Respecting Diverse Religious Traditions at End of Life

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Introduction
- Welcome
- Who's here
- Experience/exposure
- Approach/methodology
- Assumptions

What will happen?
- Perspectives on the major religious traditions’ understandings of the end of human life, including Hinduism, Buddhism, Islam and Sikhism
- Learned about diverse religious practices and traditions that support end of life beliefs
- Exchanged with one another their own experiences and practices in accompanying families and the loved ones of different religious traditions at the end of life

Cautions
- Not exhaustive
- Broad overview, general guidelines
- Every person's experience is unique
- Every person's understanding/embrace of his/her tradition is unique
- Every person's end of life moment is unique
- A glimpse

Primary Sources
- See Handout

The Joint Commission (2010)
Roadmap
- Admission
- Assessment
- Treatment
- End-of-Life Care
- Discharge and Transfer
- Organizational Readiness
- Appendices

Roadmap
- Admissions (11)
  - Ask general question, “Is there anything else the hospital should be aware of to improve your experience?”
  - Identify whether patient has cultural- or religious-based
    - Modesty issues
    - Garments, religiously important items

Roadmap
- Assessment (15)
  - Identify patient cultural, religious, or spiritual beliefs that influence care.
    - Ask patient,
      - “Are there any…?”
      - “Is hospital welcoming to…?” (images conflict?)
      - Respect the patient's needs/preferences (modesty, touch, distance)
    - Complementary/alternative medicine
    - Consult professional chaplain, if available, to complete spiritual assessment
    - Space to accommodate prayer
    - Record/communicate needs that influence care

Roadmap
- Treatment (21)
  - Communicate what learned from admission/assessment
  - Respect modesty
  - Provide space/time prayer
  - Work with family/patient to develop mutually agreed upon solutions to patient requests
  - Note in medical record

Roadmap
- End-of-Life Care (27)
  - Ask...if there any cultural, religious, or spiritual beliefs or practices that may ease end-of-life care
  - Consult a professional chaplain, wherever possible, re: spiritual assessment
  - Garments, items, rituals important
  - Area or space/time for prayer
  - Note cultural, religious, spiritual needs in medical records

Roadmap
- Discharge and Transfer (31)
  - Create a list of follow-up providers that offer the appropriate services and accommodations to meet the patient’s communication, cultural, religious or spiritual, mobility, or other needs
Roadmap

- Organizational Readiness
  - Demonstrate leadership commitment (34)
    - “allocate resources and provide services necessary to meet patient communication, cultural, religious, spiritual, mobility, or other needs.”
  - “Cultural humility” (42)
    - Self-awareness and a respectful attitude towards diverse points of view – Not expect to understand everything, but engage patients/families to gather info

Roadmap

- Appendix E – Resource Guide (84-85)
  - Addressing Religious and Spiritual Beliefs and Practices
    - Association of Professional Chaplains
    - HealthCare Chaplaincy
    - Southern Medical Journal

TJC Requirement

- (PC) 01.02.01
  - EP 4 For patients receiving end of life care, the social, spiritual, and cultural variables that influence a patient’s and family members’ perception of grief
- (PC) 02.02.13
  - EP 1 – Accommodate patient’s and family’s comfort, dignity, psychosocial, emotional, spiritual end-of-life needs

TJC Requirements

- RI 01.01.01 Respects, protects, promotes
  - EP 6 Patient’s cultural and personal values, beliefs, and preferences
  - EP 9 Accommodates patient’s right to religious and other spiritual services

Board Certified Chaplain (BCC)
SCC Common Standards

TPC2: Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of pastoral care.
IDC1: Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others.
PAS3: Provide pastoral care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices.

Cultural humility vs. competence

- Since 80’s –
  - Attentiveness to own self-awareness, attitudes
  - Basic knowledge
  - Communication styles
  - Too general to help?
- 2005 AAMC Cultural Competence Education
  - Know how they perceive illness/symptoms
  - Use info when asking/answering questions
  - Aware of how system might be challenge to them
Culture

“…narrative—individual, familial, and communal—enacted at sites where differentials of power are implicitly or explicitly in play.”
James W. Green

Culture

“…a process of making meanings, making social relations, and making the world that we inhabit, in which all of us are engaged—when we read and teach, or when we diagnose and treat….The meanings that we make set the course for the actions that we take; they matter enormously.” Janelle Taylor

Spirituality

“Spirituality is a way human beings create meaning, something they are prone to do at times of existential reflection or of threatening crisis. They respond with the resources they have on hand, making sense if they can of events that seem arbitrary, hurtful, and meaningless.”
James W. Green

Cultural Competence

Cultural competence is a way of enabling that by establishing harmonious, workable relationships with patients, clients, and parishioners when they need it most. It is working with, not through, differences of race, tradition, language, and power...
James W. Green

Cultural Competence

Cultural competence, rightly conceived, is the capacity to enter into the experience and suffering of others, surely with empathy but also as a critical, analytical exploration of all that everyone brings to the encounter. It is a way of “looking through a glass darkly,” finding there the astonishing diversity of ways humans salvage what they can from the inevitable presence of death. What could be more spiritual than that? James Green

Critical Issues

- Language of death – “verbal poverty”
- Power – authorized to act
- Autonomy – alone or with others?
- Trust – who listen to?
- Truth – how and how much to say?
Who am I to be?

- Conversation starter
- "Vulnerable listener" (Ruth Behar)
- Knower of where person’s culture and hospital’s culture (beliefs/expectations) will intersect (collide)
- Enabler of relationships
- Respecer of patient as “guide” who leads one to understand their perspective on being sick/dying
- Advisor in way people discover their deepest longings and values, and, if for them, a deeper awareness of the presence of God.

Conversation... crossing over

1. Some people want to know everything about their medical condition, others do not. Do you have a preference?
2. Do you usually make your own medical decisions or does someone help you with that? Is there someone you would like to have here to help you now?
3. Would you be more comfortable if I spoke with your (spouse, brother, son, daughter, and so forth) alone?

Conversation... crossing over

4. Is there anything you want me to know about your (family, religious faith, community) that might be helpful for us both?
5. Sometimes people are uncomfortable discussing these things with someone of a different race or background. Do you have any feelings about that which would be helpful for me to know?

Spirituality

The aspect of humanity that refers to the way individuals:

- Seek and express meaning and purpose and
- The way they experience their connectedness to:
  - The moment
  - Self
  - Others
  - Nature
  - The significant or sacred

Religion

- Creed (beliefs, explanations of mystery)
- Code (morals, ethics, behaviors)
- Cult (spiritual practices - ways to touch, honor, embrace the sacred)
- Community (belonging)

Religions Reflected

Early Eastern Religions
- Hinduism – 800 M (1500 BCE)
- Buddhism – 360 M (520 BCE)

CE - Religions
- Islam – 1.57 B (600 CE)
- Sikhism – 23 M (1500 CE)
Hinduism: Background
- 3500 years old, unknown origins
- 3rd largest religion, 800 million
- India, Nepal, Bangladesh
- Remarkable, diverse collection of beliefs

Hinduism: Helpful to Know
- Not a "church" religion, no hierarchy
- Priest – religious practitioner
- Variety of beliefs
- Tolerance for all approaches
- Many sacred writings
  - Vedas, Bhagavad Gita, the Ramayana
- Several holy days

Hinduism: Core Beliefs
- One Supreme Being, Brahma, Narayana
- Goal = freedom from perceived world, all knowledge of Being - Excellence, goodness, truth
- Comes in various forms
  - Vishnu – avatars
    - Ram
    - Krishna
  - Siva
  - Durga
  - Kali

Hinduism: Core Practices
- Duty/responsibility to God, parents, family, society
- Yoga
  - Karma (selfless action)
  - Jnana (inquiry/knowledge)
  - Bhakti (devotion)
- Ritual objects: sandalwood, incense, candle, prayer beads, symbols, flowers
- Temple images
- Rites from ancient scriptures to purify and sanctify the person - Hygiene, daily bathing
- Puja – home worship
- Darshan – viewing a deity (image), revered person
- Prasad – mental generosity, offering, reciprocity

Hinduism: Dietary Practices
- Mostly vegetarian
- At least avoid beef and pork
- Milk products, grains, nuts for protein
- Some accept eggs now
- Elders like food from home
- Eat with right hand
- Perhaps fast on certain holy days
Hinduism: Life and Suffering
- Soul eternal, life sacred, death unavoidable
- Body temporary home for soul’s journey
- Goal – free soul from karmic cycle/imperfect world to reach/reunite with Narayana.
- Karma – thoughts, speech, actions bring inescapable consequences – that stay with the soul after death, and affect future rebirths – good Karma = higher state
- Suffering/diseases caused by past “karmas” - purifies “soul”
- Future lives affected by how face suffering
- Mitigated by prayer, chant God’s name

Hinduism: End of Life - Death
- Practical – death of body inevitable, life prolonged only if meaningful
- Peaceful surroundings (pictures, beads)
- Bhagavad Gita nearby/recited
- Chanting God’s name by family/friends
- Die at home/close to earth
- Time for prayer/meditation, pictures, beads
- Priest pour water into mouth
- Family may want to do ritual washing bodily/spiritual cleansing with body on floor, burn incense.
- Body not left along until cremation

Hinduism: Communicate/Facilitate
- Respect religious objects, remove only with permission
- Opposite gender – no touch, eye-to-eye
- Support privacy
- Involve family in care plan, determine personal care
- Father/husband spokesperson
- Respect of elders

Buddhism: Background
- Sixth century BCE alternative to Hinduism Brahmanism
  - Hindu Roots - samsara, karma
  - Hindu Rejection –
    - Authority of the ancient Vedic texts
    - The Vedic caste system
    - The Vedic and Hindu deities
    - The efficacy of Vedic worship and ritual
    - The concept of Brahman
- Siddhartha Gautama - born about 563 BCE (483d)
  - Son of wealthy landowner, a kshatriya chief, who tried to protect him from world

Buddhism: Good to Know
- Diverse traditions
  - Theravada—“Way of the Elders”
    - Southeast Asia (Sri Lanka, Myanmar, Thailand, Kampuchea, and Laos)
  - Mahayana—“Greater Vehicle”
    - Nepal, Tibet, China, Korea, Mongolia, and Japan
  - Zen Buddhism - Japan

Map showing the approximate distribution of Theravada and Mahayana Buddhism in the world today.
Buddhism: Core Beliefs
- No eternal soul to be reborn, but one changing state of being sets another into motion; every event depends on a cause
  - karma—acts of will
- Four noble truths
  - Suffering exists (Dukkha)
  - Cause of suffering – desire
  - A way out – eliminate desire
  - Eight-fold path
- Three Jewels
  - Dharma (teaching)
  - Buddha (teacher)
  - Sangha (community)

Buddhism: Core Practices
- 8-fold Path
  - Right understanding
  - Right thought or motives
  - Right speech
  - Right action
  - Right livelihood
  - Right effort
  - Right mindfulness
  - Right meditation
- Good deeds, compassion (impact on rebirth)
- Some MM Meditation, chanting

Buddhism: Dietary Preferences
- Varies
  - Many vegetarian
  - Some non-killing/harming = no eggs
  - Others: no strong spices (onion/garlic)
- Goal: nothing to cloud the mind

Buddhism: Life and Suffering
- Good and bad actions create our personality and the process continues after death in a new plane that reflects our past karma
- Goal= break free from samsara – reach spiritual enlightenment - Nirvana (non-theistic)
- Salvation from suffering lies in our own efforts
  - In understanding how we create suffering for ourselves we can become free
- No healing with God’s help/faith, but spiritual peace, free of anxiety, awareness of desires that cause suffering, awake to Buddha’s wisdom can influence healing/recovery

Buddhism: End of Life - Death
- Time to meditate to bring enlightenment
- Pain management/palliative care acceptable – relieve suffering
- However, may not want medication due to clouding the mind
- May desire a Buddhist monk/sister
- Seeks to be calm/accepting of death

Buddhism: Communicate/Facilitate
- Assist in creating peaceful environment
- Sometimes incense is desired
- Usually no preference of gender for care
- Family may wish to wash the body
- Life decisions usually wishes of patient, sometimes with religious teacher
- Consult patient/family re: advanced directives
Islam: Background
- Nearly 25% of world – 1.57 billion
- 57 countries – Muslim majority
- 18-20% Muslims – Arabs
- Sunni (80%), elect Caliph leaders
- Shi’a or Shi’ite (20%), 12 hereditary Imams
- In USA – 7-8 million and most racially diverse religion (Gallup), fastest growing

Islam: Helpful to Know
- Islam means submission/obedience to God’s Will
- No clergy
  - Imam (lead prayer in Arabic, basic understanding)
  - Sheik (serves religious needs, solid understanding)
  - Scholar (interprets text, makes rulings)
- Hadith – “report” Prophet’s actions and words
  - Second basis for Shari’ah – Islamic law

Islam: 6 core beliefs
- Allah – oneness of God
- Allah’s Angels
- Allah’s Messengers – Muhammad Last One
- Allah’s Books – Qur’an
- Day of Judgment (good deeds, life after death/resurrection of body)
- Pre-destination

Islam: 5 core practices
- Bear Witness to Allah (Shahadah)
- The Prayer (Salat) 5x’s daily
- The Charity (Zakat)
- The Fasting (Sawm)
- The Pilgrimage (Hajj)

Islam: Dietary Preferences
- Halal (similar to Kosher) and Tayeb – lawful and good/healthy
- Not Halal
  - Alcohol
  - Pork, anything containing pork by products (lard)
- Allow to food from home
- Ramadan fasting
- Exception: when person is ill/hospitalized
Islam: Life and Suffering

- **Life**
  - Purpose: worship God at all times
  - Test – many dimensions, including illness, suffering, loss
  - Invest in good/righteous deeds, even when tested
  - Sacred: to be saved
- **Illness and Suffering**
  - Sign of love from God, seek God’s help with patience/prayer, seek cure, inner striving

Islam: Death

- All healing in hand of Allah
- God’s plan
- Confess/ask forgiveness in presence of family
- Healing power of recitation of Qur’an

Islam: End of Life - Death

- When all medical procedures seem to no avail, and death appear imminent, don’t delay inevitable
  - Allow to die without extraordinary means
- Family support, facing Mecca, reading Qur’an, might ask for religious leader
- Family may wish to wash body

Islam: Communicate/Facilitate

- Visit sick is religious practice, open/understanding
- Respect, modesty, privacy
- Men and women who are not family should not be alone with person but together with family
- Provide same sex care when possible
- No physical contact (including handshakes), unless requested first
- Women: covered body -except face & hands
- Touching body after death with gloves

Sikhism: Background

- Fifth largest of all world religions
- Origin in Punjab, Pakistani (half Muslim/half Hindu), with Guru Nanak, a great teacher, at 30, immersed in a river and did not emerge for three days, then appeared in town, radiant - in the presence of God
- Traveling through India, Arabia, Afghanistan, and Himalayas to “follow God’s path” - not the Muslim or Hindu path
- Guru Nanak was succeeded by nine other enlightened gurus, ending with Guru Gobind Singh (1666–1708)
- Emphasizes universality of spirituality and its relevance to everyday life
Sikhism: Helpful to Know
- 1469-1708, 10 Sikh (Punjabi - disciple) gurus
- Sikhs—disciples, students, seekers of truth
- Holy, “living” Writing – Guru Granth Sahib Very community-oriented
- By doing good deeds, find way to salvation
- Life = earn a living (work)
- Disciple = meditate on God’s name, worship
- Service = share blessings with needy

Sikhism: Core Beliefs
- God – formless, eternal, unseen, Supreme Guru, guide, teach – creator
- Reincarnation - salvation – free from cycle of rebirth
- God’s sovereignty – free will
- 3 core teachings for direct path to God:
  - Work hard in society to earn one’s own honest living (no asceticism and begging)
  - Share from one’s earnings with those who are needy
  - Remember God at all times, as the only Doer, Giver
- Practice a new social order based on equality, justice, and service to all in devotion to the One God
- Practical faith versus adhering to external formalities

Sikhism: Core Practices
- Private worship 2x’s daily
- 5 symbols – sacred, not to be removed
  - Un-cut hair (Kesh) God’s gift - spirituality
  - Wooden comb (Kangha) cleanliness
  - Steel bracelet (Kara) self-restraint, bound to God
  - Under garment (Kachhehra) purity/moral character
  - Small sword (Kirpaan) courage/commitment to justice/truth
- Head dress (turban and scarf)
- Six primary holy days
  - Prayer and common meal in community

Sikhism: Dietary Preferences
- Fasting not practiced for religious reasons
- Vegetarian or non-vegetarian individual practice
- Not eat ritual meat
- Zabiha/Halal meat (Islam way) not permitted

Sikhism: Life and Suffering
- Life’s purpose: free from cycle of birth/death
- Dutiful life to family, community
- Birth – gift of God
- Death – reunion with God
- Born to eventually die
- Suffering result of karma
- Soul is eternal, part of God, longs to return
- Body transitory/perishable

Sikhism: End of Life - Death
- Maintain life – support for extended period in vegetative state not desired
- Tend not to be frightened of death due to reincarnation
- Family pray at bedside, some prefer private prayer
- Family want to prepare body themselves
  - bathe, dress in plain sheet (shroud), 5 K’s include
Sikhism: Communicate/Facilitate

- Privacy/respect
- Not interrupt prayer
- Make sure pain-free
- Relatives nearby
- Access to a Sikh Granthi to recite Gurbani (scripture), and Sikh prayer
- Recite sacred hymns
- Non-Sikh may touch body

Closing Observations

- Appreciation
- Ongoing learning sensitivity
- Being aware of/grow in own spirituality and come to terms with “religion”
- Many paths: one clearing

Acknowledgements

Images taken from