

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 referred to 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

teachings.

□ 'Isa didn't die, he ascended to Allah.

*The three traditions are historically linked, yet with key differences in belief. All believe in: ☐ 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 differences concern Jesus Christ. Christians believe: ☐ Jesus Christ is the messiah (savior) of humanity. ☐ Jesus Christ is the holy son of God. ☐ In the Christian Scripture (New Testament) as a continuation of the Hebrew Scripture (Old Testament). Jews believe: □ Jesus Christ is not the messiah. ☐ In the Hebrew Scripture (Christian Old Testament). Muslims believe: ☐ Jesus 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

<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
(Eastern) Orthodox C labels themselves as Christian. Orthod	person's religious affiliation, be aware that there are Orthodox Jews and hristians both often referred to as "Orthodox". Likewise, someone who "Reform" is Jewish. Someone who labels themselves as "Reformed" is dox 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.
Conse	rvative Jews believe in:
	Acceptance of traditional and modern religious observances. Conservation of Jewish tradition, but also changing to fit modern times.
Reform	n Jews believe in: Freedom to interpret the Torah and choose religious observances.

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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 common prayer used in this context is called 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. □ 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'Av- fast 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.
Jesus Christ is the messiah and son of God.
Jesus' 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
10 Commandments, the New Covenant, the Rible)

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, practices, 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 instruments. No set apart leadership, but full-time healing ministers (practitioners) structure and 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 <i>Theotokos</i> (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.
Duda a saad	□ 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	 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; <i>Pascha</i> (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

D II (
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		Be sensitive to strong religious beliefs opposing use of blood or
practices		blood practices products.
'		Encourage patient or family to consult with congregational elders or
		to contact the local Hospital Liaison Committee for assistance.
Food	П	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		Meetings are held 3 times a week in local Kingdom Halls with focus
festivals		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		Abortion and artificial insemination by a donor are forbidden.
birth		Birth control is an individual choice.
		No infant baptism.
Rituals or		Adult baptism.
ceremonies		·
		No special rituals for sick or dying.
Spiritual		None
instruments,		
structure and		
symbols		

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 of Scriptures.
Dying and	☐ Belief that all individuals will be resurrected, and will attain degree of
death	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	☐ Allow for visits by church representatives; privacy for prayer or ritual.
practices	
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	☐ Follow basic Christian holidays such as Christmas and Easter, as well
festivals	as national holidays and church specific holidays.
Pregnancy and	□ Belief that one of central purposes of life is procreation.
birth	☐ 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	 Naming and blessing of children.
ceremonies	 Two elders required for ritual of blessing of the sick.
	"Family Home Evenings" held once a week is important.
Spiritual	 King James version of Old and New Testaments, the Book of Mormon
instruments,	and other scriptures.
structure and	 No formal clergy but designated leaders for specific roles, including
symbols	Bishops and Elders.
	□ None.

Protestant

^{*}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	 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	Ask patient and family what practices they support practices.
Practices	□ Provide privacy as needed.
Food	□ No restrictions.
Health	☐ In most denominations, decisions about blood, blood products,
	vaccines, biopsies, amputations and transplants are an 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 an individual choice.
	 Some denominations may have restrictions.
	 Baptism of infants practiced in some denominations; others may desire blessing or dedication ritual.
Rituals or	 Prayers for healing and comfort of the sick, commendation of the
Ceremonies	dying, ceremonies personal prayer, Sacraments.
Spiritual	□ Bible
instruments,	□ Cross
structure and	☐ Many mainline denominations ordain both men and women while
symbols	some symbols conservative denominations may have only male
	leadership.

^{*}Numerous Christian groups in the U.S.

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	 Ask patient and family about preferred practices.
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	 Traditional Christian holidays as well as observance of special holy
festivals	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	 Natural means of birth control only.
Birth	 Abortion and sterilization prohibited.
	 Artificial means of conception are discouraged.
	☐ Baptism of infants may be required and urgent if prognosis is grave.

Rituals or	Attending mass on Sunday and Hely Days, cometimes deily
	 Attending mass on Sunday and Holy Days, sometimes daily.
Ceremonies	☐ 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	□ Rosary (prayer beads).
instruments,	☐ Holy water.
structure and	□ Incense.
symbols	 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.
	 Death is held to be a state of unconsciousness with a return to
	consciousness coming at the Second Advent- the second coming of
	Christ.
Facilitating	 Ask patient and family about beliefs and preferences.
practices	□ Provide privacy.
Food	□ Vegetarian diet encouraged.
	☐ Consuming alcohol, tea and coffee is a matter of individual choice
	although many refrain.
	□ 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.
	 Some may not condone use of narcotics or stimulants.
	 No restrictions on surgical procedures.
Holy days and	 Saturday is the Sabbath, a day of worship and rest.
festivals	- B'-11
Pregnancy and	□ Birth control is an individual choice.
birth	□ Abortion is discouraged but the choice is left to the conscience of the
	woman.
Dituals and	Opposed to infant baptism.
Rituals and Ceremonies	 Pastors and elders may pray and anoint ill person with oil.
Spiritual	☐ In some groups, all pastors and elders are male. In other groups,
instruments,	females do serve in these roles.
structure and symbols	

Islam (Muslim)

The Five	☐ Shahadatain (Declaration of Faith) - To declare there is only one God,
Basic	Allah, and that Muhammad is his messenger.
Principles of Al-	☐ Salat (Prayer/ Worship) - Muslims must pray five times a day. The
Islam/Beliefs	Qur'an is the final revelation to Humanity.
ISIAITI/ Delleis	 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 His Messengers (All of them).
	☐ Belief in Hereafter (Life after Death).
	□ Belief in the Day of Judgment.
	☐ Belief in Reward and Punishment.
Daily	☐ May engage in prayer 5 times a day facing Mecca (dawn, mid-day, mid-
Practices	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.
Dying and	Days of observance occur throughout the Muslim lunar calendar. Death is controlled by Cod's plan.
Death	 Death is controlled by God's plan. Euthanasia or any attempt to shorten life prohibited.
Death	
	 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 <i>Janazah</i> 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	 Explore what practices are most important to patient/family.
practices	☐ 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	☐ Fasting during the month of <i>Ramadan</i> is included in the 5 pillars of Islam
and Festivals	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) <i>Eid- ul- Aha</i> (Celebration of the Sacrifice of Abraham) - a three day celebration beginning on the 10th day of the twelfth month
	called <i>Dhul Hijjah</i> .
	☐ 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. Believe that when the prophet Muhammad died, it was his wish that the next leader would be elected. Abu Bakr, Muhammad's closest friend, was elected. Believe the caliphs (leaders) of Islam should continue to be elected (and they are). 85% of Muslims are Sunni.	 Shia roughly means, Party of Ali. Believe that when the prophet Muhammad died, it was his wish that Ali, his cousin and son-in-law, would be the new caliph. Believe that the caliphs (leaders) of Islam should continue to be direct descendents of the Prophet Muhammad. Shia Muslims choose to ignore the elected Sunni leaders, and instead follow their own 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.
	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 (<i>Karma</i>).
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	☐ Allow for quiet time to observe practices.
i admitating	Allow for quiet time to observe practices.
•	·
Practices	 Ensure calm and peaceful environment and comfort, especially for dying person.
•	 Ensure calm and peaceful environment and comfort, especially for
Practices	 Ensure calm and peaceful environment and comfort, especially for dying person.
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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 instruments, social 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 population in India, Nepal and Bangladesh

Beliefs	☐ 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 <i>karma</i> (law of cause and effect).
	☐ One must perform his/her duties to God, parents, teachers and
	society.
Daily practices	 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 opposite.
	☐ Removal of shoes before entering a room.
Dying and Death	☐ The atmosphere around the dying person must be peaceful.
Dynig and Doam	☐ The last thoughts or words are of God; the <i>Gita</i> (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.
	☐ Cremation is common on day of death.
	☐ Fetus or children under age 2 may be buried; no rituals observed.
Facilitating	 Provide supportive environment and privacy for rites.
practices	 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.
	☐ Special respect for elders.
Food	☐ 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.
1.1 1.1	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.

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	 Exact time of birth may be important to family.
Birth	☐ Circumcision is uncommon.
	May not want to name the newborn immediately.
	 May be against abortion.
	☐ Birth control, artificial insemination and amniocentesis acceptable.
Rituals and	☐ On 10th or 11th day after birth, priest performs naming ceremony.
Ceremonies	 Specific ceremonies vary according to local customs.
	 Praying, meditating, scripture reading and recitation is common.
Spiritual	□ Various sacred writings
instruments,	 Various objects for rituals- including sandalwood, incense, candle,
structure and	symbols structure and or pictures, fresh flowers, prayer beads.
symbols	 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.

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 rebirth. Salvation 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	□ Provide privacy.
practices	 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 (<i>Amrit</i>).
Ceremonies	□ Naming Ceremonies.
	☐ Birth Ceremonies.

Spiritual	☐ Guru Granth Sahib, collection of religious writings, is the "Living
instruments,	Word" and instruments, the "Living Guru" or teacher.
structure and symbols	 A turban may be worn as a symbol of personal sovereignty and symbols 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).
	\(\text{100h5 like two swords crossed with a circle overlapping}\).

Other Religions

Bahá'í

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 prayer and reading of Bahá'í sacred writings.
All work performed in the spirit of service is considered to be
worship.
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.
Provide privacy and supportive environment.
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.
Consumption of alcohol or mind-altering drugs is forbidden except
when prescribed by a physician.
7 Holy Day festivals per year in which one does not work or go to
school.
Other Holy Days also observed.
No special requirements.
Daily private prayer and applied fast lasting throughout day from
Daily private prayer and annual fast lasting throughout day from
sunrise to sunset March 2-20.
sunrise to sunset March 2-20. Bahá'í prayers for private worship.
sunrise to sunset March 2-20.

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 or Ceremonies	 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 instruments 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.
	·
	□ 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.
Oladala a a a a	Spiritual use of marijuana.
Clothing and	 Often red, yellow and green (colors of the Ethiopian flag).
Style	 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 <i>Haile Selaissie</i> or the Lion of Judah.
	 More conservative Rastafarians may wear robes and head scarves.
	□ Knit hats.
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-
D 11	English.
Death	□ Believe in everlasting life. As a result, they might be hesitant to
	prepare for death or talk about terminal illness.
D 1	☐ Since death is not real, they believe that <i>Haile Selaissie I</i> is still alive.
Body	☐ The body may be seen as a church. Therefore it is sacred and they
D': 1	may be hesitant to put anything unnatural into it.
Rituals or	 May include discussion, singing, dancing, and marijuana use.
Ceremonies	☐ Readings of the Old Testament.
Spiritual	□ Believe in the spiritual use of marijuana. Marijuana is common during
instruments,	ceremonies or habitually. It is acceptable because it is considered to
social structure	be natural.
and symbols	 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

*There are many variations of Voodoo...the following describes Voodoo Spirituality found in the United States

Beliefs	 There is one God, <i>Bondye</i>, and many other spiritual beings, called <i>Iwa</i>. <i>Iwa</i> 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 vary.
	□ No restrictions on autopsy.
Facilitating	Make time and space for rituals; provide privacy and quiet.
Practices	 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	□ Various.
Festivals	
Pregnancy and	 Rituals for blessings of pregnancy performed by women of
Birth	community and are held every three trimesters of pregnancy.
	☐ Ritual of naming and blessing of children.
Rituals and	☐ Rituals are a large part of the Wiccan faith.
Ceremonies	☐ 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	☐ Written works and codes of conduct.
Instruments	 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.
	☐ A 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 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	 Greens are often seen as essential for good health.
practices/beliefs	 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.
Spokesperson	 Usually father or eldest male family member; however many Black homes 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	 May have spiritual practices or rituals that can vary from 	slam to
Needs	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 G	od's
	punishment or work of devil or a spell/curse.	
Invasive Procedures	☐ Historically skeptical, though with clear explanations, nee	ded
0 5 1	surgery is accepted.	
Organ Donation	 May have religious restrictions. 	
Pain	□ Pain scales helpful.	
	May not wish medication due to fear of addiction.	
Terminal Illness	□ Patient and family may wish to include spiritual leader.	
Discussion		
Visitors	 May bring food and/or desserts. 	
	May sleep at bedside.	
	, ,	
	Pregnancy, Birth, Postpartum	
Breastfeeding		
Breastfeeding C-Section	Pregnancy, Birth, Postpartum	
	Pregnancy, Birth, Postpartum Give instruction about benefits.	
C-Section	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated.	
C-Section Genetic Defects	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will.	
C-Section Genetic Defects	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant.	ops.
C-Section Genetic Defects Labor	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding stopping the stopping of the stopping o	ops.
C-Section Genetic Defects Labor Postpartum	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding sto	ops.
C-Section Genetic Defects Labor Postpartum Prenatal Care	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding story. Varies; may wait until after first trimester.	ops.
C-Section Genetic Defects Labor Postpartum Prenatal Care	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding story. Varies; may wait until after first trimester.	ops.
C-Section Genetic Defects Labor Postpartum Prenatal Care	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding story Varies; may wait until after first trimester. Older females in family relied on for support.	
C-Section Genetic Defects Labor Postpartum Prenatal Care Sick Baby	Pregnancy, Birth, Postpartum Give instruction about benefits. Accepted if indicated. May be viewed as God's will. Active participant. Father's role varies; may have only females present. May refuse bath/shower or hair washing until bleeding storage Varies; may wait until after first trimester. Older females in family relied on for support. Religious and Spiritual Practices	

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	☐ Some patients may adhere to hot/cold theory of foods.	
practices/beliefs		
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. 	
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	 Prayers commonly practiced at bedside of dying patient. 	
Needs	Family time with body before it is taken to morgue.	
Dying Process	 Extended families obligated to attend to sick and dying and pay respects. 	

^{*} 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

	 Hospital environment may be seen as restrictive to family needs. 	
Illness beliefs	 Holistic understanding of emotional, spiritual, social and physic factors. 	cal
	 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	☐ Family may want to protect patient from knowledge of	
Discussion	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. 	
Procetfooding	Pregnancy, Birth, Postpartum	
Breastfeeding C-Section	☐ Breastfeeding and bottle.	
	☐ 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-ter care. 	m
Labor	 Walking recommended to encourage quick birth. 	
	 Fears include unnecessary or dangerous medical interventions separation from family members and loss of privacy. 	s,
	☐ 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	t
Dranatal Cara	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/Roma Catholic families if prognosis is grave. 	an
	Catholic farfilles ii progriosis is grave.	
	Religious and Spiritual Practices	
Religion	□ Roman Catholic, Protestant.	
1 toligion	 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	 Do not casually move, examine, or admire medicine bag. 		
Amulets	 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-	 Autonomy highly valued; do not assume spouse would make 		
making	important decision.		
- "	☐ Includes responsibility to community, family and tribe.		
Family structure	May be either matriarchal or patriarchal.		
	□ Elders respected.		
	☐ Children not encouraged finding help outside family.		
Food	 Hospitality and respect may lead patient to sharing hospital food with 		
practices/beliefs	visiting family and friends as well as consume food brought by		
	visitors.		
	□ Nutritional guidance should respect religious choices and incorporate		
Craatings	them; May believe that when food is blessed it is no longer harmful.		
Greetings	☐ Light touch handshake.		
Nonverbal	Respect communicated by avoiding eye contact.		
0 1	□ 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.		
Time erientation	Spokesperson may not be decision maker. Spokesperson may not be decision maker. Spokesperson may not be decision maker.		
Time orientation	 Emphasis on present moment may conflict with appointment schedules. 		
	Expect careful consideration in answering questions. Pushing an older is considered rude and years digrespectful.		
	 Rushing an elder is considered rude and very disrespectful. 		
	Health, Illness and Death		
Consents			
COHSCHIS			
	,		
	 May be unwilling to sign written consents based on political and personal history of documents being misused or fear that worst will 		
	personal history of documents being misused of lear that worst will		

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	happen.
	☐ Consent processes may lead families to believe they are not being
	heard, or not considered competent.
Death-Body	☐ Traditional practices include turning and/or flexing body, sweetgrass
Care	smoke care 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	☐ Be prepared to support or inquire if family wants to bring in tribal
Needs	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, and 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	□ Seen as last resort.
Procedures	 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 is equally welcome.
D :	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	☐ Some cultures prefer not to openly discuss terminal status and DNR
Discussion	orders discussion due to belief that negative thoughts may hasten
	loss.
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.
3.5.5	 Mother or other female relative may be present.
	☐ Stoicism encouraged by laboring woman.
	Father may be expected to practice certain rituals and be absent
	i amerinay be expected to practice certain nituals 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 the majority is 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.Clothing or 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		
Language	to ward off Evil Eye. Somali, the national language.		
Language Communication			
Communication	 Many social norms are delivered from Islamic tradition. Communication 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 jargon.		
Death-Body	 Elicit feedback to assess understanding. Important to be aware of Muslim practice requirements regarding 		
Care	 Important to be aware of Muslim practice requirements regarding washing, care, 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	
	Prognancy Right Postpartum
Breastfeeding	Pregnancy, Birth, Postpartum Expected until about age 2.
Dieastieeding	☐ 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	The state of the s
Sick Baby	
	Religious and Spiritual Practices
Religion	 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
<u> </u>	women and children under age 14 are exempt according to Islamic

	law.	
Spiritual Healing		

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-	 May see physician as a director rather than a partner.
making	☐ Elders are often consulted first for decision-making.
Family structure	☐ In Cuba, families are becoming smaller.
Food	
practices/beliefs	
Greetings	
Nonverbal	
Spokesperson	
Time orientation	
Time orientation	
Time orientation	Health Illness and Death
	Health, Illness and Death
Consents	Health, Illness and Death
Consents Death-Body	Health, Illness and Death
Consents Death-Body Care	Health, Illness and Death
Consents Death-Body	Health, Illness and Death
Consents Death-Body Care Death-Special	Health, Illness and Death DNR is usually unacceptable.
Consents Death-Body Care Death-Special Needs	
Consents Death-Body Care Death-Special Needs	□ DNR is usually unacceptable.
Consents Death-Body Care Death-Special Needs	 □ DNR is usually unacceptable. □ Belief that everything possible to keep patient alive should be done.
Consents Death-Body Care Death-Special Needs	 □ DNR is usually unacceptable. □ Belief that everything possible to keep patient alive should be done. □ Belief that DNR indicates giving up hope or abandonment.
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. According to traditional Cuban culture, mind, body and spirit are connected.
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. According to traditional Cuban culture, mind, body and spirit are connected. Physical illness may be thought to be caused by mental stress or
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. 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.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs	 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. According to traditional Cuban culture, mind, body and spirit are connected. Physical illness may be thought to be caused by mental stress or
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs	 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. 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.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures	 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. 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.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures Organ Donation	 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. 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.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures	 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. 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.

Discussion	
Visitors	
	Pregnancy, Birth, Postpartum
Breastfeeding	
C-Section	
Genetic Defects	
Labor	
Postpartum	
Prenatal Care	
Sick Baby	
	Religious and Spiritual Practices
Religion	☐ Mostly Catholic, but can practice Santeria, or both.
Spiritual Healing	

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	
	Hardly Warranged Death
Conconto	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

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	waters," that is often associated with <i>lafrik gine</i> (" <i>L'Afrique Guinée</i> ," 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 <i>priè</i> , 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	
VISILOIS	
	Pregnancy, Birth, Postpartum
Breastfeeding	r regnancy, Birtil, r ostpartam
C-Section	
Genetic Defects	
Labor	
Postpartum	
Prenatal Care	
Sick Baby	
	Dell'alassa and O. L'II. L.D. L'II.
- · ·	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,
0 1 1	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	□ National Dress: Full-flared skirt made of Madras bandana
Amulets	(predominantly red plaid cotton) material worn usually with a white
Amulots	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-	☐ Men are predominant in leadership positions in government, the
making	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.
	und a warm smile. ☐ Use the appropriate salutation for the time of day: "good morning",
	USE THE APPROPRIATE SAIDTATION THE TIME OF DAY. YOUR 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	
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	☐ 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).
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	 Scarves may be important and essential for women.
Amulets	May wear blue beads or other amulets to ward off evil eye.
	 Amulets 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-	☐ Families make collective decisions
making	
Family structure	 Includes nuclear and extended family.
	 Children are sacred (parents usually very strict); expected at bedside.
Food	☐ Eating is important for recovery; offering food is associated with
practices/beliefs	nurturing, beliefs 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
Noriverbar	feelings.
	☐ Respect elders and professionals and are reluctant to take up their
	time.
	 Comfortable in touching within gender but not between genders.
	 Traditional women may avoid eye contact with men.

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	 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.
Ороксорствот	 Physicians expected to make decisions related to care of patient.
Time orientation	On time kept for official business and more spontaneous for social
Time onemation	and informal gatherings; emphasize importance of appointment
	times.
	tillies.
	Health, Illness and Death
Consents	□ Written consents may be problematic because verbal consent based
Ooriscrits	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	May have special rituals for washing body due to spiritual beliefs.
Care	I may have openial made for washing body add to opinitual beliefs.
Death-Special	☐ Be sensitive to spiritual needs.
Needs	
Dying Process	☐ Timing of death is seen as God's will.
, 0	 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.
	☐ Patient encouraged to be passive and pampered; not make
	decisions.
Invasive	☐ Children may have morbid fear of injections and invasive
Procedures	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,
T	etc).
Terminal Illness	□ Will find it difficult to decide on DNR; may lose trust in health care
Discussion	providers discussion if this option is offered.
Visitors	□ Social expectations high priority; entire families may visit patient and
	family.
	Drognonov Digth Doots outcome
Droodfooding	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 patient 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
Do obsessible and	supportive.
Postpartum	□ Expect complete bed rest.
	☐ May fear bathing or showering.
	□ Very difficult time for first time mother without extended family; needs
Prenatal Care	more understanding, support and networking. May believe pregnancy is not an illness and prenatal care
i ielialai Gale	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

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	 May prefer metal utensils for cooking and eating.
practices/beliefs	□ Food given much respect.
	 May use fingers of right hand to eat food and prefer to wash hands
	before touching food.
Cractings	May refrain from meat and fish and also fast daily or weekly. Hindus and Ciliba process as less of boards to get boards for the set.
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	
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.

^{*} Variations due to country of origin, level of education, social class, religious affiliation,

Death-Body	May have rituals for body care, including washing.
Care	
Death-Special	☐ If death is imminent, call family members and relatives and allow to
Needs	them 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	☐ Receptive to blood transfusion and surgery; may prefer to receive
Procedures	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	May prefer to have doctor disclose diagnosis and prognosis to family
Discussion	first, who will determine whether to and when to tell patient.
Visitors	☐ Close female family member may stay and participate in care.
	□ May 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.
	□ Pain medications may not be accepted.
	 Pain medications may not be accepted. After birth, allow Muslim father or grandfather to recite prayers in
	 Pain medications may not be accepted. After birth, allow Muslim father or grandfather to recite prayers in each ear of baby.
Postpartum	 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
Postpartum	 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 Prenatal Care	 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. Mother may want keep warm.
·	 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. Mother may want keep warm. May not want to shower.
·	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged.
Prenatal Care	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage.
Prenatal Care	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage. If serious, father or mother-in-law approached first.
Prenatal Care	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage. If serious, father or mother-in-law approached first.
Prenatal Care	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage. If serious, father or mother-in-law approached first. Doctor expected to reveal diagnosis. Religious and Spiritual Practices Most tend to be Hindu, Muslim, or Sikh, however may be Jewish or
Prenatal Care Sick Baby Religion	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage. If serious, father or mother-in-law approached first. Doctor expected to reveal diagnosis. Religious and Spiritual Practices
Prenatal Care Sick Baby	 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. Mother may want keep warm. May not want to shower. Pregnancy considered hot state and cool food encouraged. Hot foods avoided as they may be believed to cause miscarriage. If serious, father or mother-in-law approached first. Doctor expected to reveal diagnosis. Religious and Spiritual Practices Most tend to be Hindu, Muslim, or Sikh, however may be Jewish or

Iranian-American Culture

*Primarily Shiite Muslim, could be Jewish, Christian, Bahá'í, 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	May try to keep body covered to avoid draft.
Amulets	May wear gold charm on neck chain symbolizing Islam.
Language	□ Farsi
	□ Various dialects
Communication	
Decision-	□ Patriarchal society.
making	
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
	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	☐ Hot and cold balance emphasized.
practices/beliefs	
Greetings	May prefer use of last name.
	☐ Handshakes, 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.
Chalcanavaan	☐ 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.
CONSCINS	 □ Some families believe in protecting loved one from information.
	- Come families believe in protecting loved one from information.

Death-Body	Family may wish to wash body; do not usually view after (see
Care	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	□ Accepted.
Procedures	
Organ Donation	□ Accepted.
Pain	 Expressed by facial grimaces, guarded body posture, moans.
	More easily expressed by quality than numeric scale.
Terminal Illness	☐ Talk with family spokesperson first.
Discussion	□ Bad news may be kept from patient by family.
Visitors	 Welcomed and considered helpful in recovery.
	Pregnancy, Birth, Postpartum
Breastfeeding	☐ Preferred.
C-Section	
	□ Accepted if necessary.
Genetic Defects	May be viewed in scientific terms or as God's punishment.
Genetic Defects Labor	 May be viewed in scientific terms or as God's punishment. Walking encouraged.
	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved.
Labor	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved. Female family members supportive and present.
	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved. Female family members supportive and present. Showering common shortly after birth.
Labor Postpartum	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved. Female family members supportive and present. Showering common shortly after birth. Emphasis on rest, diet, hygiene and emotional care.
Labor Postpartum Prenatal Care	 □ May be viewed in scientific terms or as God's punishment. □ Walking encouraged. □ Fathers involved. □ Female family members supportive and present. □ Showering common shortly after birth. □ Emphasis on rest, diet, hygiene and emotional care. □ Diet and rest encouraged as well as refraining from heavy work.
Labor Postpartum	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved. Female family members supportive and present. Showering common shortly after birth. Emphasis on rest, diet, hygiene and emotional care.
Labor Postpartum Prenatal Care	 May be viewed in scientific terms or as God's punishment. Walking encouraged. Fathers involved. Female family members supportive and present. Showering common shortly after birth. Emphasis on rest, diet, hygiene and emotional care. Diet and rest encouraged as well as refraining from heavy work. Talk first to father of child.
Postpartum Prenatal Care Sick Baby	 ☐ May be viewed in scientific terms or as God's punishment. ☐ Walking encouraged. ☐ Fathers involved. ☐ Female family members supportive and present. ☐ Showering common shortly after birth. ☐ Emphasis on rest, diet, hygiene and emotional care. ☐ Diet and rest encouraged as well as refraining from heavy work. ☐ Talk first to father of child. Religious and Spiritual Practices
Labor Postpartum Prenatal Care	 □ May be viewed in scientific terms or as God's punishment. □ Walking encouraged. □ Fathers involved. □ Female family members supportive and present. □ Showering common shortly after birth. □ Emphasis on rest, diet, hygiene and emotional care. □ Diet and rest encouraged as well as refraining from heavy work. □ Talk first to father of child. ■ Religious and Spiritual Practices □ Primarily Shiite Muslim; Jewish, Christian, Bahá'í, Sunni Muslim.
Labor Postpartum Prenatal Care Sick Baby Religion	 □ May be viewed in scientific terms or as God's punishment. □ Walking encouraged. □ Fathers involved. □ Female family members supportive and present. □ Showering common shortly after birth. □ Emphasis on rest, diet, hygiene and emotional care. □ Diet and rest encouraged as well as refraining from heavy work. □ Talk first to father of child. ■ Religious and Spiritual Practices □ Primarily Shiite Muslim; Jewish, Christian, Bahá'í, Sunni Muslim. □ Silent prayers at bedside.
Postpartum Prenatal Care Sick Baby	 □ May be viewed in scientific terms or as God's punishment. □ Walking encouraged. □ Fathers involved. □ Female family members supportive and present. □ Showering common shortly after birth. □ Emphasis on rest, diet, hygiene and emotional care. □ Diet and rest encouraged as well as refraining from heavy work. □ Talk first to father of child. ■ Religious and Spiritual Practices □ Primarily Shiite Muslim; Jewish, Christian, Bahá'í, Sunni Muslim.

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	☐ Good luck articles (jade, rope around waist) may be worn to ensure
Amulets	good health and good luck-avoid removing.
Language	☐ Three major languages: Mandarin (official language of China), Wu,
	and Cantonese.
	□ Various 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-	 Patriarchal society; oldest male usually makes decisions.
making	
Family structure	 Extended families common; wife expected to become part of
	husband's family.
	☐ Children highly valued.
Food	Elders very respected and honored.
practices/beliefs	 Important in maintaining balance of hot and cold in body.
Greetings	☐ Often shy, especially in unfamiliar environments.
Greenings	
Nonverbal	
INUTIVEDIAL	
	Eye contact avoided with authority figures as sign of respect.Keep respectful distance.
	 Respression distance. Asking questions seen as disrespectful; silence may mean respect.
	☐ Since the Chinese strive for harmony and are group dependent, they
	rely on 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.
Spokesperson	 Usually oldest male in household.
Time orientation	 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	Family may prefer to bathe body after death.
Care	
Death-Special	☐ Special amulets and cloths may be placed on body.
Needs	
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	May be fearful of having blood drawn believing it will weaken body.
Procedures	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	☐ Family may prefer that patient not be told of terminal illness or may
Discussion	prefer to tell patient themselves.
) // I:	 Patient may become fatalistic and not want to talk about it.
Visitors	 Common for large numbers of family members to visit.
D (()	Pregnancy, Birth, Postpartum
Breastfeeding	☐ If breastfeeding, mother may be expected to eat hot foods to
C-Section	strengthen health of baby.
	□ 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.
Postpartum	 Female family members present. During first 30 days, mother's pores believed to remain open and
Posiparium	 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	 Incense burning, good luck symbols and special foods. May use herbs, acupuncture, and 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 <i>llocano</i> (the dialect spoken most
	commonly by Filipinos in Hawaii and on the U.S. mainland); <i>Tagalog</i> ,
	and Cebuano.
	☐ English is used more than the three major dialects; the Philippines
Communication	have the third largest English-speaking population in the world.
Decision-	
making	
Family structure	☐ The extended family is, in effect, the basic unit of Philippine society.
r army 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 Driver Presses	
Dying Process Illness beliefs	
Invasive	
Procedures Organ Danation	
Organ Donation Pain	
Terminal Illness	
Discussion	
Visitors	
V IOILUI O	
	Pregnancy, Birth, Postpartum
Breastfeeding	r regnancy, birtii, i ostpartum
Disasticuting	1

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	☐ May use prayer beads.
Amulets	
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, and hesitant.
Decision-	□ Both men and women involved in process.
making	
Family structure	☐ Family oriented; family as main unit rather than individual.
	☐ Hierarchical with father being head of household and main authority.
Food	□ Chopsticks.
practices/beliefs	□ 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	☐ Emphasize important details.
Death-Body	☐ Cleanliness important.
Care	 Dignity and preservation of modesty for viewing.
Death-Special Needs	☐ Family members may wish to stay.
Dying Process	 Family and patient may avoid discussing dying.
Illness beliefs	 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.
les re eis re	Patient assumes passive role.
Invasive Procedures	☐ Generally accepted.
Organ Donation	May prefer body to be kept intact.
Pain	☐ May be stoic.
Terminal Illness Discussion	□ DNR is difficult choice, decided by entire family.
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.
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important.
Prenatal Care	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy.
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo.
Prenatal Care Sick Baby	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother.
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother. Have father or other family members present for discussion with
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother.
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother. Have father or other family members present for discussion with mother.
Sick Baby	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother. Have father or other family members present for discussion with mother. Religious and Spiritual Practices
	 New mother expected to rest and recuperate for several weeks. Personal hygiene important. Expected from early in pregnancy. Encouraged to rest and not overdo. Best to consult with father before telling mother. Have father or other family members present for discussion with mother.

Korean-American Culture

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

	Cultural and Family Structure
Demographics	☐ Intergenerational family units.
	 Demographics 0.5% of the US population (as of 2007).
Symbols	 Double Hee- Happiness for husband and wife.
	 Symbols Pujok- Good luck, protection.
	☐ Buddhist Swastika- Auspiciousness.
Clothing or	May wear religious symbols.
Amulets	□ Very modest.
Language	□ Korean
	□ English
Communication	Ability to speak English does not necessarily equate with capability
	of reading and writing English.
Decision-	☐ Family-focused, although husband, father or eldest son may have
making	final say.
Family structure	 Family very important, both nuclear and extended.
Food	May use chopsticks and/or big soup spoons.
practices/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
Consents	☐ Time to think or review may be requested; do not rush or make
	patient feel pressured if possible.
Death-Body	 Family will want to spend time with body.
Care	
Death-Special	 Mourning and crying by family.
Needs	 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	☐ Use clear, slow explanations.
Procedures	
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	☐ May be preferred for family spokesperson to be informed first, then
Discussion	family discussion will inform patient.
Visitors	□ Frequent
	Family member may wish to stay with patient.
	Pregnancy, Birth, Postpartum
Breastfeeding	 Education needed to supplement family teaching.
C-Section	\Box If indicated.
Genetic Defects	 Parents may feel responsible, having done something wrong.
Labor	☐ Give lukewarm water; no ice.
	☐ Father involved.
	☐ Mother active and involved.
Postpartum	☐ Rest is most important.
Prenatal Care	☐ Diet important (hot condition; avoidance of cold foods).
Sick Baby	☐ Tell father first.
-	Important to reassure mother and family that no one is to blame.
	Religious and Spiritual Practices
Religion	☐ Christianity, Buddhism, Confucianism.
Spiritual Healing	☐ May be utilized.

Vietnamese-American Culture

*Buddhist (majority), Roman Catholic

	Cultural and Family Structure
Demographics	0.55% of the total US population (as of 2007).
Symbols	☐ The Vietnamese Flag.
	☐ Image of Ho Chi Minh.
Clothing or	 If Catholic, rosary beads or figure of saint.
Amulets	 Clothing or If Buddhist, incense may be lit.
Language	 Major languages are Vietnamese, French, and Chinese.
Communication	
Decision-	 Traditionally father or eldest son holds ultimate authority.
making	 Women may withdraw from conflict to maintain family harmony.
Family structure	 Very family oriented both nuclear and extended.
Food	□ Chopsticks.
practices/beliefs	May prefer warm, soft food when ill; nothing cold by mouth.
Greetings	 In formal setting family name mentioned first; in casual conversation
	may prefer title and first name.
	 Do not shake woman's hand unless she offers hers first.
Nonverbal	 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.
Spokesperson	☐ Eldest male in the family.
Time orientation	 Emphasize importance of appointments, medication schedules.
Time onentation	Emphasiza imperiance of appointments, medication concedice.
Timo onomation	
	Health, Illness and Death
Consents	Health, Illness and Death Explain procedures as precisely and simply as possible.
Consents	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval.
Consents Death-Body	Health, Illness and Death Explain procedures as precisely and simply as possible.
Consents Death-Body Care	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected.
Consents Death-Body Care Death-Special	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual.
Consents Death-Body Care	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body.
Consents Death-Body Care Death-Special Needs	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably.
Consents Death-Body Care Death-Special Needs Dying Process	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room.
Consents Death-Body Care Death-Special Needs	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably.
Consents Death-Body Care Death-Special Needs Dying Process	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical. May wish second opinion.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures Organ Donation	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical. May wish second opinion. May not allow due to respect for body and want that intact.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures Organ Donation	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical. May wish second opinion. May not allow due to respect for body and want that intact. May be stoic.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures Organ Donation Pain	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical. May wish second opinion. May not allow due to respect for body and want that intact. May be stoic. Talk about intensity rather than numeric scale.
Consents Death-Body Care Death-Special Needs Dying Process Illness beliefs Invasive Procedures Organ Donation Pain Terminal Illness	Health, Illness and Death Explain procedures as precisely and simply as possible. Head nodding does not mean understanding or approval. Body highly respected. May wish spiritual/religious ritual. Important to allow family extra time with body. May cry loudly and uncontrollably. Inform head of family in private room. Various, including hot/cold balance, supernatural, and Western biomedical. May wish second opinion. May not allow due to respect for body and want that intact. May be stoic. Talk about intensity rather than numeric scale. Do not tell patient without consulting head of family.

	Pregnancy, Birth, Postpartum
Breastfeeding	 During lactation, mother may adhere to restricted diet which avoids cold and windy foods.
C-Section	□ Vaginal delivery highly preferred.
Genetic Defects	 Unconditional acceptance of loved ones, but believe genetic defect in family is God's punishment for wrong behavior.
Labor	☐ Woman is expected to suffer in silence.
	□ Personal hygiene important.
	 Father is present but may assume passive role.
	 Female family member may serve as labor coach.
Postpartum	☐ Seen as critical time.
	New mother expected to be with baby at all times.
	□ Not allowed full shower for 2-4 weeks; sponge bath acceptable.
Prenatal Care	 Mothers must be kept warm and have special hygiene measures, such as only using salt water to clean teeth.
Sick Baby	 Consult father or other family support person who will decide who will tell mother; best to have doctor present.
	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	 Most wear an amulet around neck, especially children.
Amulets	 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	☐ Might 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 <i>baXt hai</i>
	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 (<i>Devla</i>) over and
	over. Women may beat breasts and tear out hair.
Decision-	☐ Individuals make own decisions, but prefer to consult entire family
making	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.
l anny or dotard	☐ 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	Food must be prepared in a way that is clean - wrapped in plastic, on
practices/beliefs	paper plates or anything disposable, including plastic utensils. Diet is
1- 3.2	heavy, greasy, and high in salt and cholesterol. May fast on Fridays.
Greetings	7.0 7.

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.
Death-Body	 Body after death may be source of spiritual danger for relatives until
Care	it is embalmed.
Death-Special	 May ask for religious object in room or favorite foods and personal
Needs	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 want to be present and to hear them.
Dying Process	☐ First inform eldest in authority and ask for help with relatives.
	May want chaplain present for purification of body.
	Dying person anxious to have all arrangements made.
Illness beliefs	 Lack of spiritual and moral cleanliness results in disease and bad luck; also attracts certain spirits or devil.
	☐ Sick person expects family to attend to needs and care from them.
	☐ Illness is a crisis for the whole family.
	Recognize western medicine as powerful and will be accepted
	although will also use traditional medicine.
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	Eather usually present due to modesty at hirth presess.
Labui	☐ Father usually present due to modesty at birth process.
_	 Assistance 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 are usually older female relatives who may bring in certain plants and medicines for patient.

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	 Some elderly women may prefer to wear warm clothing on top of
Amulets	hospital or gowns to avoid cold.
	 May wear religious necklaces.
Language	 May speak very little English.
	 Russian is a major language with few differences in dialect.
Communication	May use loud voice, even in pleasant conversations.
Decision-	 Father, mother, eldest son or eldest daughter.
making	
Family structure	 Extended family with strong family bonds.
	☐ Great respect for elders.
Food	When ill, prefer soft, warm or hot foods.
practices/beliefs	May 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.
Ινοινοισαί	 □ 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
Consents	 Explain procedures, tests, etc with patient and family together and
	allow time for family discussion.
	 Generally will not consent to research participation.
Death-Body	 Family members may want to wash body and/or put special clothing
Care	on care deceased.
Death-Special	 May have religious/spiritual ritual requests and needs.
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.
Invesive	May believe illness is will of God, testing of faith or punishment. May be for full of blood transfer in a surface like a surface like.
Invasive	 May be fearful of blood transfusions, unfamiliar routines or unfamiliar
Procedures	procedures equipment.
Organ Davastia	May be fearful of IV tubing developing air in the line.
Organ Donation	May wish body to remain intact.

Pain	\square May be stoic and not ask for medication.
	☐ Comfortable with numeric pain scale.
Terminal Illness	☐ Inform head of family first.
Discussion	
Visitors	 Family members and friends expected to visit to provide support.
	Pregnancy, Birth, Postpartum
Breastfeeding	 Very important, supported and encouraged within culture.
	Important for breastfeeding mother to be at peace.
	□ Believe breasts must be kept warm.
C-Section	 Vaginal delivery highly preferred.
Genetic Defects	□ Same as illness beliefs.
Labor	□ 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.
	May wish lighting dim due to believe that it will harm baby's eyes.
Postpartum	☐ Traditional practice is 15 days of bed rest with household help for up
	to 40 days.
	May wish to stay at home for up to 40 days following birth.
	May wear pelvic binder to regain figure.
Prenatal Care	 May not be utilized unless there is a problem.
	 Believe pregnant women should be protected from bad news.
	☐ 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 Journal of Hospice and Palliative Nursing

Hindu End of Life: Death, Dying, Suffering, and Karma

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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.[1] Christians believe that death is the beginning of everlasting life with God.[2] Hindus believe that while death is the end of this life, it is also the beginning of a new cycle.[3]

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.

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.[17] 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.)

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"[19] 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.)

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.[24] 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.[19] 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.[19] 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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