

A Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals

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A Note

- 1. This Dictionary is a guide that is meant to describe beliefs and practices generally found within a particular cultural or religious group. As often as possible, we have verified the content with people who self-identify with that particular group. That process is ongoing. We have consulted printed and online sources considered the most authoritative in this content area. However, we understand as should the reader that not everyone who identifies with a particular cultural or religious group will adhere to the beliefs or values as presented.
- 2. The Dictionary is not complete- and it may not ever be. Thus, the reader will see that much information is still missing because we have not found sources on a given topic that we consider authoritative. We plan to post new versions of the Dictionary as we accumulate new information. As this Dictionary is a work in progress, we welcome feedback and contributions via email to Rev. George Handzo, BCC at ghandzo@healthcarechaplaincy.org.
- 3. These materials are authorized for use per the license agreement below:
 - ",Cultural & Spiritual Sensitivity A Learning Module for Health Care Professionals and Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals were developed by the Pastoral Care Leadership and Practice Group of HealthCare Chaplaincy, New York, NY. (Revision and update of earlier work by the Rev. Susan Wintz, BCC and the Rev. Earl Cooper, BCC)
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Introduction

Why do we need to be culturally and spiritually sensitive? The Joint Commission (JC) holds hospitals accountable for addressing and maintaining patient rights. These rights include the accommodation of cultural, religious, spiritual, and personal values as well as to religious and other spiritual practices.

Health care professionals are entrusted to care for patients as whole persons - body, mind and spirit. The health care approach is interdisciplinary and encompassing. It is important, then, for that approach to be culturally and spiritually sensitive. In addition, health care professionals need to be empowered with the capacity, skills, and knowledge to respond to the unique needs of each patient and their loved ones.

The Joint Commission is developing proposed accreditation requirements for hospitals to advance effective communication, cultural competence, and patient-centered care. Implementation is expected to begin January 2011.

Questions about these materials or suggestions for improvement should be directed to:

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Religions

Western Religions

Comparison of Jewish, Christian and Muslim Traditions

*The three traditions are historically linked, yet with key differences in belief.

All believe in:		
Heaven and God's ca	 □ One God. He is almighty, just and merciful □ Heaven and hell after death □ God's call to Abraham in the land of Ur □ Similar codes of ethics □ Hebrew Scriptures (Christian Old Testament) 	
*Primary belief differ	rences concern Jesus Christ.	
Christians b	pelieve:	
Jesu □ Ir	Jesus Christ is the messiah (savior) of humanity □ ss Christ is the holy son of God in the Christian Scripture (New Testament) as a continuation of the Hebrew Scripture (Old Testament)	
Jews believ	/e:	
	lesus Christ is not the messiah n the Hebrew Scripture (Christian Old Testament)	
Muslims be	lieve:	
□ C □ 'I N te	lesus was a prophet Called Jesus by the name, 'Isa, and God, Allah Isa did receive words from Allah, but the Bible has corrupted those words. Now the Qur'an is the only reliable book of Allah's words and 'Isa's eachings. Isa didn't die, he ascended to Allah	

<u>Judaism</u>

All believe in:
 One all-powerful God who created the universe God communicated the commandments to Moses on Mount Sinai, they are written in the Torah Commitments, obligations, duties, and commandments to religion have priority over rights and individual pleasures Sanctity of life overrides nearly all religious obligations. Therefore, the sick are exempt from normal fasting requirements.
Major Jewish Movements:
□ Orthodox□ Conservative □Reform
Note- In describing a person's religious affiliation, be aware that there are Orthodox Jews and Eastern) Orthodox Christians both often referred to as ,Orthodox'. Likewise, someone who labels hemselves as ,Reform' is Jewish. Someone who labels themselves at ,Reformed' is Christian.
Orthodox Jews believe in:
 Strict and traditional interpretation of the Torah Strict and traditional interpretation of laws and commandments The Torah is divine and unalterable Following of the code of Jewish Law
Conservative Jews believe in:
 Acceptance of traditional and modern religious observances Conservation of Jewish tradition, but also changing to fit modern times
Reform Jews believe in:
☐ Freedom to interpret the Torah and choose religious observances

Beliefs	 Majority of Jews unaffiliated- Judaism can be seen as identity and not faith system Orthodoxy is the most fundamental of the movements- adhering to Written and Oral Laws Conservative sees revelation as Divinely inspired and contains a large tent between Orthodoxy and Reform Reform sees revelation as interpreted by the individual in a dialogue between Jewish history and contemporary wisdom. Other smaller movements generally fall on the more liberal side
Daily practices	 Orthodox- May pray three times daily- ideally in community. Less open to non-liturgical prayer life. Conservative- Daily prayers valued. Individual approaches can vary. Reform- prayers are valued- can be more open to multi-faith and prayers at bedside.
Dying and death	 Belief in life after death accepted by Orthodox and Conservative; Reform acknowledges as part of tradition but allows for individuals to form their own belief system Persons experiencing grave suffering and/or approaching death are usually encouraged to connect with community (all denominations) and pray appropriately to denominational beliefs. Prayers for sick can be an important part of faith in illness for those who celebrate their Judaism in a religious fashion. The most commor prayer used in this context is called the micheberach Autopsy and Organ Donation acceptable to the Conservative and Reform movements and smaller segments of Orthodoxy. Always have families in touch with their rabbi. Body to be treated with respect. Family may want to stay with the body until it is removed by the funeral director. Burial recommended as soon as possible Cremation either prohibited or discouraged. Graveside and funeral home services are typical.
Facilitating practices	 □ Ask patient and family about preferred practices □ Provide for privacy as needed
Food	☐ Orthodox and many Conservative will need kosher-certified food.
Health	 □ Blood and blood products acceptable □ May wish major amputated limb to be buried in consecrated ground □ Consult Rabbi with issues of tube feeding and life support

Holy days and festivals	 □ Rosh Hashanah- Jewish New Year (Solemn) □ Yom Kippur- Fast (no eating or drinking); Day of Atonement □ Sukkot- Weeklong festival of Tabernacles □ Shemini Atzeret/ Simachat Torah- Festive days concluding the High Holidays □ Channukah- eight day festival of lights □ Purim- Preceded by Fast of Esther (no eating or drinking) holiday of the Book of Esther □ Pesach/Passover- Week long Holiday of Freedom □ □ Shavuot/Pentecost- Holiday of revelation □ Asara B'tevet, Tzom Gedalia, Shiva Asar B'Tamuz and Tisha B'Avfast days (no eating or drinking) of mourning □ NOTE- be in touch with rabbi to facilitate religious celebration in a healing environment- especially around fasting □ Sabbath and Holy Days can be days where electricity is not used(Orthodox)- consult with Rabbinic authority
Pregnancy and birth	 Orthodox-Consult Rabbinic authority about birth control Other denominations are more liberal All denominations allow abortion to save the mother- consult Rabbinic and other authorities
Rituals or ceremonies	 □ Synagogue/Temple attendance □ Lighting candles before Sabbath and Holidays □ Be aware of cultural differences in observance and practice, especially in the large and growing number of Spanish speaking communities.
Spiritual instruments, structure and symbols	□ Electric Sabbath Candles can be meaningful

Christianity

All believe in:

	One God who is almighty, just, and merciful \Box sus Christ is the messiah and son of God \Box
Jes	sus' death and resurrection
	Faith in Jesus can save one from sin and eternal death
	Following of the Bible, which includes the Old Testament and the New Testament
	Following of Christ's teachings in daily life. (In ways such as following the

Christian Science

* Also known as Church of Christ, Scientist

Beliefs	 Includes study of Metaphysics, which suggests the presence of spiritual powers that operate on the mind and body Faith does not rest on blind belief; rather, understanding perfection of God's spiritual creation in the present All religions have value
Daily practices	□ Prayer and sacraments
Dying and death	 Euthanasia contrary to teachings Most do not donate body or organs Disposal of body and burial is a family decision
Facilitating practices	 Always clarify if and what medical and/or psychological techniques, procedures, or medications patient and family wish to use
Food	□ No restrictions
Health	 Believed to be the result of disharmony between mind and matter Belief that healing occurs when one draws closer to God and experiences moral and spiritual change Not completely opposed to medical treatment but may be fearful of being forced to accept unwanted treatments which violate individual personal

	beliefs
Holy days and festivals	□ None
Pregnancy and birth	 Abortion incompatible with faith Birth control is an individual decision May desire midwife
Rituals or ceremonies	□ No outward ceremonies or observances
Spiritual instruments, structure and symbols	 Primary text is Science and Health with Key to the Scriptures No set apart leadership, but full-time healing ministers (practitioners) practice spiritual healing, which is uniquely different from medical or psychological techniques

Eastern Orthodox

Beliefs	The community recites the Nicene Creed at every Divine Liturgy, which summarizes the beliefs of the Church. The Orthodox view the Trinity as ,three persons, one in essence and undivided.' Christ is understood to be the Son of God, both fully divine and fully human, and the Holy Spirit enables humanity to apprehend God's presence in the world. In the Bible, God has revealed Himself as living and present in his people. It is considered the ,Word of God,' though not considered inerrant or literal. Veneration of Mary referred to as the Theotokos (,God-bearer') in that she carried the New Covenant in the person of Christ. A person's communion with God is expressed in love. Where there is no love, God is absent and there is no spiritual life. All are already saved (Christ's death and resurrection), are still being saved (through participation in the church), and will be saved in the future (second coming of Christ).
Daily practices	Divine Liturgy attendance on Sundays and/or holy days; some communities hold Matins and Vespers services daily. Prayers at home with icons and/or incense
Dying and death	Holy Unction (anointing with oil) is administered to the sick by Orthodox clergy. It is administered to all Orthodox on the Wednesday of Holy Week. The church offers special prayer for the dead on the third, ninth, fortieth day and one year anniversary of the death. The traditional saying after a person has passed away is ,Memory Eternal.' Belief that the departed soul can be affected by intercessory prayers; redemption and reconciliation with God is possible after death.
Facilitating practices	Orthodox Christians pray in the presence of icons, making the sign of the cross. Icons are not worshipped but instead are venerated and honored as 'windows' into divine reality and as an aid to prayer.
Food	Many Orthodox fast from meat, dairy and oil on Wednesdays and Fridays. During Great Lent and Christmas Lent (Advent), a 40-day period of fasting from meat, dairy and oil is observed. The fast is broken with a joyous community feast after the Divine Liturgy. Fasting is flexible for those with health concerns or those who are pregnant.
Health	God is understood to be the ,Divine Physician and the ,healer of our souls and bodies,' which is facilitated through prayer and participation in the life of the Church. Traditional medical interventions are generally accepted.

Holy days and festivals	 The Church observes a structured liturgical cycle of twelve feast days; Pascha (Easter is considered the ,feast of feasts'). Every Sunday is dedicated to celebrating the Resurrection and the Triune God. Various saints' days are celebrated throughout the year.
Pregnancy and birth	□ Babies are baptized by immersion as early as 2 months of age; after baptism, they receive Holy Communion and are full members of the body of the Church.
Rituals or ceremonies	Orthodox worship is structured and liturgical, with the use of chanted hymnody, incense and iconography. Participants stand during most of the liturgy. The focus of the liturgy is the blessing and receiving of Holy Communion.
Spiritual instruments, structure and symbols	 □ The Three-Bar Orthodox Cross □ Prayer with icons □ 300 million members worldwide □ Composed of numerous self-governing ecclesiastical bodies, each geographically and nationally distinct but theologically and sacramentally unified. Each self-governing (autocephalous) body is shepherded by a Synod of bishops

Jehovah's Witness

Beliefs	 No Holy Trinity. God is the Father, while Jesus Christ is His son, a separate person. The Holy Spirit is God's motivating force. Do not participate in nationalistic ceremonies (e.g. saluting the flag), and do not give gifts at holidays or celebrate traditional Christian days. Believe that after world is restored to state of paradise; beneficiaries of Christ will be resurrected with healthy, perfected physical bodies, and will inhabit earth.
Daily practices	□ Prayer and reading of Scriptures
Dying and death	 Death is a state of total unconsciousness Euthanasia forbidden Autopsy acceptable if legally required Donation of body or organs is a personal choice
Facilitating practices	 Be sensitive to strong religious beliefs opposing use of blood or blood products Encourage patient or family to consult with congregational elders or to contact the local Hospital Liaison Committee for assistance.
Food	□ Avoid food that contains blood
Health	 Likely to be strongly opposed to blood transfusion Medications from blood products may not be acceptable Use of extraordinary means to prolong life or right to die is individual choice
Holy days and festivals	 Meetings are held 3 times a week in local Kingdom Halls with focus on education Weekly meetings in homes Most important meeting of the year is a congregational celebration of the memorial of Christ's sacrificial death
Pregnancy and birth	 Abortion and artificial insemination by a donor are forbidden Birth control is an individual choice No infant baptism
Rituals or ceremonies	□ Adult baptism□ No special rituals for sick or dying
Spiritual instruments, structure and symbols	□ None

Mormon (Church of Jesus Christ of Latter-day Saints)

Beliefs	 Centered and focused on Jesus Christ as the Firstborn of God Members are literal spiritual sons and daughters of a living Father in Heaven Mortality is a probationary period in which people are tested to see if they will obey the Lord's commandments given through ancient and current prophets Building of temples where sacred and personal covenants can be entered into with the Lord
Daily practices	Prayer and reading scripture
Dying and death	 Belief that all individuals will be resurrected, and will attain degree of glory in heaven for those qualified from acts during their mortality Euthanasia not practiced Promote peaceful and dignified death if inevitable Organ donation an individual choice Autopsy permitted
Facilitating practices	□ Allow for visits by church representatives; privacy for prayer or ritual
Food	 Coffee, tea, tobacco and alcohol are prohibited Fasting (no food or drink for 24 hours) required once each month - ill people not required to fast
Health	 Faith healing (faith in Jesus Christ and power of priesthood to heal) and medical care/treatment used together No restrictions on blood, blood products or medications
Holy days and festivals	□ Follow basic Christian holidays such as Christmas and Easter, as well as national holidays and church specific holidays
Pregnancy and birth	 Belief that one of central purposes of life is procreation Birth control contrary to beliefs Abortion forbidden except when mother's life in danger or rape Artificial insemination acceptable between husband and wife
Rituals or ceremonies	 Naming and blessing of children Two elders required for ritual of blessing of the sick ,Family Home Evenings' held once a week are important
Spiritual instruments, structure and symbols	 King James version of Old and New Testaments, the Book of Mormon and other scriptures No formal clergy but designated leaders for specific roles, including Bishops and Elders None

Protestant

- * Numerous Christian groups in the U.S.
- * Mainline denominations include: Baptist, Christian (also Disciples of Christ, Churches of Christ), Episcopalian (also Anglican), Lutheran, Mennonites (also Amish), United Methodist, Presbyterian, Reformed, and United Church of Christ.

Beliefs	 Jesus of Nazareth is the son of God Emphasis on Scripture/Holy Bible as word of faith and life. Groups vary widely in how literally they adhere to Scripture. Traditionally two Sacraments of Baptism and Communion Community worship important
Daily practices	□ Prayer, Scripture reading
Dying and death	 Organ donation, autopsy and burial or cremation usually individual decisions Euthanasia beliefs vary from individual decision to religious restrictions Body to be treated with respect
Facilitating practices	Ask patient and family what practices they supportProvide privacy as needed
Food	□ No restrictions
Health	 In most denominations, decisions about blood, blood products, vaccines, biopsies, amputations and transplants are individual choice Prayer, anointing, Eucharist or other rituals may be important
Holy days and festivals	□ Traditional Christian holidays and observances
Pregnancy and birth	 In most denominations, decisions about genetic counseling, birth control, fertility tests, and artificial insemination are individual choice Some denominations may have restrictions Baptism of infants practiced in some denominations; others may desire blessing or dedication ritual
Rituals or ceremonies	 Prayers for healing and comfort of the sick, commendation of the dying, personal prayer, Sacraments
Spiritual instruments, structure and symbols	 Bible Cross Many mainline denominations ordain both men and women while some conservative denominations may have only male leadership

Roman Catholicism

* Roman Catholicism is the largest group in the US

Beliefs	 Strong tradition of liturgy (ceremony) Emphasis on practices (usually termed, sacraments), including: baptism, Eucharist, prayers for the sick, holy orders, marriage, confirmation and confession/penance Dedication to creeds (formulated statements of beliefs) Belief in Apostolic succession in leadership, meaning leaders should be male successors of the original apostles of Jesus
Daily practices	 Prayers at table, bedside and other times May desire daily Eucharist or attendance at Mass Use of sacramentals or aids in the spiritual life, such as rosary beads/prayer, holy images, candles, etc.
Dying and death	 Belief in life after death Persons experiencing grave suffering and/or approaching death are usually encouraged to pin their suffering to that of Christ's. Sacrament of the Anointing of the Sick very important for the seriously ill, frail and elderly. Used to be called Last Rites. Autopsy and Organ Donation acceptable Body to be treated with respect Wakes encouraged- usually in a funeral home the day before the funeral. Funeral Mass is the norm but can be replaced with a funeral version of Liturgy of the Word. Graveside service is also typical
Facilitating practices	 Ask patient and family about preferred practices Ask about rituals and needs such as Eucharist/Communion or anointing Provide for privacy as needed
Food	 Traditional Catholics may fast and/or ask for sacramental confession prior to receiving Eucharist and may wish to avoid meat on Fridays, especially during season of Lent; offer to provide fish instead No general dietary restrictions.
Health	□ Blood and blood products acceptable □ May wish major amputated limb to be buried in consecrated ground □ Sacrament of the Sick (anointing by a priest) may be very important □ May believe suffering is ,part of one's fate' or punishment from God
Holy days and festivals	 Traditional Christian holidays as well as observance of special holy days when attendance at Mass is viewed as an obligation. Holidays such as Christmas and Easter are celebrated as a season, not only

	for one significant day.
Pregnancy and birth	 Natural means of birth control only Abortion and sterilization prohibited Artificial means of conception are discouraged Baptism of infants may be required and urgent if prognosis is grave
Rituals or ceremonies	 Attending mass on Sunday and Holy Days, sometimes daily Observing sacraments Praying the rosary (beads to aid in saying prayers) Lighting candles Be aware of cultural differences in observance and practice, especially in the large and growing number of Spanish speaking communities.
Spiritual instruments, structure and symbols	 Rosary (prayer beads) Holy water Incense Saints, especially Mary the mother of Jesus and saints associated with healing. Jesus pictures and statues; crucifix (cross with corpus of Jesus) Name of Jesus is important Only (male) priest can offer Sacraments Leadership includes priest (,Father'), deacon (,Mr' or ,Deacon'), nuns (,Sister') and brothers (,Brother'), whom all have taken vows, as well as Eucharistic ministers (lay- men and women who bring Eucharist/communion); chaplains, both men and women, who are specially trained and certified.

^{*}Eastern Rite Catholics (different from Eastern Orthodox Christians) have similar but not identical beliefs and practices.

Seventh-day Adventist

* Also known as Adventist, Church of God, Advent Christian Church

Beliefs	 Bible is interpreted literally Believe it is a duty to warn others to prepare for second coming of Christ Body considered temple of God and must be kept healthy Operate one of world's largest religious health care systems
Daily practices	□ Prayer
Dying and death	 Euthanasia not practiced Autopsy, donation of body or organs acceptable Disposal of body and burial are individual decisions Do not believe in a continuation of life after death, until the return of Christ
Facilitating practices	Ask patient and family about beliefs and preferencesProvide privacy
Food	 □ Vegetarian diet encouraged □ Alcohol, tea and coffee prohibited □ May practice fasting
Health	 Believe healing can be accomplished both through medical intervention and divine healing Chaplains and physicians are inseparable Emphasize physical medicine, rehabilitation and therapeutic diets No restrictions on medications, blood or blood products or vaccines May not condone use of narcotics or stimulants No restrictions on surgical procedures although some may refuse interventions on Friday evening and Saturday Sabbath
Holy days and festivals	□ Saturday is the Sabbath, a day of worship and rest
Pregnancy and birth	 Birth control is an individual choice Therapeutic abortion acceptable in cases of danger to mother, rape or incest Opposed to infant baptism
Rituals or ceremonies	□ Pastors and elders may pray and anoint ill person with oil
Spiritual instruments, structure and symbols	□ Pastors and elders are male

Islam (Muslim)

The Five Basic Principles of Al- Islam/ Beliefs	 Shahadatain (Declaration of Faith)- To declare there is only one God, Allah, and that Muhammad is his messenger. Salat (Prayer/ Worship)- Muslims must pray five times a day. The Qur'an is the final revelation to Humanity. Zakat (Charitable Contributions)- Requires that once a year a Muslim is to give at the rate of 2.5% to a charitable cause. Sawm (Fasting) - Participate in the month long fast of Ramadan, in which they restrain from food, drink, and sex during daylight hours. Hajj (Pilgrimage to Mecca)- If in good health and with enough money, one must make the pilgrimage to Mecca once in their lifetime.
Beliefs	 One God, or Allah, is most important principle Complete submission to God Prophet Muhammad and Holy Qur'an A judgment day and life after death Commitment to fast during the holy month of Ramadan: abstaining from food, drink, sexual intercourse and evil intentions and actions Commitment to attempt a pilgrimage to Mecca (in Saudi Arabia) at least once in life Duty to give generously to poor people Belief in Oneness of God Belief in His Angels Belief in His Books (All the revealed Scriptures) Belief in Hereafter (Life after Death) Belief in the Day of Judgment Belief in Reward and Punishment
Daily practices	 May engage in prayer 5 times a day facing Mecca (dawn, mid-day, mid-afternoon, sunset, night); face, hands and feet are washed before prayer. Do not interrupt or walk in front of patient when he/she is saying prayers unless it is an emergency Days of observance occur throughout the Muslim lunar calendar
Dying and death	 Death is controlled by God's plan Euthanasia or any attempt to shorten life prohibited Organ or body donation acceptable Autopsy permitted only for medical or legal reasons Confession of sins and begging forgiveness often occurs in presence of family upon death Important to follow five steps of burial procedure which specifies washing, dressing, and positioning of the body. First step is traditional washing of the body by Muslim of same gender As moment of death approaches, Islamic Creed should be recited

	 Grief expressed by shedding tears, but forbidden to wail, beat breast, slap face, tear hair or garments, or complain or curse The Janazah Prayer (Prayer for the deceased) must be said in Arabic and led by a male- an Imam is preferred. This process should take place within 72 hours after death. Therefore, a death certificate should be signed quickly to facilitate the process.
Facilitating practices	 Explore what practices are most important to patient/family Be aware that some customs prohibit handshakes or any contact between genders Female patients may want a female physician Be aware of language barriers.
Food	 Tayyib= what is good, pure, clean, wholesome, nourishing, pleasant and tasteful. Halal= what is lawful and allowed for Muslims to eat. Halal Diet - Pork, and some shellfish prohibited; alcohol is possibly prohibited Only vegetable oil to be used Any food invoked by a name besides God's may be prohibited Children, pregnant women and those who are ill are exempt from fasting laws, however may resist and need support from faith group/leader May only eat with right hand, which is considered to be the clean hand
Health	 No restrictions on blood or blood products, medications, amputations, organ transplants, or biopsies Most surgical procedures permitted Doctors are seen as helpers of God's will Abortion is prohibited except in cases of rape, incest and if the life of the mother is threatened. A fetus is considered a human being after 25-week gestation.
Holy days and Festivals	 □ Fasting during the month of Ramadan is included in the 5 pillars of Islam and is considered to be a spiritual obligation. Fasting happens from sunrise to sunset. The ill and children are exempt from fasting, but they may join anyway if safe to do so. □ Jum'ah Prayer (Congregational Prayer) held every Friday, the Holiest Day for Muslims and takes place at noon prayer. One may not work during this time. □ Islamic days are based on the lunar calendar. Muslims do not work on two Holy days during the year; 1) Eid-ul-Fitr (Celebration of the Fast Breaking)-this is held on the first day of the ninth month of the lunar calendar. 2) Eid-ul-Aha (Celebration of the Sacrifice of Abraham)- a three day celebration beginning on the 10th day of the twelfth month called Dhul Hijjah. □ These Holy days consist of prayer and a short sermon in congregation followed by food, entertainment, feeding of the poor and visiting the sick and shut-in.

<u>Sunni</u>	<u>Shia</u>
Sunni roughly means ,words and actions' or example of the Prophet Muhammad	Shia roughly means ,Party of Ali'
Believe that when the prophet Muhammad died, it was his wish that the next leader would be elected. Abu Bakr,	Believe that when the prophet Muhammad died, it was his wish that Ali, his cousin and son-in-law, would be the new caliph
Muhammad's closest friend, was elected.	Believe that the caliphs (leaders) of Islam should continue to be direct descendents
Believe the caliphs (leaders) of Islam should continue to be elected (and they	of the Prophet Muhammad
are).	Shia Muslims choose to ignore the elected Sunni leaders, and instead follow their own
85% of Muslims are Sunni	leaders, direct descendents of Muhammad called Imams
	15% of Muslims are Shia
	Iran and Iraq are the only countries that have a majority of Shia Muslims. Shia Muslims are the minority in the rest of the Islamic world.
	Can also be found in Pakistan, Azerbaijan, Afghanistan, India and Syria
	Some Shia Muslims pray only 3 times a day; all Sunni Muslims pray 5 times a day

Eastern Religions

Buddhism

*There are 3 major Buddhist traditions: Theravada, Mahayana, and Tibetan

Beliefs	 The main goal is to reach spiritual enlightenment through meditation and conscious living
	 Personal insight replaces belief in God with the complete study of the laws of cause and effect (Karma)
Daily practices	 May include meditation or chanting according to the form of Buddhism the Buddhist follows
Dying and death	All rituals at death are aimed at promoting human rebirth in the next life, as well as preventing lower forms of rebirth taking place
	☐ May wish prayers/chanting to take place
	 Person's state of mind at moment of death believed to influence rebirth, so they will want to be calm and peaceful
	□ Person may not want medication while dying if it affects clarity of mind
	Imperative that a Buddhist representative be notified well in advance to see that appropriate person presides over the care of a dying person
	□ Unexpected death or death of small child may necessitate special rituals
	 Traditionally, there is a 3-5 day period when the body is not disturbed following death
Facilitating practices	 Allow for quiet time to observe practices Ensure calm and peaceful environment and comfort, especially for dying person
Food	☐ May be vegetarian, may avoid stimulants (coffee, alcohol, tobacco)
Health	☐ Illness is a result of karma (law of cause and effect), therefore an inevitable consequence of actions in this or a previous life
	Health is holistic (connect between mind and body); mental cures are important.
	 Healing and recovery promoted by awakening to wisdom of Buddha, which is spiritual peace and freedom from anxiety Do not believe in healing through faith No restrictions on blood or blood products, surgical procedures, organ
	 donation, autopsy Medications acceptable if in great discomfort as long as they do not affect state of mind
Holy days and	□ While some celebrations are common to all Buddhists, many are unique to

festivals	particular schools
Pregnancy and birth	 Artificial insemination, sterility testing and birth control acceptable Buddhists do not condone taking a life; circumstances of patient determine whether abortion acceptable Pregnant women may avoid funerals to prevent bad luck for baby
Rituals or ceremonies	☐ There is a monthly atonement ceremony on the full moon. The major rituals are around baby blessings, lay and monk ordination, marriage and death.
Spiritual instruments, social structure and symbols	 □ Incense burning, flower and fruit offerings, altars/images/statues of Buddha and ancestors, prayer beads, chant boxes □ Ordained spiritual community involves full ordination for women and men □ Lay vows for women and men □ No institutionally organized hierarchical structure □ Buddha image, lotus, swastika-looking symbol (which represents peace)

Hinduism

- * 3rd largest religion in the world * Large populations in India, Nepal and Bangladesh

Also

Beliefs Daily practices	 A wide variety of beliefs held together by an attitude of mutual tolerance and belief that all approaches to God are valid Humankind's goal is to break free of this imperfect world and reunite with God Reincarnation and karma (law of cause and effect) One must perform his/her duties to God, parents, teachers and society Personal hygiene very important and bathing is required every day, but bathing after meal may be viewed as harmful
	Hot water may be added to cold, but not the oppositeRemoval of shoes before entering a room
Dying and death	
Also see Appendix A From Journal of Hospice and Palliative Nursing Hindu End of Life: Death, Dying, Suffering, and Karma	 The atmosphere around the dying person must be peaceful. The last thoughts or words are of God; the Gita (scripture) is recited to strengthen the person's mind and provide comfort. Religious chanting before and after death is continually offered by family, friends and priest. Prefer to die at home, as close to mother earth as possible (usually on the ground) Active euthanasia viewed as destructive No custom or restriction on prolongation of life Immediately after death priest may pour water into mouth of deceased and family may wash the body Customary for body not to be left alone until cremated Autopsy and organ donation acceptable
Facilitating practices	□ Cremation is common on day of death □ Fetus or children under age 2 may be buried; no rituals observed □ Provide supportive environment and privacy for rites □ Involve family members in plan of care and determine which member will provide personal care □ Father/husband is primary spokesperson to whom questions should be directed - women may not request special care
Food	□ Special respect for elders □ Usually vegetarian □ If not vegetarian, may avoid beef and pork □ According to dietary law, right hand is used for eating and left hand for toileting and hygiene
	☐ May fast on special holy days
Health	Prayer for health considered low form of prayer; stoicism is preferable Medications, blood and blood products, donation and receipt of organs

Rituals or ceremonies	 On 10th or 11th day after birth, priest performs naming ceremony Specific ceremonies vary according to local customs Praying, meditating, scripture reading, and recitation is common
Spiritual instruments, structure and symbols	 Various sacred writings Various objects for rituals- including sandalwood, incense, candle, symbols or pictures, fresh flowers, prayer beads Not a church-based religion; no hierarchical structure Religious practitioner is priest
	acceptable Pain and suffering seen as result of past actions (Karma) Future lives influenced by how one faces illness, disability and/or death
Holy days and festivals	 Several, which are observed at home; some take place in a temple Must be barefoot during religious worship or any kind of religious celebration Must sit at a lower elevation than where the image of the deity has been placed
Pregnancy and birth	 Exact time of birth may be important to family Circumcision is uncommon May not want to name the newborn immediately May be against abortion Birth control, artificial insemination and amniocentesis acceptable

Sikhism

* Mostly from Pakistani and Indian region of Punjab

Beliefs	God is formless, eternal and unobserved. God is the supreme Guru, revealed as guide and teacher throughout the World Reincarnation as a cycle of rebirth Tension exists between God's sovereignty and human free will Salvation is liberation from the cycle of rebirthSalvation can be achieved through disciplined meditation and spiritual union with God Ideal life is one of work, worship and charity Equality of all people
Daily practices	Private worship twice daily, morning and night Following of the 10 Sikh gurus (enlightened leaders) and the holy scriptures
Dying and death	Body is bathed, dressed and cremated Floor is washed and covered with white sheets; shoes taken outside the room
Facilitating practices	Provide privacy Respect wearing of religious objects; do not remove without permission
Food	Fasting not accepted as a religious practice, although can be observed for medical reasons
Health	Adult members have made a vow never to cut the hair on any part of their body
Holy days and festivals	Meet as a congregation for prayer service and common meal on six primary holidays
Pregnancy and birth	Child is often named by opening the Guru Granth Sahib (book of collected religious writings) at random; the first letter of the first verse on the left-hand page becomes the first initial of the child's name
	There are no particular rituals connected with the birth of a child in the Sikh community. Some sections of the Sikhs recite the five verses of the Morning Prayer, Japji Sahib into the ears of the newborn child.
	Gurthi: A respected, intelligent and favorite member of the family gives a drop of honey to the new born child so as to give the child his characters later in life. This is not a ritual and it mostly takes place in the hospital itself.
	Shushak: When a child is born into the Sikh fold, the maternal grandparents gift him a package called Shushak, which consists of clothes for the child and his family, a spoon, glass, and a bowl for the child, money and gold ornaments for the child according to their financial status.
Rituals and	Sikh Baptisms (Amrit)

ceremonies	□ Naming Ceremonies□ Birth Ceremonies
Spiritual instruments, structure and symbols	 Guru Granth Sahib, collection of religious writings, is the 'Living Word' and the 'Living Guru,' or teacher A turban may be worn as a symbol of personal sovereignty and responsibility to others Symbolic objects include wooden comb, cloth around chest, and iron bracelet which must never be removed Local leadership consists of elected committee of 5 elders Khanda, which reflects certain fundamental concepts of the faith (looks like two swords crossed with a circle overlapping).

Other Religions

Bahá'í

Beliefs	 The oneness of God, the oneness of religion, and the oneness of humanity All great religions are divine in origin and represent successive stages of revelation throughout human history Unification of humanity and end of racial and religious prejudice Search for truth is an individual responsibility Harmony of religion and science Basic education for all children Abolition of extreme wealth and poverty Equality of the sexes
Daily practices	 Daily prayer and reading of Bahá'í sacred writings All work performed in the spirit of service is considered to be worship
Dying and death	 An individual's reality is spiritual, not physical The body is seen as the throne of the soul, worthy to be treated with honor and respect even when dead After death, the soul continues to progress to the next stage of existence closer to God Body should be buried, not cremated, preferably without embalming unless required by law Body must not be transported more than one hour's journey from the place of death For persons over 15 years old, the Prayer for the Dead is recited at burial
Facilitating practices	Provide privacy and supportive environment
Food	Bahá'í Fast March 2-20: Bahá'ís over the age of 15 who are in good health abstain from food and drink from sunrise to sunset each day
Health	 Consumption of alcohol or mind-altering drugs is forbidden except when prescribed by a physician
Holy days and festivals	 7 Holy Day festivals per year in which one does not work or go to school Other Holy Days also observed
Pregnancy and birth	□ No special requirements
Rituals or ceremonies	 Daily private prayer and annual fast lasting throughout day from sunrise to sunset March 2-20
Spiritual instruments,	 Bahá'í prayers for private worship Local, national and international representatives

social structure	□ Authorized representatives perform special religious rituals
and symbols	□ 9 pointed star

Native American Spirituality

*No founder; tradition has evolved over centuries, passed down by storytelling *More than 2 million people in 300-500 different American Indian tribal groups, each with its own culture and responses to specific situations

Beliefs	 Creator - some tribes use ,God' and ,Creator' interchangeably Fundamental inter-connectedness of all natural things, all forms of life, with the land, or Mother Earth, are of primary importance Basic sense of community or group/tribe
Daily practices	 Prayers, may include using sacred objects, usually private and without strangers present
Dying and death	 Beliefs and practices vary widely from tribe to tribe Body is sometimes prepared for burial by family or tribe members After person dies, some tribes will not touch deceased person's clothes or belongings
Facilitating practices	 Provide time, space, privacy and include tribal spiritual leader Do not pretend to be familiar with traditions and do not interfere with them
Food	After ceremony or prayer, foods consumed will likely be provided by family
Health	 Health care practices intertwined with religious and cultural beliefs May believe that III health results from not living in harmony or being out of balance with nature and social and supernatural environments
Holy days and festivals	☐ Closely related to seasonal changes, the moon, provision of food and other life essentials
Pregnancy and birth	Pregnant women included in religious ceremonies until delivery
Rituals/ceremoni es	 Performed with intent of seeing, understanding, or obtaining a vision of clarity of oneself and individual issues in order to relate to oneself and others Prayer accompanied by burning of sacred plants, i.e. sweet grass, sage, cedar or tobacco
Spiritual instruments	 No written scriptures; ceremonies and beliefs learned by word of mouth and experience Sacred and should not be touched without permission, especially by stranger Medicine bag: leather pouch usually worn around neck. Do not open or question. Religious articles carried by elders must not be touched by anyone other than the elder; if inspection is required, an elder should be invited to provide inspection services

	☐ A woman should not come near sacred objects during menstruation
Social Structure	 Respect for female and male elders Medicine Man or Woman will probably not have identification defining member Include elder, medicine person, or spiritual leader as colleague to assist in healing process
Symbols	□ A great variety of symbols which vary from one tribe to another

Rastafarian Movement

- *Started in the 1930's in Jamaica *About 10% of Jamaicans are Rastafarian

Beliefs	 One God, Jah, is the former emperor of Ethiopia (Haile Selaissie I) incarnated. He is the messiah promised in the bible. Superiority of African civilization and culture Being all-natural and as close to nature as possible Love and respect for all living things The dream of returning to Africa (original home) Following of the Old Testament Spiritual use of marijuana
Clothing and Style	 Often red, yellow and green (colors of the Ethiopian flag) Often wear dreadlocks, either as a religious decision or a style decision. However, not all Rastafarians have dreadlocks May not wash hair or body to be ,all natural' Buttons and pins with images of Haile Selaissie or the Lion of Judah More conservative Rastafarians may wear robes and head scarves Knit hats
Dying and death	
Facilitating practices	
Food	Limited meat- no pork or shellfish (following of Old Testament restrictions) May avoid all meat May be vegan May avoid alcohol Caribbean food is popular, especially healthy fruits and vegetables May only want to eat natural foods, called ,I-tal' foods in Jamaica
Language	 Jamaican Patois, the Jamaican Creole, may be hard to understand because of the patient's accent and idioms. However, they can usually understand English since the language is English-based Some Rastafarians speak Amharic, the original language of Ethiopia. However, this is not common and most speak English or Jamaican-English.
Death	 Believe in everlasting life. As a result, they might be hesitant to prepare for death or talk about terminal illness Since death is not real, they believe that Haile Selaissie I is still alive
Body	The body may be seen as a church. Therefore it is sacred and they may be hesitant to put anything unnatural into it.
Rituals/ Ceremonies	 May include discussion, singing, dancing, and marijuana use. Readings of the Old Testament

Spiritual instruments, social structure and symbols	 Believe in the spiritual use of marijuana. Marijuana is common during ceremonies or habitually. It is acceptable because it is considered to be natural Marijuana is seen as cleansing, spiritual, and written about in the Bible May avoid taking any un-natural drugs
	 □ Local, national and international representatives □ Authorized representatives perform special religious rituals

Santeria

Basics	 Similar to Voodoo spirituality Mix of Catholic rituals and various African deities
Healing	 May seek a Santeria priest for physical and mental healing who may use herbal formulas, prayers, and ritual
Ceremonies	 Mostly performed secretly at home because of Santeria's stigma Can include spells, magic, and animal sacrifice

Voodoo

 $^*\mbox{There}$ are many variations of Voodoo...the following describes Voodoo Spirituality found in the United States

Beliefs	 There is one God, Bondye, and many other spiritual beings, called Iwa Iwa are the ruling force of the world, they decide the fate of everything. They are asked for help and for change.
Ceremonies	 Include drums, dancing and animal sacrifice. Animals are sacrificed to please and thank the spirits. Because many Westerners are afraid of Voodoo culture, ceremonies may be held in secret.
Demographics	 Originated in West Africa. It has spread to the Caribbean, the Philippines, North and South America
Healing	□ Spiritual healing may include herbs, ritual, and faith healing

Wicca

* Historically have met in small private groups called covens, which are autonomous although many share common traditions

Beliefs	 Polytheistic - many gods and goddesses Principal deity is the Earth/Mother Nature Concern for ecological issues Reconstructs the ancient worship practices of pre-Christian civilizations such as the Greek, Norse, Celtic, Sumerian or Egyptian Law of Nature: no action can occur without having significant repercussions throughout the world, eventually returning to affect the original actor
Daily practices	 Individual study Principal form of worship is usually called ,ritual' or ,circle'
Dying and death	Beliefs and practices varyNo restrictions on autopsy
Facilitating practices	 Make time and space for rituals; provide privacy and quiet Consecrated items must not be removed from patient or handled by anyone but the wearer
Food	☐ May not desire various foods due to beliefs; ask for preferences
Health	Patient may want to contact his or her coven to request a healing rite
Holy days and festivals	□ Various
Pregnancy and birth	 Rituals for blessings of pregnancy performed by women of community and are held every three trimesters of pregnancy Ritual of naming and blessing of children
Rituals and ceremonies	Rituals are a large part of the Wiccan faith Full moon held to be a time of great magical energy, a good time for putting a lot of effort into one's spiritual life and work
Spiritual instruments	 □ Written works and codes of conduct □ Consecrated pendant in the form of a pentacle/pentagram (interlaced five pointed star within a circle) is often worn; don't remove without asking □ Various sacred objects including a wand, chalice, wine or juice, incense, candles, images of gods or goddesses, herbs, oil
Social Structure	□ Weekly worship and classes

	□ Priests and priestesses perform special rituals
Symbols	 □ Five-pointed star inside a circle □ Variety of symbols are used

Cultures

Major American Cultures

African-American / Black Culture

* An extremely diverse population.

* Variations are strongly influenced by religion, region, urban and rural differences, age, education, history and socioeconomic status. Possible subgroups would include those of Afro-Caribbean descent (See Caribbean Cultures) and recent immigrants from Africa (See African Cultures).

	Cultural and Eamily Structure
	Cultural and Family Structure
Demographics	
Symbols	
Clothing or Amulets	
Language	
Communication	May have regional dialects.Refusal to sign forms could indicate literacy issues or distrust.
Decision- making	Determine who has final role within nuclear family as this can vary widely from family to family.
Family structure	 Nuclear, extended and single parent households. Often family friends are referred to with familiar pronouns, i.e. Uncle, Aunt, etc.
Food practices/ beliefs	 ,Greens' are often seen as essential for good health. May have religious restrictions against certain foods and drinks.
Greetings	Address by title and last name.Handshakes are appropriate for both men and women.
Nonverbal	 Maintain eye contact to show respect and assess/establish trust. Silence may indicate lack of trust and/or arrogance.
	☐ Usually father or eldest male family member; however many Black homes

Spokesperson	are led by a strong matriarch, such as a grandmother or single mother. □
Time orientation	Life issues may take priority over keeping appointments.
	Health, Illness and Death
Consents	 Avoid using medical jargon Solicit feedback to assess understanding of the patient and/or his or her family. Tragic American history of African Americans being abused as experimental subjects in research, such as the Tuskegee Experiments of the early to mid 20th century, may spur skepticism and prevent research volunteering and perhaps organ donation.
Death - body care	May want professionals to clean and prepare body
Death - special needs	May have spiritual practices or rituals that can vary from Islam to Baptist Christianity.
Dying process	 May show open and public display of immense grief. Attendance from family and relatives expected but independence maintained.
Illness beliefs	Varies from natural causes and exposure to cold air to God's punishment or work of devil or a spell/curse.
Invasive procedures	 Historically skeptical, though with clear explanations, needed surgery is accepted
Organ donation	May have religious restrictions
Pain	Pain scales helpfulMay not wish medication due to fear of addiction
Terminal illness discussion	Patient and family may wish to include spiritual leader
Visitors	May bring food and/or dessertsMay sleep at bedside
	Pregnancy, Birth, Postpartum
Breastfeeding	☐ Give instruction about benefits
C-Section	□ Accepted if indicated
Genetic defects	☐ May be viewed as God's will
Labor	 Active participant Father's role varies; may have only females present

Postpartum	☐ May refuse bath/shower or hair washing until bleeding stops
Prenatal care	□ Varies; may wait until after first trimester
Sick baby	□ Older females in family relied on for support
	Religious and Spiritual Practices
Religion	 Prayer, visits from spiritual leader and/or faith group members depending upon spiritual tradition
Spiritual healing	May incorporate faith and folk healing

Hispanic-American Culture

Preferred Term: Hispanic or Latino

_	Cultural and Family Structure
Demographics	12.5% of the total US population
Symbols	
Clothing or Amulets	Religious items, such as rosaries, frequently kept on person or on bed
Language	□ Spanish or American-English
Communication	 Differences in word usage depending on individual's home region Oral English skills may exceed skill in reading and writing English Same gender translation if possible
Decision- making	 Important decisions may require consultation among entire family Traditionally, father or oldest male holds ultimate authority
Family structure	 Strong sense of loyalty, reciprocity, and solidarity among members Mothers revered for cultural wisdom and life experience
Food practices/ beliefs	□ Some patients may adhere to ,hot/cold theory' of foods
Greetings	Address individuals formally, especially elders; include children
Nonverbal	 Strongly influenced by respect Direct eye contact often avoided Handshaking considered polite and usually welcomed
Spokesperson	□ Usually head of household - father or oldest male

^{*} Hispanic Americans demonstrate wide diversity which makes it difficult to generalize about health beliefs and practices; individuals may subscribe to all, some, or possibly none of these

^{*}Hispanic Americans are defined as anyone of origin of a Spanish-speaking nation (including Mexico, Puerto Rico, Spain, Cuba, Dominican Republic) who self-identify as permanent residents of the U.S., regardless of legal residency status.

^{*}Roman Catholic, Protestant

Time orientation	□ Traditionally present-oriented and punctual
	Health, Illness and Death
Consents	□ Requires clear explanation of situation and choices for intervention
Death - body care	 Death a very important spiritual event Relative or member of extended family may help wash the body
Death - special needs	 Prayers commonly practiced at bedside of dying patient Family time with body before it is taken to morgue
Dying process	 Extended families obligated to attend to sick and dying and pay respects Hospital environment may be seen as restrictive to family needs
Illness beliefs	 Holistic understanding of emotional, spiritual, social and physical factors Illness seen as a crisis for the entire family
Invasive procedures	Usually accepted if practitioner is trusted
Organ donation	May decline due to belief that body must be intact for burial
Pain	Patients tend not to complain of pain; assess by nonverbal clues
Terminal illness discussion	 Family may want to protect patient from knowledge of seriousness of illness due to concern that worry will worsen health status Information usually handled by family spokesperson
Visitors	 Stressful for individual to be separated from family group Large numbers of visitors, usually quiet and respectful
	Pregnancy, Birth, Postpartum
Breastfeeding	 Breastfeeding and bottle May believe breastfeeding provides protection from pregnancy
C-Section	□ Feared
Genetic defects	 □ Usually described as will of God; may believe are a result of behavior □ Family may prefer to take care of disabled rather than long-term care
Labor	 □ Walking recommended to encourage quick birth □ Fears include unnecessary or dangerous medical interventions, separation from family members and loss of privacy □ Laboring women seen as strong and participatory □ Family women may assist

Postpartum	 May resist getting out of bed for or taking showers for several days Folk belief is to cover back and wear a wide cloth band around abdomen
Prenatal care	 May believe unnecessary May use folk medicine Culture may prohibit pregnant women from caring for dying person or attending funerals Medications, including iron and vitamins, may be seen as potentially dangerous and avoided, even after delivery
Sick baby	 □ Traditional family may feel that new mothers should be sheltered from worry □ Baptism of infants may be especially urgent to Christian/Roman Catholic families if prognosis is grave
	Religious and Spiritual Practices
Religion	 □ Roman Catholic, Protestant □ Virgin of Guadalupe may be a powerful and popular cultural religious image □ Daily prayer common □ Prayer and anointing of the sick may be important rituals □
Spiritual healing	May use traditional healers or healing remedies

Native American Culture

Preferred Term: Tribal Name

	Cultural and Family Structure
Demographics	1.37% of the total US population
Symbols	 Feathers, depicted in many, many ways, are symbols of prayers, marks of honor or sources of ideas
Clothing or Amulets	 Do not casually move, examine, or admire medicine bag If removal required, allow patient or family to handle it, keep it close to person and replace as soon as possible.
Language	American-English, French, Spanish, Native American Languages
Communication	 Do not interrupt speaker Long pauses are part of conversation Tone expresses urgency; when imperative command required, be direct, emphatic, clear, and calm In making request, explain why it is needed; be personable and polite Loudness associated with aggression
Decision- making	 Autonomy highly valued; do not assume spouse would make important decision Includes responsibility to community, family and tribe
Family structure	 May be either matriarchal or patriarchal Elders respected Children not encouraged to find help outside family
Food practices/ beliefs	 Hospitality and respect may lead patient to sharing hospital food with visiting family and friends as well as consume food brought by visitors Nutritional guidance should respect religious choices and incorporate them; May believe that when food is blessed it is no longer harmful
Greetings	□ Light touch handshake
Nonverbal	Respect communicated by avoiding eye contact Keep respectful distance
Spokesperson	 Generally, individuals speak for themselves, family members may speak on behalf of person who is ill Give information and let family know providers need to know family's wishes for care/treatment; let spokesperson emerge from family Spokesperson may not be decision maker

Time orientation	 Emphasis on present moment may conflict with appointment schedules Expect careful consideration in answering questions Rushing an elder is considered rude and very disrespectful
	Health, Illness and Death
Consents	 Talk about everyone's role in procedure, family's as well as patients Allow time for consultation with family before consenting, if possible May be unwilling to sign written consents based on political and personal history of documents being misused or fear that ,worst will happen' Consent processes may lead families to believe they are not being heard, or not considered competent
Death - body care	 Traditional practices include turning and/or flexing body, sweetgrass smoke or other purification, women may want to prepare and dress body. Family may choose to stay in room with deceased for a time, then have individual visitation. Ask if it is acceptable to prepare body in the room before individual visits
Death - special needs	 Be prepared to support or inquire if family wants to bring in tribal healers to attend to spiritual health
Dying process	 Some tribes avoid contact with the dying If family wants to be present 24 hours a day, this may include immediate and extended family and close friends; small children also included Although outcome tacitly recognized, positive attitude maintained and family may avoid discussing impending death Sadness and mourning done in private, away from patient May prefer to have body oriented toward a certain direction prior to death Family may hug, touch, sing, stay close to deceased Wailing, shrieking and other outward signs of grieving may occur
Illness beliefs	 Mental illness a culturally specific concept; beliefs about cause may include ghosts, breaking taboos, or loss of harmony w/environment Sick role is to be quiet and stoic Home and folk remedies may be common
Invasive procedures	□ Seen as last resort □ May be skeptical of procedures but will allow treatment if needed
Organ donation	 □ Be sure to distinguish fact from probability □ Indicate that consent or refusal are equally welcome □ Organ donation generally not desired
Pain	 Generally under-treated May complain in general terms or may complain to trusted family member or visitor who will relay message to health care worker
Terminal illness discussion	 Some cultures prefer not to openly discuss terminal status and DNR orders due to belief that negative thoughts may hasten loss
l .	

Visitors	Extended family may visit or hold rituals for critically ill person
	Pregnancy, Birth, Postpartum
Breastfeeding	☐ Breastfeeding and bottle
C-Section	□ May be feared
Genetic defects	□ Beliefs in cause vary with individual and tribal culture
Labor	 Practices may vary Mother or other female relative may be present Stoicism encouraged by laboring woman Father may be expected to practice certain rituals and be absent following birth
Postpartum	 Mother and infant may rest and stay indoors for 20 days or until cord falls off. Remnant of umbilical cord may have spiritual value; family may request it
Prenatal care	□ Prenatal care expected and exchange of ideas generally appreciated
Sick baby	 If mother too ill or young to make decisions, family will be involved If baby not expected to live, family may wish to conduct naming or other rituals
	Religious and Spiritual Practices
Religion	□ Do not expect traditional religion to be openly discussed
Spiritual healing	 May be combined with Western medicine May include having no staff present and no interruption of ritual Do not casually admire, examine or move sacred items. If necessary, ask family member to move them

African Cultures

Somali-American Culture

- * Somalia is a country that wraps around the Horn of Africa
- * Somalis may differ in nuances of local lifestyle, but share a uniform language, religion (Muslim) and culture, and trace their heritage to a common ancestor.
- * Since majority are Muslim, see Muslim information.

	Cultural and Family Structure
Demographics	□ 35,760 in the US
Symbols	The most widely recognized symbol is the camel, because it provides transportation, milk, meat, income, and status to a majority of Somalis.
Clothing or Amulets	 Muslim women cover hair Baby/child may wear bracelet made from string and herbs to ward away Evil Eye Women may carry a metal object, often a knife, with her at all times to ward off Evil Eye
Language	□ Somali, the national language
Communication	 Many social norms are delivered from Islamic tradition Common greeting is salam alechem (,God bless you') and to shake hand Islamic tradition is that men and women do not touch each other
Decision- making	Usually male head of family
Family structure	 Large extended family includes clans and sub-clans Muslim prohibitions will separate adult men and women in most spheres of life
Food practices/ Beliefs	May have religious restrictions
Greetings	
Nonverbal	Right hand is considered the clean and polite hand to use for daily tasks such as eating, writing and greeting people
Spokesperson	Oldest male in the family
Time orientation	

	Health, Illness and Death
Consents	Avoid using medical jargonElicit feedback to assess understanding
Death - body care	Important to be aware of Muslim practice requirements regarding washing, position of body, etc.
Death - special needs	Be aware of Muslim needs
Dying process	 It is considered uncaring for physician to tell patient or family member that patient is dying; it is acceptable to describe the seriousness of the illness Birthdays are not celebrated, rather the anniversary of a person's death is commemorated
Illness beliefs	 May participate in traditional cultural medicine, which includes fire-burning, herbal remedies, casting and prayer May believe illnesses are caused by spirits which reside within individuals and desire a healing ceremony according to cultural traditions May believe in concept of Evil Eye, which can be given either purposefully or inadvertently by directing comments of praise at that person, thereby causing harm or illness to befall them - for example, telling parents that their babies are ,adorable' or ,big'. More acceptable comment would be to say that the child is ,healthy.'
Invasive procedures	
Organ donation	
Pain	
Terminal illness discussion	
Visitors	
	Pregnancy, Birth, Postpartum
Breastfeeding	 Expected until about age 2 Colostrum may be considered unhealthy for baby; supplementation common in early neonatal period May believe human milk shouldn't be stored because it will go bad
C-Section	May be refused
Genetic defects	
Labor	 Men traditionally do not participate in delivery Husband must be involved in any decisions for surgical interventions but he may defer the decision to wife or female relatives

	☐ Female relatives are a strong presence and support
Postpartum	 Traditionally mom and baby rest in bed indoors for 40 days when female friends visit and prepare food During the 40 days, mom may wear earrings made from string placed through a glove of garlic and baby may wear a bracelet made from string and herbs to ward away Evil Eye At the end of 40 days, a celebration is held at home of a friend or family member when baby's naming ceremony may occur
Prenatal care	
Sick baby	
	Religious and Spiritual Practices
Religion	Religious and Spiritual Practices Primarily Muslim/Islamic (see Islam section) For those who practice, religion has a much more comprehensive role in life than in typical in the Americas or Europe During religious holidays, fasting is primary and medications will be taken only at night - although people who are very ill, pregnant women, and children under age 14 are exempt according to Islamic law

Caribbean Cultures

Cuban-American Culture

	Cultural and Family Structure
Demographics	 According to the most recent census, there are 1,241,685 Cuban Americans, both native and foreign born, representing 3.5% of all Hispanics in the US
Symbols	 Afro-Cuban music and dance were appropriated as symbols of the nation beginning in 1898, when the United States invaded the island, and especially after the Revolution in 1959.
Clothing or Amulets	
Language	□ English or Spanish
Communication	 Tend to speak loudly, may seem aggressive Tend to make direct requests and statements, may seem aggressive Lack of eye contact shows disrespect
Decision- making	May see physician as a director rather than a partnerElders are often consulted first for decision-making
Family structure	☐ In Cuba, families are becoming smaller
Food practices/ beliefs	
Greetings	
Nonverbal	
Spokesperson	
Time orientation	
	Health, Illness and Death
Consents	
Death - body care	

Death - special needs	
Dying process	 DNR is usually unacceptable Belief that everything possible to keep patient alive should be done Belief that DNR indicates giving up hope or abandonment Patient and family may have strong fears of death
Illness beliefs	 According to traditional Cuban culture, mind, body and spirit are connected Physical illness may be thought to be caused by mental stress or supernatural forces The sick may be passive and dependent
Invasive procedures	
Organ donation	
Pain	
Terminal illness discussion	
Visitors	
	Pregnancy, Birth, Postpartum
Breastfeeding	Pregnancy, Birth, Postpartum
Breastfeeding C-Section	
C-Section	
C-Section Genetic defects	
C-Section Genetic defects Labor	
C-Section Genetic defects Labor Postpartum	
C-Section Genetic defects Labor Postpartum Prenatal care	
C-Section Genetic defects Labor Postpartum Prenatal care	
C-Section Genetic defects Labor Postpartum Prenatal care	

Haitian-American Culture

	Cultural and Family Structure
Demographics	 New York City, Boston, Chicago, South Florida It is estimated (as of 2007) that there are approximately 530,897 Haitian Americans
Symbols	 Blue and red flag Residents attach tremendous importance to the expulsion of the French in 1804, an event that made Haiti the first independently black-ruled nation in the world, and only the second country in the Western Hemisphere to achieve independence from imperial Europe.
Clothing or Amulets	
Language	 Haitian Creole, French, English For most of the nation's history, the official language has been French. The language spoken by the vast majority of the people is kreyol (Haitian Creole), whose pronunciation and vocabulary are derived largely from French but whose syntax is similar to that of other creoles.
Communication	
Decision- making	
Family structure	 Households typically are made up of nuclear family members and adopted children or young relatives. Elderly widows and widowers may live with their children and grandchildren. The husband is thought of as the owner of the house and must tend to the maintenance of it. However, the house typically is associated with the woman, and a woman is thought of as the manager of the property and the decision maker regarding use of funds from wages
Food practices/ beliefs	
Greetings	
Nonverbal	
Spokesperson	Women are usually thought of as the marketers of the family, so they usually control their husband's earnings
Time orientation	

	Health, Illness and Death
Consents	
Death - body care	People are increasingly reluctant to be buried underground, preferring to be interred above ground in a kav, an elaborate multi chambered tomb that may cost more than the house in which the individual lived while alive.
Death - special needs	Beliefs concerning the afterlife depend on the religion of the individual. Strict Catholics and Protestants believe in the existence of reward or punishment after death. Practitioners of voodoo assume that the souls of all the deceased go to an abode "beneath the waters," that is often associated with lafrik gine ("L'Afrique Guinée," or Africa). Concepts of reward and punishment in the afterlife are alien to vodoun. The moment of death is marked by ritual wailing among family members, friends, and neighbors. Funerals are important social events and involve several days of social interaction, including feasting and the consumption of rum. Family members come from far away to sleep at the house, and friends and neighbors congregate in the yard. Men play dominoes while the women cook. Usually within the week but sometimes several years later, funerals are followed by the priè, nine nights of socializing and ritual.
Dying process	
Illness beliefs	Haitians have tremendous faith in informal healing procedures and commonly believe that HIV can be cured.
Invasive procedures	
Organ donation	
Pain	
Terminal illness discussion	
Visitors	

	Pregnancy, Birth, Postpartum
Breastfeeding	
C-Section	
Genetic defects	
Labor	
Postpartum	
Prenatal care	
Sick baby	
	Religious and Spiritual Practices
Religion	 Roman Catholic (about 80%), Protestant (about 20%), Voodoo (see Voodoo page) Many people have rejected voodoo, becoming instead katolik fran (,unmixed Catholics' who do not combine Catholicism with service to the lwa) or levanjil, (Protestants). Catholics and Protestants generally believe in the existence of lwa, but consider them demons to be avoided rather than family spirits to be served.
Spiritual healing	 With the spread of Pentecostal evangelicalism, Christian faith healing has spread rapidly.

Jamaican-American Culture

	Cultural and Family Structure
Demographics	 Largest population is in NYC (especially Queens), South Florida, and Connecticut. Jamaicans refer to Miami and Brooklyn colloquially as "Kingston 22" or ,Little Jamaica' Since last census, Jamaican Americans number 910,979, approximately
	0.3% of the US population.
Symbols	 Jamaican flag - black, green and gold Jamaican Coat of Arms - The Arms shows a male and female Arawak, standing on either side of the shield which bears a red cross with five golden pineapples superimposed on it. The Crest is a Jamaican crocodile surmounting the Royal Helmet and Mantlings.
Clothing or Amulets	National Dress: Full-flared skirt made of Madras bandana (predominantly red plaid cotton) material worn usually with a white blouse edged with matching bandana. Headwear varies from bandana wrapped in a special design to straw hat decorated with flowers.
Language	 American-English (Official Language) Jamaican-English Patois/Jamaican Creole - English-based, but may be hard to understand due to a thick accent and African-based idioms. However, Jamaican Americans almost always understand American-English. Patois is not a written language. Jamaican accent may drop H's and W's, has a distinctive rhythmic and melodic quality
Communication	
Decision- making	Men are predominant in leadership positions in government, the professions, business, higher education, and European-derived religions and engage in physical labor in agriculture. Women work primarily in paid and unpaid household labor, formal and informal retail trades, basic and primary education, clerical and administrative jobs, and social welfare.
	Traditionally, woman's place is in the home and women receive less remuneration than men. The appropriate place for men is outside the home, in agriculture, business, government, or recreation. This attitude is changing.
Family structure	 Families contain a close-knit web of aunts, uncles, cousins and grandparents
	☐ Families provide economical and emotional support to its members
	The family is the most important group a person belongs to, and as such, it the group with whom a person spends most of his/her time developing and maintaining cordial relations

Food practices/ beliefs	
Greetings	 The most common greeting is the handshake with direct eye contact, and a warm smile. Use the appropriate salutation for the time of day: "good morning", "good afternoon", or "good evening". Once a friendship has been established, women may hug and kiss on each cheek, starting with the right. Men often pat each other's shoulder or arm during the greeting process or while conversing. Address people by their honorific title (Mr., Mrs., or Miss) and their surname until a personal relationship has developed. Always wait until invited before using someone's first name. As your friendship deepens, you may be asked to call the person by their nickname.
Nonverbal	
Spokesperson	
Time orientation	
	Health, Illness and Death
Consents	Health, Illness and Death
Consents Death - body care	· · · · · · · · · · · · · · · · · · ·
Death - body	
Death - body care Death - special	
Death - body care Death - special needs	
Death - body care Death - special needs Dying process	
Death - body care Death - special needs Dying process Illness beliefs Invasive	
Death - body care Death - special needs Dying process Illness beliefs Invasive procedures	
Death - body care Death - special needs Dying process Illness beliefs Invasive procedures Organ donation	

	Pregnancy, Birth, Postpartum
Breastfeeding	
C-Section	
Genetic defects	
Labor	
Postpartum	
Prenatal care	
Sick baby	
	Religious and Spiritual Practices
Religion	 Christianity - A wide variety of denominations, with 60% being Protestant. Seventh-Day Adventists and Baptists are the next largest with 9%. Rastafarian is also prominent (See Rastafarian Movement). According to the latest census,
Spiritual healing	

Middle Eastern/South Asian Cultures

Arab-American Culture

Preferred Term: Identified by region (Such as Arab Americans, Middle Eastern Americans) or by country of choice, (Such as Egyptian Americans or Palestinian Americans)

*Christian (majority), Muslim

	Cultural and Family Structure
Demographics	
Symbols	
Clothing or Amulets	 Scarves may be important and essential for women May wear blue beads or other amulets to ward off evil eye Qur'an or Bible nearby
Language	
Communication	 Major language Arabic, however many variations in dialects, words, and meanings May not speak English but not admit it Head nodding and smiles do not always mean comprehension Will tend to repeat same information several times if feel misunderstood May downplay or ignore symptoms because illness can be shameful
Decision- making	□ Families make collective decisions
Family structure	 Includes nuclear and extended family Children are sacred (parents usually very strict); expected at bedside
Food practices/ beliefs	 Eating is important for recovery; offering food is associated with nurturing, caring for, accepting and trusting Take time to share a cup of tea or a sweet offering, indicates acceptance Follow hot/cold theory; i.e. hot soup helps recovery; do not give ice with drinks If Muslim, have food restrictions (see spiritual beliefs)
Greetings	 ☐ Use title and first name ☐ Approach by shaking hands and acknowledge country of origin and

	something personal about patient or family Smiling face helps; direct eye contact, even if avoided by patient
Nonverbal	 □ May have flat affect to protect others from accessing their inner feelings □ Respect elders and professionals and are reluctant to take up their time □ Comfortable in touching within gender but not between gender □ Traditional women may avoid eye contact with men □ Politeness means not disagreeing outwardly; may respond in ways that they think others want them to respond
Spokesperson	 If there is a grandmother, may defer to her counsel Physicians expected to make decisions related to care of patient
Time orientation	 On time' kept for official business and more spontaneous for social and informal gatherings; emphasize importance of appointment times
	Health, Illness and Death
Consents	 Written consents may be problematic because verbal consent based on trust is a more acceptable mode of contracting Dislike listening to all possible complications before procedure Explain need for written consent, emphasize positive consequences and humanize process
Death - body care	May have special rituals for washing body due to spiritual beliefs
Death - special needs	☐ Be sensitive to spiritual needs
Dying process	 Timing of death is seen as God's will Traditionally do not openly anticipate or grieve before death Inform designated head of family of impending death or death Prepare private room for family members to meet and grieve May avoid discussing death
Illness beliefs	 Health defined as gift from God; illness caused by evil eye, bad luck, stress in family, germs, winds, drafts, imbalance in hot and dry and cold and moist, and sudden fears Being overweight associated with health and strength Pt encouraged to be passive and pampered; not make decisions
Invasive procedures	 Children may have morbid fear of injections and invasive procedures; may want to negotiate having parents out of room during procedures High acceptance of treatments and procedures expected to cure; low acceptance of complications, viewed as negligence or lack of expertise
Organ donation	Usually not allowed due to spiritual belief of respect for body
Pain	 Very expressive, especially in presence of family Pain feared and causes panic; better able to cope if source and prognosis of pain is understood

	☐ May have difficulty with numerical scale; use metaphors (fire, knife, etc)
Terminal illness discussion	 Will find it difficult to decide on DNR; may lose trust in health care providers if this option is offered
Visitors	□ Social expectations high priority; entire families may visit pt and family
	Pregnancy, Birth, Postpartum
Breastfeeding	 May believe colostrum is harmful to baby May not request assistance for fear of imposing on staff
C-Section	□ May be greatly feared
Genetic defects	 Believed to be due to wrath of God, God's will, test of endurance Disclosure an issue; prefer to ,hide' genetically defective family member; tend to care for pt at home and shun institutionalized care Genetic counseling may be refused as believed to defy God's will
Labor	 Tend to be passive; i.e. tense muscles and wait for delivery Father not expected to participate Mother, sister or mother-in-law expected to be present and supportive
Postpartum	 Expect complete bed rest May fear bathing or showering Very difficult time for first time mother without extended family; needs more understanding, support and networking
Prenatal care	 May believe pregnancy is not an illness and prenatal care unnecessary Encouraged to rest, do minimal work and eat well Little or no preparation for birth or baby; very present-oriented
Sick baby	□ Include mother, father, aunts or grandparents when discussing baby
	Religious and Spiritual Practices
Religion	□ See Christian or Sunni/Shia Muslim in the Spirituality section
Spiritual healing	 □ Western medicine respected and sought after □ Home and folk remedies may be used

East Indian- American Culture

- * Includes persons from India, Pakistan, Bangladesh, Sri Lanka, Nepal * Cultural groups include Hindus, Muslims and Sikhs
 * Variations due to country of origin, level of education, social class,
- religious affiliation, background and number of years lived in US

Preferred Term: May be religious affiliation rather than nation of origin.

	Cultural and Family Structure
Demographics	
Symbols	
Clothing or Amulets	 May include: sacred thread around the body, cloth around chest, wooden comb, iron bracelet, scripture verses folded in cloth, etc. Do not remove without permission of patient or family member
Language	□ Many dialects
Communication	 Loudness may be interpreted as disrespect, command, emotional outburst and/or violence
Decision- making	 Male family member, usually eldest son, has decision-making power in family, however other family members are consulted
Family structure	□ Nuclear and extended family structures
Food practices/ beliefs	 May prefer metal utensils for cooking and eating Food given much respect May use fingers of right hand to eat food and prefer to wash hands before touching food May refrain from meat and fish and also fast daily or weekly
Greetings	 Hindus and Sikhs press palm of hands together in front of chest while also expressing verbal greeting Muslims take the palm of right hand to forehead and bow down slightly while also expressing verbal greeting Shaking hands common among men but not women Elders addressed by titles
Nonverbal	 Touching not common; love and caring expressed through eyes and facial expressions Direct eye contact may be considered sign of rudeness or disrespect Silence usually indicates acceptance, approval and/or tolerance

Spokesperson	☐ If possible, close family members of same gender and older in age
Time orientation	 May not be extremely time conscious May not like to monitor every moment which may impact treatment
	Health, Illness and Death
Consents	 Approach for consent with close family members present for moral support and consultation May feel uncomfortable giving written consent Explain procedure in simple terms May rely completely on health professionals to make decisions
Death - body care	☐ May have rituals for body care, including washing
Death - special needs	 If death is imminent, call family members and relatives and allow to stay at bedside Spiritual needs need to be met including prayer and ritual Grief expressed openly
Dying process	 Unusual to inform dying person of impending death; family members told first and decide whether to tell person
Illness beliefs	 May believe illness due to actions (karma) in past lives, OR May believe illness can result from past actions, not necessarily in past life, and that illness washes away person's sins, OR May believe illness results from body imbalances
Invasive procedures	 Receptive to blood transfusion and surgery; may prefer to receive blood from individuals of own caste or religion
Organ donation	□ Not usually allowed
Pain	May accept medication, however may also decline except for severe pain
Terminal illness discussion	 May prefer to have doctor disclose diagnosis and prognosis to family first, who will determine whether to and when to tell patient
Visitors	Close female family member may stay and participate in careMay bring food for patient
	Pregnancy, Birth, Postpartum
Breastfeeding	□ Encouraged
C-Section	□ Accepted if necessary
Genetic defects	☐ May believe to be a result of actions in a past life

Labor	 Mother may be passive; may moan, grunt or scream Female family member present; Fathers may not be present at delivery Pain medications may not be accepted After birth, allow Muslim father or grandfather to recite prayers in each ear of baby After birth of baby, sex of child may not told to mother until placenta delivered
Postpartum	Mother may want keep warmMay not want to shower
Prenatal care	 Pregnancy considered ,hot' state and cool food encouraged Hot foods avoided as they may be believed to cause miscarriage
Sick baby	 □ If serious, father or mother-in-law approached first □ Doctor expected to reveal diagnosis
	Religious and Spiritual Practices
Religion	 Most tend to be Hindu, Muslim, or Sikh, however may be Jewish or Christian
Spiritual healing	☐ While Western medicine accepted, may also believe in spiritual healing, including recitation of scripture and ritual

Iranian-American Culture Preferred Term: Persian or Iranian

*Primarily Shiite Muslim, could be Jewish, Christian, Baha'i, Sunni Muslim

	Cultural and Family Structure
Demographics	283,225 to 338,000 in the US (according to the latest census in 2000)
Symbols	☐ The Iranian Flag: Red, Green, White
Clothing or Amulets	 May try to keep body covered to avoid draft May wear gold charm on neck chain symbolizing Islam
Language	□ Farsi □ Various dialects
Communication	
Decision- making	Patriarchal society
Family structure	 Family-oriented The concept of family is more private than in many other cultures. Female relatives must be protected from outside influences and are taken care of at all times. It is inappropriate to ask questions about an Iranian's wife or other female relatives. Iranians take their responsibilities to their family quite seriously. Families tend to be small, only 1 or 2 children, but the extended family is quite close. The individual derives a social network and assistance in times of need from the family. Elderly relatives are kept at home, not placed in a nursing home. Loyalty to the family comes before other social relationship, even business. Nepotism is considered a good thing, since it implies that employing people one knows and trusts is of primary importance.
Food practices/ beliefs	☐ Hot and cold balance emphasized
Greetings	 May prefer use of last name Handshake, a slight bow, even standing when someone enters the room are appropriate; greet elderly first

Nonverbal	 Cautious in disclosure of thoughts to non-intimates Aware of external judgment and concerned with respectability and good appearance Silence can have many meanings
Spokesperson	□ Father, eldest son, eldest daughter, or eldest male family member
Time orientation	 May have fatalistic beliefs which can hinder understanding and compliance to present needs
	Health, Illness and Death
Consents	 Explain procedure/treatment to family spokesperson Some families believe in protecting loved one from information
Death - body care	Family may wish to wash body; do not usually view after (see Muslim)
Death - special needs	□ Prefer to have family at bedside
Dying process	 Notify head of family or spokesperson first Death seen as beginning, not end, of spiritual life (see Muslim spirituality)
Illness beliefs	 Health a deeply rooted cultural concept Body viewed in relationship with environment, society, God, nutrition, family, etc. Patient generally assumes passive role Sense of hope always important
Invasive procedures	□ Accepted
Organ donation	□ Accepted
Pain	 Expressed by facial grimaces, guarded body posture, moans More easily expressed by quality than numeric scale
Terminal illness discussion	 Talk with family spokesperson first Bad news may be kept from patient by family
Visitors	□ Welcomed and considered helpful in recovery
	Pregnancy, Birth, Postpartum
Breastfeeding	□ Preferred
C-Section	□ Acceptable if necessary

Genetic defects	☐ May be viewed in scientific terms or as God's punishment
Labor	 □ Walking encouraged □ Fathers involved □ Female family members supportive and present
Postpartum	 Showering common shortly after birth Emphasis on rest, diet, hygiene and emotional care
Prenatal care	$\hfill\Box$ Diet and rest encouraged as well as refraining from heavy work $\hfill\Box$
Sick baby	Talk first to father of child
	Religious and Spiritual Practices
Religion	□ Primarily Shiite Muslim; Jewish, Christian, Bahai, Sunni Muslim □ Silent prayers at bedside
Spiritual healing	☐ The focus of Iranian cancer patients is Spiritual healing and prayer as a complementary method in addition to medical treatment

East Asian Cultures

Chinese American Culture

*Christian, Taoist

	Cultural and Family Structure
Demographics	1.2% of the total US population (2007)
Symbols	The main symbol of the nation is the dragon, a fantastical creature made up of seven animals. It is accorded the power to change size at will and to bring the rain that farmers need
Clothing or Amulets	Good luck articles (jade, rope around waist) may be worn to ensure good health and good luck-avoid removing
Language	Three major languages: Mandarin (official language of China), Wu, and CantoneseVarious Dialects
Communication	 Elderly, especially women, may be unable to read or write Nodding politely does not mean understanding There are a few common Chinese dialects: Mandarin, Wu, and Cantonese
Decision- making	□ Patriarchal society; oldest male usually makes decisions
Family structure	 Extended families common; wife expected to become part of husband's family Children highly valued Elders very respected and honored
Food practices/ beliefs	☐ Important in maintaining balance of hot and cold in body
Greetings	 Often shy, especially in unfamiliar environments Use of first name could be considered disrespectful
Nonverbal	 The Chinese Non-verbal communication speaks volumes. Eye contact avoided with authority figures as sign of respect Keep respectful distance Asking questions seen as disrespectful; silence may mean respect Since the Chinese strive for harmony and are group dependent, they rely on

Spokesperson Time orientation	facial expression, tone of voice and posture to tell them what someone feels. Frowning while someone is speaking is interpreted as a sign of disagreement. Therefore, most Chinese maintain an impassive expression when speaking. It is considered disrespectful to stare into another person's eyes. In crowded situations the Chinese avoid eye contact to give themselves privacy. Usually oldest male in household Being on time not valued by traditional societies
	Health, Illness and Death
Consents	 Involve oldest male of family Assess understanding by asking clear questions
Death - body care	☐ Family may prefer to bathe body after death
Death - special needs	□ Special amulets and cloths may be placed on body
Dying process	 May believe dying at home brings bad luck May be concerned that person's spirit may get lost
Illness beliefs	 Most physical illness caused by imbalance of Yin and Yang (hot and cold) in the body and environment Harmony of body, mind and spirit important Patient often takes passive role; family expected to care for patient
Invasive procedures	 May be fearful of having blood drawn believing it will weaken body May avoid surgery wanting body to be kept intact
Organ donation	□ Not common; want body to remain intact
Pain	May not complain- be aware of non-verbal clues
Terminal illness discussion	 Family may prefer that patient not be told of terminal illness or may prefer to tell patient themselves Patient may become fatalistic and not want to talk about it
Visitors	Common for large numbers of family members to visit
	Pregnancy, Birth, Postpartum
Breastfeeding	☐ If breastfeeding, mother may be expected to eat hot foods to strengthen

	health of baby
C-Section	□ Allowed if necessary
Genetic defects	☐ Usually blamed on mother as something she did or ate
Labor	 □ Acceptable to moan, etc, □ Father usually does not play active role □ Female family members present
Postpartum	 During first 30 days, mother's pores believed to remain open and cold air can enter body, so may be forbidden to go outdoors or shower/bath Diet high in ,hot' foods and ,cold' foods avoided
Prenatal care	 May believe certain activities will affect baby during pregnancy Pregnancy considered a ,cold' condition so ,cold' foods should be avoided
Sick baby	 Address head of household Treat with utmost importance; new baby is center of focus and attention to family
	Religious and Spiritual Practices
Religion	 □ Christian (Catholic, Protestant), Taoist, Buddhist □ Incense burning, good luck symbols and special foods
Spiritual healing	 May use herbs, acupuncture, acupressure along with Western medicine

Filipino Americans

	Cultural and Family Structure
Demographics	1.5% of the total US population
Symbols	
Clothing or Amulets	
Language	 Many types of dialects The three major dialects are Ilocano (the dialect spoken most commonly by Filipinos in Hawaii and on the U.S. mainland); Tagalog, and Cebuano English is used more than the three major dialects; the Philippines have the third largest English-speaking population in the world
Communication	
Decision- making	
Family structure	The extended family is, in effect, the basic unit of Philippine society. Within given households, nuclear families average six to eight members in size. Unmarried adult daughters and sons typically remain in their parents' home and contribute to family support. Additional extended family members such as grandparents, aunts, uncles, or cousins also may live in the same house and assume vital roles
Food practices/ beliefs	
Greetings	
Nonverbal	
Spokesperson	
Time orientation	
	Health, Illness and Death

Consents	
Death - body care	
Death - special needs	
Dying process	
Illness beliefs	
Invasive procedures	
Organ donation	
Pain	
Terminal illness discussion	
Visitors	
	Pregnancy, Birth, Postpartum
Breastfeeding	
C-Section	
Genetic defects	
Labor	
Postpartum	
Prenatal care	
Sick baby	
	Religious and Spiritual Practices
Religion	Roman-Catholic, Protestant, Muslim, Buddhist, Animist
Spiritual healing	Many of the ingredients of faith healing are generic to many of the healing modalities in Philippine alternative medicine. Many incorporate the use of prayers, massage, herbs; some include "new-age" ingredients of magnets, crystals, and prannic healing

Japanese-American Culture

*Mahayana Buddhist (majority), Shinto, Christian

	Cultural and Family Structure
Demographics	0.4% of the total us population (as of 2007)
Symbols	□ Japanese Flag: White and Red
Clothing or Amulets	May use prayer beads
Language	Japanese, American-English
Communication	 May not ask questions about treatment or care Illnesses, especially those such as cancer, may not be freely discussed outside family May be stoic, self-restrained, hesitant
Decision- making	□ Both men and women involved in process
Family structure	□ Family oriented; family as main unit rather than individual □ Hierarchical with father being head of household and main authority
Food practices/ beliefs	□ Chopsticks □ Rice with most meals
Greetings	 Formal use of surname Greetings in Japan are very formal and ritualized. It is important to show the correct amount of respect and deference to someone based upon their status relative to your own. If at all possible, wait to be introduced. It can be seen as impolite to introduce yourself, even in a large gathering. The traditional form of greeting is the bow. How far you bow depends upon your relationship to the other person as well as the situation. The deeper you bow, the more respect you show.
Nonverbal	 Typically quiet and polite, may be reserved and formal Tend not to disagree May have little direct eye contact

	□ Nodding doesn't necessarily mean understanding or agreement
	Since the Japanese strive for harmony and are group dependent, they rely on facial expression, tone of voice and posture to tell them what someone feels.
	They often trust non-verbal messages more than the spoken word as words can have several meanings.
	The context in which something is said affects the meaning of the words. Therefore, it is imperative to understand the situation to fully appreciate the response.
	Frowning while someone is speaking is interpreted as a sign of disagreement.
	☐ Most Japanese maintain an impassive expression when speaking.
	Expressions to attend to include inhaling through clenched teeth, tilting the head, scratching the back of the head, and scratching the eyebrow.
	It is considered disrespectful to stare into another person's eyes, particularly those of a person who is senior to you because of age or status.
	In crowded situations the Japanese avoid eye contact to give themselves privacy.
Spokesperson	Father; perhaps mother, eldest son, eldest daughter
Time orientation	□ Promptness important
	Health, Illness and Death
Consents	Health, Illness and Death Emphasize important details
Consents Death - body care	
Death - body	Emphasize important detailsCleanliness important
Death - body care Death - special	 Emphasize important details Cleanliness important Dignity and preservation of modesty for viewing
Death - body care Death - special needs	 Emphasize important details Cleanliness important Dignity and preservation of modesty for viewing Family members may wish to stay
Death - body care Death - special needs Dying process	 Emphasize important details Cleanliness important Dignity and preservation of modesty for viewing Family members may wish to stay Family and patient may avoid discussing dying May believe chronic illnesses are due to karma/bad behavior in this life or past life, or from actions of another family member Sick cared for primarily by women
Death - body care Death - special needs Dying process Illness beliefs	 Emphasize important details Cleanliness important Dignity and preservation of modesty for viewing Family members may wish to stay Family and patient may avoid discussing dying May believe chronic illnesses are due to karma/bad behavior in this life or past life, or from actions of another family member Sick cared for primarily by women Patient assumes passive role
Death - body care Death - special needs Dying process Illness beliefs Invasive procedures	 Emphasize important details Cleanliness important Dignity and preservation of modesty for viewing Family members may wish to stay Family and patient may avoid discussing dying May believe chronic illnesses are due to karma/bad behavior in this life or past life, or from actions of another family member Sick cared for primarily by women Patient assumes passive role Generally accepted

discussion	
Visitors	 □ Family members, particularly spouse, may wish to stay by bed □ Entire family and close friends will visit
	Pregnancy, Birth, Postpartum
Breastfeeding	□ Accepted
C-Section	□ Vaginal delivery preferred
Genetic defects	☐ May be interpreted as punishment for parents' or family's bad behavior
Labor	 Modesty important May attempt to control vocal expressions of pain Father actively involved
Postpartum	 New mother expected to rest and recuperate for several weeks Personal hygiene important
Prenatal care	 Expected from early in pregnancy Encouraged to rest and not ,overdo'
Sick baby	 Best to consult with father before telling mother Have father or other family members present for discussion with mother
	Religious and Spiritual Practices
Religion	□ Buddhist, Shinto, Christian
Spiritual healing	□ Depends upon religious beliefs

Korean-American Culture

*primarily Christian (Protestant or Roman Catholic), could be Buddhist

	Cultural and Family Structure
Damaanahiaa	Intergenerational family units.
Demographics	0.5% of the US population (as of 2007)
Cymbolo	Double Hee- Happiness for husband and wife
Symbols	□ Pujok- Good luck, protection
	□ Buddhist Swastika- Auspiciousness
Clathing	□ May wear religious symbols
Clothing or Amulets	□ Very modest
Amuleis	□ Korean
Language	
Language	□ English
Communication	□ Ability to speak English does not necessarily equate with capability of
Communication	reading and writing English
D. data	☐ Family-focused, although husband, father or eldest son may have final say
Decision-	
making	
Family structure	□ Family very important, both nuclear and extended
Food practices/	□ May use chopsticks and/or big soup spoons
beliefs	□ Cold fluids with ice may not be welcome
Greetings	Use title and surname
	Respect toward elders and authority demonstrated by quick quarter-bowing
Nonverbal	☐ Considered rude to direct sole of shoe or foot toward another person
	Eye contact depends on comfort with and trust of others
	Personal space important
Spokesperson	☐ Husband, father, eldest son or eldest daughter
Time orientation	□ Punctuality important
	Fate commonly accepted; everything happens for a reason
	Health, Illness and Death
	ricaiti, iliiless aliu Deatti
	☐ Time to think or review may be requested; do not rush or make patient feel

Consents	pressured if possible
Death - body care	□ Family will want to spend time with body
Death - special needs	 Mourning and crying by family May use incense, prayer, chanting (see Buddhism)
Dying process	Imminence of death should be told to spokesperson, who will relay information to family
Illness beliefs	 Health seen as harmony or balance between soul and physical being May be viewed as result of bad luck or misfortune; karma (see Buddhism) Common for patient to behave as very ill, possibly worse than they actually feel Passivity expected
Invasive procedures	☐ Use clear, slow explanations
Organ donation	May believe body needs to remain intact
Pain	 May be stoic May be very expressive and dramatic, especially when family present
Terminal illness discussion	May be preferred for family spokesperson to be informed first, then family will inform patient
Visitors	□ Frequent □ Family member may wish to stay with patient
Visitors	·
Visitors	·
Visitors Breastfeeding	□ Family member may wish to stay with patient
	Family member may wish to stay with patient Pregnancy, Birth, Postpartum
Breastfeeding	Pregnancy, Birth, Postpartum Education needed to supplement family teaching
Breastfeeding C-Section	Pregnancy, Birth, Postpartum Education needed to supplement family teaching If indicated
Breastfeeding C-Section Genetic defects	Pregnancy, Birth, Postpartum Education needed to supplement family teaching If indicated Parents may feel responsible, having done something wrong Give lukewarm water; no ice Father involved
Breastfeeding C-Section Genetic defects Labor	Pregnancy, Birth, Postpartum Education needed to supplement family teaching If indicated Parents may feel responsible, having done something wrong Give lukewarm water; no ice Father involved Mother active and involved
Breastfeeding C-Section Genetic defects Labor Postpartum	Pregnancy, Birth, Postpartum Education needed to supplement family teaching If indicated Parents may feel responsible, having done something wrong Give lukewarm water; no ice Father involved Mother active and involved Rest is most important
Breastfeeding C-Section Genetic defects Labor Postpartum Prenatal care	Pregnancy, Birth, Postpartum Education needed to supplement family teaching If indicated Parents may feel responsible, having done something wrong Give lukewarm water; no ice Father involved Mother active and involved Rest is most important Diet important (,hot' condition; avoidance of cold foods) Tell father first

	Religious and Spiritual Practices
Religion	□ Christianity, Buddhism, Confucianism
Spiritual healing	☐ May be utilized

Vietnamese-American Culture

*Buddhist (majority), Roman Catholic

Cultural and Family Structure
0.55% of the total US population (as of 2007)
☐ The Vietnamese Flag ☐ Image of Ho Chi Minh
☐ If Catholic, rosary beads or figure of saint☐ If Buddhist, incense may be lit
Major languages are Vietnamese, French, and Chinese
 Traditionally father or eldest son holds ultimate authority Women may withdraw from conflict to maintain family harmony
□ Very family oriented, both nuclear and extended
□ Chopsticks □ May prefer warm, soft food when ill; nothing cold by mouth
 In formal setting family name mentioned first; in causal conversation may prefer title and first name Do not shake woman's hand unless she offers hers first
 □ Gentle touch maybe appropriate when having conversation □ Head may be considered sacred and feet profane; be careful in what order touched □ Respect shown by avoiding eye contact □ Personal space more distant
□ Eldest male in the family
☐ Emphasize importance of appointments, medication schedules
Health, Illness and Death

Consents	Explain procedures as precisely and simply as possibleHead nodding does not mean understanding or approval
Death - body care	□ Body highly respected
Death - special needs	 May wish spiritual/religious ritual Important to allow family extra time with body May cry loudly and uncontrollably
Dying process	□ Inform head of family in private room
Illness beliefs	□ Various, including hot/cold balance, supernatural, and Western biomedical
Invasive procedures	□ May wish second opinion
Organ donation	May not allow due to respect for body and want that intact
Pain	May be stoicTalk about intensity rather than numeric scale
Terminal illness discussion	 Do not tell patient without consulting head of family DNR a sensitive issue and a decision made by entire family
Visitors	Female family member may stay at bedsideMany family members and friends visit
	Pregnancy, Birth, Postpartum
Breastfeeding	Pregnancy, Birth, Postpartum During lactation, mother may adhere to restricted diet which avoids ,cold' and ,windy' foods
Breastfeeding C-Section	□ During lactation, mother may adhere to restricted diet which avoids ,cold'
	During lactation, mother may adhere to restricted diet which avoids ,cold' and ,windy' foods
C-Section	 During lactation, mother may adhere to restricted diet which avoids ,cold' and ,windy' foods Vaginal delivery highly preferred Unconditional acceptance of loved ones, but believe genetic defect in
C-Section Genetic defects	 During lactation, mother may adhere to restricted diet which avoids ,cold' and ,windy' foods Vaginal delivery highly preferred Unconditional acceptance of loved ones, but believe genetic defect in family is God's punishment for wrong behavior Woman is expected to ,suffer in silence' Personal hygiene important Fathers present but may assume passive role
C-Section Genetic defects Labor	During lactation, mother may adhere to restricted diet which avoids ,cold' and ,windy' foods Vaginal delivery highly preferred Unconditional acceptance of loved ones, but believe genetic defect in family is God's punishment for wrong behavior Woman is expected to ,suffer in silence' Personal hygiene important Fathers present but may assume passive role Female family member may serve as labor coach Seen as critical time New mother expected to be with baby at all times

	Religious and Spiritual Practices
Religion	 □ Buddhist (majority), Roman Catholic □ May wish to see chaplain/spiritual leader daily
Spiritual healing	□ Belief in prayer and support of spiritual leader important

Euro-Asian Cultures

Gypsy / Roma Culture

* There are many different Gypsy groups with diverse cultural practices

Preferred Term: Gypsy or Roma

	Cultural and Family Structure
Demographics	 There are an estimated 4 million Romani people in Europe and Asia Minor, but some estimate that there are up to 14 million
Symbols	
Clothing or Amulets	 Most wear an amulet around neck, especially children Allow amulet under pillow or at bedside table Never put amulet at foot of bed Man's hat and woman's scarf must also be kept at head and not at foot of bed
Language	 Know English (may have a strong accent), however Romani may be first language
Communication	 Common greeting is to raise hand palm up and calling out baXt hai sastimos (luck and health) Normally very animated but in illness become very anxious Naturally very loud (shouting) and argumentative; doesn't always mean they are arguing Real anger does erupt, however is usually contained by family members. Rarely violent. Best not to overreact. Grief expressed by wailing and calling out to God (Devla) over and over. Women may beat breasts and tear out hair
Decision- making	 Individuals make own decisions, but prefer to consult entire family first; young people (35 and under) may prefer to leave decisions to older relatives Eldest person usually in authority Spokesperson usually male Parents speak for their children, however also listen to wishes of child, often to detriment of child's long term health
Family structure	 Large extended families of at least 3 generations Fierce family loyalty Women generally keepers and communicators of medical and spiritual knowledge; have very important role in time of illness Children indulged and allowed to express themselves freely Family cares for each other; rarely send ill/elderly to institution

	 Large number of visitors expected - if problem, ask elder in authority to organize system which family member(s) will stay at all time and when and how many at a time may visit. Provide a room/area where all can gather (prefer outside and separate from non-Gypsies).
Food practices/ beliefs	Food must be prepared in a way that is ,clean' - wrapped in plastic, on paper plates or anything disposable, including plastic utensils. Diet is heavy, greasy, and high in salt and cholesterol. May fast on Fridays.
Greetings	
Nonverbal	 □ Concern over illness shown by being gregarious and assertive □ □ Can alternate moods quickly □ First reaction often mistrustful; important to take time to establish trust □ May dismiss younger medical personnel as too young to know anything; bring in older professional with younger to establish authority □ Desire close personal contact with family members; very anxious when alone; avoid close-contact with non-Gypsies
Spokesperson	
Time orientation	
	Health, Illness and Death
Consents	 Illiteracy may be a sensitive issue Confirm understanding of medical terminology Invasive procedures, operations, anesthesia highly feared Organ donation and autopsy usually not accepted
Consents Death - body care	Confirm understanding of medical terminologyInvasive procedures, operations, anesthesia highly feared
Death - body	 Confirm understanding of medical terminology Invasive procedures, operations, anesthesia highly feared Organ donation and autopsy usually not accepted Body after death may be source of spiritual danger for relatives until it is
Death - body care Death - special	 Confirm understanding of medical terminology Invasive procedures, operations, anesthesia highly feared Organ donation and autopsy usually not accepted Body after death may be source of spiritual danger for relatives until it is embalmed May ask for religious object in room or favorite foods and personal article of dying person May want to have older female relative present May want window open to allow patient's spirit to leave Moment of death and last words of patient highly significant; relatives will

Invasive procedures	
Organ donation	
Pain	
Terminal illness discussion	
Visitors	
	Pregnancy, Birth, Postpartum
Breastfeeding	Will avoid cabbage and other green vegetables and tomatoes, believing they will give baby colic, while drinking beer or whiskey to calm baby
C-Section	☐ If necessary, may prefer to be conscious
Genetic defects	
Labor	Father usually present due to modesty at birth processAssistance from older women relatives expected
Postpartum	 Considered ,polluted' for nine days because of birth fluids; must not cook foods or touch men Older women relatives may be nearby, but family members' visiting kept to minimum for fear of bringing in spirits that may harm baby Babies often swaddled tightly Babies believed to be vulnerable to Evil Eye. Giver of evil eye must make a cross with spittle on baby's forehead; if asked to do so, best to comply. People with bushy or heavy eyebrows or lots of body hair believed to often have Evil Eye
Prenatal care	
Sick baby	 If baby dies, parents must avoid it at all costs and may leave hospital suddenly
	Religious and Spiritual Practices
Religion	 □ Nominally Christian with a belief system related to spirits, saints, and other spiritual supernatural beings □ Shrine in home - or even in hospital room - is common □ May wish chaplain or priest to offer blessing □ Most Eastern European Roma are Roman Catholic or Orthodox Christian or Muslim. Those in Western Europe and the United States are mostly Roman Catholic or Protestant. In Turkey, Egypt, and the Balkans, the Roma are split into Christian and Muslim populations.

Spiritual healing	□ Spiritual leaders usually older female relative who may bring in certain plants and medicines for patient
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Russian-American Culture

*Eastern Orthodox, Jewish

	Cultural and Family Structure
Demographics	1.13% of the US population
Symbols	☐ The state flag of the Russian Federation
Clothing or Amulets	 Some elderly women may prefer to wear warm clothing on top of hospital gowns to avoid cold May wear religious necklaces
Language	May speak very little EnglishRussian is a major language with few differences in dialect
Communication	May use loud voice, even in pleasant conversations
Decision- making	□ Father, mother, eldest son or eldest daughter
Family structure	Extended family with strong family bondsGreat respect for elders
Food practices/ beliefs	When ill, prefer soft, warm or hot foodsMay have religious preferences
Greetings	 Taken very seriously Elders may be called ,uncle' or ,aunt' even if unrelated by blood The typical greeting is a firm, almost bone-crushing handshake while maintaining direct eye contact and giving the appropriate greeting for the time of day. When men shake hands with women, the handshake is less firm.
Nonverbal	 Direct eye-to-eye contact used Nodding is gesture of approval Personal space varies; closer for friends/family
Spokesperson	Same as decision-maker or strongest personality
Time orientation	□ Will try to be on time for appointments or early
	Health, Illness and Death
	□ Explain procedures, tests, etc with patient and family together and allow

Consents	time for family discussion. Generally will not consent to research participation.
Death - body care	Family members may want to wash body and/or put special clothing on deceased
Death - special needs	May have religious/spiritual ritual requests and needs
Dying process	 May wish DNR to ensure patient comfort May not wish autopsy unless absolutely necessary
Illness beliefs	 Good health maintained by dressing warmly, avoiding stress, regular bowel movements, nutrition May believe illness is ,will of God', ,testing of faith' or ,punishment'
Invasive procedures	 May be fearful of blood transfusions, unfamiliar routines or unfamiliar equipment May be fearful of IV tubing developing ,air in the line'
Organ donation	May wish body to remain intact
Pain	 May be stoic and not ask for medication Comfortable with numeric pain scale
Terminal illness discussion	□ Inform head of family first
Visitors	□ Family members and friends expected to visit to provide support
Visitors	□ Family members and friends expected to visit to provide support
Visitors	Family members and friends expected to visit to provide support Pregnancy, Birth, Postpartum
Visitors Breastfeeding	
	Pregnancy, Birth, Postpartum Very important, supported and encouraged within culture Important for breastfeeding mother to be at peace
Breastfeeding	Pregnancy, Birth, Postpartum Very important, supported and encouraged within culture Important for breastfeeding mother to be at peace Believe breasts must be kept warm
Breastfeeding C-Section	Pregnancy, Birth, Postpartum Very important, supported and encouraged within culture Important for breastfeeding mother to be at peace Believe breasts must be kept warm Vaginal delivery highly preferred
Breastfeeding C-Section Genetic defects	Pregnancy, Birth, Postpartum Very important, supported and encouraged within culture Important for breastfeeding mother to be at peace Believe breasts must be kept warm Vaginal delivery highly preferred Same as illness beliefs Women generally passive; follow commands of doctor/midwife Traditionally believe that drinking castor oil or have enema will encourage an easier birth May not desire pain medication

	Believe certain activities, such as lifting, heavy exercise or skipping steps when going down stairs will result in harm to baby
Sick baby	Tell mother first
	Religious and Spiritual Practices
Religion	Eastern Orthodox, Jewish May not disclose beliefs freely
Spiritual healing	Spiritual leaders may be important in healing process May use folk remedies

Appendix A

From <u>Journal of Hospice and Palliative Nursing</u> Hindu End of Life: Death, Dying, Suffering, and Karma

Susan Thrane, MSN, RN, OCN

Posted: 12/15/2010; Journal of Hospice and Palliative Nursing. 2010;12(6):337-342. $\ \odot$ 2010 Lippincott

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Abstract and Introduction

Abstract

Hindu suffering can be perplexing to Western thought. With almost 2.3 million Hindus of Indian origin and an additional 1 million practicing American Hindus now in the United States, healthcare practitioners need to know more about the tenets of Hinduism to provide culturally sensitive care. Family and community interconnectedness, karma, and reincarnation are major beliefs of Hinduism. Healthcare decisions may be made by the most senior family member or the eldest son. Karma is a combination of cosmic and moral cause and effect that can cross lifetimes and life lessons learned for spiritual growth. The belief in reincarnation gives great comfort to the dying and their families because they know their loved one will be reborn into a new life and that they are not gone forever. Enduring physical suffering may lead to spiritual growth and a more fortunate rebirth.

Introduction

Death is a universal experience. No matter what our culture, our religion, our race, or our country of origin, we will all die. How we approach death, how we think about suffering and grief, and what we believe happens after we die vary based on our culture, religion, and spiritual beliefs. Spiritual beliefs ground our thinking about end-of-life concepts. Humanists, which include atheists and agnostics, believe that death is the end. Christians believe that death is the beginning of everlasting life with God. Hindus believe that while death is the end of this life, it is also the beginning of a new cycle.

Several estimates of the number of Hindus in America exist. According to the magazine *Hinduism Today*, there are about 2.3 million Hindus of Indian origin and another 1 million practicing American Hindus. [4,5] Every state in America has at least one Hindu temple, while larger metropolitan centers have many. [6] Historically, in the West, there has been very little exposure to Hinduism. With the exception of Hare Krishnas, one sect of Hinduism, Hindu people do not believe in proselytizing, nor do they often talk to outsiders about their religion. [7] With the population of Hindus growing in the United States, healthcare practitioners need to know more about this faith to be able to provide culturally sensitive care.

Case Study 1

Mrs S. is an 85-year-old Hindu woman brought to the emergency room by ambulance. She has a history of congestive heart failure and hypertension. She has been in the hospital three times this year. She is having trouble breathing and "lightheaded," and her family is concerned. After diagnostic tests and

physical examination, it is found that Mrs S. has symptoms of fluid overload, and her ejection fraction is 12%. A urinary catheter is inserted, and she is given a diuretic. Mrs S. goes into shock, develops respiratory failure, and is put on a ventilator. The physician has a discussion with the family about the seriousness of Mrs S.'s condition. Mrs S. does not have an advance directive. Hindus rarely have advance directives because of their belief in karma and reincarnation. After a discussion with Mrs S.'s husband and children, the decision was made to extubate and give comfort measures only. This decision to shift the goals of care to palliation is in line with Hindu beliefs relating to karma. Being kept alive by machine is often viewed as interfering with karma and inhibiting the natural course of death. Hindu people view death as a part of the natural cycle of life. Death is a transition to a new life. This case illustrates the importance of assessing cultural factors in palliative care and good communication to ensure optimum care.

Hinduism 101

Hinduism is the oldest known religion, having been practiced over 8000 years as evidenced by ancient Hindu scriptures. [8] Table 1 highlights some basic Hindu beliefs. Several newer religions have roots in Hinduism including Jainism, originating around 3000 BCE; Buddhism, originating around 600 BCE; Sikhism originating around the 16th century; and Brahmoism, originating in the 18th century. [8] Hinduism is unique in that it has no founder, no beginning that we can point to, and no one holy book. The most holy Hindu text is called the Veda: a word that means wisdom. The Veda consists of four books and more than 100,000 verses. [3] Other holy texts are called the Upanishads and the Puranas. [8] The *Bhagavad-Gita* (song of God) is generally accepted by all and appears to be the most popular of Hindu sacred texts. According to Jeste and Vahia, [9] the *Bhagavad-Gita* is the most recent of the sacred texts and the most practical, giving devotees a more practical guide to Vedic wisdom.

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Table 1. Key Issues for Culturally Sensitive Care for Hindus

Highlights of Hinduism

- · Oldest known religion still in practice.
- Belief in one God with many forms.
- Spirituality is a way of life for Hindus.
- Family is very important, and healthcare decisions are often made communally with the senior family member or eldest son as the final authority.
- Karma is moral cause and effect of thoughts and actions.
- Reincarnation means being born into a new existence on earth to evolve spiritually.
- Adherence to traditional values depends largely on acculturation.

One of the basic tenets of Hinduism is a belief in one God called Brahman. Brahman can take many forms, which means that there are literally thousands of gods and goddesses in Hinduism that each contains a part, or embodies a characteristic of Brahman. Many Hindus choose one god or goddess as their principal representation of Brahman, but may have many gods and goddesses that they worship or celebrate. Daily worship called *puja* includes lighting incense, prayer, and meditation and is often performed as a family in the morning before everyone starts their day. ^[10] Puja can be performed anywhere, but many families either have a room in their home dedicated to worship or at least an altar displaying statues or pictures of their chosen deity.

Reincarnation and Karma

Two important tenets of Hinduism that guide one's actions and influence suffering are karma and reincarnation. Reincarnation essentially means to be born again. The body is like a set of clothes that the

soul removes before putting on new clothing. From a Hindu viewpoint, one can be born as a human, an animal, an insect, or even a plant.^[11] What form the next incarnation takes depends on karma, and one can move up or down the hierarchy. If a person has lived a good life and performed more good deeds than bad, they are born into a more fortunate existence.

Karma guides how a Hindu lives, and each person's deeds both in current and past lifetimes determine what sort of rebirth they attain. Karma is a combination of cosmic and moral cause and effect that crosses lifetimes and life lessons learned for spiritual growth. There are three types of karma: karma from past lives that may or may not be experienced in the present lifetime, karma currently being created, and future karma or karmic experiences saved for a future lifetime. [12] A devout Hindu will be non-violent on every level including the practice of vegetarianism. The ultimate goal after living many lifetimes is to be released from rebirth or to achieve moksha; becoming one with Brahman. [13]

Caste System

A discussion of Indian culture and Hinduism would be incomplete without a mention of the caste system. For thousands of years, a strictly defined social structure existed in India. Each group or caste performed certain functions in society. The four main groups were the Brahman or priests; the kshatriyas, which were governors and administrators; the vaisya, who were the merchants and farmers; and the sudras, who performed menial tasks such as street sweeping and were considered spiritually unclean. The caste system was abolished in 1947, and while its influence is fading, some effects remain.

Spiritual Suffering

Suffering for the Hindu is highly related to the concept of karma, for example, "Belief in karma and reincarnation are strong forces at work in the Hindu mind." [14] (p29) Any good or bad thought or action leads to reward or punishment either in this life or a future existence. Hindus believe that there are certain life lessons to be learned before achieving moksha. Working through the karmic situation will resolve that karmic issue resulting in a lesson learned.

A Hindu who is getting older or who has a terminal illness will "tie up loose ends" by apologizing where needed, talking with family and friends to resolve conflicts, and generally fulfilling all known responsibility.^[15] The goal of a well-lived lifetime therefore is to perform good deeds, to practice devotion to God, and to learn the karmic lessons encountered.

Spiritual suffering for a Hindu comes from knowing at the end of life responsibilities are left undone, karmic tasks are not completed, or bad thoughts and deeds predominated. The concept of karma conveys that suffering is part of life. Suffering is a result of past thoughts and actions either in this life or a previous life. By enduring suffering, a Hindu "pays for" or cancels past negative actions. "Suffering can be positive if it leads to progress on a spiritual path, ...to be tested and learn from a difficult experience."^[16] (p609) What may appear to be needless suffering to Western minds may be, in fact, a striving to meet death in a clear and conscious state and may be an attempt to atone for karmic debt.

From a nursing perspective, karma and spiritual suffering can have several ramifications. Hindus who feel they need to diminish or alleviate past karma may wish to endure suffering. This may involve fasting, doing penance such as intense prayer or worship, or enduring pain even when medication is available. Fasting can have several forms. The patient may wish to avoid only certain foods or not eat certain meals or at certain times of the day. Other forms of atoning for bad thoughts or deeds can include confession to a guru or priest, repentance either public or private, sacrifice such as shaving the head, religious ceremonies, gift giving to the poor or to the temple, and pilgrimages to sacred spots. Obviously, participation in these activities depends on whether the patient is at home or in a healthcare facility and whether he/she is ambulatory or near death. Assisting the patient and family to be able to complete religious ceremonies, prayer, or penance may be very important to their spiritual well-being. Assisting the patient and family does not necessarily mean participating; it can mean helping them find

the materials or just assuring them that they will not be disturbed. Allowing private time and space for these activities will be helpful.

Suffering in Death and Dying Practices

Fearing death is natural and results from a fear of the unknown. According to *Hinduism Today*, a person with a terminal illness should tell family and friends so they can prepare for their loved one's death and be happy for them. ^[18] Death is the fulfillment of this life and a chance for a better reincarnation, a chance to learn new karmic lessons and to move closer to moksha.

Hindus believe that death must come naturally at the proper time. Life should not be prolonged by aggressive medical means unless it will result in a good quality of life. Prolonging life artificially would result in the soul remaining on earth past its natural time "tethered to a lower astral region rather than being released into higher astral/mental levels."^[14] (p32) Hindus will often forgo aggressive treatment when an illness is terminal or there is no hope of recovery. If the patient is a parent of young children, more aggressive treatments are often sought in the hope of prolonging life to provide for the children. Nor should life be cut short willfully. Speeding up death by artificial means would result in a large karmic debt. Suicide would result in many lesser rebirths to "make up" for the karmic debt of ending one's life unnaturally.^[19] Thoughts at the moment of death will result in a greater or lesser rebirth. (See Table 2 for a summary of palliative and end-of-life issues.)

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Table 2. Nursing Care Issues for Palliative and Hospice Care

- Palliative care is aligned with Hindu values.
- Most Hindus are vegetarian. Assisting patients with menu choices or having a dietary consult may help Hindus receive acceptable food. Families may bring food from home.
- Suffering is individual—some may believe that suffering is beneficial for their Karma, some may not.
- Respect the choice patients make for the use of pain medication: most will likely want a
 moderate amount to relieve pain while maintaining awareness, but some may want little to no
 pain relief from medications, believing that suffering will ease karmic debt.
- The family may want to turn the bed so the head faces east.
- End-of-life rituals such as chanting in the loved one's right ear and putting *Tulsi* leaves and water from the Ganges River in the mouth are important for the soul's purity and peaceful transition.
- Autopsy is not allowed unless required by law.
- Organ donation is discouraged since it interferes with both the donor and the recipient's karma and the donor's reincarnation.
- Above all—ask about the family's traditions and needs before the last minute; everyone is unique.

Hindus may endure pain or uncomfortable symptoms to face death with a clear mind. They may use medication to control symptoms, but may avoid using so much that it reduces their consciousness. Rabindrnath Tagore, [20] a Hindu philosopher, once said "let me not beg for the stilling of my pain but for the heart to conquer it." Hindus will, if at all possible, be thinking of Brahman at the moment of death and

therefore experience a higher state of consciousness and a higher astral plane after death. Intentionally bringing all one's attention and energy to the top of the head and thinking thoughts of Brahman help the soul leave the body in the highest possible state.

Ideally, a Hindu should die at home surrounded by family and friends who will sing sacred hymns and say prayers or chant the dying person's mantra in his/her right ear if he/she is unconscious. As death approaches, the bed should be turned so the head faces east. Hindus with a terminal illness or certain other disabling conditions are allowed to choose a "self-willed death by fasting" but must tell their family and community. This is an acceptable method of ending suffering.

Case Discussion Continued

Mrs S. was extubated per her family's wishes. Friends of the family brought a CD player and played some traditional music. The temple priest was called and brought *Tulsi* leaves and sacred water. Mrs S. was given medication to relieve her pain and comfort measures including cool cloths, and positioning with pillows. Family, friends, and the temple priest stayed with Mrs S., reading from holy texts and praying. Her youngest son chanted her mantra into her right ear. The priest applied holy ash to Mrs S.'s forehead and placed a few drops of sacred water and a Tulsi leaf into her mouth for purity and a peaceful death moments before she died. [21,22]

Postdeath Rituals

After death, all the pictures of deities in the household are turned to face the wall. The body is placed in the home's entryway with the head facing south "reflecting a return to the lap of Mother Earth." [15] (p170) If a patient dies outside the home, the family may want to bring the body home for ritual bathing, dressing, and for friends and family to say goodbye. If necessary, these rituals can take place in a mortuary.

Bodies are always cremated, never embalmed, although they can be frozen for up to 3 days so relatives can attend the funeral rites. The family may wish to witness the cremation and even start the cremation fire. The family may return to collect the ashes directly from the crematorium. After the family returns from the crematorium, everyone bathes, and the entire house is cleaned. The ashes are scattered in an ocean or a river or are sent to India to be scattered in the Ganges River. Infants and young children are the exception to the cremation rule: since they have not accumulated bad karma and are considered pure, infants and young children may be buried. [23] (See Table 3 for a summary of postdeath practices.)

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Table 3. Care Concerns After Death

- Pictures and statues of deities are turned to face the wall.
- Allowing the family to bathe and care for the loved one's body may be an important ritual.
- Cremation occurs within 24 hours if possible.
- Family members attend the cremation and bathe after returning home.
- A ritual time of impurity is observed.
- Ashes are scattered in an ocean or river or sent to India to be scattered in the sacred Ganges River.

The period immediately following death is considered a time of impurity. A pot of water is set in the entryway and is changed every day for 31 days. On the third, fifth, seventh, and ninth days, a meal of the deceased's favorite foods is prepared, and a portion is put in front of a photograph of the deceased. The time of impurity can last from several days to a year. The length of the time of impurity is traditionally determined by caste: the lower the caste, the longer the time of impurity. During this time, the family lives in seclusion and does not participate in festivals, celebrations, or temple observances.

Professional Care Issues

Healthcare decisions in Hindu families will likely be made by the most senior member of the patient's family or the eldest son. [25] Hindu culture believes in "human interdependence and interconnectedness, which is understood to be the foundation of well-being." [10] (p28) In other words, Hindus do not have the same concept of individuality and autonomy that Westerners prize so highly; family and community are more important. Other cultural differences may or may not be relevant, depending on the acculturation of the family, and are directly contradictory to Western views. For example, addressing the head of the family first shows respect in Indian culture, while maintaining eye contact with a head of family or elder shows disrespect. The best course is to tread lightly and be aware until discernment can be made of individual preferences.

Accepting the end of life is part of Hindu philosophy. Artificially prolonging life is generally thought of as interfering with karma. Interventions such as intubation, artificial feeding, or very aggressive care in the face of a terminal illness would go against traditional Hindu thinking. Palliative and comfort care are in line with Hindu thoughts on karma and reincarnation, concepts that Western caregivers need to be aware of.

Two other issues that relate to end of life include organ donation and autopsy. Autopsy is avoided unless required by law. Hindus believe that disturbing the body of the deceased is disturbing to their soul and inhibits the soul from moving onward. Organ transplantation is another practice that is conditionally discouraged. From the donor perspective, a part of the body lives on and interferes with reincarnation. From the recipient perspective, part of the donor's karma is transferred along with the organ especially a major organ such as the heart, liver, or kidney. Depending on the views of the family, donation of an organ other than the heart, liver, or kidney may be permissible.

Spirituality and culture go hand in hand for Hindus, and Western medicine is beginning to acknowledge the importance of spirituality in healthcare. Spiritual issues are now being addressed for patients, especially at end of life. In a study of 560 nurses who cared for dying patients in Ethiopia, Kenya, India, and the United States, nurses from all four countries identified spiritual interventions such as praying with or praying for the patient and reading from holy texts as helpful or important to patients and families. [22] The similarities between cultures speak more loudly than the differences. Nurses from all four cultures stressed compassion, respect, and individualizing care based on patients' needs. Specific culturally based interventions mentioned by the nurses from India included allowing family member to offer *Tulsi* leaves (a type of basil) for purity and water from the Ganges River for a peaceful death. [21,22]

Case Study 2

Mr A. is a 73-year-old Hindu man with end-stage pancreatic cancer. He is cachectic, bed-bound, and unable to eat. Mr A. rates his pain as 10 of 10 and is refusing pain medication saying, "I want to be awake and need to conquer my pain through meditation."

Case Discussion

It would be appropriate to gently question Mr A. and his family regarding his beliefs surrounding both pain medication and his spiritual values. It may be that Mr A.'s spiritual beliefs lead him to suffer pain for the sake of karma, or he may be unaware that pain medication can be given that will not make him unconscious. He may also feel spiritual distress because he cannot overcome his pain with meditation and needs some counseling from his spiritual advisor. [16] If Mr A. feels he must suffer for his karma, his decision must be accepted.

Conclusion

Nurses who care for Hindus at the end of life whether at home or in the hospital should remember that Hindus are very family oriented and so may have many visitors at one time. There may be singing, chanting, praying, reading from holy books, and shared food. Healthcare decisions will likely be made by a senior family member or eldest son.

With a growing number of Hindus in the United States, it is helpful to know something about Hinduism to provide culturally sensitive care. Some of the main beliefs of Hinduism include the belief in one god named Brahman and a belief in karma and reincarnation. Karma is the principle of cause and effect that can continue over many lifetimes. Any thought or action, good or bad, contributes to karma. Reincarnation is being born into a new life to learn spiritual lessons and to resolve karma from previous lifetimes. Belief in reincarnation gives great comfort to the dying and their families because they know their loved one will be reborn into a new life, and they are not gone forever.

Palliative and hospice care are aligned with Hindu values. Hindus believe that death should neither be sought nor prolonged. Spiritual suffering is connected to karma. Enduring physical suffering at the end of life may reverse bad karma. Hindus would like to die at home surrounded by family. Ideally, they would like to be conscious and be thinking of Brahman at the very moment of death. If the person is not conscious, having the eldest son or a senior family member chant the person's mantra (sacred phrase) in his/her right ear prior to death is helpful. Rituals such as placing *Tulsi* leaves in the mouth, chanting, or washing the body may or may not be practiced by a particular Hindu family. Completing a spiritual assessment of the patient and family is essential to facilitating appropriate spiritual care.

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The author declare no conflict of interest.

Acknowledgments

The author thanks Beverly Lunsford, PhD, RN, and all the faculty at George Washington University Department of Nursing for their inspiration and support.

Journal of Hospice and Palliative Nursing. 2010;12(6):337-342. © 2010 Lippincott Williams & Wilkins