Overview of Headings and Themes

Each of the twenty-five groups profiled in this Guide have been allocated a specific section. Each section comences 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.