a memento of a deceased child and if so if they might wish to take the memento themselves, particularly in light of requirements about not touching a deceased Buddhist.

Developing a Local Buddhist Contact

Centres and groups representing various traditions of Buddhism are operating in Ireland. These may be accessed for information purposes and may be able to assist if an intervention is necessary for a person who indicates that they are Buddhist.

Tibetan Buddhism:

Rigpa Ireland, which works under the guidance of Soygal Rinpoche, author of the Tibetan *Book of Living and Dying*, has centres in Athlone, Cork, Dublin and Limerick. Contact details for all centres can be found at www.rigpa.ie

There is also Dzogchen Beara Retreat Centre, West Cork, which at the time of writing was developing a Spiritual Care Centre in Beara, West Cork.

Tel: 027 73032

Email: info@dzogchenbeara.org

Website: www.dzogchenbeara.org

Jampa Ling Buddhist Centre, Owendoon House, Bawnboy, Co. Cavan.

Resident Lama: Venerable Panchen Otrul Rinpoche

Tel: (049) 9523448

Email: jampaling@eircom.net

Website: www.jampaling.org

Kagyü Samyé Dzong Buddhist Centre, 58 Inchicore Road, Kilmainham, Dublin 8.

Tel: (01) 4537427

Website: www.buddhism.ie/KSD/mainframe.htm

Western Buddhism:

Dublin Buddhist Centre, Liberty Corner, 5 James Joyce Street, Dublin 1.

Tel: (01) 817 8933

Website: www.dublinbuddhistcentre.org

Theravada Buddhism:

Sunyata Retreat Centre, Sixmilebridge, Co. Clare

Tel: (061) 067-073

Website: www.sunyatacentre.com

Mahayana and Zen Buddhism:

Mindfulness Ireland is a collection of group working under the guidance of Zen Master Thick Nhat Hann from Vietnam. Contact details for groups based in Cork, Dublin, Limerick, Sligo and Wicklow is available at a sub-site of the main website www.mindfulness-ireland.org/Sanghas_in_Ireland.html

Contributors

Representative of the various traditions of Buddhism present in Ireland provided information, clarification and guidance for this section. Spiritual advisers from two Tibetan Buddhist centres worked more closely with us to clarify protocols for specific areas of care, in particular death-related practices. These were:

- Members of Dzogchen Beara Spiritual Care Team, who work under the guidance of Tibetan Lama Venerable Soygal Rinpoche
- Tibetan Lama Venerable Panchen Otrul Rinpoche and Venerable Margery Cross, Jampa Ling Buddhist Centre

Buddhist representatives who provided information and clarification in relation to their own tradition(s) of Buddhism were:

- Mr Sean Boland, Dublin Buddhist Centre (Western Buddhism)
- Mr Bart Gruzalski, Ph.D., Sunyata Retreat Centre (Theravada and Mahayana Buddhism)
- Ms Fiona Wilson, Mindfulness Ireland, which is run under the guidance of Zen Master Thick Nhat Hann from Vietnam (Zen Buddhism)
- Mr Malcolm McClancy, Rigpa Ireland (Tibetan Buddhism and general development of Buddhism in Ireland)
- Ms Ani Thondru, Kagyu Samyé Dzong Buddhist Centre, Dublin (Tibetan Buddhism). Ms Thondru provided us with guidelines on death-related processes in Buddhism that were produced by Kagyu Samyé Ling Monastery in Scotland, which are referenced in the bibliography.





CHINESE COMMUNITY

The **Chinese Dragon** is held in reverence and respect in Chinese culture and Folk Religion. The Dragon, long expressed in folklore and art, symbolises wisdom, power and luck. Temples and shrines have been built to honor the Dragon and many Chinese see divine attributes in the Dragon which they aspire to.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *General cultural features and social experience - Fusion of beliefs:*

Chinese people tend to be influenced by a fusion of belief systems that developed in China over previous millennia. These include Confucianism, a code governing personal behaviour and societal functioning; Taoism, which promoted the need to maintain a balance between *Yin and Yang*; *Buddhism*, which developed in China as a religion relatively free of prescribed ritual; and *Chinese folk religion*, which includes worship of the family ancestors, etc.

2 *General cultural features and social experience- Social interaction norms:*

Chinese and some other Asians are socialised to conduct themselves to particular standards in public settings, which are indicators of respect for the other. As a result, social interaction is often different to the Western norm.

3 *General cultural features and social experience- Naming convention:*

Chinese naming conventions are different to the Western norm; in China the surname is written first. In the Western world many Chinese reverse the order of the name so that it appears like a Western name.

4 *Beliefs about the treatment of illness and Traditional Medicine:*

Some ethnic Chinese work with practices from *Traditional Chinese Medicine*, including herbs, as a first alternative in alleviating illness and complement it with Western medicine. Some Chinese may also

be reluctant to force the body to recover. It may be useful to check if herbs are being used and that their content does not counter the effects of any medication prescribed.

5 *Religious contacts and religious practices:*

Religious affiliation varies among the Chinese. There are followers of Buddhism among the older and newer communities, Christianity, and some who indicate no particular religious affiliation. The religion followed will have implications for rituals and practices at major life events, including death. It is best to source the name of a personal contact for these purposes. A Chinese community contact has given her contact details for emergencies where no family is available and these are available at the end of the section.

6 *Food and the content of medicine:*

The Chinese diet varies by region, hence food preferences need to be discussed with patients. At a minimum the main meal each day should be culturally appropriate and arrangements need to be made to meet this standard.

7 *Gender issues and modesty:*

Chinese women may prefer to be treated by a female practitioner, particularly when intimate areas of the body are being examined.

8 *Initiation ritual/infant baptism:*

Where there is imminent threat to a newborn baby's life and the family is Christian it is best to check with the family if they would like the baby to be baptised.

Profile of the Chinese Community in Ireland ¹⁷

The number of ethnic Chinese in Ireland is estimated at 60,000. The group is potentially the largest (and if not the second largest) Minority Ethnic Community in the Irish State.

The Chinese community can be categorised in three ways:

- *Ethnic Chinese born outside People's Republic of China (mainland China):* The earliest Chinese migrants to Ireland arrived from Hong Kong (reunited with China in 1997) from the 1950s onwards and spoke Cantonese as a first language. Later arrivals from the 1970s onwards came from Malaysia, Taiwan and Singapore and spoke Mandarin, the official language of China, as a first language. Many of this cohort are now settled in Ireland running businesses, etc.
- *Irish born Chinese* who are mainly the children of earlier migrants.
- *Chinese people born in the People's Republic of China:* A more recent community from mainland China who are now the largest cohort of ethnic Chinese in Ireland. This group, most of who are from the Fujian province in the south and the Shenyang province in the north, are mainly university and language students while there are also some professional workers. This newer community speak Mandarin as a first language and many may not speak English fluently.

¹⁷ The data and categorisation of Ethnic Chinese in this section is taken from O' Leary, R. and Li Lan (2008) *Mainland Chinese Students and Immigrants in Ireland and their engagement with Christianity, Churches and Irish Society*, pages 2-3.

General Cultural Features and Social Experience

This section contains broad information that may be helpful for those with little familiarity with Chinese culture. This information needs to be applied recognising that each person is an individual; there is national/regional diversity among the ethnic Chinese in Ireland; and some of the Chinese community may be more Westernised as a result of having been born in Ireland or living here for decades.

Essential Practice Point

1

- ***Fusion of beliefs:*** Chinese people are influenced by various belief systems that developed in China over previous millennia, some of which has also influenced the development of other parts of Asia.
- *Confucianism* is believed to have had the strongest influence on Chinese personal and societal development. Originating in China almost two thousand five hundred years ago, Confucianism is a personal and social code governing personal behaviour, morality, ethics and societal functioning. Within the belief system people are socialised to behave themselves with dignity in social settings, respect authority and obey their leaders, originally viewing the Emperor (and later leaders) as the *Son of Heaven*.
- *Taoism* developed at the same time as Confucianism and is a more philosophical and individualistic thought stream. Taoism speaks of the *way of the Tao*, a belief that there is a natural flow to the universe and remaining in harmony with this underlying flow will ensure positive wellbeing and good

health. Among other things Taoism reinforced the need to maintain balance between *Yin* and *Yang*, the opposites that Chinese philosophy has believed to be part of all life for eons of time. The principles of Taoism, and the need to maintain the balance of *Yin* and *Yang* in particular, have influenced the development of the system of medicine called *Traditional Chinese Medicine*, music, arts and practices such as *Qi (Chi) Gong* and *Tai Chi*.

- **Buddhism** developed over two thousand years ago. Observers indicate that there has been a mutual influence between existing Chinese thought streams and the development of Buddhism. As Buddhism developed in China it emphasised a religion relatively free of prescribed ritual and accessible to ordinary people and family life. Chan (known as Zen elsewhere) Buddhism initially developed in China.
- **Chinese folk religion** has been practised in much of China for thousands of years. It includes worship of the family ancestors; worship of the sun, moon, earth, heaven and various stars; and figures within Chinese mythology, among them the Chinese dragon.
- **Communism:** The Communist Party of China established the People's Republic of China in 1949 and its first leader was Mao Zedong (also known as Chairman Mao). Initially, thought streams that detracted from Communist thinking, including religious practice, were not favoured under Communist rule. This has relaxed since approximately the 1980s and many Chinese are practicing particular religions including Buddhist, Taoism and Christianity. Some Christian churches have mission programmes in China.
- **Family bonds:** In Confucianism one of the virtues to be cultivated is *filial piety*, a love and

respect for one's parents and ancestors. This includes taking care of one's parents into old age, not damaging the good name of the family, not be rebellious, and ensure heirs so that the family and ancestral name lives on. This virtue continues to influence those of Chinese origin, including young Chinese migrants, some of whom are supporting parents at home with money earned in low paying jobs in Ireland.

Essential Practice Point

2

- **Social interaction norms:** Chinese and some other Asians are socialised to conduct themselves to particular standards in public settings, some of which are different to the socialisation processes in the West. The Asian norms are indicators of respect for the other in that society and not an indication of sociability or capability. With these caveats in mind, some Chinese/Asians:
 - May appear reserved when speaking with another.
 - May be deferential to those in authority and may not always seek clarity on an instruction that is not understood in order to not cause offence.
 - May hold personal feelings in check and avoid conflict with others in order to maintain social harmony and avoid loss of dignity in social situations.
 - May go to considerable lengths to avoid saying 'No' in order to not be impolite.

Essential Practice Point

3

- **Naming convention:** In the written form, the surname usually comes first, followed by the family generation name (which may not be used) and finally the personal name. In the Western world many Chinese reverse the order of the name so that it appears like a Western name. A female example is where Li (surname) and Lan (personal name) is written as Lan Li in the West and a male equivalent is where Wang (surname) Chen (personal name) is written as Chen Wang in the West. If a hyphen is used in the written form, for example Lan-Yee Li, the first part continues to indicate the personal name and the second part the generation name. Check which name is the surname for patient information purposes.

- The older Chinese community in Ireland tend to use herbs to address illness and complement it with Western medicine. Younger Chinese are tending to use Western medicine as a first option. It may be useful to check if herbs are being used and that their content does not counter the effects of any medication prescribed.

Religious contacts and religious practices

Belief systems vary among the Chinese and some evidence suggests that some may subscribe to a fusion of beliefs. Many Chinese are likely to be influenced by Confucianism, Taoism, Buddhism and Chinese Folk Religion (these four belief systems are described above) irrespective of identified religious affiliation or apparent absence of religious affiliation.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Essential Practice Point 4

4

- *Traditional Chinese Medicine*, the system of medicine that developed in China some millennia ago, emphasises working with the natural processes of the body to alleviate illness. Traditional treatments including herbs (taken orally or as teas), acupuncture and diet management are used to prevent and cure illness. The natural processes advocated by this traditional system have been used effectively to cure illness for centuries.

Essential Practice Point 5

5

- Contributors have indicated Buddhism is followed by the more established Chinese community, some of whom meet at a small Temple room in Dublin. There are also established ethnic Chinese Christian congregations in urban areas such as Cork, Dublin and Limerick. Some of the newer community, who tend to be younger, also follow Buddhism while others describe themselves as having no particular religious affiliation.
- The religion followed will have implications for rituals and practices at major life events such as birth, critical illness and death. It is best to source the name of a spiritual contact for these purposes and if that is not available a personal contact who can advise the setting of the practices to follow.

- For those who are Buddhist and who do not have a formal contact the local Buddhist contact (developed by the healthcare setting from the contacts provided in the Buddhist section) is likely to be willing to assist.

Food and the content of medicine

Essential Practice Point

6

- Diet varies by region, hence food preferences need to be discussed with patients. Those from Northern regions mainly eat wheat including noodles, bread and dumplings while those from Southern regions include rice in the diet.
- At a minimum, the main meal each day should be culturally appropriate and arrangements need to be made to meet this standard.

Gender issues and modesty

Essential Practice Point

7

Chinese women are comparatively modest and may prefer to be treated by a female practitioner, particularly when intimate areas of the body are being examined.

Family dynamics and decision making

Chinese may prefer if a family member is not informed of a poor prognosis so that the person is given every opportunity to recover. Some may wish to have time to engage in spiritual practices, such as prayer and offering to the ancestors, in the hope of averting a poor prognosis. It is advised to discuss

with family how a loved one will be informed of a poor prognosis.

Blood Transfusion and Organ Transplantation

Contributors indicate that blood transfusion and organ transplantation will need to be discussed and clarified with a person of Chinese ethnicity as there may be concern about these practices.

Care of the Dying

Family and community visits

Family and community will wish to be present at times of critical illness and imminent death.

Death-related religious rituals

- There are no particular cultural rituals surrounding death and any rituals will be determined by the religion followed. Check what religion should be followed with the person, family or spiritual/personal adviser.
- The requirements for Christian traditions are described in their particular sections. Chinese tend to follow Chan Buddhism, which tends to be freer from overt ritual than other traditions.

Cleaning and touching the body

The religious affiliation may have implications for how the body is prepared and any requirements will also need to be checked with the person or family. For example, in Buddhism the manner in which the body is handled immediately after death is usually important and these requirements may apply.

Postmortem requirements

Traditionally a body would not have been cut, while in modern Chinese society practices have changed. Additionally, Buddhist groups indicate a preference that postmortem is conducted only if absolutely essential. There are likely to be variances in the approach to postmortem and the family should be consulted before the procedure takes place.

Interment ritual and bereavement

- Both cremation and burial are practised.
- Traditionally, the family held a ceremony for the deceased person at home, which lasted for up to three days, ending with releasing the spirit of the person to the ancestor shrine, heaven and their grave. The location of the grave traditionally was determined using the principles of an ancient practice called *feng shui*, which has been commonly used in Chinese architecture over the centuries. Some may continue this, while others hold a simpler ceremony or a religious related one.

Religious Icons and Symbols

Personal and religious items

Some Chinese may have statues of particular deities, for example Guan Yin, the Goddess of Mercy. Others may wear jewellery of significance in Buddhism. Christian followers may wear a plain cross.

Use of religious symbols

Christian symbols, such as a plain cross, will only be appropriate for Christian followers.

Additional Notes on Maternity and Paediatric Care

Birth rituals

Traditionally, Chinese women work within particular cultural norms after a birth and many may still follow these norms:

- According to Chinese custom, Chinese women should rest after giving birth to a baby. The custom is called *zuoyuezi*, which literally translates as 'stay in for one month'. No personal washing (shower or bath) is done after a birth for a period of time, which can be up to two weeks or possibly longer and cold water in particular is avoided. They may also not drink cold liquids during this time and may avoid outdoors in order to not be exposed to cold.
- Family may wish to bring particular foods to the hospital that were traditionally used to recoup the new mother's energy.
- Chinese women are open to breastfeeding.

Initiation ritual/infant baptism

Essential Practice Point

8

Where there is imminent threat to a baby's life and the family is Christian it is best to check with the family if they would like the baby to be baptised. Infant baptism is not practised in the evangelical tradition and other Christian churches have individual requirements. A baby born to a Buddhist family will not need to be baptised.

Foetal, infant and child death

There are no particular cultural norms regarding miscarriage, stillbirth or child death. Any religious affiliation (most likely Buddhist or Christian) may determine how these processes are managed.

Naming convention

See *Essential Practice Point 3* above.

Developing a Contact for the Chinese Community

First endeavour to source a personal contact from the person who can be called for support and for guidance should religious services be necessary.

Overall:

The Irish Chinese Information Centre is an established service run by the Irish Council of Chinese Social Services. The organisation has indicated that it can assist ethnic Chinese who may need help in healthcare settings and/or who do not have family in Ireland. The Centre is located in Dublin.

Tel: (01) 8788358

Out of hours emergencies contact:

Dr Katherine Chan Mullen, Chairperson of Irish Chinese Information Centre @ 087 2322607.

Buddhist:

It is best to source the name of a spiritual contact from the person as the Chinese form of Buddhism is relatively free of overt ritual, while there are some practices that should be conducted respecting the person's language and culture.

Christian:

The website of the Chinese Christian Evangelistic Association provides details for three Chinese Christian groups in Ireland.

Cork Chinese Christian Fellowship
Tel: (087) 9310841

Chinese Gospel Church of Dublin
Tel: (01) 873 0606

Dublin Christian Life Fellowship
Tel: (01) 815 7642

Contributors

Three cultural informants from the Chinese community in Ireland contributed to this section and approved the finalised material. They were:

- Dr Lan Li, Irish Institute of Chinese Studies, University College Dublin
- Dr Katherine Chan Mullen, General Practitioner, Chairperson of Irish Chinese Information Centre and member of Irish-Chinese Cultural Society
- Ms Jun Ni, Chinese-Irish Intercultural Specialist and Interpreter.







A **Celtic Cross** is the symbol of the Church of Ireland.

CHURCH OF IRELAND/ANGLICAN COMMUNION

The Church of Ireland belongs to the Anglican Communion, a world wide grouping of self-governing churches, including the Church of England. In Scotland and the United States, members are known as Episcopalians.

The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity (described on page 16).

Clergy are usually called priests or deacons. Those in charge of parishes are usually described as rectors.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Church of Ireland/ Anglican Communion:*

Members of the Anglican group may be from the Church of Ireland, Church of England or if they are from Scotland or the United States they may refer to themselves as Episcopalian. Lutheran Church members from the Nordic and Baltic countries can receive religious services from Church of Ireland clergy.

2 *Religious contacts and religious practices:*

Each healthcare setting has a designated Church of Ireland chaplain whose role includes responding to the religious needs of Anglicans. There are a number of religious ceremonies (sacraments), each having a specific purpose including aiding healing and preparation for death.

3 *Death-related religious rituals:*

The chaplain or designated religious contact should be called if the person is in imminent danger of death.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out on a deceased person.

5 *Initiation ritual/infant baptism:*

The *Sacrament of Baptism*, initiation into the religion, normally takes place in infancy. A newborn child should be baptised if in danger of death. The chaplain can administer this sacrament. In an emergency a Christian lay person may follow the instructions under the theme *Initiation ritual/infant baptism*.

Profile of the Church of Ireland/ Anglican Communion

Essential Practice Point

1

The Church of Ireland has the second largest (stated) religious affiliation in the state. Census 2006 indicated that the Church increased its membership by close to 9% between 2002 and 2006, with 125,585 members in 2006.

Those who are likely to belong to the Church of Ireland are mostly Irish but increasingly members may have been born outside the State. Many Anglicans in Ireland have come from England, mainland Europe, North America, Africa and Asia.

Some of the people in the healthcare setting, for example visitors to Ireland, may be members of churches in communion with the Church of Ireland. These include the Church of England. Scottish and United States' members refer to themselves as *Episcopalians*.

Lutherans from the Nordic and Baltic countries are also full members of the Church of Ireland. The Church of Ireland can act as a representative of Lutheran Church members from Estonia, Finland, Iceland, Latvia, Norway and Sweden. All practices/ceremonies are the same in both churches.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- Each healthcare setting has a designated Church of Ireland chaplain whose role assists in responding to the religious and spiritual needs of members of the Church of Ireland and other Anglicans. Clarify with the person if they would prefer to be visited by their own priest/rector or if they are satisfied that the chaplain administers religious services.
- Anglicanism contains a number of religious ceremonies, called sacraments, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. Two commonly administered sacraments are those of *Holy Communion* and *Baptism* (described below). The chaplain or religious contact may administer any sacrament required.

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- In the event of imminent death the chaplain or designated religious contact given by the person should be called to provide religious and spiritual support to the person and family.
- Anglicans and their families may be comforted by the Church of Ireland chaplain being called to offer prayers. At the request of the person or family the chaplain will administer the *Sacrament of Holy Communion*. A request may sometimes be made to the chaplain to anoint the dying person. This may need sensitivity on the part of the chaplain to address the wishes of all concerned.
- Prayers may be said at the bedside of the dying patient. Following death the family may wish to gather around the bed to commend the person to God and give thanks for their life. These practices can be assisted by the Church of Ireland chaplain.
- Often a short service may take place in the mortuary chapel prior to the deceased leaving.

Customs to be observed at death

Anglicans of Irish origin may expect a health practitioner to sit with them in the moments following the loss of a loved one. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt, check with colleagues or the chaplain.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally. Arrangements are usually made with the person's local Church of Ireland parish priest.

Religious Icons and Symbols

Personal and religious items

Some Anglicans (and Lutherans) may wear a cross. This should be treated with respect and should not be removed without the consent of the patient/family.

Use of religious symbols

- A plain cross and candles are appropriate in the mortuary area.
- It is preferable that the crucifix is not displayed in the mortuary area when an Anglican family is using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- In the Anglican tradition the *Sacrament of Baptism* is the religious ceremony that initiates the person into the religion. This usually takes place in infancy. If a new born infant is in danger of death it is important that the child is baptised.
 - If the infant dies before baptism can be performed, a *Naming Ceremony* can be offered by a Church of Ireland chaplain or priest.
 - In an emergency any Christian, including a midwife or another healthcare practitioner, may perform a baptism. This is done by making the sign of the Cross on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit, Amen." Many parents will derive great comfort from knowing that their child has been baptised.
- At a later time a surviving child can be publicly welcomed and into the religion.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The chaplain can offer particular ceremonies based on the needs and wishes of the parents, which are of paramount

importance in these sensitive situations.

- In the case of a stillbirth the chaplain can offer a *Blessing or Naming Ceremony*. These rituals can also be performed in the case of miscarriage, based on a request from parents.
- A funeral service will be offered for all cases of foetal, infant and child death. The nature of the service is based upon the wishes and needs of the bereaved. Local clergy tend to work with the bereaved family in the preparation of the funeral service. The chaplain will be a contact person and a resource in these matters.
- Parents will value the knowledge that the remains are treated with respect.

Memento of a deceased child

There is no objection to offering a memento of a deceased child to the parents, be it a footprint, handprint, lock of hair, etc.

Developing a Church of Ireland Contact

Each healthcare setting has an appointed Church of Ireland chaplaincy resource. The chaplaincy department can provide details of the local contact.

The annual publication *The Church of Ireland Directory* lists the names and contact details of chaplains assigned to hospitals.

Contributors

Two Church of Ireland clergy contributed to this section and jointly approved the finalised content. They were Reverend Bruce Pierce, Director of Education and CPE Supervisor, St. Luke's Home, Cork and Canon Patrick Comerford, Church of

Ireland Theological Institute. Canon Comerford provided us with detailed guidance and clarification on the historical development of Christianity for the sub-section *Terminology and traditions within Christianity* in section 3. Both Reverend Pierce and Canon Comerford provided us with materials written by them that are referenced in the bibliography.





The **trumpeting Angel Moroni**, a Book of Mormon prophet, is a common symbol above Mormon temples.

CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS (ALSO KNOW AS MORMONISM)

The Church of Jesus Christ of Latter-day Saints is founded on the teachings of Jesus Christ as revealed to Joseph Smith Junior, a US American. Joseph Smith is regarded by Latter-day Saints as a Prophet.

The movement emphasises that it is Christian, while it is regarded as holding distinctive beliefs. Latter-day Saints accept the *Christian Bible* and other sacred texts of the religion including *The Book of Mormon, Another Witness of Jesus Christ*, which contains revelations given to Joseph Smith.

There are approximately thirteen million Mormons in the world, with 6 million of these living in the USA.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of Latter-day Saints in Ireland:

Latter-day Saints in Ireland are from a number of countries including Ireland, the UK, other EU countries, the Philippines, North and South America and African countries. Most are to be found in Dublin, Cork, Galway, Limerick and other smaller urban centres. The movement refers to members as *Latter-day Saints* and not 'Mormons'.

2 Religious contacts and religious practices:

The church has home teachers whose role includes visiting members in hospital. The person or family will normally know the name of their Home teacher or the contact number for an elder who can perform religious ceremonies. If these contacts are not known a contact can be sourced through the number provided at the end of the section.

3 Death-related religious rituals:

The home teacher or elder should be called if a person is in danger of death to provide spiritual support to the person. There are no specific rituals for dying Latter-day Saints.

4 Cleaning and touching the body:

The normal washing and preparation procedure can be carried out. The *sacred garment* (described under *Personal and religious items*) may be removed when washing a body and should be replaced afterwards.

5 Initiation ritual/infant baptism:

Baptism of newborns and infants in danger of death is not necessary.

Profile of Latter-day Saints in Ireland

The Church of Jesus Christ of Latter-day Saints has a well developed international missionary programme, usually conducted by young people in their late teenage years to early twenties. Census 2006 indicated that the number of Latter-day Saints in the Republic of Ireland increased by 48.5% between 2002 and 2006, with the religion having 1,237 members in 2006.

Essential Practice Point

1

The Latter-day Saints indicate that members are from a number of countries including Ireland, the UK, other EU countries, the Philippines, North and South America and African countries. Most Latter-day Saints are to be found in urban centres such as Dublin (four congregations), Cork, Limerick, Galway, Waterford, Dundalk, Bray, Sligo, Tralee and Mullingar.

Some Latter-day Saints were raised within the religion while others have converted. Both categories are represented within the current membership in Ireland.

The movement refers to members as Latter-day Saints and not 'Mormons'. The term Latter-day Saint should be used to describe the person for data purposes, etc.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- The movement has home teachers whose role includes visiting members in hospital. Church elders perform religious ceremonies. The person or family will normally know the name of their home teacher or the contact number for an elder. This contact needs to be sourced from the person on arrival so that appropriate support can be contacted as necessary. If these contacts are not known, a contact may be sourced directly by the healthcare setting through the number provided at the end of the section.
- Home teachers conduct blessings of the sick and dying, which involve anointing with oil and laying of hands upon the head of the sick person.

Family dynamics and decision making

Some members are converts from other religions. There is a possibility of conflict in relation to religious services if family members do not respect this choice. Here, as in other cases, the wishes of the person are paramount.

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point 3

- The home teacher or elder should be called if a person is in danger of death to provide spiritual support to the person.
- There are no specific rituals for dying Latter-day Saints. The person may wish to receive a blessing from an elder. Latter-day Saints believe that the best preparation for death is to live righteously.

Cleaning and touching the body

Essential Practice Point 4

- The normal washing and preparation procedure can be carried out.
- The *sacred garment* (described under *Personal and religious items*) may be removed when washing a body and should be replaced afterwards.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Burial is preferable to cremation for Latter-day Saints, while it is a matter for the family to decide. A simple and dignified service is normally held at the meeting house if that is the family's wish.

Religious Icons and Symbols

Personal and religious items

- Some Latter-day Saints, both male and female, may wear a sacred garment. This may be removed with consent from the person as required and should always be replaced.
- Members may carry a copy of the *Christian Bible* and other holy texts.

Use of religious symbols

The Latter-day Saints do not use religious icons as part of their religious practices. It is not appropriate to display the crucifix, cross, or use candles in a mortuary area when Latter-day Saints are using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point 5

Latter-day Saint children are usually baptised when they reach the age of eight. They believe that little children are incapable of committing sin hence infant baptism is not necessary.

Foetal, infant and child death

There are no specific religious requirements governing miscarriage, stillbirth infant or child death. The home teacher or elders can provide solace to parents and other family members by

offering prayer, reading scripture, giving sensitive counsel, providing blessings of comfort or otherwise being available to assist in any way required.

Memento of a deceased child

It is best to check with family before offering a memento of a deceased child.

Developing a Latter-day Saints Contact

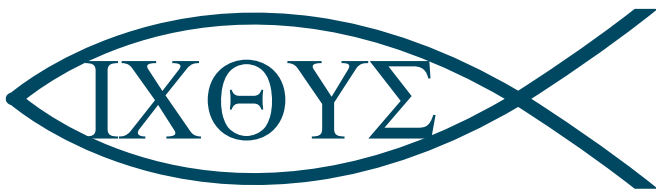
The name of the person's religious contact (home teacher and elders) should be sourced directly from the person. Requests for information and the contact details for the local home teacher and elders can be sourced from the Latter-day Saints headquarters if necessary.

Ireland Dublin Mission, The Willows, Finglas Road, Glasnevin, Dublin 11.
Tel: (01) 830 6899

Contributor

Mr John Connolly, Director of Public Affairs, Church of Jesus Christ of Latter-day Saints contributed to this section and approved the finalised content.





The **Ichthus**, an image of a fish and an early Christian symbol, is a recognised symbol in the Evangelical movement. Other common symbols include a plain cross, the Bible or a dove, representing the Holy Spirit.

EVANGELICAL CHURCHES

Evangelicalism is a movement within Christianity distinguished by its distinctive emphases. These are the sole authority of the *Christian Bible*, the need for personal conversion and new birth through faith in Christ's death on the cross (hence the reference to 'born again Christians'), and the mandate for preaching the Gospel throughout the world. The movement also shares the principal beliefs of other traditions of Christianity (described on page 16).

An evangelical Christian may be a member of a Christian denomination or of an independent evangelical church or group that is not part of any Christian denomination.

Pentecostalism is a closely related movement and is usually included in the category of evangelicalism. The evangelical movement has been growing steadily and presently numbers hundreds of millions on all continents.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of evangelical churches in Ireland:*

Evangelicalism is a movement within Christianity that is now expressed as a part of most Christian denominations as well as numerous independent churches and social agencies. Evangelicals may be Irish and from new communities, particularly Africa, Asia (including the Philippines) and South America. An *evangelical* or an *evangelical Christian* are correct terms, while the term 'evangelist' is incorrect when used as a description for this group.

2 *Religious contacts and religious practices:*

An evangelical Christian may not be easily recognisable in a healthcare setting, while they will wish to have any religious practices conform to their belief system. They may identify themselves as part of a particular denomination, an independent church or simply a Christian. It is particularly important to clarify the name of the contact to be called for religious support for the person and guidance for the healthcare setting at critical points.

3 *Death-related religious rituals:*

Death-related religious rituals vary depending on whether the person is from a particular denomination or not. In case of imminent death the named religious representative should be called, who will provide support as necessary.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out.

5 *Initiation ritual/infant baptism:*

Evangelicalism practices the initiation ritual of baptism later in life, while practice may vary due to the trans-denominational nature of the movement. Most independent (non-denominational) evangelical Christians, Pentecostals and Baptists are unlikely to practice infant baptism, even in the case of threat to life of a newborn. Members of the Church of Ireland (Anglican), Methodist and Presbyterian Churches may follow their own denomination's guidance. Specific guidance on each of the latter denominations is given in their specific sections. Guidance will need to be sought from the family or religious contact.

Profile of Evangelical Churches in Ireland

The Irish evangelical movement developed its present form in the 18th century. A major early influence in evangelicalism was the Reverend John Wesley, an Anglican minister whose distinctive method of teaching and preaching later gave rise to the Methodist Church.

The movement uses a lower case e when writing the word evangelical.

Essential Practice Point

1

Evangelicalism is now expressed as a part of virtually every Christian denomination including Baptist, Church of Ireland, Methodist, Presbyterian and Pentecostal. There are also numerous independent evangelical churches in Ireland, some with congregations in excess of five hundred. A number of social, relief and mission agencies such as the Salvation Army and the Young Men's Christian Association (YMCA), TearFund Ireland, etc., work to evangelical principles.

Census 2006 recorded an increase of almost 40% among those identifying themselves as evangelicals, amounting to 5,276 members. As evangelicals in the major denominations tend to list as members of those churches the actual figure in the Republic may be much larger. Contributors estimate that there are in excess of 30,000 evangelicals and Pentecostals in Ireland. Evangelicals may be Irish and from new communities, particularly Africa, Asia (including the Philippines) and South America.

There are evangelical congregations throughout the country in major cities and other urban centres. As mentioned above, some of these are led by clergy or ministers from the major denominations.

Others are independent churches, groups, or fellowships, whose leaders are usually referred to as pastors, elders or sometimes senior leaders. There are currently a number of evangelical and Pentecostal churches in Ireland including Chinese, Filipino and African (the last are detailed in the Pentecostal section).

Evangelical Alliance Ireland (EAI) is the largest movement of evangelical churches, organisations and individuals in Ireland. There are also other organised groupings of evangelical churches.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- There are numerous evangelical congregations in Ireland. An evangelical Christian may not be easily identifiable in healthcare settings, while they will wish to have any religious practices conform to their belief system. They may identify themselves as part of a particular denomination, an independent church or simply a Christian. It is particularly important to clarify the name of the contact to be called for religious support for the person and guidance for the healthcare setting at critical points, such as death-related matters.
- The evangelical movement places emphasis on the *Christian Bible*, prayer and personal faith in Jesus Christ. Relatively speaking, compared to some other Christian traditions there is less emphasis on ceremony, ritual and symbols. It is likely that religious and/or community members may sit at the bedside

reading passages from the *Bible* and praying, and sometimes a group may request a room to worship with singing.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- Rituals to prepare a person for death, where they exist, vary depending on whether the person is from a particular denomination or not. In case of imminent death the named religious representative should be called, who will provide support as necessary.
- Evangelical Christians do not pray for the dead; prayer at this time is usually thanksgiving for the life of the deceased person and comfort for the family.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally.

Bereavement

The religious leader will generally facilitate the family with bereavement issues.

Religious Icons and Symbols

Personal and religious items

Plain crosses and the *Christian Bible* tend to be the most common symbols across the spectrum of the evangelical movement.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- The crucifix (a cross with the figure of Christ) is not usually considered an appropriate symbol. It should not be displayed in a hospital mortuary unless the religious leader/family directs otherwise.
- Icons/images of Christ, Mary (Mother of Jesus) and saints as well as prayer beads are also not usually appropriate.
- It is advised to check with the religious leader or family before using candles as they are not a common symbol across all denominations and groups in the evangelical movement.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- Evangelicalism emphasises personal conversion at a time the person is ready. However, the practice of baptism, the initiation ritual common to Christian traditions, is likely to vary across the groups within the evangelical movement.
- Most independent (non-denominational) evangelical groups, Pentecostals and Baptists practice baptism (i.e. initiation into the religion) by full immersion in water at a time when the person is ready to choose the Christian religion. Therefore, infant baptism is not practised, even in cases of threat to life of the infant.
- The Salvation Army does not practise baptism.
- The Church of Ireland, Methodist and Presbyterian sections of this Guide contain specific information about the views of the respective churches on infant baptism and the manner in which it should be carried out if necessary. Please consult these sections for specific guidance if the infant is a member of any of these traditions.

Foetal, infant and child death

- There are no specific religious requirements in cases of foetal death or stillbirth. The parents' wishes should determine what should happen.
- Normally a service is held for deceased infants and children, while the nature of the service

depends on the age of the child and the parents' wishes. The religious contact will be a resource in these matters.

Memento of a deceased child

There are no religious restrictions on giving a memento of a deceased child to the parents such as hand/foot-prints, a lock of hair etc. It is appropriate to ask if families would find this helpful.

Developing a Local Evangelical Church Contact

Individual religious contacts need to be sourced from the person, given the scale and diversity of churches and organisations within the overall movement.

For information about the overall movement in Ireland or for information on local churches contact:

Evangelical Alliance Ireland, Ulysses House, 22/24 Foley Street, Dublin 1.

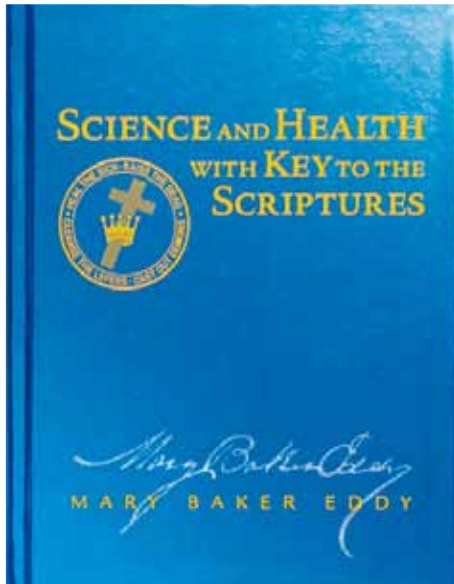
Tel: (01) 8881111

Website: www.evangelical.ie

Contributors

Mr Fergus Ryan, Senior Leader of Trinity Church Network (www.trinity.ie) and member of EAI theological committee provided information for this section and approved the finalised section. Mr Ryan also provided us with detailed guidance and clarification on the historical development of Christianity for the sub-section *Terminology and traditions within Christianity* in section 3. Ms Kait Morrell, EAI, facilitated us in sourcing contacts in the evangelical community.





The **Cross and Crown** motif encircled by the words of Jesus Christ is the symbol of the Christian Science movement. The motif is displayed on *Science and Health with Key to the Scriptures*. This work together with the Christian Bible are the key holy books of the movement.

FIRST CHURCH OF CHRIST, SCIENTIST (ALSO KNOWN AS CHRISTIAN SCIENCE)

Mary Baker Eddy, an American author, teacher and religious leader, founded the Church of Christ, Scientist. She devoted her life to the practice of healing through prayer, resulting in a system she named Christian Science and described in her book, *Science and Health with Key to the Scriptures*.

Christian Science regards itself as a Christian Church, while it indicates that it also has distinct beliefs. The Church subscribes to one God (who is Father and Mother) and to Christ as the Son of God. For Christian Scientists, Jesus Christ demonstrated that disease, sin and death have no ultimate reality in God's spiritual creation and can be healed on that basis.

It is estimated that there are about 400,000 students of Christian Science in over sixty countries worldwide. There is no ordained clergy. Members engaged in the full-time healing ministry are called Christian Science practitioners.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Beliefs about the treatment of illness:*

Christian Scientists do not normally subscribe to medical intervention due to the opposite approaches to the cause and cure of illness. However, there is no church policy mandating members' health care decisions. Members may be in hospital only for childbirth, following accidents or due to family pressure. It is important that healthcare workers discuss with such service users what level of care they are willing to accept.

2 *Religious contacts and religious practices:*

It will be necessary to source the name of a religious or personal contact from the person who can be contacted for religious support as necessary.

3 *Death-related religious rituals:*

There is no specific ritual surrounding preparation for death in Christian Science.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out. It is a religious requirement that, wherever possible, female staff should handle females after death. However, there is no similar requirement for male patients.

5 *Initiation ritual/infant baptism:*

Infant baptism is not necessary even in the case of threat to life.

Profile of First Church of Christ, Scientist (Christian Science) in Ireland

There is no specific data for the number of Christian Science followers in the Irish State. Contributors indicate that members reside mainly in the Dublin, Cork and Limerick areas. There are places of worship in Dublin and Cork. At this time there are no Christian Science practitioners (healing Ministry) in the Irish State.

Care of the ill

Beliefs about the treatment of illness

Essential Practice Point

1

- Christian Scientists believe that prayer will bring about a change in spiritual understanding which will in turn bring healing to the body. Members do not normally subscribe to medical intervention and may be in hospital only for childbirth, following accidents or due to family pressure.
- Medical procedures are not normally congruent with specific Christian Science prayer-based treatment due to the opposite approaches to the cause and cure of illness. At the same time we cannot assume that a person will decline a conventional treatment on the basis of their identity as a Christian Scientist. Overall, it is therefore important that healthcare workers discuss with the person what level of care they are willing to accept.

- The Christian Science movement indicates that it respects the work of the medical profession. There is no policy mandating members' health care decisions and it does not rebuke those who choose to undergo conventional medical treatment.

Religious contacts and religious practices

Essential Practice Point

2

- Christian Science does not have formal ordained clergy. It will be necessary to source the name of a contact from the person who can be contacted for religious support as necessary.
- The religion has a full-time healing ministry referred to as Christian Science practitioners. A Christian Scientist may wish to contact a Christian Science Practitioner for prayerful support or specific treatment through prayer. If such a request is made, a Christian Science Practitioner will need to be sourced from Northern Ireland or the UK. Contact details are given at the end of the section.
- The person may need privacy and a quiet atmosphere for prayer and spiritual practice.

Family dynamics and decision making

Some Christian Scientists may have been raised in other traditions and there may be a divergence of views between the person and family regarding medical treatment. The wishes of the person are always paramount and must be respected.

Blood Transfusion and Organ Transplantation

Generally, blood transfusions, organ transplantation and life support are not congruent with specific Christian Science prayer-based treatment due to the opposite approaches to the cause and cure of illness. The religion respects the person's wishes. With any medical procedure, particularly those of a more serious nature, a period of time for prayer may be requested before any medical intervention takes place.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

There is no specific ritual surrounding preparation for death in Christian Science. It is important to discern if the person wishes to have their designated religious contact person present if death is imminent.

Cleaning and touching the body

Essential Practice Point

4

- The normal washing and preparation procedure can be carried out.
- It is a religious requirement that, wherever possible, female staff should handle females after death. However, there is no similar requirement for male patients.

Postmortem requirements

Postmortem is usually only agreed to where there are compelling medical or legal reasons.

Interment ritual

Cremation is usually chosen in preference to burial, but it is entirely a matter of family choice.

Religious Icons and Symbols

Personal and religious items

- Members usually do not wear items of religious significance.
- The person may have their own copy of the *Christian Bible* and the book *Science and Health with Key to the Scriptures*.
- Where healthcare settings are compiling resources for various religions this latter publication should be included.

Use of religious symbols

Christian Scientists do not use or display religious icons but would not normally object to icons of other Christian traditions being displayed in a mortuary setting.

Additional Notes on Maternity and Paediatric Care

Approach to child welfare

The health and well-being of the child is always considered paramount among Christian Scientists. Individual decision-making about healthcare needs is always left to families; church authorities indicate

that they have no say in these matters. Christian Scientists will allow medical treatment for children in accordance with the law of the resident country.

Initiation ritual/infant baptism

Essential Practice Point

5

Christian Scientists do not conduct baptism (initiation into the religion); therefore infant baptism is not necessary, even in the case of threat to life.

Foetal, infant and child death

- There are no formal religious requirements or rituals required in relation to stillbirth, miscarriage or death among infants.
- Childrens' bodies should be treated in the same way as adults (see above).

Memento of a deceased child

There are no restrictions on giving mementos for a deceased child and this will be an individual choice.

Developing a Christian Science Contact

At the time of writing the Christian Science movement was hoping to develop a specific contact point in the Irish State. In the meantime, representatives indicate that queries can be directed to the London-based District Manager for the United Kingdom and Republic of Ireland who will source assistance as appropriate. The contact details are:

Mr Tony Lobl, District Manager, Christian Science Committees on Publication, 10 Tideway Yard, 125 Mortlake High Street, London SW14 8SN.
Tel: 0044 20 8150 0245
(weekday office hours only)

There is a Directory of Christian Science Practitioners based in Northern Ireland and the UK at the back of the monthly magazine *The Christian Science Journal*. These practitioners are available on a round-the-clock basis and the magazine is available from the Christian Science Reading Room in Dublin ((01) 679 3524).

Contributors

Mr Tony Lobl, District Manager, and Ms. Rosemary Castle, Editorial Associate, Christian Science Committees on Publication for the United Kingdom and Republic of Ireland contributed to this section and approved the finalised content.





The Om depicted here (also spelled Aum) is a well known Hindu Sacred sound and symbol.

HINDUISM

Hinduism, which developed in the area of modern day India, is among the oldest of the world's religions. The religion originally derived from the *Vedic* scriptures (or *Vedas*), in existence for up to 6000 years.

Hinduism is a vast religion. Hindus worship One Supreme Reality (God) and believe that all souls ultimately become one (*self-realise*) with the Supreme Reality. Various divine qualities of the Supreme Reality are expressed through Gods and Goddesses. Spiritual well-being comes from leading a dedicated life based on non-violence, love, good conduct and selfless service, and ultimately from experiencing the existence of the Supreme Reality within. The Truth may be realised through devotion to a particular aspect of the Supreme Reality, hence the worship of Gods such as Lord Krishna and Goddesses such as Durga, and practices such as self-analysis, selfless service and meditation.

Hinduism has influenced other traditions such as Buddhism.

Fourteen per cent of the world's population are Hindus who live predominantly in India, Nepal and Sri Lanka.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of Hinduism in Ireland:

Census 2006 indicates that the number of Hindus increased significantly between 2002 and 2006. The main community is of Indian ethnic origin from India, other parts of Asia and South Africa. There are also ethnic Irish Hindu followers.

2 Beliefs about the treatment of illness and Traditional Medicine:

Some Hindus may follow the traditional Hindu system of medicine known as *Ayurveda*. Check if the person is taking herbal remedies and determine if the content conflicts with any prescribed medication.

3 Religious contacts:

Presently there are no Hindu priests in Ireland who can lead religious practices. Source the name of a family or community contact who can attend to traditional rituals, particularly in relation to death. Three Hindu community representatives have agreed to be available to provide religious services if necessary, their names are provided at the end of the section.

4 Food and the content of medicine:

For religious and cultural reasons food requirements need to be discussed with the person and provision made to source culturally appropriate food.

5 Family dynamics, decision making and community visits:

Commonly, people of Indian ethnicity consult family members and women consult their husbands about medical decisions. Some families may expect to be automatically involved in decision making.

6 Death-related religious rituals:

Hinduism subscribes to a belief in the cycle of life, death and reincarnation. Death is a significant event, potentially signalling liberation from this cycle, and hence there are particular rituals involved in preparing for death. Where family are unavailable, one of the contacts listed at the end of the section has indicated willingness to attend to the traditional death rituals and can be contacted for this purpose. They may also be contacted if the person has died without receiving traditional rituals.

7 Cleaning and touching the body:

Traditionally the family prepared the body according to customary practice. Where family is available check their preference. Where the person has no immediate family in Ireland contributors have indicated that it is appropriate for healthcare staff to clean and wash the body.

8 Birth and initiation rituals:

Noting the exact time of a baby's birth is important as many Hindus consult their horoscope (placing of the planets, stars, etc., at the moment of birth) at various times throughout their lives.

Profile of Hinduism in Ireland

Essential Practice Point

1

There has been a Hindu community in Ireland since the 1980s. Census 2006 indicates that the number of Hindus increased by just over 96% between 2002 and 2006. Hindu contacts indicate the number of followers in Ireland is higher than the Census figure of 6,082.

The main Irish Hindu community is of Indian ethnic origin, the main grouping is from the Indian sub-continent with others from Malaysia, Sri Lanka, Nepal, the Philippines and from South Africa. The main communities in Ireland are in Dublin, Cork, Galway and Limerick with some in other urban centres.

There are also ethnic Irish Hindu followers, some of whom are married to people of Indian ethnicity and who follow the religion, and others who are part of groups such as the Hare Krishna movement.

Cultural norms in India have implications for how Hindus of Indian origin behave. As this is the dominant group in the Hindu community these norms are discussed in the material below.

At present most worship is conducted in the home or at private facilities. There is a Hindu Cultural Centre Ireland organisation but there is no formal place of worship as of now, and there are plans to build a Hindu Temple in the environs of Dublin.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

- Hindu scriptures discuss *karma*, the law of cause and effect, where each individual creates their destiny through their thoughts, words and actions. Hindus believe that illness and health-related issues may result from their karma in this or past lifetimes. Illness and difficult situations provide the opportunity to purify the karma and evolve spiritually.

Essential Practice Point

2

- Some Hindus may follow the traditional Hindu system of medicine known as *ayurveda*, which treats imbalances with meditation, diet, exercise and herbal remedies. Some may prefer to continue these practices while undergoing western medical treatment.
- Check if the person is taking herbal remedies and determine if the content conflicts with any prescribed medication.

Religious contacts

Essential Practice Point

3

- Presently there are no Hindu priests in Ireland who can lead religious practices. Hence, it is advised to seek the name of a family or community contact who can attend to traditional rituals if needed and particularly in relation to death.

- Three Hindu contacts have agreed to provide guidance and religious services related to death if requested by the person or family. Their names are provided at the end of the section.

Religious practices

- Religious practices may include prayer, meditation and the reading of scripture. A small picture or statue of a Deity may be used in prayer or a *mantra* (a sound vibration representing an aspect of the Divine) may be recited on a *mala* (prayer beads strung together). Some may wish to face North or East during religious practice. These practices do not need any specific accommodation from the healthcare setting unless a specific request is made.

Food and the content of medicine

Essential Practice Point

4

- Food requirements need to be discussed with the person and provision made to source culturally appropriate food, as necessary.
- Vegetarianism is recommended in Hindu scriptures and is widespread in India.
- Hindus are free to choose their own diet and many eat some types of meat. Beef should not be offered to a Hindu as the cow is sacred to Hindus. Some will not eat pork.
- Spices and salt are commonly used, yoghurt and sweets taken with meals and ghee (clarified butter) is used instead of oil in cooking.

- Eating with the right hand, without cutlery, is the traditional method, while in Ireland eating with cutlery is considered acceptable.
- A person should be advised if medication contains animal products so that they can make a choice about whether to use the medicine or not.

Ablutions and washing

Culturally, rules observed in many parts of Asia may be followed by some Hindus. The bed-bound may request water for washing before prayer, before eating and possibly after toileting.

- Most are likely to wash before prayer and before eating.
- Traditionally people wash after toileting, although in the West people may prefer to use toilet paper.
- Those of Asian origin tend to showers for daily washing and some may prefer to use running water rather than a bath to wash if a shower facility is not available.

Gender issues and modesty

- Hindus may adhere to traditional modesty observances common among people of Asian origin. Both men and women may prefer to be as covered as much as possible during a physical examination and may prefer a physical examination to be as private as possible.
- Women are increasingly being treated by male medical personnel in India and are unlikely to request a female practitioner.

Family dynamics, decision making and community visits

Essential Practice Point

5

Cultural norms in India relating to extended family bonds, community bonds, respect for elders and respect for private space have implications for how all Hindus of Indian ethnicity will behave in healthcare settings.

- The person may wish to consult family members in the making of any medical decisions, such as whether or not to operate, and some may expect to be automatically involved in decision making.
 - A woman may wish to consult her husband about medical decisions in line with traditional norms in India.
-
- Family and community will visit an ill person, sometimes in large numbers and these may need to be managed.
 - When visiting an older relative the visitor may stand until invited to sit by his/her elder.
 - In India a person normally removes their shoes before entering a home, a place of worship, and certain other places. Hindu visitors may choose to remove their shoes before entering the ill person's private space (room, cubicle, etc.).
 - Most Hindus speak English but use their native language with others who speak the same language or dialect. Hindi is the major mother tongue of most Hindus.

Blood Transfusion and Organ Transplantation

Selfless giving is a virtuous act in Hinduism. Hindus therefore are likely to be extremely grateful for blood transfusion or organ transplantation.

Care of the Dying

Family and community visits

See points under the theme *Family dynamics, decision making and community visits* above.

Death-related religious rituals

Essential Practice Point

6

Hinduism subscribes to a belief in *samsara*, the cycle of life, death and reincarnation, until liberation (*moksha*) is achieved. Death is a hugely significant life event signalling either the attainment of liberation or the continuation on the pilgrimage of life. There are particular rituals involved in preparing for death. These include reading passages from holy texts, using holy water from the source of the Ganges River in India and offering blessed food (*prashad*).

- In the event that death is imminent and family is not available, one of the contacts listed at the end of the section has indicated willingness to attend to the traditional death rituals and can be contacted for this purpose. They may also be contacted if the person has died without receiving traditional rituals and they will attend to the necessary practices.

Customs to be observed at death

- Hinduism encourages family and mourners to not be excessive in their mourning so that the soul can leave and journey on. They are also encouraged to remember the deceased with happy thoughts as the soul will receive those positive thoughts.
- If the body has to be left alone, a light or a candle should be left burning (safely) near the head of the deceased as a mark of respect and to comfort their soul.
- It is practice for interment to take place within 24 hours. If there is a delay (for example if the death needs to be reported to the coroner) this needs to be explained to the family.

Cleaning and touching the body

Essential Practice Point

7

- Traditionally the family prepared the body according to customary practice; where family is available check their preference.
- In the event that family are conducting the customary preparation and are not immediately available, healthcare staff should only conduct essential tasks such as closing the eyes of the deceased, removing any tubes and cleaning any excretions.
- Where the person has no immediate family in Ireland, contributors have indicated that it is appropriate for healthcare staff to clean and wash the body.

Postmortem requirements

- Most Hindus will not object to compulsory postmortems, providing all of the organs are returned to the body.

- A postmortem should be carried out as soon as possible so that arrangements can be made for interment to take place quickly.

Religious Icons and Symbols

Personal and religious items

- Many Hindu practitioners are likely to carry images of Gods or Goddesses and holy beads. These items need to be treated with reverence.
- Female Hindus of Indian ethnicity wear wedding jewellery and this should not be removed without permission from the family.
- Hindu males may wear a *sacred thread* and this should not be removed without permission.
- If for any reason the sacred threads and jewellery needs to be removed the family's permission must be sought and it should only be removed in their presence.

Use of religious symbols

It is not appropriate to display icons of Christianity in the mortuary area when a Hindu family is using the facility.

Interment ritual

Hindus will want to return the body of their dead relative to the earth as quickly as possible and before the next sunset if they can. The traditional method of disposal is cremation and the ashes scattered into a river. Some may return the ashes to the Ganges River.

Bereavement

Traditionally a Hindu family remain in mourning for a period of thirteen days, time secluded from the rest

of their community and purifying themselves and their home. At the end of this period the community joins in a prayer service.

Additional Note on Maternity and Paediatric Care

Birth and initiation rituals

- Traditionally, in the East a husband did not attend a birth while in the West the Hindu husband may wish to be present.
- Hindu women breastfeed their children within their own culture.
- Community members may visit the mother and newborn child and normally they bring gifts for the baby.

Essential Practice Point

8

- Many Hindus consult their horoscope (placing of the planets, stars, etc., at the moment of birth) at various times throughout their lives. Noting the exact time of a baby's birth is important to precisely determine the child's horoscope.
- On the 10th day after birth the child is named, blessed and given a Hindu name. This ritual is called *Namkaran Sanskar*.

Foetal, infant and child death

- Miscarriage and stillbirth may be sensitive issues for a Hindu woman and her family. There may be beliefs that the events were influenced by karmic processes. The woman and her family may prefer to deal with the

matters privately and quietly.

- Traditional death rituals, including the preparation of the body, are carried out on foetuses that die from the third month onward, infants and children. Follow the guidelines above.

Developing a Hindu Contact

The name of a religious contact should be sought directly from the person. In an emergency one of the following may be contacted if the religious representative is not available and religious services or guidance are required:

Mr Sudhansh Verma @ 085 7218803

Mr Deepak Inamdar @ 087 4179502

Dr Hemant Kumar @ 087 9185153

For general information contact the Hindu Cultural Centre of Ireland:

Website: www.hindu.ie

Email: info@hindu.ie

Contributors

Mr Vivekanand Sakaram, Irish Vinayaka Temple, provided information for the section. Mr Sudhansh Verma, Mr Deepak Inamdar and Dr Hemant Kumar (General Practitioner) from the Hindu Cultural Centre of Ireland made a joint contribution to this section and approved the finalised section.





IRISH TRAVELLER COMMUNITY

The **wagon** was the traditional home of nomadic Irish Traveller families. Traditionally Travellers burned the wagon that the person died in. In modern times many may not wish to continue to live in the trailer, the home that some nomadic families now live in, if a person dies there.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *General cultural features and social experience:*

Travellers tend to experience discrimination and racism in service provision. Members need to be treated with dignity, respect and non-discrimination in healthcare settings in line with current equality legislation.

2 *Beliefs about the treatment of illness and Traditional Medicine:*

Many Travellers have strong beliefs in the power of prayer, religious icons and holy water. In addition to their respect for Western medicine many tend to use traditional folk healing practices including oils, ointments and cures. These beliefs, including any folk healing remedies that the person carries and religious symbols, need to be treated with respect. It is advised to check if the person is using any traditional remedies in addition to medical prescriptions.

3 *Religious practices:*

Roman Catholic ceremonies, religious practices and rituals will usually apply for illness and death. The Roman Catholic chaplain can be called on to provide or source religious support as needed.

4 *Treatment needs:*

Many Travellers, particularly older community members, experience difficulties in relation to literacy. Any written treatment requirements, including prescriptions for medication, should also be explained verbally.

5 *Family and community visits:*

An ill or dying Traveller is likely to have a high volume of visitors. Ascertain who will represent the family and mediate in interactions with hospital staff.

6 *Death-related religious rituals:*

The Roman Catholic chaplain or, if preferred, the person's own priest should be called to administer religious services.

7 *Initiation ritual/infant baptism:*

Travellers are likely to want to have their child baptised if there is a threat to life. See *Roman Catholic* section for details of this practice.

Profile of the Irish Traveller Community

Travellers are an indigenous minority who have been documented as being part of Irish society for centuries. The group has a long shared history, identity, language and value system, which makes them a distinct group.

While Irish Travellers are native to Ireland, they have much in common with European Travellers and Gypsies. Officially, the Irish Government recognise Travellers as a *cultural minority*, while the group continues to campaign for *ethnic minority* status in line with the Roma and other similar groups across Europe.

Traveller representative organisations indicate that there are approximately 30,000 Travellers living in the Irish Republic. It is estimated that there are 1,500 Irish Travellers living in Northern Ireland and 15,000 in England, Scotland and Wales.

General Cultural Features and Social Experience

The Travellers are distinguished by a rich storytelling and musical heritage. Many Irish musicians, for example Christy Moore, openly acknowledge their debt to Traveller musicians who retained the musical heritage of the land.

The Travellers' experience is one of exclusion from rights and privileges enjoyed by their settled counterparts. For example, Travellers have a higher stillbirth rate, a higher infant mortality rate and a lower life expectancy than the settled population.

Essential Practice Point

1

Travellers also experience discrimination and racism in service provision, largely as a result of inbuilt prejudices and stereotyping. Discriminatory and racist treatment of Travellers in healthcare provision is unlawful under the provisions of the Equal Status Acts 2000 to 2004. Such experiences also have implications for how many Travellers will present themselves and interact with health services. For these reasons, dignity, respect and non-discrimination need to be part of the approach to Travellers in healthcare settings.

Some features of Traveller culture and social experience are given here for guidance. These need to be applied recognising that there is wide diversity and that each person is unique.

- *Religious devotion and cures:* The vast majority of Travellers are Roman Catholic and they tend to be devout in religious observance. The community retain beliefs about cures to be found in various natural phenomena, discussed below.
- *Extended family:* Extended family is of particular importance, with a strong sense of family loyalty and duty. This point is important for family visits in hospital.
- *Language and literacy:* While the group has a traditional distinct language, called Cant, Travellers use English as a main language in everyday life. However, many Travellers, particularly older group members, may have literacy difficulties. For example Travellers may not be able to read the letter-based reading tests due to literacy and not eyesight issues.
- *Nomadism:* Moving from one place to another is part of the lifestyle of many, though not all, Travellers. At times of the year the population

of Travellers increases overall as relatives return from England and the populations of particular towns increase as Travellers migrate.

- *Marriage age, birth rate and social position of women:* Travellers now marry older and have smaller families than was the traditional custom. Unmarried births among Travellers are unusual while there is now a small incidence of this pattern. Traveller women participate in social affairs on an equal footing with men and many have taken on leadership roles in the community.
- *Dress/jewellery:* Traveller dress sense is similar to that of the rest of Irish society. Family will wish to retain any jewellery on the body of a deceased relative.

Care of the ill

Beliefs about the treatment of illness and Traditional Medicine

Essential Practice Point

2

- Many Travellers have strong beliefs about the power of prayer and many wear icons of religious figures and *relics* of various saints (See *Personal items* for more information).
- There is a rich heritage of traditional or folk healing practices among Travellers, some of which are similar to practices indicated in the section on *Traditional and Ancient Religions*. Travellers also hold strong beliefs in the healing power of water taken from holy wells as well as oils/ointments infused with particular herbal remedies prepared by traditional healers.

- Some community members have knowledge of *cures* for particular conditions, such as thrush, warts, etc. This is given by the healer as a service to others, usually without payment. The healers may be visited by community members who have these ailments. Community members in hospital may have 'cures' sourced from healers for a particular condition.
- Travellers tend to respect medical opinion in addition to retaining their belief in the power of traditional cures and religious practices (detailed below), prayer and relics. It is advised to check if the person is using any traditional remedies in addition to medical prescriptions.

- Situations may arise where traditional healers wish to use hands-on healing and this may conflict with medical requirements that necessitate that a wounded area is not touched. Should this arise, discussion will be needed so that a mutual solution can be found that satisfies a family.

Religious practices

Essential Practice Point 3

3

Travellers are likely to welcome the support of the Roman Catholic Chaplain who will also administer all necessary religious ceremonies, practices and rituals related to illness and death. Others may also wish to see a priest that they have developed a relationship with over the years.

Treatment needs

Essential Practice Point

4

Due to the literacy issues highlighted above, plain English is necessary in any communication about healthcare issues. Written instructions such as prescriptions need to be explained verbally.

Blood Transfusion and Organ Transplantation

- There are unlikely to be objections to these procedures.
- Consideration needs to be given to literacy issues if documentation is to be signed or consent sought for any of these procedures.

Care of the Dying

Family and community visits

Essential Practice Point

5

- A critically ill or dying Traveller is likely to have a number of visitors. Traveller representatives have indicated that it is important to ascertain who will represent the family in interactions with hospital staff. This will help in mediating between the needs of the healthcare setting and family visitation needs.
- Some families may wish to bring the deceased home for a traditional *wake* (ritual surrounding the community viewing of the body in the home).

Death-related religious rituals

Essential Practice Point

6

The Catholic chaplain or, if preferred, the person's own priest should be called to administer the customary rituals preceding death.

Cleaning and touching the body

The body may be washed by mortuary staff and dressed in clothes provided by the family.

Postmortem requirements

There are unlikely to be culturally specific objections to a postmortem.

Interment ritual

Travellers usually bury their loved ones and many prefer to be buried in the areas that families lived in and have an affinity with.

Religious Icons and Symbols

Personal and religious items

- Many Travellers are likely to have a number of religious and personal items with them. These may include images of Mary the Mother of Jesus Christ, images of saints, medals, holy water, oils and ointments. Due to the rich religious and folk healing heritage in the community these items need to be treated with respect, as do the beliefs surrounding these items. It is best to check with family before removing any item from a body.
- Any personal jewellery should be given to family following a death.

Use of religious symbols

As most Travellers are Roman Catholic, icons such as the crucifix, cross, images of saints and candles are appropriate in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Birth rituals

Traditionally, pregnant Traveller women had no contact with dead bodies and this may still be the case among many.

Initiation ritual/infant baptism

Essential Practice Point

7

Travellers are likely to want to have their child baptised if there is a threat to life. See *Roman Catholic* section for details of this practice.

Foetal, infant and child death

- Miscarried fetuses and stillbirths are treated according to Roman Catholic teaching. Children usually receive a full funeral.
- Parents may need time and space to mourn with the child and this needs to be accommodated.
- Due to the literacy levels among some Travellers, issues of organ retention need to be carefully explained so there is proper consent.

Developing a Local Contact for the Traveller Community

The HSE in partnership with Traveller representative organisations has established a number of projects that work specifically on Traveller Health issues, part of which involve Primary Health Care Projects for Travellers. The key contacts for each are given below.

HSE Traveller Health Project Staff (for Traveller Health and Culture):

Counties: Carlow, Kilkenny, South Tipperary, Waterford and Wexford
Contact: Liam Keane
Tel: 056 7703401
Email: liam.keane@hse.ie

Counties: Cavan and Monaghan
Contact: Enda Galligan (for name of local Traveller Health staff)
Tel: 047 30400
Email: enda.galligan@hse.ie

Counties: Clare, Limerick and North Tipperary
Contact: Mary Kennedy
Tel: 061 483916
Email: maryg.kennedy@hse.ie

Counties: Cork and Kerry
Contact: Deirdre O' Reilly
Tel: 022 31809
Email: deirdremary.oreilly@hse.ie

Counties: Donegal
Contact: Maire O' Leary
Tel: 074 9123757, 087 2229510
Email: maireb.oleary@pavee.iol.ie

Counties: Dublin, Kildare and Wicklow

Contact: Ronnie Fay, Pavee Point

Tel: 01 8780255

Email: ronnie@pavee.iol.ie

Counties: Galway, Mayo and Roscommon

Contact: Mary Syron

Tel: 094 9044234

Email: mary.syron@hse.ie

County: Laois, Longford, Offaly and Westmeath

Contact: Fergal Fox

Tel: 057 9357035

Email: fergal.fox@hse.ie

County: Louth

Contact: Denis Cahalane (for name of local Traveller Health staff)

Tel: 0429394001

Email: denis.cahalane@hse.ie

County: Meath

Contact: Eileen Gilsenan

Tel: 046 9071679

Email: eileen.gilsenan@hse.ie

Counties: Sligo and Leitrim

Contact: Cara O'Neill, A/General Manager
(for name of local Traveller Health staff)

Tel: 071 9155175

Email: cara.oneill@hse.ie

Contributors

Ms Maria Daly, Joint Coordinator of Primary Health Care for Travellers Programme, Pavee Point Travellers Centre, facilitated us to conduct a consultation with a Traveller Women's Group based at Pavee Point. Some of these women are Primary Care Workers and/or leaders in their local communities. Ms Daly and her colleague Ms Fran Keyes reviewed and approved the finalised material.





The Crescent Moon and five-pointed Star became a prominent symbol of Islam from the 19th century onwards.

ISLAM (MUSLIMS)

Islam means *surrender to Allah's (God's) will* and followers are referred to as Muslims. The *Qur'an* (Koran), the Islamic key holy book, contains the stories of a number of prophets also contained in Jewish and Christian texts. These include Adam, Noah, Abraham, Moses and Jesus. Muslims view the Prophet Muhammad as the final prophet and the teachings given to him by Allah are contained in the *Qur'an*.

Islam is followed by approximately 21% of the world's population, in effect making it the largest single religion in the world.

The religious leader is referred to as an imam, literally translated as 'one who stands at the front'.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 **Profile of Islam in Ireland:**

Muslims in Ireland come from a number of ethnic and national backgrounds. It is inaccurate to associate Islam solely with the Middle East and/or Arab culture.

2 **Religious contacts:**

Clarify if the person is a Sunni or Shi'a follower and which religious leader should be called as necessary. Contact details for both communities are provided at the end of the section.

3 **Ablutions and washing:**

Cleanliness is emphasised among Muslims. The bed-bound may request water for ablutions before prayer, before eating and after using the toilet and this request needs to be met.

4 **Food and the content of medicine:**

Muslims should be served *halal* (lawful) food, which includes animals and poultry that has been ritually prepared and all seafood. In particular, pork, alcohol and any foods containing these products are not allowed for Muslims. Alternatively, food prepared to vegetarian standards will be suitable for Muslims, provided that utensils used are clean of non-halal ingredients.

5 **Gender issues, modesty and treatment needs:**

Islam emphasises modesty for both men and women. Both men and women may prefer to be treated by a same gender healthcare practitioner, particularly for intimate physical examinations. Both gender groups may wish to remain as clothed as possible during examinations.

6 **Death-related religious rituals:**

If death appears imminent, relatives or the designated iman should be called and given facilities to perform the customary Islamic death rites. Just before death the person should be turned onto the right side facing south east (in Ireland). When a patient is unable to be turned, they may be placed on their back with the feet in the south easterly direction and their head slightly raised.

7 **Customs to be observed at death:**

Muslims believe that the deceased retains awareness, hence the body must be treated in a specific manner. If family is not immediately available, the appropriate Islamic Centre/iman will ensure Islamic requirements are met. Islam requires that burial take place as soon as possible; any reasons for delay should be explained to the family.

8 **Cleaning and touching the body:**

Healthcare workers should **not** wash the body. Immediately after death only essential tasks need to be performed.

- The body should only be touched by same gender healthcare staff.
- Wear disposable gloves and maintain a quiet composure.
- Close the eyes of the deceased.
- Remove any tubes and plug any incisions that may cause a flow of blood.
- Clean any excretions, i.e. excrement, blood, etc.
- Bandage the lower jaw to the head so that the mouth does not open.
- Flex the joints of the arms and legs to stop

them becoming rigid so that washing and shrouding can be carried out properly.

- At all times the deceased's body must be modestly covered.

9 Foetal, infant and child death:

Full Islamic ritual is carried out for foetuses that have developed, stillborn babies and children. Follow the guidelines in *Essential Practice Points 6 to 8*.

Profile of Islam in Ireland

Muslims have been living in Ireland since the 1950s and over the decades have become a minority religion, many of whom are Irish citizens. Census 2006 indicates that Islam was the third largest (stated) religious affiliation in the Irish state, having increased by almost 70% since the previous Census. Islamic representatives indicate that the number of followers is approximately 45,000, which is higher than the Census figure.

There are followers of both the Sunni and Shi'a Islam in Ireland, each having their own spiritual leaders and places of worship, while both traditions share the same core beliefs.

The Irish Council of Imams brings together the spiritual leaders of both the Sunni and Shia traditions.

Essential Practice Point

1

While Islam was founded in the area now referred to as Middle East, among an ethnic group referred to as Arab, it is inaccurate to associate Islam solely with the Middle East and/or Arab culture. Muslims in Ireland come from a number of ethnic and national backgrounds.

Sunnis are in the majority in Ireland and the largest membership is from Pakistan, Algeria and Libya. The Sunni community have a number of mosques and centres around Ireland (details at end of section). There are over 2,000 Shi'a followers and the majority come from Pakistan, Lebanon, Iran and Iraq. The majority of the Shi'a community live in Dublin where there is a centre, while others live in major urban centres such as Cork and Galway.

There are also Muslims from a number of other areas of the world including Africa including Egypt, Nigeria and Somalia; Asia including Bangladesh, India and Malaysia; Eastern Europe including Bosnia and Kosovo; a Kurdish community; other Middle Eastern countries including Jordan, Kuwait, Saudi Arabia and Turkey; and Ireland including children born to Muslims who have settled here as well as Irish people who have converted to Islam.

Care of the ill

Beliefs about the treatment of illness

Islam views it as a duty to preserve life until Allah (God) decides that life will slip away. As a result Muslims will seek medical attention and co-operate with medical advice.

Religious contacts

Essential Practice Point

2

Clarify if the person is a Sunni or Shi'a follower and which religious leader should be called if necessary. Contact details for both communities are provided at the end of the section.

Religious practices

There are five pillars in the Islamic religion¹⁸, some of which have implications for healthcare practice as follows:

- *Salah*, ritual prayer, which must be performed

¹⁸ The three other pillars are a Declaration of Faith (*Shahadah*), giving alms to the poor (*Zakah*) and *Hajj* a pilgrimage to the Holy City of Mecca which a Muslim should endeavour to do at least once in a lifetime.

five times a day. Praying is preferably carried out kneeling on a prayer mat or, in the case of the unwell, while sitting or lying down. The person may wish to pray while kneeling and if a suitable prayer facility (preferably with appropriate wash facilities and free of icons of other religions) is not available privacy should be created at the person's bed.

- *Sawm*, fasting from food and liquid from dawn to dusk during the holy month of Ramadan. The Islamic religion does not require children, pregnant women or the ill to fast. Should someone decide to fast, food facilities need to be available after dusk. Equally, food facilities should be available for healthcare staff that are fasting during Ramadan.

Ablutions and washing

Essential Practice Point

3

Cleanliness is emphasised among Muslims. The bed-bound may request water for ablutions before prayer, before eating and after using the toilet and this request needs to be met.

- In relation to toileting practices, Muslims wash after toileting, both defecating and urinating. In the West they tend to first use toilet paper and then wash. Disposable cups should be made available in bathrooms to facilitate this practice. The left hand tends to be used for any washing conducted after toileting and children are socialised into the practice so that there is no soiling on the hand.
- The Qur'an directs Muslims to wash before prayer. The same section of the Qur'an allows for dry ablutions using natural substances in particular circumstances, i.e. where no water is available or is available but one cannot use it (*tayammum*).

Food and the content of medicine

- The Islamic diet law prohibits the use of alcohol, narcotics and the ingestion of blood products.
- Medicines and treatment offered to Muslims should ideally be free of these ingredients. The religion recognises that if no alternative is available the person may use these products in order to save or enhance life.

Essential Practice Point

4

- The Islamic dietary requirements categorise food as *halal* (lawful) and *haram* (unlawful). Halal food includes animals and poultry that have been ritually prepared and all seafood. Haram food includes pig meat/pork, alcohol and any foods containing these products. A section of the Islamic Foundation of Ireland website gives information about halal food and the web address is provided at the end of the section. The local Islamic Centre can indicate a local source of halal meat.
- Alternatively, food prepared to vegetarian standards will be suitable for Muslims provided that utensils used in preparation have not been used in preparing non-halal food or have been carefully washed.

Gender issues, modesty and treatment needs

Essential Practice Point

5

Islam emphasises modesty for both men and women.

- Both men and women may prefer to be treated by a same gender healthcare practitioner, particularly for intimate physical examinations. This extends to all staff including medical, nursing, technicians, etc. The opposite gender should only be present if necessary. If a same gender practitioner is not available the situation needs to be discussed with the person.
- Modesty should be observed for both men and women during physical examinations, x-rays, therapeutic treatments, etc, exposing only necessary parts of the body and covering any areas that do not require examination.
- A Muslim woman may prefer to keep her hair, arms and ankles covered as much as possible. If a hospital gown cannot meet the woman's needs she should be given the option to use her own gown.
- Some Muslims may prefer to have the right hand used for intravenous treatments due to the left hand being used for washing, hence it is useful to clarify the preference.

Blood Transfusion and Organ Transplantation

Muslims are unlikely to have any religious objection to blood transfusions or organ transplantation.

Care of the Dying

Family and community visits

A dying Muslim is likely to have a high number of visitors as family, friends and community gather to show respect, resolve unfinished business and say a final farewell. The hospital will need to manage the numbers by offering a facility whereby the numbers at the bedside can be rotated.

Death-related religious rituals

Essential Practice Point

6

- If death appears imminent, relatives or, in their absence, the iman from the person's tradition should be called and given facilities to perform the customary Islamic death rites. These rites include assisting the person to recite a declaration of faith (*Shahadah*), reciting chapters from the *Qur'an* and praying for the peaceful departure of the soul.
- Just before death the person should be turned onto the right side facing south east (in Ireland). When a patient is unable to be turned, they may be placed on their back with the feet in the south easterly direction and their head slightly raised. This is the direction of the *Ka'bah*, the structure at the centre of the Mosque in the holy city of Makkah (Mecca), towards which Muslims turn while offering daily prayers and is considered by them to be the holiest place on Earth.

Customs to be observed at death

Essential Practice Point

7

- Muslims believe that the deceased retains awareness. As a result the body must be handled gently and prepared for burial in a specific manner. If family is not immediately available to attend to this, the appropriate Islamic Centre/imam should be contacted so that they can make arrangements for the ritual washing, shrouding and burial in accordance with Islamic requirements.
- Islam requires that burial take place as soon as possible. Any reasons for delay should be explained to the family.

Cleaning and touching the body

Essential Practice Point 8

8

- Healthcare workers should **not** wash the body.
- Immediately after death only essential tasks need to be performed. In the absence of family or a community member any healthcare worker may conduct these tasks, as follows:
 - The body should only be touched by same-gender healthcare staff.
 - Wear disposable gloves and maintain a quiet composure.
 - Close the eyes of the deceased.
 - Remove any tubes and plug any incisions that may cause a flow of blood.

- Clean any excretions, i.e. excrement, blood, etc.
- Bandage the lower jaw to the head so that the mouth does not open.
- Flex the joints of the arms and legs to stop them becoming rigid so that washing and shrouding can be carried out properly.
- At all times the deceased's body must be modestly covered. If no relative or community member is immediately available, the family and community will appreciate healthcare staff ensuring this.

Postmortem requirements

- In Islam the body should be buried whole and unharmed, therefore strictly speaking no part of the body should be cut or harmed. Postmortems are acceptable only if law requires it. Islamic representatives view that postmortems not founded on compelling medical or legal circumstances amounts to desecration of the body.
- The family is likely to want all the organs returned to the body before burial.
- Where a death has to be reported to the coroner it is important to explain that the person was Muslim and any necessary procedure needs to be expedited.

Interment ritual

A funeral prayer, called *Salaatul Janaazah*, is usually held for the deceased by the local Muslim community, asking for God's mercy and blessings. Bodies are buried and cremation is forbidden in Islam. Muslims are not buried in coffins, but rather the shrouded body will be placed directly in the earth. The grave is usually positioned so that the body, when turned on its right side, faces Makkah.

Bereavement

- When the person passes grieving is expected, while family and relatives are generally directed to not be overly demonstrative in their grieving behaviour.
- The healthcare setting will greatly ease the minds of loved ones by respecting religious norms in the way the body is treated after death and by allowing the body to be collected as quickly as possible for washing and burial.

Religious Icons and Symbols

Personal and religious items

- Muslims do not wear religious items or use any religious icons or symbols. Any items worn on the body are more likely to be of a personal nature.
- The healthcare setting could have copies of the *Qur'an* available for use by Muslims.

Use of religious symbols

It is not appropriate to display icons of Christianity in the mortuary area when a Muslim family is using the facility.

Additional Notes on Maternity and Paediatric Care

Birth ritual

As soon as a child is born (usually) the father recites a ritual *prayer call* into the baby's right ear followed by a second *prayer call* into the left ear.

Foetal, infant and child death

Islamic representatives have indicated that rituals pertaining to miscarriage, stillbirth and death among Muslim children depend on age/stage of development. In all cases Muslim relatives or a religious representative will manage the process.

There is no washing ritual for a foetus that has not developed to the point that body form is evident. The opinion of an iman needs to be sought to confirm the stage of development of a foetus at the earlier stages of pregnancy.

Essential Practice Point

9

Full Islamic ritual is carried out for foetuses that have developed (see last point for further clarity), infants and children. Follow the guidelines in *Essential Practice Points 6 to 8*.

Mementos of a deceased child

Muslims usually do not subscribe to the idea of keeping a memoir of a child.

Developing a Local Islamic Contact

The contact numbers for Imans throughout Ireland are provided here strictly for the purposes of providing religious services to Muslims or assisting the healthcare setting with overall Islamic-related services.

Sunni Community information and religious contacts

Dublin:

There are a number of imans in the Greater Dublin area. They can be contacted through two main Islamic centres in Dublin.

Islamic Cultural Centre of Ireland (ICCI),
19 Roebuck Road, Clonskeagh, Dublin 14.

Tel: (01) 2080000

Out of hours contact: Imam Hussein Halawa @
087 6286223

Website: www.islamireland.ie

Islamic Foundation of Ireland,
163 South Circular Road, Dublin 8.

Tel: (01) 4533242/ 4738276

Out of office hours contact: Imam Yahia Al-Hussein
@ 086 8070661

General Website: www.islaminireland.com

Halal Meat section: Click on the link 'Halal Food'
on the general website page.

Galway:

Islamic Society Galway

Imam Khalid Sallabi @ 086 8778314

Cork:

Islamic Centre Cork

Imam Salem Faituri @ 087 1217608.

Limerick:

Islamic Centre Limerick

Imam Khaled Abdulghafur @ 085 1595426

Other places:

There are smaller communities of Muslims in other areas of the country while there is no designated iman available to attend to the religious needs of members in these areas. This situation may change over time. The Islamic Cultural Centre of Ireland has indicated its willingness to be a first point of contact for areas outside of those listed above and they can direct the healthcare setting as appropriate.

Shi'a Community

For general information and religious needs of Shi'a members contact:

Imam, Dr Ali Abdullah Al Saleh @ (01) 2604491/
086 8201999 or

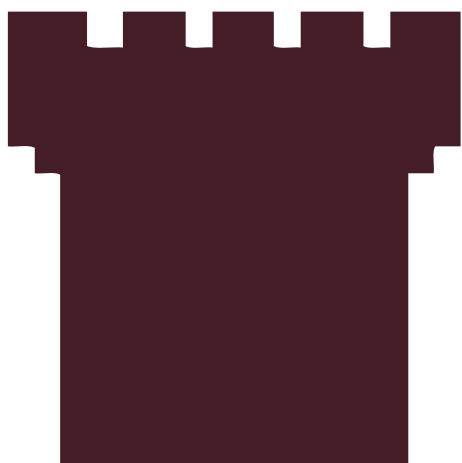
Dr Mustafa Alawi @ 085 7387353

The sole public worship facility for the Shi'a community is at Ahlul Bayt Shi'a Islamic Centre, Milltown, Dublin. Outside of Dublin the community pray in private facilities.

Contributors

Representatives of the Sunni and Shi'a community contributed to this section and approved the finalised content. Mr Ali Selim, Theologian and General Secretary of the Irish Council of Imans, who is based at the Islamic Cultural Centre of Ireland, contributed on behalf of the Sunni Community. Mr Selim guided us to published materials on Islam that are credited in the bibliography and provided contact information for Sunni religious leaders in various parts of Ireland. Dr Mustafa Alawi contributed on behalf of Imam Dr Ali Abdullah Al Saleh of the Shi'a Community and guided us to written guidelines on the care of Muslims in healthcare settings that are referenced in the bibliography. Dr Abdul Bulbulia, General Practitioner and Chair of the Traveller Health Advisory Committee, contributed from the perspective of the medical community.





The **Watchtower** magazine is the principal journal published by Jehovah's Witnesses.

JEHOVAH'S WITNESSES

Jehovah's Witnesses are a Christian tradition sharing many of the principal beliefs of Christianity while also having distinctive beliefs. The *Christian Bible* is the key Holy Book of the faith. There are 7 million members in two hundred and thirty six lands around the world.

Some beliefs held by Jehovah's Witnesses have implications for healthcare practice, while the movement emphasises its belief in modern medicine. It has taken measures to create understanding of members' needs, co-operation with healthcare professionals and encourage the use of new medical advances that meet the needs of all parties. Among these measures are a network of Hospital Liaison Committees made up of specially trained elders (Church ministers) who are specialised in enabling healthcare settings to practice healthcare in a manner consistent with the beliefs of the faith, including facilitating communication between medical staff and Witnesses. This resource, which is available free of charge on a round-the-clock basis, is explored below.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of Jehovah's Witnesses in Ireland:*

Jehovah's Witnesses have congregations in several places in Ireland. Many of the congregations are multi-ethnic including Irish (the largest group), African, Brazilian, Chinese, Filipino, Polish and Romanian.

2 *Religious contacts and religious practices:*

There are six Hospital Liaison Committees in the Irish State who are available at any time to provide support to a Witness undergoing medical procedures, guidance to the treating team, and to assist/mediate in the event of challenging situations. Patient Visitation Groups are available to visit the person and provide religious support as necessary; they should be contacted when death is imminent. Contact numbers for local personnel are at the end of the section.

3 *Food and the content of medicine:*

Jehovah's Witnesses will refuse any food or medicine that may contain whole blood or the four primary components (red cells, white cells, plasma and platelets); for example black pudding.

4 *Blood Transfusion and Organ Transplantation:*

Jehovah's Witnesses completely refuse transfusion of blood and primary blood components (red cells, white cells, plasma and platelets). Outside of blood transfusion, religious regulation and practice by Witnesses varies in areas including autologous transfusion (their own blood) and the use of blood fractions (or derivatives). Baptised Jehovah's Witnesses usually carry an advance care directive document that outlines treatment choices and

releases the hospital from responsibility regarding the consequences of this decision. It is important to clarify with each patient whether or not blood use other than blood transfusion is acceptable.

5 *Death-related religious rituals:*

The local Patient Visitation Group representative should be contacted if death is imminent.

6 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out.

7 *Initiation ritual/infant baptism:*

Jehovah's Witnesses do not believe in initiating infants into the religion through baptism, even in the case of imminent threat to the life of the newborn.

Profile of Jehovah's Witnesses in Ireland

Essential Practice Point

1

Census 2006 indicates that Jehovah's Witnesses increased their membership over the four year period since 2002. The movement indicates that there are 8,000 members and associates in eighty congregations in the Republic of Ireland. This figure is higher than the Census one.

Many of the congregations are multi-ethnic including Irish (largest membership), African, Brazilian, Chinese, Filipino, Polish and Romanian.

Care of the ill

Beliefs about the treatment of illness

- Jehovah's Witnesses believe that taking blood into one's body is contrary to Biblical teaching and therefore is morally wrong. The implications of this belief are detailed under *Blood Transfusion and Organ Transplantation* below.
- Religious contacts emphasise that the Jehovah's Witnesses movement believes in modern medicine.
- In all circumstances, individual Witnesses make their own personal choices regarding medical procedures.

Religious contacts and religious practices

Essential Practice Point

2

- There are six Hospital Liaison Committees in the Irish State who are available at any time to provide support to a Witness undergoing medical procedures, guidance to the treating team, and to assist/mediate in the event of challenging situations. The contact details for these personnel are provided at the end of the section.
- Patient Visitation Group members regularly visit hospitals in order to provide personal support and if necessary religious services to Witness patients. A contact for the local Patient Visitation Group can be sourced from the local Hospital Liaison Committee.
- Generally religious practices are free of ceremony, ritual and symbols. Patients who are terminally ill will no doubt appreciate pastoral visits from their elders (ministers) and would be grateful for a place of quietness where they can pray together. They may also wish to listen to recordings of congregational meetings.
- The Hospital Liaison Committees can arrange educational presentations for healthcare staff on Witness needs and the support that is available, as well as information on medical advances that have been pioneered using alternative non-blood medical management strategies. Research supporting these medical advances is produced in peer-reviewed medical research papers also available through the Hospital Liaison Committees. This work is co-ordinated by the Hospital Information Service at the national headquarters (contact details at the end of the section).

Food and the content of medicine

Essential Practice Point

3

Jehovah's Witnesses will refuse any food or medicine that may contain whole blood or the four primary components (red cells, white cells, plasma and platelets); for example black pudding.

Family dynamics and decision making

Family members may not share the religious views of the patient. If this affects the views of medical treatment, then the wishes of the patient must be paramount.

Blood Transfusion and Organ Transplantation

Essential Practice Point

4

- Jehovah's Witnesses absolutely refuse the transfusion of blood and primary blood components (red cells, white cells, plasma and platelets). This is a deeply-held core value, and they regard a non-consensual transfusion as a gross physical violation.
- Each Witness is free to decide whether to accept procedures involving *Autologous Transfusion* (their own blood). This includes all forms of perioperative/intraoperative blood salvage (cell saver), haemodilution, and postoperative blood salvage (wound drains). While machines, systems, and arrangements vary, each patient must decide how his or her own blood will be handled in the course of a surgical procedure, medical test, or current therapy.

- Autologous predeposit (i.e. own blood deposited in a blood bank, etc.) is not acceptable.
- The use of *blood fractions* (such as albumin, coagulation factors, *(immunoglobulins)*) is a personal decision for each patient.
- Baptised Jehovah's Witnesses usually carry an advance care directive document, directing that no blood transfusions be given under any circumstances. This document releases the hospital from responsibility regarding the consequences of this decision. It also outlines their personal treatment choices regarding blood products and autologous (use of **own** blood) procedures. A copy of this document is generally lodged with the patient's G.P. Some Witness patients will refuse all blood products, others may accept some and not others. With regard to autologous procedures (using a patient's own blood), some accept and some do not. It is important to discuss and clarify with each patient what blood products and procedures are personally acceptable.
- Organ transplantation is a matter of personal choice for Jehovah's Witnesses. This would apply to solid organs as well as bone, tissue, muscle, etc. Organ donation is similarly a matter of personal choice.

Care of the Dying

Death-related religious rituals

Essential Practice Point

5

- The local Patient Visitation Group representative should be contacted if death is imminent. Jehovah's Witnesses believe that suffering is over for the person who has died but concentrate on giving support to the family.

- There are no special rituals or practices to perform for those who are dying and there are no special requirements to be observed by medical or nursing attendants at the time of death.
- Witnesses will appreciate a quiet space to say their farewells to family and friends.

Cleaning and touching the body

Essential Practice Point

6

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There are unlikely to be any objections to a postmortem ordered on medical or legal grounds.

Interment ritual

Jehovah's Witnesses may either be buried or cremated, depending on personal or family preferences and local circumstances.

Bereavement

The booklet *When Someone You Love Dies*, produced by the Jehovah's Witnesses, provides practical suggestions for those who have lost a loved one or for those comforting surviving relatives.

Religious Icons and Symbols

Personal and religious items

- There are no particular items worn by members.
- Jehovah's Witnesses are likely to want to have their personal copy of the *Christian Bible* on hand along with perhaps some of their Bible-based literature.

Use of religious symbols

- Jehovah's Witnesses are likely to be uncomfortable in the presence of religious icons. Symbols and icons such as the crucifix, plain dross, candles and images of Mary (Mother of Jesus), icons of saints, etc., are not appropriate within the tradition.
- No Christian or other icons should be displayed in the mortuary areas when in use for the funeral of a Witness.

Additional Notes on Maternity and Paediatric Care

Approach to child welfare

Representatives have indicated that Jehovah's Witnesses want their children to make their own decisions when they are old enough. However, Witness parents will want the same standard of treatment for their children as they would for themselves. Witness parents seek clinicians who are able to provide non-blood treatment.

Birth rituals and practices

- With maternity care, it is advisable that the healthcare setting notes early in the care process that the mother is a Witness. Care issues, including anaesthesia, need to be discussed and agreements reached. Witnesses are likely to present medical personnel with a *Care Plan for Women in Labour* when they go to a hospital for maternity care. This document can also serve as a protocol.
- The publication *Management of Anaesthesia for Jehovah's Witnesses* is published by The Association of Anaesthetists of Great Britain and Ireland. The document is available online at www.aagbi.org and provides practical information about Jehovah's Witnesses in a medical setting.
- The National Headquarters has indicated that there potentially can be legal and ethical challenges and therefore full and open discussions with the parents and the Hospital Liaison Committee will prove helpful. The Hospital Liaison Committees are available as a resource to the treating team and the parents. Mutual cooperation and dialogue will create a positive environment for medical personnel and the person.

Initiation ritual/infant baptism

Essential Practice Point

7

Jehovah's Witnesses practice the initiation ritual of baptism common across Christianity. They do not believe in infant baptism even in the case of imminent threat to the life of the newborn. They are baptised when they understand the implications and responsibilities that baptism carries.

Foetal, infant and child death

There are no religious views or obligations in matters of foetal, infant or child death. The wishes of the parents need to be sought and followed.

Memento of a deceased child

The parents need to be consulted regarding their wish to have a memento of their child.

Developing Jehovah's Witnesses Contacts

The following Hospital Liaison Committees (HLC) can be contacted for contact details for Patient Visitation Groups, healthcare seminars and healthcare research. These personnel are available on a round-the-clock basis.

Dublin HLC:

Brendan O'Farrell
Tel: 01 8403977
Email: baofarrell@gmail.com

Cork HLC:

Richard Parker
Tel: 025 39174
Email: richardparker@iolfree.ie

Galway HLC:

David Casserly
Tel: 091 528043
Email: dcasserly@eircom.net

Limerick HLC:

Melvyn Burton
Tel: 061 455923/
Email: mjburton@eircom.net

Midlands HLC:

Howard Lipscombe
Tel: 059 86 25050
Email: howdilips@eircom.net

Waterford HLC:

David Northover

Tel: 053 9179089

Email: northoverd@gmail.com

For overall information contact the National Headquarters for Jehovah's Witnesses:

Mr Mark O' Malley, Co-ordinator, Hospital Information Services, Watch Tower House, Newcastle, Greystones, County Wicklow.

Tel: (01) 2810692

Email: his@ie.jw.org

Website: www.watchtower.org

Contributor

Mr Mark O' Malley, Co-ordinator, Hospital Information Services, provided information and guidance for this section and approved the finalised section. Mr O' Malley provided us with published materials on non-blood procedures in the treatment of Jehovah's Witnesses, which are credited in the bibliography. The material included an article written by three medical personnel based at the HSE Midwestern Regional Hospital, Limerick, which was produced in the American Journal of Otolaryngology in 2008.





The **Star of David** is a widely recognized symbol of the Jewish religion.

JUDAISM

Judaism is one of the oldest of the world's religions, a description for a race of people and a way of life whose followers can be found all over the world. Jews follow the beliefs of Jewish Law, found in the *Torah* (the first five books of the Hebrew Bible) and the *Talmud*. The Law governs areas such as diet, worship, marital relations, etc.

The religion's leaders, referred to as rabbis, are considered to be the most prominent figures in any Jewish community. They are experts in the Law, lead worship in the Synagogue (the place of Jewish worship), give guidance in Jewish practice and often act as a mediator in their community.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 **Beliefs about the treatment of illness:**

Healthcare settings should seek the advice of a rabbi when dealing with issues such as life-threatening prognosis, life support, organ donation, etc.

2 **Ablutions and washing:**

Orthodox Jews may wish to wash before prayer and before food. The bed-bound will need running water for this purpose.

3 **Food and the content of medicine:**

Dietary requirement specified in Jewish Law, *kosher*, needs to be respected in food provision to patients and in the application of medicines. Settings can buy in kosher food; details of a supplier are provided at the end of the section.

4 **Death-related religious rituals:**

The Jewish Burial Society or, if unavailable, the Communal Rabbi should be contacted if there is any threat to the person's life. Numbers can be found at the end section.

5 **Customs to be observed at death:**

The Jewish Burial Society should be informed immediately on the death of a Jewish person so that they can prepare the body in the required customary manner. The Society will not be available during the Sabbath (details of relevant timing provided under *Religious practices*). The Chief Rabbi's office has agreed a protocol that in these types of circumstances the body should be taken, still clothed, to the mortuary and left until the community arrives. At least twenty minutes should elapse after death before moving the body.

6 **Customs to be observed at death:**

Jewish Law necessitates the carrying out of a funeral as soon as possible after death. A Death Certificate should be provided at the earliest possible opportunity thereby enabling arrangements to be commenced.

7 **Cleaning and touching the body:**

Healthcare workers should **not** wash the body. They should only perform the following essential tasks in all cases:

- Close the eyes of the deceased.
- Bandage the lower jaw to the head so that the mouth does not open.
- Straighten the fingers and limbs so that they lie parallel to the body.
- The body must be buried whole, which includes any item that has the hair, flesh or blood of the person on it. Leave in place any catheters, drains, tubes and wound dressings for the Burial Society to remove. Cover tubes, etc., with gauze or bandages and any other open wounds must be covered.
- Any excess dirt should be wiped away or washed off.
- Cover the body with a sheet.
- If death occurred during surgery, check with the Rabbi and family if hospital gowns, etc., that have blood on them should also be kept by the family for burial.

8 ***Foetal, infant and child death:***

Foetuses miscarried after the first three months of pregnancy, infants and children must be buried under the full Jewish ritual. Contact the Jewish Burial Society or the Communal Rabbi at the numbers at the end of the section.

9 ***Memento of a deceased child:***

Do not offer the parents a lock of hair from a deceased child as the body must be buried whole.

Profile of Judaism in Ireland

There has been an established Jewish community in Ireland for some centuries. Census 2006 indicated that Jewish membership grew by almost 8% between 2002 and 2006, with approximately 1,930 members in 2006. Most members are Irish Jews. Contributors have indicated that recently arrived migrant workers from Israel and other places are Jewish.

The two main branches of the religion are present in Ireland:

- *Orthodox Jews* emphasise the unchanging, eternal and all-encompassing nature of the Torah, and so abide by a strict and literal reading of the Laws it contains. This group also strictly observe the rules of the Sabbath, the key holy day, and other festivals.
- *Progressive Jews* (which includes Liberal and Reform Jews) who tend to adapt tradition to the needs of modern society while retaining the spirit of their religion.

There are five synagogues in the Irish Republic. Four of these are located in Dublin, three of which are Orthodox and one Progressive Congregation, all of which have regular services on the Sabbath. There is also one in Cork that supports a very small community. They run a service once a month.

Some of those who describe themselves as Jewish may not have contact with the community and synagogue. Therefore it is important to check needs with the person or their family.

Care of the ill

Beliefs about the treatment of illness

- Jewish representatives have indicated that as much as possible Jewish Law should be respected in healthcare practice by both practitioners and Jewish followers. Where necessary, aspects of law can be balanced with the religious requirement to maintain good health. So, for example, there are leniencies in Sabbath observance, dietary laws, etc., in cases of serious illness and where there are no alternatives. Where possible a rabbi should be consulted.

Essential Practice Point

1

- Aspects of the Jewish Law may create conflicts with modern medical treatment. Healthcare settings should seek the advice of a rabbi when dealing with issues such as life-threatening prognosis, life support, organ donation, resuscitation, etc. Matters should then be discussed with the patient and family as early as possible.

Religious contacts

Religious leaders are available to visit any person indicating that they are Jewish on request from the person or healthcare setting. Lay members of the Jewish community are also available to visit any patients who might so desire. They can be contacted through the Office of the Chief Rabbi or, if unavailable, the Communal Rabbi. Contact details for this purpose are provided at the end of the section.

Religious practices

- Jews hold the *Sabbath* as a time of holiness. Sabbath begins at sunset on Friday and lasts until nightfall on Saturday. The times vary depending on the time of year. In midsummer Sabbath will start not later than 8pm on Friday and run until approximately 11pm on Saturday. In midwinter Sabbath will start by 3.30pm on Friday and run until approximately 5pm on Saturday. Traditionally no work of any nature was undertaken for the entire period of the Sabbath, which includes driving. Religious Jews will not use electrical appliances on the Sabbath such as telephones, email, turning lights on and off, etc.
- Sabbath observant visitors that arrive on Friday may need to be accommodated if they do not manage to leave before the sun sets; they will not be able to travel once the Sabbath begins. At a minimum they may need to be provided with a pillow and blanket so that they can sleep in a chair.
- The same rules and restrictions apply on the festivals, most of which are clustered around September/October and *Passover* which is usually in March/April.
- Jewish women may request to light two candles / tea-lights at the onset of the Sabbath. This is an important ritual and should be respected where safe to do so.
- Jewish males over thirteen may wish to do morning prayers wearing a prayer shawl (*tallit*) and phylacteries (*tefillin*). They might need privacy for half an hour while doing so.

Ablutions and washing

Essential Practice Point

2

Jews may wish to wash before prayer and before food. The bed-bound will need running water for this purpose; if this is difficult to provide, a jug of water and a bowl will suffice.

Food and the content of medicine

Essential Practice Point

3

- Jewish dietary laws, *kosher* rules, need to be respected in food provision to patients and in the application of medicines. Settings can buy in kosher food; a recommended supply source is provided at the end of the section. Many non-observant Jews will still be quite strict about kosher food. A lack of appropriate kosher food might mean they can only eat uncooked fruit and vegetables.
- Medicines given to a Jewish patient should not contain any animal products. Where no alternative is available the person should be informed so that they can make an informed decision, possibly after discussion with a rabbi. If the illness is of a life-threatening nature and there is no alternative available then the medicine may be used.

Blood Transfusion and Organ Transplantation

There is no religious objection to receiving a blood transfusion or organ transplantation. The donation of certain organs can be very problematic and a Rabbi should be consulted.

Care of the Dying

Family and community visits

A dying Jewish person may want to see as many of their family and friends as possible, hence family visitation may need to be managed by hospital staff.

Death-related religious rituals

Essential Practice Point

4

- If it is considered that a person is close to death the Jewish Burial Society or, if unavailable, the Communal Rabbi should be contacted to ensure that they can recite the appropriate prayers. The contact numbers are at the end of this section.
- The person may wish to recite or hear special psalms and prayers and may wish to hold the page where the words are written.
- According to Jewish tradition a dying person should not be left alone and many families will wish to sit with their relatives during the last days/hours.

Customs to be observed at death

Essential Practice Point

5

- The Jewish Burial Society, the *Chevre Kadish*, should be informed immediately on the death of a Jewish person so that they can prepare the body and bury it in accordance with customary rituals. The contact details are at the end of this section.

- If the person dies during the Sabbath (Friday sunset to Saturday nightfall) the Jewish Burial Society will not be available to perform these rituals. The Chief Rabbi's office has agreed a protocol that in these types of circumstances the body should be taken, still clothed, to the mortuary and left until the community arrives. At least twenty minutes should elapse after death before moving the body.

Essential Practice Point

6

- Jewish Law necessitates the carrying out of a funeral as soon as possible after death. It is therefore important to assist in the provision of a Death Certificate at the earliest possible opportunity, thereby enabling arrangements to be commenced.
- Family may wish for the deceased body to be placed on the floor with the feet pointing towards the doorway and to light a candle, if safe to do so.
- They may ask for a window to be opened in the room in which the patient passed away.
- Traditionally, a *watcher* stayed with a deceased Orthodox Jew until the body was collected, either at the bedside or after the body has been removed to the mortuary. The family may request this and will make the arrangements with the community.

Cleaning and touching the body

Essential Practice Point

7

Healthcare workers should **not** wash the body. They should only perform the following essential tasks in all cases.

- Close the eyes of the deceased.
- Bandage the lower jaw to the head so that the mouth does not open.
- Straighten the fingers and limbs so that they are parallel with the body.
- The body must be buried whole, which includes any item that has the hair, flesh or blood of the person on it. Leave in place any catheters, drains, tubes and wound dressings for the Burial Society to remove. Cover tubes, etc., with gauze or bandages and any other open wounds must be covered.
- Any excess dirt should be wiped away or washed off.
- Cover the body with a sheet.
- If death occurred during surgery check with the Rabbi and family if hospital gowns, etc., that have blood on them should also be kept by the family for burial.

Postmortem requirements

- Jewish Law regards the carrying out of a postmortem as a desecration of the body. A postmortem must be avoided unless required by law.
- Jewish representatives have indicated a preference for non-invasive postmortem procedures so that the body can be buried whole.

- Where the death needs to be reported to the coroner it should be advised that the deceased is Jewish so that any necessary procedure can be expedited.

Interment ritual

Orthodox Jews can only be buried, as cremation is forbidden.

Bereavement

A funeral is followed by a seven day mourning period where a family do not cook meals or carry out any of their community or work responsibilities. Only other family members and close friends visit with gifts of food. This needs to be borne in mind in approaching care plans.

Religious Icons and Symbols

Personal and religious items

Jews do not wear religious items or use any religious icons or symbols. Any items worn on the body are more likely to be of a personal nature, such as a *Star of David* (i.e. the six-pointed star displayed on the introductory page) or necklace.

Use of religious symbols

It is not appropriate to display Christian icons such as a crucifix or cross in the mortuary area when a Jewish family is using the facility. Candles are appropriate in the Jewish tradition.

Additional Notes on Maternity and Paediatric Care

Foetal, infant and child death

Jewish representatives have indicated that rituals pertaining to miscarriage, stillbirth and death among children depend on age/stage of development. In all cases Jewish representatives will manage the process.

- Where the foetus is less than three months it can be disposed of by the HSE.
- The placenta and other fluids from a miscarriage can be disposed of.

Essential Practice Point

8

Foetuses miscarried after the first three months of pregnancy, infants and children must be buried under the full Jewish ritual. Contact the Jewish Burial Society or, if unavailable, the Communal Rabbi at the numbers at the end of the section.

Memento of a deceased child

Essential Practice Point

9

Do not offer the parents a lock of hair from a deceased child as the body must be buried whole.

Developing a Jewish Community Contact

Jewish Burial Society:

Cantor Alwyn Shulman, Secretary of the Jewish Burial Society may be contacted during office hours, out of hours and for Jewish burials. The Society is not available during the Jewish Sabbath; the body can be taken to the mortuary and left until the community can be contacted.

Tel: (01) 492 6843 / 086 362 5651.

Communal Rabbi and General Information:

Contact Rabbi Zalman Lent if the Burial Society is unavailable, for general questions, and for pastoral care or chaplaincy issues.

Tel: (01) 492 3751 (office hours)

The Chief Rabbi:

The Chief Rabbi can be contacted via Mr. Stewart Barling, Secretary to the Chief Rabbi at Herzog House, Zion Road, Rathgar, Dublin 6.

Tel: (01) 4923751 (office hours)

Kosher food source:

A kosher food source in Dublin indicated by the Jewish community is the SuperValu supermarket, Braemor Road, Churchtown (01 2984917).

Kosher pre-cooked frozen meals (*Hermolis* brand) are usually available for purchase. Jewish representatives have emphasised that it is very important that these frozen meals are reheated still sealed in their covers. Removal of this cover renders them not kosher if heated in a non-kosher oven.

Larger quantities of kosher meals can be ordered from www.hermolis.com

A section of the Jewish Ireland website provides information on kosher food. Go to www.jewishireland.org and click on the link 'Synagogues/Kosher Food'.

Contributors

Cantor Alwyn Shulman, Secretary of the Jewish Burial Society, provided information for the first draft of this section. Mr Stewart Barling, Secretary to the Chief Rabbi, provided information for the first draft and facilitated us in establishing contacts in the Jewish community. Chief Rabbi Dr Yaakov Pearlman, who held the post of Chief Rabbi until autumn 2008, provided clarification on specific sections of the first draft. Rabbi Zalman Lent, Communal Rabbi, revised and approved the final section.





The **Luther Rose**, designed by Martin Luther, is a recognised symbol for Lutheranism.

LUTHERAN CHURCH

Lutheranism is a branch of Western Christianity that identifies with the teachings of the 16th century German reformer Martin Luther.

The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity (described on page 16).

Lutheranism is the largest religion in areas of Northern Europe and has a significant presence in North America and some African countries.

Clergy are called pastors.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Lutheran church in Ireland:*

There are more than 5,200 Lutherans in Ireland, mainly of German origin, while there are also some members from Latvia, other northerly European countries and the USA.

2 *Religious contacts and religious practices:*

Lutheranism contains a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. Lutheran clergy who have indicated willingness and availability to lead ceremonies in English, German or Latvian are provided at the end of the section. Alternatively, the Church of Ireland chaplain can act as a resource for Lutherans from Nordic and Baltic countries, by agreement with the person.

3 *Death-related religious rituals:*

A dying person may wish to receive services or spiritual support. Contact a Lutheran pastor, a Church of Ireland chaplain or, if necessary, any other chaplain by agreement with the person/family.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out on a deceased person.

5 *Initiation ritual/infant baptism:*

The *Sacrament of Baptism*, initiation into the religion, normally takes place in infancy. A newborn child should be baptised if in danger of death. In an emergency a Christian lay person may follow the instructions under the theme *Initiation ritual/infant baptism*.

Profile of the Lutheran Church in Ireland

There has been a Lutheran Church in Ireland since the 1700s.

Essential Practice Point

1

Lutheranism in Ireland increased its membership by just over 72% between 2002 and 2006 and in Census 2006 registered 5,279 members in Census 2006.

Present day members are mainly of German origin while there are also some members from other more northerly European countries and from the USA. The Lutheran Church holds regular services in St. Finian's Church in Dublin, as well as at premises of other Christian traditions in Cork, Galway, Killarney, Limerick, Mullingar, Sligo and Wexford. More recently, a Latvian pastor has been holding services in his native language at the Dublin venue and elsewhere.

The Church of Ireland can act as a representative of Lutheran Church members from Estonia, Finland, Iceland, Latvia, Norway and Sweden. Ceremonies are similar in both churches.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- The person may prefer to see a Lutheran pastor and have a ceremony performed in a mother tongue such as German or Latvian; contact details for current Lutheran clergy who are available to lead ceremonies in English, German and Latvian are provided at the end of the section.
- Alternatively, the Church of Ireland chaplain can act as a resource for Lutherans from the above named countries, as requested or required. Where possible, the person should be informed if the Church of Ireland chaplain is being called to provide religious services.
- Lutheranism contains a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. Two commonly administered sacraments are *Holy Communion* and *Baptism* (described below).

Blood Transfusion and Organ Transplantation

There is no religious objection to these matters.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- A dying person may wish to receive the *Sacrament of Holy Communion*, may need spiritual support, may want prayers at their bedside and possibly may wish to be anointed. Contact a Lutheran pastor, a Church of Ireland chaplain or, if necessary, any other chaplain by agreement with the person/family.
- A short service may take place in the mortuary chapel prior to the deceased leaving.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally. Arrangements are usually made with the person's pastor or, if necessary, the Church of Ireland will facilitate arrangements.

Religious Icons and Symbols

Personal and religious items

Some Lutherans may wear a cross or carry a copy of the *Christian Bible*. These should be treated with respect.

Use of religious symbols

A plain cross and candles are appropriate in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- In the Lutheran Church the *Sacrament of Baptism*, initiation into the religion, takes place in infancy where the child's parents and Godparents pledge vows on behalf of the child. Receiving baptism before death is often considered important. As a result it can be important that a newborn child born to Lutheran parents is baptised if in danger of death.
- A midwife or other healthcare practitioner may be asked to baptise a baby if no religious representative is available. This ritual can be performed by any Christian, and it is done by making the sign of the Cross on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen". Many parents will derive great comfort from knowing that their child has been baptised.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The Lutheran pastor or Church of Ireland chaplain can offer particular ceremonies based on the needs and wishes of the parents, which are of paramount importance in these sensitive situations.
- In the case of a stillbirth a Blessing can be offered. These ceremonies can also be performed in the case of miscarriage, based on a request from parents.
- A funeral service will be offered for all cases of foetal, infant and child death. The nature of the service is based upon the wishes and needs of the bereaved. A religious representative will be a contact person and a resource in these matters.
- Parents will value the knowledge that the remains are treated with respect.

Memento of a deceased child

There is no objection to offering a memento of a deceased child to the parents, be it a footprint, handprint, lock of hair, etc.

Developing a Lutheran Church Contact

German and English language services:

Pastors Corinna and Joachim Diestelkamp are Dublin based and lead services in a number of places nationwide. They have indicated their interest in and willingness to be available to healthcare settings to offer religious services in German or English and to give guidance to chaplaincy staff. They can be contacted at Luther House, 24 Adelaide Road, Dublin 2.

Tel: (01) 6766548

Website: www.lutheran-ireland.org

Latvian language services:

A Latvian Pastor who can offer religious services in Latvian can be contacted at:

Pastor Uģis Brūklene, c/o Luther House, 24 Adelaide Road, Dublin 2.

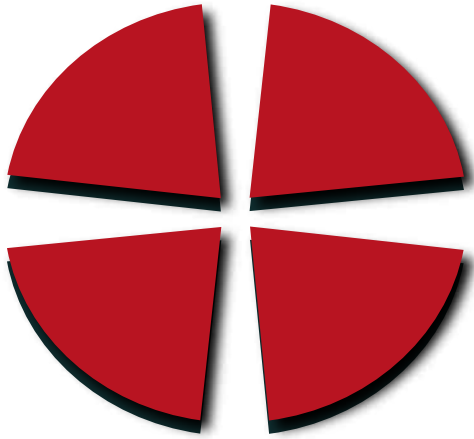
Tel: 087 6399490

Email: bruklene@lutheran.lv

Contributor

Pastor Corinna Diestelkamp provided information for this section and approved the finalised section.





An **Orb and a White Cross** is the present symbol of the Methodist Church in Ireland.

METHODIST CHURCH (ALSO KNOWN AS METHODISM)

Methodism began in England in the 18th century as a revival movement within the Anglican Church and was led chiefly by John Wesley and his brother Charles. The *Christian Bible* is the key holy book of the Church, which shares the principal beliefs of other traditions of Christianity (described on page 16).

The Church has approximately 75 million members worldwide. The Methodist Church in Ireland extends throughout the island and has its own governance structure.

Methodist clergy are called ministers.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Methodist church in Ireland:*

Methodism is the sixth largest (stated) religious affiliation in the Irish State. Members are from Ireland, England and North America and recent growth has largely been from new communities including Africa.

2 *Religious contacts and religious practices:*

Most healthcare settings have a designated Methodist chaplaincy resource whose role assists in responding to the religious needs of Church members. The Methodist Church, relatively speaking, places less emphasis on religious ceremony and ritual.

3 *Death-related religious rituals:*

There is no formal death-related rite/ritual that needs to be performed. In the event of death the family may request that the person's minister or the chaplain be called, who will assist with prayers if requested.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out on a deceased person.

5 *Initiation ritual/infant baptism:*

Most Methodists would wish to have an infant in danger of death baptised. It is preferable that this be conducted by a Methodist minister. In an emergency a lay person (a Christian) may follow the instructions under the theme *Initiation ritual/infant baptism*.

Profile of the Methodist Church in Ireland

Methodism has been practised in Ireland since the 18th century. Reverend John Wesley, whom followers consider as the most significant leader of early Methodism, had much contact with Ireland.

Essential Practice Point

1

Census 2006 indicated that the Methodist Church increased its membership by just over 20% between 2002 and 2006, registering 12,160 members in 2006. The Methodist Church is the sixth largest (stated) religious affiliation in the Irish State. Members are from Ireland, England and North America, and recent growth has largely been from new communities including Africa.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- Most healthcare settings have a designated Methodist chaplaincy resource whose role assists in responding to the religious needs of members. A person may wish to see a Methodist chaplain or indeed their own minister, hence a religious contact needs to be established.

- Some hospitals operate on-call rotas for members of a group of Christian churches including Church of Ireland, Methodist and Presbyterian, who provide appropriate pastoral care when requested. When a non-Methodist minister/chaplain is called the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that the chaplain being called is from another denomination.

- The Methodist Church, relatively speaking, places less emphasis on religious ceremony and ritual. Methodism recognises two sacraments common to some Christian churches, namely the *Sacrament of Baptism* (discussed below) and the *Sacrament of Holy Communion (or Eucharist)*. If a person wishes to receive the Sacrament of Holy Communion a Methodist Minister should normally be called. Where this is not possible it may be acceptable for a chaplain/clergy from another Christian church to administer Holy Communion, for example the Church of Ireland, Presbyterian or Baptist. The family/patient should be asked if the arrangement is suitable to them.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

When death is imminent the family may request that the person's Minister or the Methodist chaplain be called to the hospital, while there is no formal rite/ritual that needs to be performed. The minister, on request, will lead prayers at the bedside.

- Often a short service may take place in the mortuary chapel prior to the deceased leaving the healthcare setting.

Customs to be observed at death

Methodists of Irish origin may find it helpful for a health or religious practitioner to sit with them in the moments following the loss of a loved one.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Methodism is relatively free of religious symbols. Members may wear a plain cross and appreciate a copy of the *Christian Bible*. Any other jewellery or personal items are unlikely to have religious significance.

Use of religious symbols

- It is not appropriate to display a crucifix, images of Mary (the Mother of Jesus), saints or icons from other traditions in a mortuary area where a deceased Methodist is laid out.
- It is advised to check with family about the use of candles. If in doubt it is best to not use candles.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

The sacrament of Baptism, the initiation ritual common in Christianity, normally takes place in infancy. Some Methodists prefer to let their children wait until they are old enough to make up their own mind. In the latter case there may be a dedication ceremony, without water.

Essential Practice Point

5

- Most Methodists would wish to have an infant in danger of death baptised. It is preferable that this be conducted by a Methodist minister. In an emergency the baptism can be conducted by a Minister or lay person of another Christian church. A midwife or other healthcare practitioner may therefore be asked to baptise a baby. Should this happen, the baptism may be performed by pouring a little water on the child's forehead three times, whilst saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen". The baptism is concluded by making the sign of the Cross on the child's forehead.
- In some situations, such as when a baby is very small and/or in an incubator, it may be more appropriate to anoint the baby's forehead once with the baptismal water, using the words above and the sign of the cross.
- Should a child die before the baptism is carried out, prayers can be said, but a baptism cannot be performed. A Methodist minister can perform a naming ceremony with the parents consent in these circumstances.

Foetal, infant and child death

- There are no specific religious requirements governing miscarriage and stillbirth. A Methodist chaplain/minister will be willing to perform a religious ritual or service that will be sensitive to the situation on request from the parents. It will be necessary to discern the parents' wishes in these cases and call the Methodist chaplain/minister as appropriate.
- Normally a service is held for deceased

infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The chaplain will be a resource in these matters.

Memento of a deceased child

- Some families greatly appreciate mementos of their child, such as photographs, hand/foot-prints, a lock of hair, etc. It is appropriate to ask if families would find this helpful.

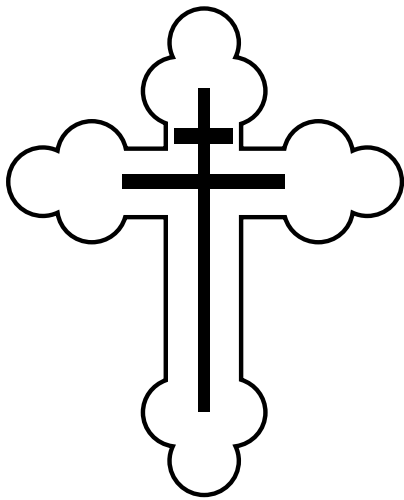
Developing a Methodist Church Contact

The designated Methodist chaplain serving particular healthcare settings is available at: www.irishmethodist.org/about/chaplains_hospital.php

Contributors

Two Methodist Church clergy jointly contributed to this section and approved the final content. They were Reverend Conrad Hicks, Hospital Chaplain and Superintendent of the Dublin North Methodist Circuit and Reverend Derek J Johnston, Lead Chaplain Belfast Health and Social Care Trust and Convenor Methodist Church in Ireland Prison and Healthcare Chaplaincy Committee.





The **Cross of the Romanian Orthodox Church** is the symbol of the Irish branch of the Church and one of a number of crosses venerated across the Orthodox Traditions.

ORTHODOX CHURCHES

Orthodox Churches trace their roots to the twelve male apostles who, according to Christian teaching, were chosen by Christ to continue his teaching. The Orthodox movement comprises a group of independent churches that follow particular teachings, each having the right to elect its own leaders.

The *Christian Bible* is the key holy book of the Orthodox Churches, who share the principal beliefs of other traditions of Christianity (described on page 16).

The Orthodox movement is the largest Christian community in the Middle East and Eastern Europe, while it is the second largest Christian community in the world.

Clergy are referred to as priests.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of the Orthodox Churches in Ireland:

Orthodox Churches in Ireland correspond to two main traditions who share core Christian beliefs, ceremonies and rituals. The membership of each church is highly culturally diverse. In summary, members come from Ireland, European and Eastern European countries, parts of the Middle East, parts of Asia, parts of Africa and North America.

of a threat to the life of an infant the Orthodox Churches prefer that the child is baptised. This should ideally be done by an Orthodox priest. If none is immediately available then the Orthodox Churches would wish that the parents baptise the child themselves using the guidance given under *Initiation ritual/infant baptism* below.

2 Religious contacts and religious practices:

Orthodox Churches practise a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. It is preferable for service users to meet a priest from their own church who can discern the ceremonies that are necessary for the person. The contact details for each of the churches present in Ireland are listed at the end of the section.

3 Death-related religious rituals:

In the event of imminent death an Orthodox priest should be called who will perform the required ceremonies.

4 Cleaning and touching the body:

The normal washing and preparation procedure can be carried out.

5 Initiation ritual/infant baptism:

The *Sacrament of Baptism*, the initiation ritual common among many Christian churches, is usually conducted at 40 days old. In the case

Profile of the Orthodox Churches in Ireland

The Orthodox movement has had a presence in Ireland for some decades. Census 2006 indicates that members in Ireland grew by just over 99% between 2002 and 2006, with 20,798 members in 2006. This makes the Orthodox movement the fifth largest (stated) religious affiliation in Ireland.

Essential Practice Point

1

Contributors indicate that there are churches corresponding to two Orthodox traditions in Ireland, namely the Greek and Oriental Orthodox. The traditions are based on historical development, while they share core Christian beliefs.

Orthodox membership in Ireland is highly culturally diverse. The membership of individual churches is outlined below. In summary, members come from Ireland, European and Eastern European countries, parts of the Middle East, parts of Asia, parts of Africa and North America.

The *Greek Tradition* has five main churches operating in Ireland:

- *Antiochian (Syrian) Orthodox Church:* This Church is currently developing with a mainly English speaking following from Ireland, England, the USA, Canada and South Africa.
- *Georgian Orthodox Church:* This Church has a following from Georgia and other Eastern European countries.
- *Greek Orthodox Church:* The Greek Orthodox Church developed in Ireland 25 years ago

and has had a base in Arbour Hill, Dublin 7, for the past ten years. Members come from countries such as Greece, Cyprus, Romania and Palestine with small numbers from other national/ethnic backgrounds including the United Kingdom, United States and Ethiopia.

- *Romanian Orthodox Church:* The Romanian Orthodox Church currently has branches in Dublin and Cork. Members come from Romania, some Roma communities, France, Lithuania, other Eastern European countries and Nigeria.
- *Russian Orthodox Church:* St Peter and Paul Church in Dublin was founded in 2001. Since then, churches have developed in Cork, Galway and Waterford. Members come from Eastern European countries including Russia, Moldova, Ukraine, Estonia, Latvia, Serbia, Macedonia, Bulgaria and Poland.

The following three churches in Ireland arose out of the *Oriental Orthodox Tradition*:

- *Coptic Orthodox Church:* This Church originated in Egypt and has a mainly Egyptian following in Ireland. The group meets in Bray, Co. Wicklow.
- *Jacobite Syrian Orthodox Church:* This Dublin based Church has a number of followers of Indian origin.
- *St Thomas Indian Orthodox Church:* This Dublin based Church has a following of Indian origin and comprises some healthcare staff.

Care of the ill

Religious contacts and religious practices

Essential Practice Point **2**

- The Orthodox Churches practise a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. The churches share core beliefs, rituals and ceremonies. Representatives indicate that there are nuances based on language and culture. The diversity of origin of practitioners supports this view.
- It is preferable for service users to meet a priest from their own church who can discuss and discern the rituals and ceremonies that are necessary for the person. It is advised to check with the person which church they attend. Contact details for each of the Orthodox Churches in Ireland are presented at the end of the section.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point **3**

In the event of imminent death an Orthodox priest should be called who will perform the required sacrament.

Cleaning and touching the body

Essential Practice Point **4**

The normal washing and preparation procedure can be carried out.

Postmortem requirements

The Orthodox Churches prefer that the body is buried whole and undamaged.

Interment ritual

- The coffin is usually left open to reveal the head and shoulders until the moment of burial. An icon, for example the Mother of God (Jesus Christ), will be held in the hands and the family or priest will give these items as necessary to the healthcare setting.
- Burial is preferred in the Orthodox Churches.

Religious Icons and Symbols

Personal and religious items

- Orthodox followers may wear relics (images) of saints.
- Mary, the Mother of God (Jesus Christ) has a particular following and members may have images of her.
- Many Orthodox believers wear a baptismal cross, which has been blessed at baptism, throughout their lives.
- Some Orthodox believers may have their baptismal candle at their bedside.
- There may also be personal items that are specifically culturally related that need to be respected, for example jewellery.

Use of religious symbols

A crucifix, plain cross and candles are appropriate in the Orthodox traditions and can be used in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- Baptism, the initiation ritual common among many Christian churches, is usually conducted at forty days old. In the case of a threat to the life of an infant the Orthodox movement prefers that the child is baptised. This should ideally be done by an Orthodox priest.

- If no priest is available it is preferable that the parents baptise the child themselves, immersing/sprinkling him/her three times with pure water, using the words: “The servant of God [Name] is baptised in the name of the Father (immerse/sprinkle once), and of the Son (immerse/sprinkle once), and of the Holy Spirit (immerse/sprinkle once), now and ever and unto ages of ages. Amen.”

Foetal, infant and child death

- In matters of miscarriage and stillbirth an Orthodox priest will give guidance on the ceremonies to be conducted.
- Children usually receive a funeral service and an Orthodox priest will advise.

Memento of a deceased child

- There are no particular requirements in relation to giving mementos of the child to the parents, though this should be discussed with parents.

Developing a Local Orthodox Church Contact

The Romanian Orthodox Church currently has worship centres in a number of cities and the Coptic Orthodox Church is based in Bray, Co Wicklow. All of the other churches currently have bases in Dublin.

Contact numbers are provided here for Orthodox clergy strictly for the purposes of providing religious services for members and guidance for the healthcare setting as necessary. It is likely that other centres of worship will develop over time and as these developments take place the following

contacts should be able to provide local information:

Greek Tradition

Antiochian (Syrian) Orthodox Church, Dublin:

Contact: Reverend Fr David Lonergan
@ 087 6527184

Georgian Orthodox Church, Dublin:

Contact: Reverend Fr Malkhaz Kumelashvili
@ 085 763 1112

Greek Orthodox Church, Dublin:

Contact: Reverend Fr Ireneu Cracium
@ (01) 8474956 or Reverend Fr Thomas Cahill
@ (0505) 45849

Romanian Orthodox Church, Dublin, Cork, Galway, Limerick and Sligo:

Cork: Reverend Fr Viorel Hurjui @ 087 6772241
Other cities: Reverend Fr Godfrey O' Donnell
@ (01) 8404302/ 087 6780150
Reverend Fr Calin Florea @ 087 6148140
Reverend Fr Raul Simion @ 087 6394530
Reverend Fr Constantin Unca @ 087 2512101

Russian Orthodox Church (St Peter and St Paul), Dublin:

Contact: Reverend Fr George Zavershinsky
@ 087 9845907

Oriental Orthodox Tradition

Coptic Orthodox Church, Bray, County Wicklow:

Contact: Reverend Fr Athanasios George
@ (01) 2866809/ 087 2382813

Jacobite Syrian Orthodox Church, Dublin:

Contact: Reverend Fr Jobymom Skaria
@ 087 6315962

St Thomas Indian Orthodox Church, Dublin:

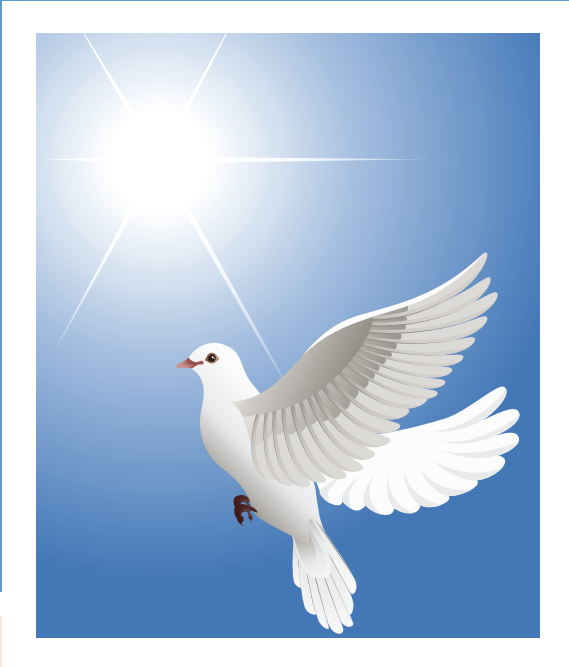
Contact: Reverend Fr Koshy Vaidyan
@ 087 6584677

Contributors

Reverend Fr George Zavershinsky, provided information for the Russian Orthodox Church. Reverend Fr Godfrey O' Donnell and Reverend Fr Calin Florea provided information for the Romanian and other Orthodox Churches; they also approved the finalised version. Reverend O' Donnell kindly supplied contact information for all of the Orthodox Churches listed above.







The **Dove** depicting the Holy Spirit is a symbol of Pentecostalism.

PENTECOSTAL CHURCHES (ALSO KNOWN AS PENTECOSTALISM)

Pentecostalism is a Christian movement that takes its name from the event of *Pentecost*, when the Holy Spirit descended on Christ's first disciples and they were 'baptised in the Holy Spirit'. Key beliefs in Pentecostalism are: that the Holy Spirit continues to be present in the world guiding their actions; the need for a personal experience of conversion; and the authority of the *Christian Bible*.

Pentecostalism shares the principal beliefs of other traditions of Christianity (described on page 16). It is closely related to and usually included in the category of evangelicalism.

Pentecostalism is one of the fastest growing faith movements worldwide, claiming approximately 500 million followers in North America, South America, Africa and Europe. The churches are self-governing and are led by clergy, who may be called pastors or ministers.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of Pentecostal Churches in Ireland:

Pentecostalism is a growing movement worldwide with an established presence in Ireland, where there are networks of churches. In Ireland there are several specific ethnic African congregations as well as congregations of mixed ethnicity, which include members from Ireland and new communities such as Brazil, China, Poland, the Philippines, the Roma Community and South Africa.

2 Religious contacts and religious practices:

Due to the multiplicity of churches it will be important to clarify the name of a religious contact that can be called as necessary for support for the person and guidance for the healthcare setting. The Assemblies of God Ireland could be used to source the name of local Pentecostal Churches for dialogue purposes and relationship building.

3 Family and community visits:

There may be several visitors praying at a bedside (possibly round-the-clock) in times of critical illness. Religious leaders have indicated that it is acceptable to request some to go to the hospital prayer room to continue prayers while some remain at the bedside.

4 Death-related religious rituals:

There is no established ritual to prepare a person for death. In case of imminent death the named pastor should be called and they will lead prayers at the bedside.

5 Cleaning and touching the body:

The normal washing and preparation procedure can be carried out.

6 Initiation ritual/infant baptism:

Pentecostalism emphasises personal conversion at a time the person is ready. Even in cases of threat to life, baptism of infants is not necessary.

Profile of Pentecostal Churches in Ireland

Essential Practice Point

1

Census 2006 indicated that Pentecostalism increased by over 157% between 2002 and 2006, with 8,116 members in 2006. Contributors indicate that this figure is an underestimate and that the major growth in Pentecostalism is from the new communities, including a number of African countries (see details below), Brazil, China, Poland, the Philippines, South Africa and the Roma Community.

There are some networks of Pentecostal Churches in Ireland, each having numerous members:

- *African Pentecostal Churches:* The Joy in the Nation network is a nationwide collective of African Pentecostal Churches. The network currently has in excess of thirty members, some of whom are also affiliated to the Assemblies of God Ireland (see next point). These churches have congregations in a number of places in the Irish State including Dublin (the largest membership), Cork, Galway, Limerick, Waterford and other major urban areas. The largest is the Nigerian-led Redeemed Christian Church of God. Gospel Faith Mission is a second large Nigerian-led Church. Others are Abundant Life led by a minister from Togo, and Christ Co-workers in Mission led by a minister from the Democratic Republic of Congo (formerly Zaire).
- *Assemblies of God Ireland (AGI) and other networks:* Assemblies of God Ireland is a member of the General Council of the Assemblies of God, the largest Pentecostal fellowship of churches and organisations in the world.

In 2008 there were approximately forty member churches located in the major cities and towns throughout Ireland. Some have multi-ethnic congregations; for example St Mark's Pentecostal Church, Dublin, presently has a congregation from twenty-eight national backgrounds, and there is also a Polish fellowship affiliated to the AGI.

The Elim Pentecostal Association and the Apostolic Church Network are also represented in Ireland.

Pentecostalism is practised by approximately 70% of the Roma Community in Ireland; see Roma Community section for details.

Care of the ill

Beliefs about the treatment of illness

An African minister has indicated that culturally African Pentecostals may believe that illness and medical conditions can be caused by unseen evil forces. The person may request a pastor to help them address these matters through calling on Divine intervention in addition to the person co-operating with medical treatment. The pastor will assist the person through prayer, possibly anointing with oil and helping them re-affirm their trust in the healing power of Jesus Christ. These practices are in the tradition of *healing through faith*. A private space may be requested to perform these religious rituals.

Religious contacts and religious practices

Essential Practice Point

2

- There are numerous Pentecostal Churches in Ireland. The person is likely to wish to see their own pastor for religious and spiritual support. It is important to clarify the name of a religious contact who can be called as necessary for support for the person and guidance for the healthcare setting. This will be particularly important in times of critical illness and death-related matters.
- A contact point for African Pentecostal Churches is provided at the end of the section.
- The Assemblies of God Ireland could also be used to source the name of local Pentecostal Churches for dialogue purposes and relationship building. The contact details are at the end.

Pentecostalism generally places less emphasis on ritual and ceremony while there is a strong emphasis on personal faith and prayer. Hymn singing is a regular part of worship.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Family and community visits

Essential Practice Point

3

Community members are likely to come to the bedside to pray with the patient and in the case of serious illness this may be round-the-clock. Religious leaders have indicated that it is acceptable to request from visitors that a few remain at the bedside while others go to the hospital prayer room to continue the prayers.

Death-related religious rituals

Essential Practice Point

4

There is no established ritual to prepare a person for death. In case of imminent death the named pastor should be called. The pastor will enable the person to reaffirm their relationship with God in preparation for death and will lead prayers at the bedside. Prayers will also be held for the family.

Customs to be observed at death

- An African minister has indicated that due to the community nature of African society an African family is likely to expect healthcare staff to be empathetic to them in their grief and provide as much assistance as possible with meeting cultural norms (see next point).
- In African culture a deceased person should not be left alone. Many families will wish to sit with their relatives during their time in the hospital mortuary and this will need to be facilitated.

Cleaning and touching the body

Essential Practice Point

5

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Some Pentecostalists may wear a plain cross or have their own copy of the *Christian Bible*.

Use of religious symbols

- Candles and a plain cross are appropriate in the tradition and can be used in the mortuary area when a Pentecostal family is using the facility.
- The crucifix is not a symbol of the tradition and preferably should not be displayed in a hospital mortuary when a Pentecostal family is using the facility.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

6

- Pentecostalism emphasises personal conversion at a time the person is ready and baptism takes place when the child is ready. Even in cases of threat to life, infant baptism is not necessary.
- A child is usually dedicated in church and prayers held for the child and family.

Foetal, infant and child death

- There are no specific religious requirements governing miscarriage and stillbirth. The pastor will be willing to perform a religious ritual or service that will be sensitive to the situation on request from the parents. It will be necessary to discern the parents' wishes in these cases and call the named pastor as appropriate.
- Normally a service is held for deceased infants and children, while the nature of the service depends on the age of the child and the parents' wishes. The pastor will be a resource in these matters.

Memento of a deceased child

There are no religious restrictions on giving a memento of a deceased child to the parents such as hand/foot-prints, a lock of hair, etc. It is appropriate to ask if families would find this helpful.

Developing a Local Pentecostal Church Contact

There are numerous churches involved in the various networks of Pentecostal Churches and there are also independent churches. Contact details for the person's pastor should be sourced directly from them, if known.

African Pentecostal Churches:

Pastor Michael Arowolo, Secretary of the Joy in the Nation Network of African Pentecostal Churches, is agreeable to being contacted by healthcare settings for the strict purposes of sourcing the names and contact details of local churches. His contact number is 087 9927265.

General information on Pentecostalism:

Assemblies of God Ireland, Carraig Eden, 1 Marine Road, Greystones, Co. Wicklow.

Tel: (01) 2016961

Website: www.agireland.org

Contributors

- Reverend Remba Osenga, Pastor of Christ Co-workers in Mission Church provided information for the Joy in the Nation Network, of which he is an Executive member and former Chair. The Christ Co-workers in Mission Church is a member of both the Joy in the Nation Network and Assemblies of God Ireland.
- Dr Miriam A. Kelly, Carraig Eden Theological College and Reverend Gary Davidson, National Chairman, Assemblies of God Ireland, provided information on the other Pentecostal Churches. Dr Kelly approved the finalised version of this section. Ms Margaret Moore, Assemblies of God Ireland, facilitated us in engaging with contacts in the organisation.







The **Happy Humanist** is an emblem of the Humanist Association of Ireland and is the Irish version of the international symbol of Humanism.

PEOPLE WITHOUT RELIGIOUS BELIEF

This section gives information on people with an absence of prescribed *religious* beliefs and rituals. There is no intention by the HSE to suggest uniformity between the groups mentioned in this section.

Sources indicate that up to 10% of the world's population is without any religious belief and these people are distributed across the continents.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

Note: *the headings and themes in this section have been amended in some places to meet the needs of people without religious belief.*

1 *Profile of people without religious belief in Ireland:*

The second largest response to the question on religion in Census 2006 was *No Religion*. This and other data indicate that there are a considerable number of people without religious belief in Ireland. People without religious belief may describe themselves as *Agnostic, Atheist, Humanist* or indicate that they have *No Religion*.

2 *Personal contacts and death-related practices:*

Source the name of a personal contact that can be called upon to support the person in times of critical need and who can give guidance to the healthcare setting on appropriate practice for the person.

3 *Family dynamics and decision making:*

The wishes of the person must be respected in situations where family are not aware of the absence of religious belief.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out.

5 *Religious icons and symbols:*

It is not appropriate to use icons from Christian or other traditions in the mortuary.

6 *Initiation ritual:*

There is no initiation ritual among these traditions and baptism of newborns in imminent danger of death is not appropriate.

Profile of People Without Religious Belief in Ireland

Essential Practice Point

1

People without religious belief include those who use the following descriptors:

- *Agnostic*: In the modern world agnosticism is taken to involve scepticism or doubt about the existence of a God presence.
- *Atheist*: Generally atheism involves an absence of belief in a God presence or other deities.
- *Humanist*: Humanism believes that striving for the greater good of humanity need not depend on belief in a God presence or any particular practices; rather it requires reason, compassion and a concern for the welfare of others. The Humanist Association of Ireland was established in the 1960s.

In Census 2006 186,000 persons indicated *No Religion*, which was the second largest response to the question on religious affiliation. An additional 1,500 people indicated that they were *Agnostic* and just over nine hundred indicated that they were *Atheist*. A further 70,322 were categorised as *Not Stated*, although it is not clear how many of these may have been indicating that they did not have a religious belief. There are no Census figures available for the number of Humanist followers in Ireland. The Humanist Association of Ireland indicates there are potentially a quarter of a million people in Ireland who do not have a religious belief.

Collectively people from these traditions may be Irish, from new communities or visitors from other countries to Ireland.

Care of the ill and Care of the Dying

In the health services we value patient-centeredness and parity of treatment for all, irrespective of religious belief or no religious belief. We cannot make assumptions about people without religious belief and must seek clarity from the person or a personal contact provided by the person if in doubt.

Personal contacts and death-related practices

Essential Practice Point

2

- Source the name of a personal contact that can be called upon to support the person in times of critical need and who can give guidance to the healthcare setting on appropriate practice for the person as needed.
- Do not assume that the person will wish to speak to a hospital Chaplain or avail of any religious services. Contributors to this section have indicated the embarrassment caused to members at having to 'opt out' of religious services offered to them in Irish healthcare settings.
- Do not assume that the person, due to an absence of religious belief, will not want any personal support in times of illness or approaching death.
- Clarify with the person or the personal contact if there are any particular requirements in relation to death.

Family dynamics and decision making

Essential Practice Point

3

It is possible that family may not be aware of the absence of religious belief. The wishes of the person must be respected in these situations.

Blood Transfusion and Organ Transplantation

There are unlikely to be objections to these procedures.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is unlikely to be objection to postmortem.

Religious Icons and Symbols

Any items worn by the person are likely to be of a personal nature.

Essential Practice Point

5

It is not appropriate to use icons from the Christian or other traditions in the mortuary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Essential Practice Point

6

- There is no initiation ritual among these traditions and baptism of newborns in imminent danger of death is not appropriate.
- Accredited Humanist Association of Ireland celebrants can provide baby-naming services.

Foetal, infant and child death

- There are no particular requirements in relation to foetal death and stillbirth. The personal contact will advise of any particular needs.
- Washing can be conducted as for an adult.

Memento of a deceased child

There are no restrictions on giving a memento of a child.

Developing a Contact for People Without Religious Belief

The Humanist Association of Ireland can facilitate non-religious funeral ceremonies. Further information and contact details available at www.humanism.ie

Contributors

Mr Brendan Sheeran, Chairperson, Humanist Association of Ireland provided information for this section and approved the finalised version.





The **Burning Bush** witnessed by Prophet Moses is the symbol of the Presbyterian Church in Ireland, and is embodied within the logo.

PRESBYTERIAN TRADITIONS (ALSO KNOWN AS PRESBYTERIANISM)

Presbyterianism, a Christian movement, owes its origin to John Calvin, a 16th century French reformer.

The *Christian Bible* is the key holy book of the Presbyterian Traditions, who share the principal beliefs of other traditions of Christianity (described on page 16).

Presbyterianism is now a worldwide Christian movement. Clergy are called ministers.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of Presbyterianism in Ireland:

Presbyterianism is the fourth largest (stated) religious affiliation in the Irish State. Members may come from the Republic of Ireland, Northern Ireland and new communities. The Presbyterian Church of Ireland, the Church of Scotland, the United Reformed Church and the Presbyterian Church of Wales are in the same family of churches.

if a Presbyterian minister is not available. A non-ordained chaplain or family member may pray for the child, including naming the child, but they cannot perform the *Sacrament of Baptism*.

2 Religious contacts and religious practices:

Each healthcare setting has a designated Presbyterian chaplaincy resource whose role is to assist in responding to the religious needs of members. The Presbyterian Church, relatively speaking, places less emphasis on religious ceremony and ritual.

3 Death-related religious rituals:

There is no formal death-related rite/ritual that needs to be performed. In the event of death the family may request that the person's minister or the chaplain be called, who will assist with prayers if the family so wishes.

4 Cleaning and touching the body:

The normal washing and preparation procedure can be carried out on a deceased person.

5 Initiation ritual/infant baptism:

If a newborn child is in imminent danger of death and the parents wish for the child to be baptised it is necessary to call a Presbyterian minister. An ordained chaplain from the Church of Ireland or Methodist Church may perform the baptism

Profile of Presbyterianism in Ireland

Presbyterianism on the island of Ireland dates back to approximately the 1600s.

Census 2006 indicated that the Presbyterian Church increased its membership by 14.4% between 2002 and 2006, registering 23,546 members in 2006.

Essential Practice Point

1

Presbyterianism is the fourth largest (stated) religious affiliation in the Irish State. Members may come from the Republic of Ireland, Northern Ireland, Scotland and new communities including Europe, Africa, South America and Asia.

The family of churches in Ireland and the United Kingdom includes the Presbyterian Church of Ireland, the Church of Scotland, the United Reformed Church and the Presbyterian Church of Wales.

- Some hospitals operate on-call rotas for members of a group of Christian churches including Church of Ireland, Methodist and Presbyterian who provide appropriate pastoral care when requested. When a non-Presbyterian chaplain is called the chaplain should be made aware of what is being requested and be agreeable to fulfilling the request. Additionally, where possible, the person should be notified that the chaplain being called is from another denomination.
- A person may wish to see a representative of their own religion, or, if possible, their own minister.
- The Presbyterian Church, relatively speaking, places less emphasis on religious ceremony and ritual. The *Sacrament of Holy Communion*, a religious ceremony common to some Christian traditions, is practised. If the person wishes to receive the Sacrament of Holy Communion the Presbyterian chaplain should be called. Where this is not possible it may be acceptable for a chaplain from the Church of Ireland or Methodist Church to administer the sacrament.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- Each healthcare setting has a designated Presbyterian chaplaincy resource whose role is to assist in responding to the religious needs of members.

- The person's family may also wish to be present.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- When death is imminent the family may request that the person's minister or the Presbyterian chaplain be called to the hospital but there is no formal rite/ritual that needs to be performed.
- After the person has died, if requested, prayers would be said with the family if they are present but there is no formal rite/ritual that needs to be performed. Such prayers would be for the comfort of the bereaved because the deceased is now *in the hands of God*. Therefore, it is not necessary to call the minister or chaplain if the person has died alone.

Customs to be observed at death

Presbyterians of Irish origin may expect a health practitioner to sit with them in the moments following the loss of a loved one. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt, check with colleagues or the chaplain.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally. It is customary for a funeral service to be held in the person's own home, place of worship or crematorium and the arrangements would be made by the next of kin with their own minister and the funeral director. A religious service in the hospital would only be provided if specifically requested by the family.

Religious Icons and Symbols

Personal and religious items

- The person may wish to have a copy of the *Christian Bible*.
- Any other items are likely to be specific to the individual and the family rather than have religious significance.

Use of religious symbols

- A plain cross (symbol of Christ as *the risen Lord*) may be present.
- Candles, prayer beads or a crucifix are not appropriate within the tradition and none should be displayed in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

- The Presbyterian Church practises the *Sacrament of Baptism*, the initiation ritual common across Christian traditions, in infancy. If a newborn child is in imminent danger of death it may be important for the parent(s) that the child be baptised, and in such cases it is necessary to call a Presbyterian minister. An ordained chaplain from the Church of Ireland or Methodist Church may perform the baptism if a Presbyterian Minister is not available. A non-ordained chaplain or family member may pray for the child, including naming the child, but they cannot perform the Sacrament of Baptism.
- However, should a child die before being baptised the child is deemed to be safe *in the hands of God* and baptism is not essential.

Foetal, infant and child death

- In the case of miscarriage or stillbirth the wishes of the parent(s) should be followed regarding contacting a chaplain or their own minister.
- Normally a service is held for deceased infants and children. The arrangements for such would be the same as for an adult and would be made by the next of kin with their own minister and the funeral director.

Memento of a deceased child

Religious representatives indicate that it is important that parents are helped in their grieving and from a religious perspective mementos of a child are acceptable.

Developing a Presbyterian Contact

The principal healthcare facilities have an appointed Presbyterian chaplain who can be contacted through local chaplaincy/pastoral care departments. Other settings, such as long-term care facilities, may depend on the local minister to provide pastoral care services.

Contributors

Three Presbyterian chaplains who provide pastoral care services in Irish hospitals jointly contributed to this section. They are Reverend C. Mary Hunter, Mrs Susan Dawson and Reverend Denis Campbell. Reverend Hunter was the lead contact and she approved the finalised section.





George Fox, founder of the Quakers, was depicted on an Irish postage stamp in 2004.

RELIGIOUS SOCIETY OF FRIENDS (ALSO KNOWN AS THE QUAKERS)

The Religious Society of Friends, a Christian Church, was founded in the mid-17th century. The founder, George Fox, believed that each person could experience communion with God for themselves, without a need for mediation by clergy or others.

The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity (described on page 16).

The term *Quaker*, now commonly used and accepted by the movement, was originally a nickname, referring to George Fox's guidance to 'tremble at the name of the Lord'. Members are referred to as *Friends* within the community.

The Religious Society of Friends has a worldwide membership of 370,000, with much diversity in religious opinion and practice.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Religious Society of Friends in Ireland:*

Census 2006 registered 882 Friends in the Irish State who meet in large urban areas and other places throughout Ireland. Most members are of Irish origin. Members are referred to as Friends within the community while the term *Quakers* is also acceptable.

2 *Religious contacts and religious practices:*

Friends do not have formal clergy. The name of an elder or community member that the person may wish to visit them should be sourced from the person. In emergency situations an elder can be contacted, as necessary, through the numbers at the end of the section.

3 *Death-related religious rituals:*

There are no special rituals or practices for the dying. An elder will be happy to assist if the person or family so request.

4 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out on a deceased Friend.

5 *Initiation ritual/infant baptism:*

Baptism is not necessary even if there is a threat to life for a newborn infant.

Profile of the Religious Society of Friends in Ireland

The Religious Society of Friends has had a presence in Ireland since 1654. Since its establishment the movement has been active in humanitarian activity in Irish society and many Friends have owned businesses renowned for positive employee well-being practices.

Essential Practice Point

1

Census 2006 registered 882 Friends in the Irish State. Most members are of Irish origin. There are four communities (referred to as *meetings*) of Friends in Dublin with others in Cork, Galway, Limerick, Waterford and other places in Ireland.

Members are referred to as *Friends* within the community while the term *Quakers* is also acceptable.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- Friends do not have formal clergy. Each meeting (community) of Friends has elders and overseers, who try to visit members who are ill or in distress. The person may wish to be visited by a specific elder or community member and hence the name of a religious contact should be sourced from the person. In emergency situations an elder can be

contacted through the numbers at the end of the section.

- Religious practices are free of outward rituals, ceremonies, symbols and icons. Friends worship in silence with occasional spoken ministry.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

There are no special rituals or practices for the dying. There is no particular need to call an elder if death is imminent, although they will be happy to assist if the person or family so request. Friends are appointed by the community to support and advise families after a death and to assist with practical arrangements.

Cleaning and touching the body

Essential Practice Point

4

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

- The wishes of the deceased are respected. These may include cremation or donation of body or organs for medical purposes.
- A funeral takes the form of a silent meeting for worship. Spoken messages may offer thanks for the grace of God as seen in the life of the departed or prayer that the bereaved will be comforted.

Religious Icons and Symbols

Personal and religious Items

There are no items of religious significance in the religion. A Friend admitted voluntarily to a healthcare setting may have a copy of the *Christian Bible* for personal use; in an emergency a *Bible* might be requested.

Use of religious symbols

Friends do not use religious symbols. Contributors have indicated that there is no need to remove the crucifix, cross, candles or images of saints if they are present in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

5

Friends do not practise baptism for either children or adults. Infant baptism is not necessary if there is a threat to life for a newborn infant.

Foetal, infant and child death

Stillborn children, infants and children are buried in the same way as adults and the same guidelines apply.

Memento of a deceased child

There is no restriction on giving of mementos of a deceased child.

Developing a Contact for the Religious Society of Friends

During office hours an elder can be contacted through the main office:

The Recording Clerk, Quaker House, Stocking Lane, Dublin 16.

Tel: (01) 4956888/9

Out of office hours:

The Clerk of Elders for the Dublin Monthly Meeting has agreed to be liaison person for the whole of the Republic. Please use this number strictly for religious support and services for Friends.

Tel: 087 294 0550

Contributors

The Dublin Monthly Meeting of Elders contributed to the development of this section and approved the final content.





ROMA COMMUNITY

The **Roma Chakra** was adopted in 1971 at the First World Romani Congress as the official symbol of the Roma people. The symbol honours the Roma's Indian heritage. The sixteen spoked wheel reminds the Roma of the wheels of the Vardo, or Wagon, which was home for Roma families for more than a hundred years.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *General cultural features and social experience of the Roma- Language:*

There are language and literacy issues that have implications for interpretation services and communication.

- Some Roma may only speak some dialect of Romani (the traditional language), many may not speak English and some may speak the language of the country they last lived in, to varying degrees.
- Some Roma may indicate that they are from the last country they lived in while they may not speak its language.
- A common mistake is to confuse *Romani* with the Romanian language while they are two completely separate languages with different origins.
- Where an interpreter is required it is important to clarify what language will meet the person's needs best. Those who speak Romani will follow an interpreter speaking the standard dialect.
- Due to the complexities of the language and cultural issues involved it may be more beneficial to source a Roma cultural mediator/interpreter where possible; details of how to source this service are provided at the end of the section.
- Plain language may be necessary in any communication due to potential literacy issues. Written instructions, such as prescriptions, may need to be explained verbally.

2 *Religious contacts and religious practices:*

The majority of the Roma in Ireland are Pentecostal and there are also Orthodox and Roman Catholic practitioners. All religious practices, including illness and death-related rituals, will be determined

by the religion followed. Clarify the religion of the person and the name of a religious representative.

3 *Gender issues:*

Some Roma may prefer to be treated by a same gender practitioner, in particular women. Preferences will need to be checked.

4 *Decision making:*

While gender roles are changing and many Roma women now speak for themselves, the traditional norm of a man speaking on behalf of his partner may continue. As with all of these situations, the woman needs to be allowed and sensitively facilitated to determine her healthcare choices.

5 *Family and community visits:*

An ill or dying person is likely to have many visitors. Roma representatives have indicated that it is important for the healthcare setting to enquire who will represent the family for visitation management purposes and also to ensure that any cultural needs can be attended to.

6 *Customs to be observed at death:*

The Roma are likely to have a preference for bringing the body home as soon as possible. Any delay needs to be explained to the family.

7 *Cleaning and touching the body:*

The body may be washed by mortuary staff and dressed in clothes provided by the family.

8

Initiation ritual/infant baptism:

The approach to the baptism of infants may vary depending on the religion followed. Specific instructions are given in the Orthodox, Roman Catholic and Pentecostal sections.

Profile of the Roma Community in Ireland ¹⁹

The word Roma means *people*. They are the largest ethnic group among EU member states. It is believed that the Roma may have had a historic link to India. The community have been living in Europe for the last thousand years as citizens and have no current connection with India. The Roma have migrated widely across Europe, to the Americas and to North Africa.

The majority of the Roma in Ireland are from Romania, where it is estimated that 2.5% of the population is Roma. Others come mainly from Eastern European countries including Slovakia, Poland and Hungary. All of these people are now full EU citizens.

The Roma tend to adopt the main religion of the country they live in. The majority of the community living in Ireland are Pentecostal (estimated at 70%). There are a few specific Roma Pentecostal Churches and others attend the Romanian Pentecostal Churches. There are also a number of Orthodox and Roman Catholic practitioners and these attend Orthodox Churches and Roman Catholic Church services.

General Cultural Features and Social Experience of the Roma

The Roma are often distinguished by a rich cultural and musical heritage, which has influenced classical music, etc. At the same time, the Roma communities are diverse; hence we need to be cautious in any generalisations that are made about the culture. For example, while the *Romani*

language has its origins in some of the languages of India, there are now various dialects, some of which have been influenced by the countries the Roma settled in, among other things.

The Roma are widely recognised as among the most discriminated ethnic groups in history and have suffered at the hands of a number of political regimes over the centuries. The community continues to experience misunderstanding, intolerance, discrimination and racism across EU member states. This has implications for how many Roma will present themselves and interact with health services and also for their ability to trust interpreters who come from the settled communities of their countries of origin.

Some features of the Roma culture and social experience are given here for guidance. These need to be applied recognising that there is wide diversity and that each person is unique. Additionally, the Roma are changing their lifestyles, as is evident from the points below.

Essential Practice Point

1

Language: While the group has a traditional language, Romani, there are language and literacy issues that have implications for communication.

- Some Roma may only speak some dialect of Romani (the traditional language), many may not speak English and some may speak the language of the country they last lived in, to varying degrees.
- Some Roma may indicate that they are from the last country they lived in, for example Romania, out of fear of discrimination, while they may not speak its language well, if indeed at all.

¹⁹ Background and cultural information on the Roma has been adapted from the publication *Fitting In* produced by the EU EQUAL 2 funded Roma Cultural Mediation Project.

- A common mistake is to confuse *Romani* with the Romanian language; they are two completely separate languages with different origins.
- Where an interpreter is required it is important to clarify what language will meet the person's needs best and to ascertain if there are issues of trust. This may be the language of the country of origin, be it Romania, Slovakia, etc. While there are differences within the Romani language those who only speak Romani will follow an interpreter speaking the standard dialect.
- Due to the complexities of the language and cultural issues involved it may be more beneficial to source a Roma cultural mediator/ interpreter where possible; details of how to source this service are provided at the end of the section.
- Some Roma may have literacy difficulties in any language that they speak; hence, plain language is necessary in any communication about healthcare issues. Written instructions, such as prescriptions, may need to be explained verbally.

- *Marriage and birth:* Roma women tend to marry young, often before 20 years of age, and tend to have high birth rates.
- *Family and tribal bonds:* Roma tend to identify with their particular tribe. Extended family is of particular importance with a strong sense of family loyalty and duty. This point is important for family visits in hospital. Cultural mediation may be needed to manage the high number of visitors.
- *Role of Women:* Traditionally the culture was patriarchal, few women worked in paid employment outside the home and it was not unusual for a male to speak on behalf of his wife or the family. At the same time Roma women

in Ireland and elsewhere are participating in education and development activities set up for them and are speaking for themselves. Both the traditional and developing ways of life co-exist among the Roma.

- *Clothing:* The distinctive traditional clothing of a colourful blouse, long skirt, scarf and jewellery is continued by some Roma women. However, dress sense is changing and many Roma are no longer identifiable by their clothing. Many wear what they wish and prefer Western style clothes. Some Pentecostal followers, in particular, have a modest dress sense in line with the views of their religion.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

As noted in the *Profile* section, the majority of the community living in Ireland are Pentecostal and there are also Orthodox and Roman Catholic practitioners. All religious practices, including illness and death-related rituals, will be determined by the religion followed.

- It is important to clarify the religion of the person and the name of a religious representative who should be contacted if requested or needed.

Gender issues

Essential Practice Point

3

Some Roma may prefer to be treated by a same gender practitioner, in particular women. Preferences will need to be checked.

Decision making

Essential Practice Point

4

Gender roles are changing among the Roma. The traditional norm of a man speaking on behalf of his partner may continue to exist, while many women now speak for themselves. As with all of these situations, the woman needs to be allowed and enabled to determine her healthcare choices.

Blood Transfusion and Organ Transplantation

Roma are likely to follow the religious view on the matter.

Care of the Dying

Family and community visits

Essential Practice Point

5

Where a person is quite ill or nearing death there are likely to be many visitors from the community. Roma representatives have indicated that it is

important for the healthcare setting to enquire who will represent the family so that large numbers can be managed by rotating the visitors at the bedside and also to ensure that any cultural needs can be attended to.

Customs to be observed at death

Essential Practice Point

6

The Roma are likely to have a preference for bringing the body home as soon as possible. Any delay needs to be explained to the family.

Cleaning and touching the body

Essential Practice Point

7

The body may be washed by mortuary staff and dressed in clothes provided by the family.

Postmortem requirements

The Roma have a preference for burying the body whole and undamaged. Any delay necessary for postmortem will need to be explained sensitively in light of this and the preference for bringing the person home for the traditional viewing of the body.

Interment ritual

- Traditionally the family host a viewing of the body in the home for two nights and this tends to be followed irrespective of religious affiliation.
- Burial is the norm among the Roma.

Bereavement

Traditionally, black clothing is worn for up to one year following the death of a close relative and men do not shave. This tends to be followed irrespective of religious affiliation.

Religious Icons and Symbols

Personal and religious items

Jewellery is a symbol of status among Roma who more closely observe traditional customs. Traditionally men and women wear jewellery that has family and cultural significance. All jewellery needs to be returned to the family on death.

- Orthodox followers may have a baptismal candle at the bedside as well as statues and icons.
- Catholic Church followers also may have statues and icons at the bedside.
- Pentecostal followers may have a copy of the Christian Bible.

Use of religious symbols

- Pentecostals do not use the crucifix as part of their tradition. The crucifix may be displayed for Orthodox or Roman Catholic followers but not Pentecostals.
- Candles and a plain cross are appropriate for all Roma.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

8

The approach to infant baptism is likely to vary depending on the religion followed. Infants born to Roman Catholic parents are normally baptised if in danger of death. In the case of a threat to the life of an infant Orthodox Churches prefer that the child be baptised. Specific instructions are given in each of these sections. Pentecostal followers normally do not baptise an infant even if there is a threat to life.

Foetal, infant and child death

There are no cultural practices above the religious ones described in specific sections.

Mementos of a deceased child

There are no religious objections from the Roman Catholic, Orthodox or Pentecostal Churches in giving a memento of a deceased child (lock of hair, handprint or footprint) to parents. This should first be checked with the parents.

Developing a Roma Community Contact

For information about the Roma Community:

Ms Sara Russell, Roma Programme Coordinator,
Pavee Point Travellers' Centre,
46 North Great Charles Street, Dublin 1.
Tel: 01 8780255
Website: www.paveepoint.ie

For information and Roma Cultural Mediation contact:

Ms Ann Moroney, Access Ireland Refugee Social
Integration Project, Dominick Court, 40/41
Dominick Street Lower, Dublin 1.
Tel: (01) 8780589
Email: info@accessireland.ie
Website: www.accessireland.ie

Roma Cultural Mediation:

Cultural Mediation can bridge the gap between the culture of the person and the needs of the healthcare provider, which will ultimately lead to more satisfactory outcomes for both parties. The *Roma Cultural Mediation Project* was initiated and implemented by Access Ireland and partners, including the HSE, under the EU EQUAL 2 Community Initiative. The Project is continuing under the auspices of Access Ireland, who co-ordinate and support the work of a team of Roma cultural mediators that were trained under the initiative.

Contributors

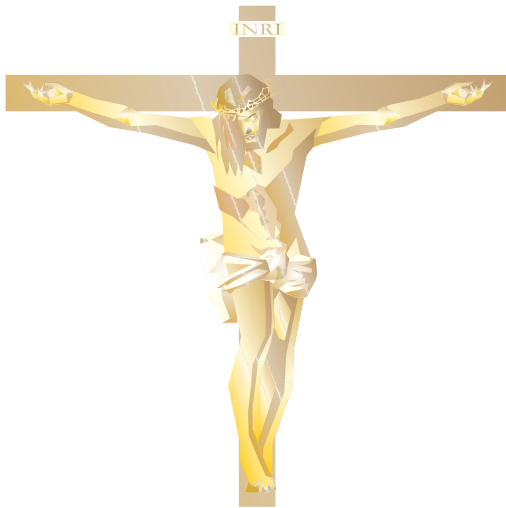
- Ms. Sara Russell, Roma Community Development Worker, Pavee Point, coordinated and participated in a meeting between Bridget McGuane, who compiled the Guide, and a group of Roma women. The women had migrated from different countries and followed diverse Christian traditions. Ms

Russell reviewed the finalised section with the group of Roma women and approved its content.

- We held a joint interview with Ms Florica Muntean, Cultural Mediator trained under the Roma Cultural Mediation Project, and Ms Mayte Calvo Martin, Coordinator of this project. Ms. Martin facilitated the holding of the interview and provided documented information on the Roma. Ms Muntean, in her continuing role as a Cultural Mediator, reviewed and approved the finalised section.







The **Crucifix, the body of Christ on the cross**, is a key symbol in Catholicism.

ROMAN CATHOLIC CHURCH

The Roman Catholic Church traces its lineage to the male apostles who, according to Christian teaching, were chosen by Christ to continue his teaching. Research indicates that it is the world's largest Christian church, representing just over half of all Christians and one-sixth of the world's population.

The *Christian Bible* is the key holy book of the movement, which shares the principal beliefs of other traditions of Christianity (described on page 16).

The Catholic Church has a developed governance structure. The head of the Church is the Pope and Bishop of Rome. Clergy are called priests.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of the Roman Catholic Church in Ireland:

Roman Catholicism is the largest religion in Ireland. Recent growth is largely made up of members from the new communities living in Ireland. Service users are therefore likely to be Irish and from a diverse range of new communities. Followers may refer to themselves simply as *Catholic* without the Roman qualification.

2 Religious contacts and religious practices:

Each healthcare setting has a dedicated Roman Catholic chaplaincy resource whose role includes responding to the religious needs of followers. Roman Catholicism contains a number of religious ceremonies (*sacraments*), each having a specific purpose including aiding healing and preparation for death. The chaplain should be called to administer a sacrament if the person so requests.

3 Death-related religious rituals:

In the case of imminent threat to life a Roman Catholic chaplain should be contacted immediately to administer religious rites.

4 Customs to be observed at death:

Roman Catholics of Irish origin may expect a health practitioner to sit with them in the moments following the loss of a loved one. It is important to discern the family expectations; if in doubt check with colleagues or the chaplain.

5 Cleaning and touching the body:

The normal washing and preparation procedure can be carried out on a deceased person.

6 Personal and religious items:

Roman Catholics may wear a range of religious icons such as crosses or images of saints. Some may also have religious objects at their bedside such as holy water, beads, etc.

7 Initiation ritual/infant baptism:

Baptism, initiation into the religion, takes place in infancy. A newborn child born to Roman Catholic parents should be baptised if in danger of death. The chaplain can perform this sacrament. In an emergency any Christian lay person may follow the instructions under the theme Initiation ritual/infant baptism.

Profile of the Roman Catholic Church in Ireland

Essential Practice Point

1

Census 2006 indicates that Roman Catholicism is the largest religion in Ireland. Numbers increased by just over 6% between 2002 and 2006, now totalling just over 3.68 million followers.

The growth in Roman Catholicism is largely made up of members from the new communities living in Ireland. Service users are therefore likely to be Irish and also from several countries including Poland, other EU member states, the Philippines, India, other Asian countries, various African countries, Brazil and other countries in South America. The majority of Irish Travellers and some of the Roma community are also Roman Catholic.

Followers may refer to themselves simply as *Catholic* without the Roman qualification.

Due to the growing ethnic diversity in Roman Catholicism it is important to check if there are any additional cultural customs in addition to the religious customs below. The Roma section provides additional information on cultural customs for Roma members who are Roman Catholic.

Care of the ill

Religious contacts and religious practices

Essential Practice Point

2

- Each healthcare setting has a dedicated Roman Catholic chaplaincy resource whose role includes responding to the religious needs of ill Catholic followers.
- Roman Catholicism contains a number of religious ceremonies, called *sacraments*, each of which has a specific purpose including aiding healing during illness, preparation for death and initiation of infants into the religion. The chaplain will facilitate these matters.
- Common sacraments are *Holy Communion* and *Confession*. The person may also wish to receive the *Sacrament of Anointing of the Sick*, believed to be an important aid to healing, which may be administered at the beginning of an illness or before a major operation.

Blood Transfusion and Organ Transplantation

There is no religious objection to these procedures.

Care of the Dying

Death-related religious rituals

Essential Practice Point

3

- In the case of imminent threat to life the chaplain should be contacted immediately to administer a specific sacrament (called *Viaticum*).
- Relatives may wish to pray at the bedside for/ with a person who is dying or who has died.

Customs to be observed at death

Essential Practice Point

4

Roman Catholics of Irish origin may expect a healthcare practitioner to sit with them in the moments following the loss of a loved one, particularly if a chaplain or priest is not present. This may also be the case for families from some of the new communities. It is important to discern the family expectations in these matters and be sensitive to them. If in doubt check with colleagues or the chaplain.

Cleaning and touching the body

Essential Practice Point

5

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortems.

Interment ritual

Both burial and cremation are acceptable generally.

Bereavement

A Roman Catholic chaplain normally provides support for family and friends at the time of death.

Religious Icons and Symbols

Personal and religious items

Essential Practice Point

6

- Roman Catholics may wear crosses, images (relics) of saints or a garment called a *shroud*. These items need to be treated with respect.
- Members may wish to have religious objects at their bedside, such as the *Christian Bible*, prayer books, holy water and images of saints. Some may wish to hold their prayer beads (called *rosary beads*). Assistance may be sought with using a religious item. For example a person may ask a healthcare practitioner to pass their rosary beads. It is important that sensitivity is shown in these matters.
- A family member may request an item of jewellery, such as a parent's wedding ring, when a family member dies. If this request is made it should be respected.

Use of religious symbols

The crucifix (image at the beginning of the section), a plain cross and candles are all appropriate in Roman Catholicism and can be used in the mortuary area.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

7

- *The Sacrament of Baptism*, the initiation ritual into the religion, takes place in infancy where the child's parents and Godparents pledge vows on behalf of the child. For Roman Catholics, receiving baptism before death is extremely important and therefore a newborn child in danger of death should be baptised. The Roman Catholic chaplain can perform the Sacrament of Baptism.
- If the infant dies before baptism can be performed, a *Naming Ceremony* but not a baptism can be offered by a Roman Catholic chaplain.
- A midwife or other healthcare practitioner may be asked to baptise a baby, rather than risk a chaplain or priest arriving too late. Should this happen it is preferable if a Roman Catholic or another Christian practitioner carries out the ritual. This is done by making the *sign of the cross* on the child's forehead, pouring a little water on the forehead and saying the words "(child's name), I baptise you in the name of the Father and of the Son and of the Holy Spirit. Amen." Many parents will derive great comfort from knowing that their child has been baptised.

Foetal, infant and child death

- There are no specific religious requirements governing many areas of foetal, infant and child death. The Roman Catholic chaplain can offer particular ceremonies based on the needs and wishes of the parents.

- In the case of a stillbirth, the chaplain can offer a *Blessing or Naming Ceremony*. These rituals can also be performed in the case of miscarriage, based on a request from parents.
- At the parents' request the chaplain can confer the *Sacrament of Confirmation*, an initiation ceremony that normally takes place in adolescence, on infants and children who die before they have received the sacrament. Where the infant or young child has died the chaplain can perform a *Blessing* if requested by the parents.
- Religious services for older children are based on the child's age and the parents' wishes. The Roman Catholic chaplain will also be a resource in these matters.

Memento of a deceased child

It is appropriate to offer a memento of a deceased child to parents (a footprint, handprint, lock of hair, etc).

Developing a Roman Catholic Contact

Each healthcare setting has a designated Roman Catholic chaplain.

The National Association of Catholic Chaplains has a website available at www.nacc.org

Contributors

Fr Gerry Byrne, Hospital Chaplain and Chairperson, Dublin Hospital Chaplain Association provided information for this section and approved the finalised section. Other Roman Catholic chaplains also contributed. Namely they were Sr Julie Buckley, Head Chaplain, the Childrens' University Hospital, Temple Street, Dublin; Fr Martin Chambers, Coordinator of Chaplaincy Services, Mr Kevin McNamara and Ms Kathleen Doherty, Chaplains, Letterkenny General Hospital.





An open Bible, a cross, and the burning flame of the Holy Spirit is the symbol of the Adventist Church.

SEVENTH-DAY ADVENTIST CHURCH

The Seventh-day Adventist Church was born out of a movement influenced by the writings of William Miller (1782-1849), an American Baptist lay leader. The writings of Ellen White, a second key figure, are also highly regarded by Church members. The movement, commonly called the Adventist Church, is regarded as a Christian movement with some unique beliefs and the *Christian Bible* is the key holy book of the religion.

The movement has a worldwide membership of approximately 15 million people in over two hundred countries and territories that are ethnically and culturally diverse.

This Church has always taken a special interest in health concerns, including playing a major role in health research.

Clergy are called pastors.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 *Profile of the Seventh-day Adventist Church in Ireland:*

About 20% of Adventist members are Irish and other large numbers of members come from African countries, Brazil and the Philippines. Some Adventist congregations are led by pastors from Minority Ethnic Communities, and some services are in Romanian and Portuguese.

2 *Religious contacts and religious practices:*

The contact details for all Adventist clergy in Ireland are available at the website address at the end of the section. While Adventists restrict activity during the weekly Sabbath (similar to Jewish observance), clergy will be available as needed.

3 *Food and the content of medicine:*

Adventists avoid *unclean foods*:

- Adventists are likely to follow a vegetarian or vegan diet and not consume alcohol. Food needs should be clarified with the person.
- Jewish *kosher* rules may apply to medicines and these should be free of gelatine, blood and pig products. If no alternative is available the person should be informed so that they can make an informed decision.

4 *Death-related religious rituals:*

In times of critical illness or imminent death an Adventist pastor should be called so that the person and family can receive the spiritual support that they need.

5 *Cleaning and touching the body:*

The normal washing and preparation procedure can be carried out.

6 *Initiation ritual/infant baptism:*

Baptism, the initiation ritual common to Christian traditions, is conducted by full immersion after the *age of accountability*. Therefore, baptism of infants is not practised even in the case of imminent threat to life.

Profile of the Seventh-day Adventist Church in Ireland

The Seventh-day Adventist Church has had a presence in Ireland since the late 1800s.

Essential Practice Point

1

Adventist representatives indicate that the Church has approximately 500 members in the Irish State and has a number of congregations throughout the country. About 20% of members are Irish and the other large numbers of members come from African countries, Brazil, and the Philippines. All congregations are of mixed ethnicity, some are led by pastors from Minority Ethnic Communities and some services are held in the Portuguese and Romanian languages.

develop a local Adventist contact for religious services for members and relationship building with the community.

- The person is likely to wish to see an Adventist pastor for religious and spiritual support.
- Adventists observe Saturday as their weekly Sabbath (from Friday sunset to Saturday sunset) and restrict activity during this time. Adventist clergy will be available as needed.
- The Adventist Church, relatively speaking, places less emphasis on religious ceremony, rituals and symbols. The *Sacrament of Holy Communion*, common in many Christian churches, is usually administered by an Adventist pastor or lay elder of the church. If the sacrament is administered by clergy from another church wine must be non-alcoholic, for example pure grape juice.

Care of the ill

Beliefs about the treatment of illness

Adventists emphasise the relationship between spirit, body and mind and place importance on the well-being of the whole person.

Religious contacts and religious practices

Essential Practice Point

2

- The contact details for all Adventist clergy in Ireland are available at the website address at the end of the section. This can be used to

Food and the content of medicine

Essential Practice Point

3

- Adventists, similar to Jews, avoid *unclean foods*. Adventist representatives indicate that followers are more likely to follow a vegetarian or vegan diet and not consume alcohol. A *kosher* diet (as in Judaism) is not likely to be requested. Food needs should be clarified with the person.
- Kosher rules may apply to medicines and these should be free of gelatine, blood and pig products. If no alternative is available the person should be informed so that they can make an informed decision.

Ablutions and washing

Some Adventists may request water for washing before the Sabbath, sunset Friday to sunset Saturday.

Blood Transfusion and Organ Transplantation

There are no religious objections to these procedures.

Care of the dying

Death-related religious rituals

Essential Practice Point

4

- In times of critical illness or imminent death an Adventist pastor should be called so that the person and family can receive the spiritual support that they need.
- Family may request that the pastor anoint the person which comprises a short ceremony including the placing of a small amount of oil on the forehead, a prayer and a short reading.

Cleaning and touching the body

Essential Practice Point

5

The normal washing and preparation procedure can be carried out.

Postmortem requirements

There is no religious objection to postmortem.

Interment ritual

Both burial and cremation are acceptable generally.

Religious Icons and Symbols

Personal and religious items

Adventists may carry a copy of the *Christian Bible*, while there are no other particular items of a religious nature worn by members.

Use of religious symbols

- A plain cross is appropriate in the mortuary area.
- It is not appropriate to display a crucifix, images of Mary (the Mother of Jesus), saints or icons from other traditions in a mortuary area where a deceased Adventist is laid out.
- Candles are not necessary.

Additional Notes on Maternity and Paediatric Care

Initiation ritual/infant baptism

Essential Practice Point

6

Baptism, the initiation ritual common to Christian traditions, is conducted by full immersion after the *age of accountability*, preceded by instruction and a personal acceptance of Christian teaching. Therefore, baptism of infants is not practised even in the case of imminent threat to life.

Foetal, infant and child death

- There are no particular religious requirements in relation to foetal death and stillbirth. The pastor will be willing to lead a ritual or service if requested by the family.
- Normally a service is held for other infants and children, while the nature of the service depends on the age of the child and the parents' wishes.

Memento of a deceased child

There are no restrictions on giving a memento of a child.

Developing an Seventh-day Adventist Church Contact

Adventist clergy:

The names and contact details of Adventist clergy in Ireland are available at the website address www.irish.adventistchurch.ie/congregations

For information contact:

Irish Mission Office, 9 Newry Road, Banbridge, County Down, BT32 3HF.

Tel: (from the Republic of Ireland) 0044 28406 26361

Contributors

Pastor Douglas McCormack, former Pastor for the Dublin and Drogheda areas, provided the initial information for the section. Pastor David Neal, President, Irish Mission Office reviewed and approved the final version.





The **Khanda**, composed of four images, is the universal Sikh symbol. In the centre is a double-edged sword called a Khanda, surrounded by the Chakar (circle) and at the outer part two curved interlocking swords. Each aspect reflects ideals of the Sikh religion.

SIKHISM

Sikhism was founded by Guru Nanak in the late 1400s in the Punjab district, an area now spanning parts of India and Pakistan.

The Sikh holy book is called the *Guru Granth Sahib*, and it is a collection of teachings and writings by former Sikh Gurus as well as some inclusion from Hindu and Muslim saints. Sikhism believes in One God (*Ek Onkar*), Karma, which in simplified form is the future consequences of current actions, the potential for rebirth, leading a strict and moral life, justice, equality and service to humanity.

The Guru lineage has been discontinued and a democratic structure and the Holy Scriptures now guide the religion.

There are an estimated 23 million Sikhs in the world, most living in Punjab, New Delhi, and other main cities of India. There are also Sikhs in many other countries.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 **Profile of Sikhism in Ireland:**

There are approximately 2,000 Sikhs in Ireland, who are primarily of Punjabi descent .

2 **Religious contacts:**

There are no clergy in Sikhism. The names of two community elders who are willing to be available to Sikhs who need assistance are given at the end of the section.

3 **Ablution and washing:**

The bed-bound may request water for ablutions before prayer, before eating and possibly after using the toilet.

4 **Food and the content of medicine:**

Food preferences need to be clarified and discussed with the person as there are dietary restrictions. Where possible, medicines and treatment offered to Sikhs should not include narcotics, intoxicating drugs or alcohol.

5 **Gender issues and modesty:**

Women may prefer to be examined by female healthcare staff, and both men and women may prefer to be as covered as possible during a physical examination.

6 **Death-related religious rituals:**

The family/community will lead religious services at the bedside.

7 **Cleaning and touching the body:**

Consult the family regarding the washing of the body. If the healthcare setting is conducting the wash procedure:

- Females should wash female body and males a male body.
- Follow the guidelines in *Essential Practice Point 8* regarding the 5 Ks. All of these items must be left on the body during washing.

8 **Personal and religious items:**

The Sikh dress code includes specific items, known as the 5 Ks. None of these should be removed or altered at any time unless required, and then only after consultation with and consent from the person or a family member. This applies to children as well as adults.

- *Kesh (uncut hair)* covered with a turban that is regarded as part of the person and not a garment.
- *Kanga (wooden comb)* worn in the hair.
- *Kaach (undershorts)* worn at all times and replaced as quickly as possible if removed.
- *Kara (iron bracelet)* worn on the wrist.
- *Kirpan (strapped miniature sword)* worn around the waist strapped with a strip of cloth called a gatra.

9 **Foetal, infant and child death:**

Developed foetuses, infants and children receive a full funeral in accordance with Sikh tradition. Wrap the body of the child in a clean white cloth and give it to the parents for interment.

10 *Memento of deceased child:*

Do not offer the family a lock of hair from their deceased child.

Profile of Sikhism in Ireland

Sikhs have been living in Ireland since the 1970s.

Essential Practice Point 1

Contributors indicate that there are approximately 2,000 Sikhs in Ireland, who are primarily of Punjabi descent and have migrated to Ireland mainly from the Punjab region, India, Malaysia and South Africa.

The main membership lives in the Dublin area and there are also communities in other areas including Cork, Clare, Limerick, Sligo and Roscommon. The sole Gurdwara (place of worship) in the Irish State is in Dublin and others worship in private spaces.

Care of the ill

Beliefs about the treatment of illness

Sikhs emphasise personal conduct and responsibility and are likely to seek and follow medical advice.

Religious contacts and religious practices

Essential Practice Point 2

- There are no clergy in Sikhism. The names of two community elders who are willing to be available to Sikhs who need assistance are given at the end of the section.
- The *Khalsa Brotherhood* is the name of the

collective of Sikhs who are initiated into the religion through a baptism ceremony, involving the drinking of *amrit* (holy water). Initiation takes place at an age that the person can understand the significance of the ceremony.

- Baptised Sikhs (see *Initiation ritual*) wear a specific dress code, known as the *5 Ks*, as part of religious observance. The *5Ks* are detailed in *Essential Practice Point 8* and need to be respected in all treatments in healthcare settings.

Ablution and washing

Essential Practice Point 3

- Sikhs may wish to wash the hands before the three daily prayers (dawn, evening and before sleep). A bed-bound person may request water for this purpose.
- Washing the hands before eating and washing after toileting are also common practice in the culture of the Punjab. In the West Sikhs generally use toilet paper after using the toilet. Some may wish to also wash. Wet tissues or disposable cups can be made available for this purpose.

Food and the content of medicine

Essential Practice Point 4

- There are some dietary restrictions, including ritually prepared meat (e.g. halal and kosher). Most Sikhs are unlikely to eat beef or pork. Some do not consume products such as meat, fish, eggs or dairy products. Food preferences need to be clarified and discussed with the person.

- Where possible, medicines and treatment offered to Sikhs should not include narcotics, intoxicating drugs or alcohol. Sikhs avoid the use of these substances in their code of conduct. If no alternative is available the person can use these.
- Products, for example morphine, can be taken in order to enhance life. It is prudent to discuss the content of medication with the person or family if necessary.

Gender issues and modesty

Essential Practice Point

5

- Sikhs tend to adhere to traditional gender and modesty common among people of Asian origin.
- Women may prefer to be examined by female healthcare staff; where this is not possible a female member of staff should be present.
- Both men and women may prefer to be as covered as possible during a physical examination and may prefer a physical examination to be as private as possible

Blood Transfusion and Organ Transplantation

There are no religious objections to blood transfusion or organ transplantation once family consent is received.

Care of the Dying

Family and community visits

If a Sikh knows they are about to die they will want to see as many of their friends and family as possible.

Death-related religious rituals

Essential Practice Point

6

- The family/community may wish to say prayers and recite hymns, especially if the person is too weak to recite. Some may bring holy Water (*Amrit*) and blessed food (*Prashad*) with them to comfort their loved one.
- Sikhs prefer that light is left on in a room until the body leaves it.
- Traditionally the deceased is viewed by the family before interment.

Cleaning and touching the body

Essential Practice Point

7

- Most Sikhs are satisfied that the healthcare setting conducts the wash procedure. Some families may wish to wash and lay out the body themselves either at home or in the hospital mortuary. Consultation is necessary to discern the preference.
- If the healthcare setting is conducting the wash procedure:
 - Females should wash female body and males a male body.

- Observe the guidelines regarding the five *Ks* under the point *Personal and Religious Items*. All of these items are left on the body during washing, the funeral process and at cremation.

Postmortem requirements

There is no religious objection to postmortems. If it is necessary to cut the hair the family need to be informed and consent sought.

Interment ritual

Sikhs are usually cremated and the ashes scattered in flowing waters. Older Sikhs who have died in Ireland have had their ashes returned to the family homeland for the traditional ceremony while others have had the ashes scattered in waters here.

Bereavement

Following a funeral, prayers are continued, usually at the Gurdwara. Traditionally the family observe a mourning period.

Religious Icons and Symbols

Personal and religious items

Baptised Sikhs wear 5 symbols known as *panj kakaars* (termed the 5 *Ks* as each starts with the letter *K*) that are considered sacred gifts from the Guru. Each object reminds the person of an aspect of their heritage and the code of honour that they live by. Each *K* is explained and guidance given on how it should be treated.

Essential Practice Point

8

None of the 5 *Ks* should be removed or altered at any time unless required and then only after

consultation with and consent from the person or a family member. This applies to children and babies as well as adults.

- *Kesh (uncut hair)*: All hair, head, facial and body hair is uncut throughout life. Men cover the head with a turban that is regarded as part of the person and not a garment. Women may wear a turban or scarf. In no circumstance should the hair be cut, at any time, without permission from the person or family. Where it is cut with permission the person or family should also be asked if they wish to have it returned to them for disposal. The person must be asked to remove their own turban if it is necessary to remove it for examinations, etc.
- *Kanga (wooden comb)*: The semi-circular wooden comb is worn in the hair and used for combing the hair. The person needs to be asked to remove the *Kanga* themselves and store it where they wish.
- *Kaach (undershorts)*: Sikhs wear these specially patterned and stitched undershorts at all times. The person must be requested to remove the *Kaach* themselves and will normally wish to replace a removed *Kaach* as quickly as possible.
- *Kara (iron bracelet)*: The iron bracelet is worn on the wrist. The person needs to be asked to remove the *Kara* themselves for X-ray and similar treatments and store it where they wish.
- *Kirpan (strapped sword)*: A miniature sword is worn around the waist strapped with a strip of cloth called a *gatra*. The person needs to be asked to remove the *Kirpan* themselves for examination and treatment and store it where they wish.

Sikhs are regarded as a tolerant and flexible group who are willing to adjust or remove a *K* if required following information and consultation; recent developments in airport security have rendered it

necessary for many to make such adjustments as a normal part of living.

Use of religious symbols

Sikhs do not subscribe to religious icons. It is not appropriate to display icons of other religions in the mortuary area when a Sikh family is using it.

Additional Notes on Maternity and Paediatric Care

Initiation ritual

Initiation into Sikhism, through a baptism ceremony, takes place at an age that the person can understand the significance of the ceremony. The ceremony involves the drinking of *amrit* (holy water). An infant in danger of death will not require religious initiation.

Foetal, infant and child death

- Traditionally there is no ritual for foetuses miscarried in the early stages of pregnancy. If in doubt check with the contacts below.

Essential Practice Point

9

- Developed foetuses, infants and children receive a full funeral in accordance with Sikh tradition. Wrap the body of the child in a clean white cloth and give it to the parents for interment.

Memento of deceased child

Essential Practice Point

10

A Sikh must not have their hair cut; therefore, do not offer the family a lock of hair from their deceased child. Usually no memento is necessary.

Naming convention

- Sikhs normally source the name of the child from the holy book at the Gurdwara and hence there will be a delay in naming a child.
- Females are always given a middle name *Kaur* (Princess) and males the middle name *Singh* (Lion).

Developing a Sikh Contact

The sole Sikh public place of worship in Ireland is based in Dublin and can be contacted at:
Gurdwara Guru Nanak Darbar, 78 Serpentine Avenue, Sandymount, Dublin 4.
Tel: (01) 6671558

If the Gurdwara is not contactable, the following Sikh elders are available to respond to queries from healthcare settings and facilitate arrangements for Sikh members.

Dr Jasbir Singh Puri @ 086 2465919

Mr Gurbir Singh Chadha @ 086 8239947

Contributor

Dr Jasbir Singh Puri, Trustee Gurdwara Guru Nanak Darbar, provided information and guidance for this section, and approved the finalised content. Dr Puri also provided us with (unpublished) written material that he had developed for the purposes of assisting others to understand the Sikh religion.





The sun entering the chamber at Newgrange on the winter Solstice reminds many of the ancient religion of Ireland.

TRADITIONAL AND ANCIENT RELIGIONS: Druidry, Celtic Spirituality, Wicca/Witchcraft and Shamanism

This section contains information about spiritual traditions that are based on or influenced by ancient spiritual practices in Ireland and elsewhere. The traditions profiled are Druidry, Celtic Spirituality, Wicca/ Witchcraft and Shamanism.

The traditions included in this section share some common ground about the nature of the Deity and associated beliefs. They have been grouped for this reason; there is no intention to suggest that they are a cohesive collective. Some groups within these traditions have structures and nominated clergy while others meet in low-key groups that have no overall governing structure.

These traditions tend to observe the *Celtic Calendar* that commences on the festival of *Samhain*, the Celtic New Year (October 31st) and observe seven other additional festivals, namely *Imbolg* (February 1st), *Bealtaine* (May 1st), *Lughnasa* (August 1st), the two *Equinoxes* (spring and autumn), and the two *Solstices* (summer and winter). Each of these and the time between each has particular significance.

Estimates indicate that approximately 5% of the world's population continue to follow indigenous religions.

Summary of Essential Practice Points:

Please refer to the full text of the highlighted points related to the following summary points.

1 Profile of Traditional and Ancient Religions in Ireland:

The section summarises beliefs and practices shared across the traditions of Druidry, Celtic Spirituality, Shamanism and Wicca/Witchcraft, while recognising that each of these is distinct. Discernment is needed in the use of language. Some followers use the terms *pagan* and *witch* as descriptors and in doing so have a specific understanding of these descriptors. Others refer to themselves as *Celtic Christians*.

2 Religious contacts and religious practices:

These traditions are rich in symbolism, ritual and ceremony, having spiritual practices related to all events and stages of life. It is advised to source the name and contact details of a spiritual adviser/personal contact who can assist the person in their practices and provide guidance to the setting for major events such as child and adult death.

3 Food and the content of medicine:

Some followers of these traditions may be vegetarian or vegan. Food needs should be clarified.

4 Death-related religious rituals:

The person will most likely wish to have their own spiritual adviser lead any rituals in the preparation for death.

5 Customs to be observed at death:

Many from these traditions believe that the person retains awareness after death until the spirit leaves for its journey through the afterlife. The manner in which the body is treated is very important, so that

the spirit is allowed to leave correctly. At all times maintain a calm and compassionate atmosphere.

6 Cleaning and touching the body:

The person or spiritual adviser needs to be consulted about who will wash the body and the amount of touch that is permitted for healthcare staff. Some may wish that healthcare staff touch the body minimally after death. If this is the case, or if in doubt, conduct only essential tasks.

7 Initiation ritual:

In the case of threat to life of the infant there may be a requirement for a Blessing. There is no requirement for a chaplain or healthcare setting to conduct a baptism in these circumstances. Please consult the parents regarding their wishes.

Profile of Traditional and Ancient Religions in Ireland

Contributors to this section indicate that there are a growing number of people exploring ancient indigenous spiritual lineages and in some cases returning to these traditions as their *religious* preference. Some Irish people have trained in traditions viewed as commensurate with spiritual practices of ancient Ireland, for example Native American, Central and South American, etc., while teachers from some of these traditions have been visiting Ireland, facilitating spiritual practices here.

Essential Practice Point

1

The following traditions are well established in Ireland. Each one has a distinct lineage, history and belief system. There may also be differences within the groups. Contributors have indicated that members are Irish, English, Welsh and Scottish as well as some members of new communities.

- *Druidry*: Druidry is a spiritual path based on the beliefs and practices of the spiritual leaders of pre-Christian Ireland. Among the beliefs were a respect for the feminine as well as masculine nature of the Deity, a reverence for nature and a belief in an interconnected web of all of life. Some of these beliefs were absorbed into early Celtic Spirituality (next tradition) in Ireland. Some druids in Ireland meet in structures that have developed to support their spiritual practices.
- *Celtic Spirituality and Celtic Christians*: Celtic Spirituality refers to the religion that emerged in Ireland (that also extended to Scotland and other places) from the first century, when the beliefs of the ancient ways blended with Christian beliefs to form a new expression

of spirituality. Members include those who emphasise the ancient tradition more, those who emphasise the integration of the ancient and Christian traditions in perfect harmony, and those who emphasise the Christian tradition more. A number of members refer to themselves as *Celtic Christians* and many observe key Christian festivals as well as the Celtic holidays outlined in the introductory note. There are a number of teachers and ceremony leaders in Ireland supporting Celtic Spirituality.

- *Shamanism*: Shamanism refers to a collection of beliefs and practices, some of which embody ancient/indigenous spirituality from ancient Ireland, South America, Native America and other places. There are also more modern forms of shamanism that embody therapeutic practices, such as breath work, to facilitate healing of the mind, body and spirit. This area of spiritual work is growing in Ireland with a number of teachers and ceremony leaders leading groups.
- *Wicca and Witchcraft*: Some observers consider Wicca as a reconstruction of ancient religions whose practices included the honouring of nature (the Earth Mother). Some Wiccans are satisfied to be referred to as *witches*. Others see Wicca and Witchcraft as distinct traditions. The Aquarian Tabernacle Church, an international Wiccan Church, has legal status in Ireland and has dedicated clergy who attend to the religious needs of members.

The descriptions used by followers of these traditions to refer to themselves vary, hence awareness and discernment is needed in the use of language. A number are comfortable with the term *pagan*, understanding it to refer to a spiritual tradition that honours a female as well

as a male aspect to the Deity, is non-Christian but not anti-Christian and observes a code against harming others. Those who use the description *witch* have a clear understanding that they are working with the natural healing power of herbs, plants and the earth in their spiritual practices. A number of followers of *Celtic Spirituality* use the term *Celtic Christians* and may not wish to associate with the term pagan.

There has been societal misconception and prejudice about the beliefs and practices of some of these groups, which has had consequences for some members openly identifying their spiritual affiliation. Where a person indicates one of these groups as their spiritual affiliation that should be noted and respected.

Care of the ill

Beliefs about the treatment of illness

- Followers of these traditions hold beliefs, such as the influence of the spiritual on all aspects of life, the mind/body connection and personal responsibility for health, which are similar to beliefs in Buddhism and Hinduism. As a result they will expect to be fully consulted and informed of their care plan so that they can decide which options to choose.
- Some may use folk healing practices, herbs, etc., in addition to Western medicine. It is useful to check the content of any herbs being taken so that they are compatible with any medicine prescribed.

Religious contacts and religious practices

Essential Practice Point

2

- Traditional religions tend to be rich in symbolism, ritual and ceremony. Life in general and major events, such as birth, critical illness and death are normally mediated with specific rituals and ceremonies. Many followers have a spiritual teacher/adviser or a personal contact to assist them in their personal practices.
- Some may wish to conduct a ceremony or spiritual practice with the assistance of a community member or spiritual adviser in private. If so this should be accommodated.
- Some groups, for example the Wicca, have established clergy, while others do not have formal clergy. It is advised to source the name and contact details of a spiritual adviser/personal contact who will be a source of support as necessary. Contact names for some traditions are provided at the end of the section and can be used if the person does not specify a contact.
- Everyday spiritual practices may include prayer, blessings, chant and meditation.

Food and the content of medicine

Essential Practice Point

3

Some followers of these traditions may be vegetarian or vegan. Food needs should be clarified. If medicines contain animal products the person should be informed so that they can make an informed choice on the use of the product.

Family dynamics and decision making

Some Irish practitioners may not have informed their families of their belief system. Where a conflict of views exists, as an ongoing principle the individual and not the family has the right to decide medical care choices.

Blood Transfusion and Organ Transplantation

The approach to these procedures may vary. Some will be happy to accept the procedures seeing them as an act of kindness. Others may be concerned about the spiritual consequences of accepting blood and organs from an unknown source and may first wish to have spiritual guidance. Where the person has not left instructions, it is best to consult the spiritual contact.

Care of the Dying

Death-related religious rituals

Essential Practice Point

4

The cycle of life, death and rebirth is observed in these traditions. The person will most likely wish to have their own spiritual adviser lead any rituals in the preparation for death. Privacy may be needed to allow these practices be carried out.

Customs to be observed at death

Essential Practice Point

5

Many from these traditions believe that the person retains awareness after death until the spirit leaves for its journey through the afterlife. The manner in which the body is treated is very important so that the spirit is allowed to leave correctly. In all circumstances maintain a calm, stable and compassionate atmosphere around the deceased.

Cleaning and touching the body

Essential Practice Point

6

- The person or spiritual adviser needs to be consulted about who will wash the body and the amount of touch that is permitted for healthcare staff. There is often a requirement that special herbs are used in the preparation of the body, which will be carried out by the spiritual adviser or someone designated by the person. If the person's designate is to conduct the preparation, or if in doubt, conduct only essential cleaning, for example cleaning any excretions such as blood or excrement using as little touch as possible.
- When the body has to be moved it should be done with care and gentleness.

Postmortem requirements

People from these traditions are likely to want the body to be whole at the time of interment. They are likely to only consent to postmortem examination if there are compelling legal and/or medical reasons for it. Any organ, etc., removed from the body must be returned with the body to the family.

Interment ritual

Respect for the environment and ecological processes are part of these traditions. Those who wish to be buried may require access to alternative burials systems including ecopods. Many may choose cremation and have the ashes spread at a place they consider sacred.

Religious Icons and Symbols

Personal and religious items

- Followers may wear amulets (items that protect the spirit) including gemstones, beads, etc. Consent should be sought before removing any personal items from the body and these should be replaced if removed.
- Some may use other spiritual resources, or have altars, with images of Gods and Goddesses, images/carvings of animals, holy water, oils, candles, incense, etc.

Use of religious symbols

- Symbols such as the crucifix or cross should not be displayed in the mortuary area when family and community from these traditions are using the facility.
- Candles in the mortuary area will be appropriate.

Additional Notes on Maternity and Paediatric Care

Birth rituals

- There is reverence for motherhood and childhood within these traditions. Some may wish to use natural pain relief methods during

childbirth and many are likely to have a specific birth plan.

- Women from these traditions may request to bring the placenta home and dispose of it ceremonially.

Initiation ritual

Essential Practice Point

7

- In the case of threat to life of the infant there may be a requirement for a *Blessing*, which will be carried out by the spiritual leader or someone designated by the parent(s). There is no requirement for a chaplain or healthcare setting to conduct a baptism or initiation ritual in these circumstances unless specifically requested to do so. Please consult the parent(s) regarding needs.
- Parents from these traditions conduct initiation ceremonies, such as a *Naming Ceremony*, at home, often aided by spiritual teachers.

Foetal, infant and child death

- In relation to miscarriage or stillbirth, these traditions are likely to be respectful of the way that the body is treated, irrespective of the stage of development. It is advised to consult with the person or spiritual adviser in the event that there are specific spiritual practices.
- The body of an infant or child should be treated in the same way as an adult after death.

Developing a Local Contact for Traditional and Ancient Religions

Most of these traditions do not have formal clergy. We advise that the name and contact details of a spiritual adviser/personal contact be sourced and used as necessary.

Celtic Spirituality and Shamanic traditions:

Ms Patricia Cameron, Spiritual Adviser and Ceremony Leader of Celtic and Native American traditions, has indicated that she can be contacted for guidance for people from the Celtic Spirituality and Shamanic traditions on request @ 087 2073923.

Wicca/Witchcraft:

The Aquarian Tabernacle Church, an international Wiccan Church, has formal clergy. Ms Janet Farrer and Mr Gavin Bone (086 8496358) from the Church have indicated that they can be contacted in an emergency for people from the Wicca/Witchcraft tradition.

Contributors

Representative of the various traditions profiled in this section contributed material and approved the finalised content. Namely they were:

- Ms Annette Peard, Shamanic and Druidic Practitioner
- Ms Anne-Marie Murphy, Druidic Practitioner
- Ms Patricia Cameron, Spiritual Adviser and Ceremony Leader of the Celtic and Native American traditions
- Ms Dolores Whelan, Teacher and Ceremony Leader of Celtic Spirituality

- Ms Janet Farrer and Mr Gavin Bone, High Priestess and High Priest of the Aquarian Tabernacle Church and International Wicca/Witchcraft Practitioners.

Acknowledgment of Images and Symbols used in the Document

The images used in 5 sections were provided by contributors to the document and other external parties as follows:

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- **First Church of Christ Scientist:** The image of *the Cross and Crown motif* displayed on the holy text *Science and Health with Key to the Scriptures* was provided by the Christian Science Committees on Publication for the United Kingdom and Republic of Ireland
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The images used in the following sections are artistic impressions of symbols associated with each group. The drawings, created by Legato Design, are based on images of the symbols publically available on official websites and literature produced by or on behalf of each group. The contributors for each of these section indicated that the image was appropriate for use for their group.

- **Bahá'í:** the *nine-pointed Star*
- **Buddhist Traditions:** the *Dharmachakra*
- **First Church of Christ, Scientist:** the *Cross and Crown motif*
- **Hinduism:** the *Om sacred sound*
- **Jehovah's Witnesses:** the *Watchtower*
- **Islam (also contained in Figure 2):** the *Crescent Moon and five-pointed Star*
- **Lutheran Church:** the *Luther Rose*
- **Methodist Church:** the *Orb and a White Cross*
- **People without religious belief:** the *Happy Humanist*
- **Roma Community:** the *Roma Chakra*
- **Seventh-day Adventists:** An *open Bible, a cross and the burning flame of the Holy Spirit.*

The images for the following sections were sourced by Legato Design from the Stock Photography Imaging website.

- **Chinese Community:** *the Chinese Dragon*
- **Church of Jesus Christ of Latter-day Saints:** *the trumpeting Angel Moroni*
- **Evangelical Churches:** *the Ichthus*
- **Judaism:** *the Star of David*
- **Pentecostal Churches:** *the Dove depicting the Holy Spirit.*
- **Roman Catholic Church (also contained in Figure 1):** *the Crucifix, the body of Christ on the cross*
- **Sikhism:** *the Khanda.*

Note: The symbols in a few sections contain photographs of people. The HSE received permission from the people/families concerned to use the images in this publication.

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