Dignity After Death

Meeting the spiritual needs of service users in a multi-cultural society

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Croydon Council

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The Care Support Team have become aware of a need to add a session on Death with Dignity in different cultures to the range of sessions offered to staff in provider services to support staff who may find themselves facing unfamiliar circumstances and without relatives at hand to consult with.
Dignity before and after death

Dignity before, and after death

A sensitive but important element of providing dignified care

Alison Strang – Senior Social Worker, Croydon CST
Grace Malomo - Specialist Nurse, Croydon CST
How many religions, faiths, or spiritual beliefs are there?

Too many to count!

The definition of religion most often used is: ‘any specific system of belief about deity, often involving rituals, a code of ethics, and a philosophy of life’

Including:
- Christianity
- Islam
- Hinduism
- Chinese traditional religion
- Buddhism
- Judaism
- African traditional
- Sikhism
- Judaism
- Zoroastrianism
- Shinto
Dignity is at the heart of End of Life Care

There is a need for all of us who work in social and health care to be aware of the future needs of our ageing population.

This will include being open to new ways of working, up-skilling our staff, sharing effective practice and lessons learned.
Dignity After Death

A recent report commissioned by the Marie Curie organisation & Public Health England highlights ........

“the end of life care needs of Black and Ethnic Minority communities are varied, growing, and despite examples of good practice, overall are not adequately understood or met”.

Source: Palliative and End of Life Care for Black, Asian and Minority Ethnic Communities in the UK June 2013

Alison Strang – Senior Social Worker, Croydon CST
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Dignity before and after death

This session wishes to acknowledge that there will be Dignity Champions in the audience who have significant knowledge of the rituals and religious rites required after death within specific cultures and religions.

If you feel you have something to add please speak to Grace or Alison

Alison Strang – Senior Social Worker, Croydon CST
Grace Malomo - Specialist Nurse, Croydon CST
FUTURE TRENDS:
STATISTICAL ANALYSIS
Projections of demographic change

**UK**

- The UK’s ethnic minority population will increase from 13% to 27% by 2031
- It will increase again by 2056 to 43%
- The number of people from BME backgrounds aged 65 and over is set to rise to 1.3 million in 2026

Source: Office of National Statistics

**Croydon**

- Population 363,400
  - 176,200 male (48%)
  - 187,200 Female (52%)
- Breakdown:
  - Black: 20.2%
  - Asian: 16.4%
  - Mixed: 6.6%
  - White: 55.1%
  - Other: 1.8%

Source: 2012 ONS Census Release Dec 2012
5 key principles that underpin dignity in complex situations such as end of life care

- Value the uniqueness of the individual
- Be prepared to speak up to ensure that support services are shaped around the individual
- Communicate in ways that are helpful to the individual
- Recognise that the environment has an impact on the individual and any care you are giving
- Be prepared to challenge if care practices challenge the person’s dignity
End of Life Care for Provider Services

St Christopher’s
• work with nursing care providers on the GSF
• and with registered care homes on the 6 steps
• The DOH launched its 10 year End of Life Care Strategy/July 2008

Most provider services have a policy and procedure to support service users and their staff at the end of life.
The CST seek to raise awareness and offer an opportunity for managers and staff to develop guidance and strengthen practice.

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Best Practice

Each religion and culture has its own wide spectrum of observance and belief.

Best practice would be to always ask the person and their family about their views.
Introduction

- Islam
- Hinduism
- Sikhism
- Judaism
- Buddhism
- Baha’I faith
- Christian

Important considerations for professionals working in health and social care

This is a work in progress generated after an incident which occurred because of lack of knowledge and understanding.

There are many
Many others.

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ISLAM
Islam – Sunni and Shi’a both agree on the fundamentals of Islam and share the same Holy book (the Qur’ān) but there are differences mostly derived from historical experiences, political, social and ethnic composition.

Arabic name for the Mohammedan religion. The term means ‘surrender to God’s will”.

4 chief religious duties:
- prayer 5 times a day & associated purification
- rituals
- alms giving
- fasting
- pilgrimage to Mecca

- Muslim women may prefer to be treated by a female doctor
- If a bedpan has to be used a bowl of water should be provided. Many Muslims are accustomed to having water in the same room as the toilet.
Islam – Death With Dignity

• If family members are not on hand any practicing Muslim can give help and religious comfort – approach the local mosque?

• In Islam the body is considered to belong to God and it is unlikely that a strict Muslim will agree to organ transplant

• The dying Muslim may wish to sit or lie with his/her face towards Mecca therefore (consider moving the bed to make this possible)

• Another Muslim usually a relative may whisper the call to prayer into the dying person’s ear. Family members may recite prayers round the bed

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HINDU
Hinduism

- Hinduism is inextricably bound up with culture and social structure. It encompasses a great tolerance of beliefs and practices although the different Hindu communities have different ways of expressing their faith.

- Hindu’s believe there is one God understood and worshipped in many different forms.

Every practicing Hindu prays, Revers the old and offers generous hospitality to visitors.

Many are vegetarians. They follow the laws of diet, prayer and ritual purification.

Hindu’s believe in reincarnation.
Hinduism – Death with Dignity

• Death is a critical moment in the life of a Hindu, not only because it marks the end of life, but also because it marks the transition to the next life.

• Proper preparation of the body of the deceased is important to ensure that the person is not ‘stuck’ between this life and the next.

Hindu women are likely to wish to be treated by a female doctor.

Most Hindu’s are accustomed to have water in the same room as the toilet.
Hinduism – Death With Dignity

Devout Hindus may receive comfort from hymns and readings from the Holy book Bhagavad Gita.

Some may wish to lie on the floor symbolising closeness to Mother Earth.

The Hindu priest is often called to perform holy rites.

The priest may sprinkle Blessed water from the Ganges over the person or place a sacred tulsi leaf in his/her mouth.

Hindu patients prefer to die at home (has religious significance) death in a hospital can cause added distress. If family are not available staff should wear disposable gloves to close the eyes, straighten the limbs.
Hinduism – Death With Dignity (contd.)

The priest may tie a thread around the neck or wrist of the dying person to bless him/her. Do not remove jewellery, sacred threads or other religious objects.

All adult Hindu’s are cremated.
JEWS
Judaism – orthodox, reform, liberal

Jew is the name given since the 6th Century BC. to the members of the tribe Judah.

Their religion and culture is inextricably entwined based on the belief of one universal God.

Orthodox Jews observe the Sabbath. In hospital female Jews often cover their limbs and bodies reluctant to expose themselves, although they may not mind a non female doctor.

Jews practice adherence to the 10 Commandments and practice tolerance towards others.

Dietary laws are strict only Kosher food is acceptable.

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Orthodox Jews are guided by the code of laws contained in the 5 books of Moses (Torah).

If at all possible the person who is dying should not be left alone. A dying Jew may wish to hear or recite special psalms and may appreciate staff holding the page if they are too ill.

Orthodox Jews are always buried but those of more liberal persuasion may choose cremation. The synagogue will be able to advise.
Rituals and arrangements – Jews

After death the body should be handled as little as possible by others and burial should take place timely, preferably within 24 hours of death (only delayed for the Sabbath).

If death occurs once the Sabbath has started (after nightfall until the first sighting of the 3 stars on Saturday evening). Delay for other reasons can cause distress

- The body should be covered and left untouched although the person’s eyes should be closed at or soon after death preferably performed by one of the person’s children.

- A Jewish undertaken should be called.
Buddhism
Buddhism arose in the 6th Century BC. Taking its name from the title Buddha ‘The Enlightened’. Buddha is revered not as a God but as an example of a way of life since the consequences of their actions may be experienced in a subsequent life. Buddhists believe in reincarnation. Many Buddhists are vegetarian. A very important consideration for a Buddhist is the state of mind at the time of death as Buddhists believe this will influence the character of rebirth.
Buddhist

As there is no actual worship but the act of Puja (to respect) is the Buddhists way of acknowledging an ideal.

When a Buddhist dies it is important that a Buddhist minister or monk is informed as soon as possible and if at all possible he should be of the same school of Buddhism as the deceased.

There are 3 different schools of Buddhism in UK each with different traditions.

There are few ritualistic requirements in relation to preparing the body of a deceased Buddhist – other than observing usual discreet, sensitive practice.
Baha’I
It is understood that the Baha’l faith began in a Muslim country although it is a distinct religion based on the teachings of its founder, Baha‘U’llah.

This faith recognises the unity of God and his prophets and teaches that the fundamental purpose of religion is to promote concord and harmony.

- There are no specific dietary requirements, no rituals to be performed either prior or immediately after the death of an individual.
- Baha’s are always buried never cremated.
- The place of internment should be at a place within one hour’s journey from the place of death.
SIKHS
Sikhism

Sikhs (disciples) are members of a religious faith which originated in the 16th C in the Punjab.

Sikhs believe in one God, each Sikh makes their own personal relationship, worshiping in his own way.

Some Sikhs choose to take Amrit a kind of confirmation and are then bound to observe special rules such as attendance at the temple, special prayers, diet and wearing of the five K’s.
- Kesh – uncut hair
- Kangha - wooden comb
- Kara – iron wrist ban
- Kirpan – a short sword
- Kach – short trousers
Sikhism (contd.)

Sikh women are likely to have a strong preference to be treated by a female doctor and consideration given to their need for modesty (being covered)
Sikhism

Any request to remove a turban particularly in public will cause embarrassment.

Sikhs are accustomed to having water in the same room as the toilet and if a bedpan is needed to have a bowl of water provided for washing.

Those Sikhs who eat meat will not eat beef.

A dying Sikh may receive comfort from reciting hymns from the Guru Grant Sahab the Sikh holy book. If he/she is too ill then a relative or reader from the Sikh Temple may do this instead.

In Sikh tradition the family is responsible for all ceremonies and rites connected to the person’s death and many will wish to wash and lay out the body themselves.
There are many more religions in Croydon and cultural practices after death

• These are merely guidelines intended to help care and health staff who find themselves in otherwise unfamiliar situations, particularly where no immediate family members are available for advice.

• If you have specific expertise or knowledge about rites and practices which you would be willing to share – please talk with Grace or Alison
More information can be obtained from:

National Council for palliative Care
http://www.ncpc.org.uk/

Skills for Care
http://www.skillsforcare.org.uk

United Kingdom Home Care Association (UKHCA)
http://www.ukhca.co.uk

Department of Health Integrated Care Networks
Macmillan Cancer Support
http://www.macmillan.org.uk/
Further Reading

Sharing successful strategies for implementing ‘supporting people to live and die well: a framework for social care at the end of life. Produced by the National End of Life Care Programme with support from adass July 2013

ANY CONSTRUCTIVE COMMENTS APPRECIATED