

# **Spiritual, Cultural and Religious Health Care**

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## The current UK situation

- the British Muslim community has worst reported health, followed by the Sikh population. For both groups, as well as for Hindus, females were more likely to report ill health whereas for Christians and Jews there was only minimal gender difference. It should be borne in mind that this is not necessarily cause and effect, but more likely confounded with other variables such as housing, economic and social status. (<http://www.statistics.gov.uk>) 2008.

# Healthcare issues

## **Religious views can impact:**

- reproductive medicine,
- abortion,
- Contraception
- neonatal care
- old age (resources, artificial nutrition and hydration)
- terminally ill
- News giving/place of family
- brain death, organ donations and care for the corpse

(Equality Impact Assessments for Healthcare, DH, 2008)

## Diet, drugs

- Religious belief can also impact on the types of treatment and drugs used, for instance the prohibition of eating pork in Judaism and Islam means that porcine or alcohol based drugs would be forbidden in these communities. Similarly, the use of bovine based drugs or cattle derived cartilage transplants would have religious implications for Hindu communities and for some vegans and vegetarians.

# Spiritual, Cultural, Religious Health Care

## **Clinical considerations:**

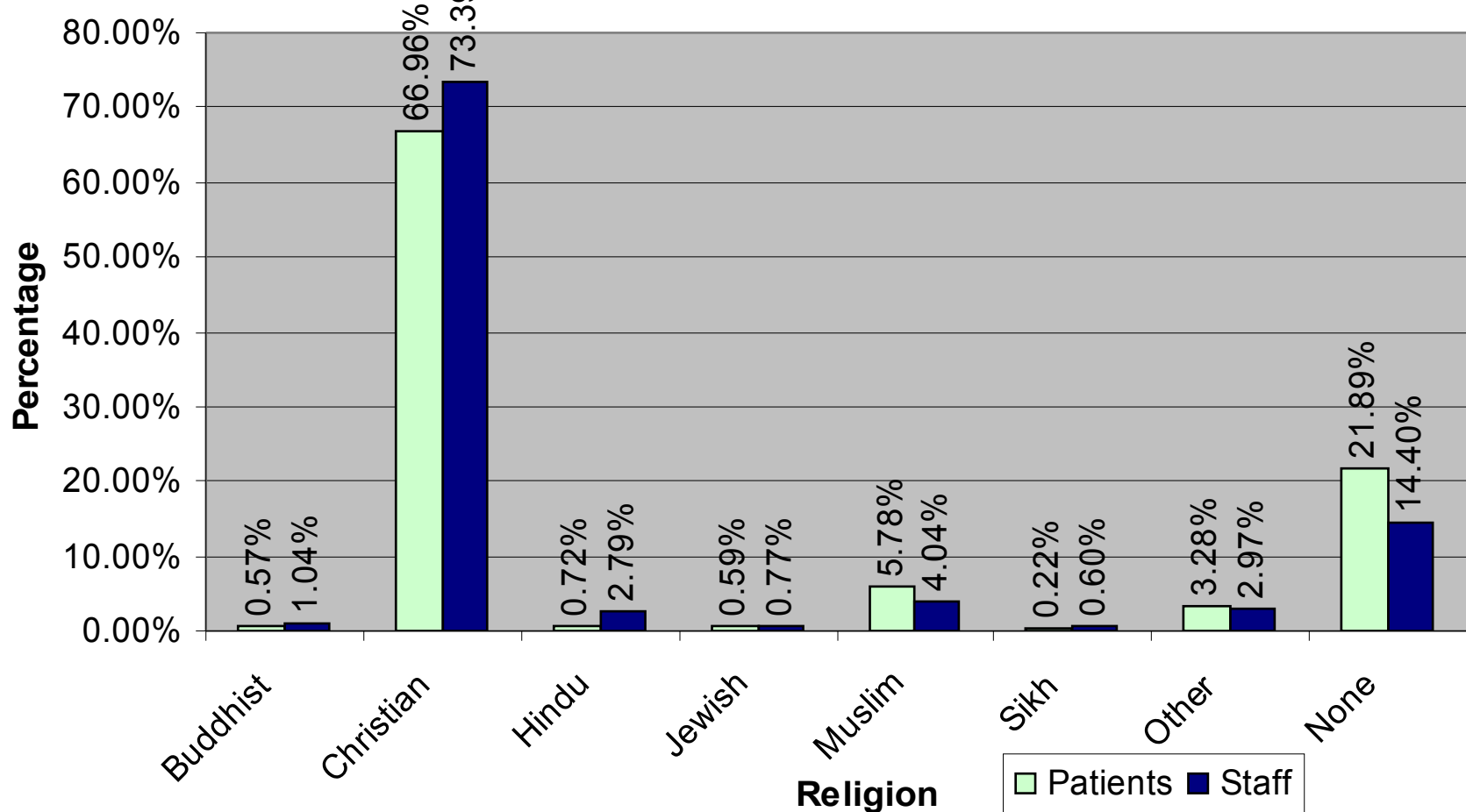
- Diet
  - Dignity
  - Assessment
  - Special items
  - Amputation
  - Medication
  - Family
  - Time/day
  - Funerals
- \* Religious time of death
  - \* Newsgiving
  - \* Organ donation/PM
  - \* Religious rituals
  - \* Spiritual distress
  - \* Washing
  - \* Pictures/representative art
  - \* Who should be present pre & post death?

# Contractual arrangements

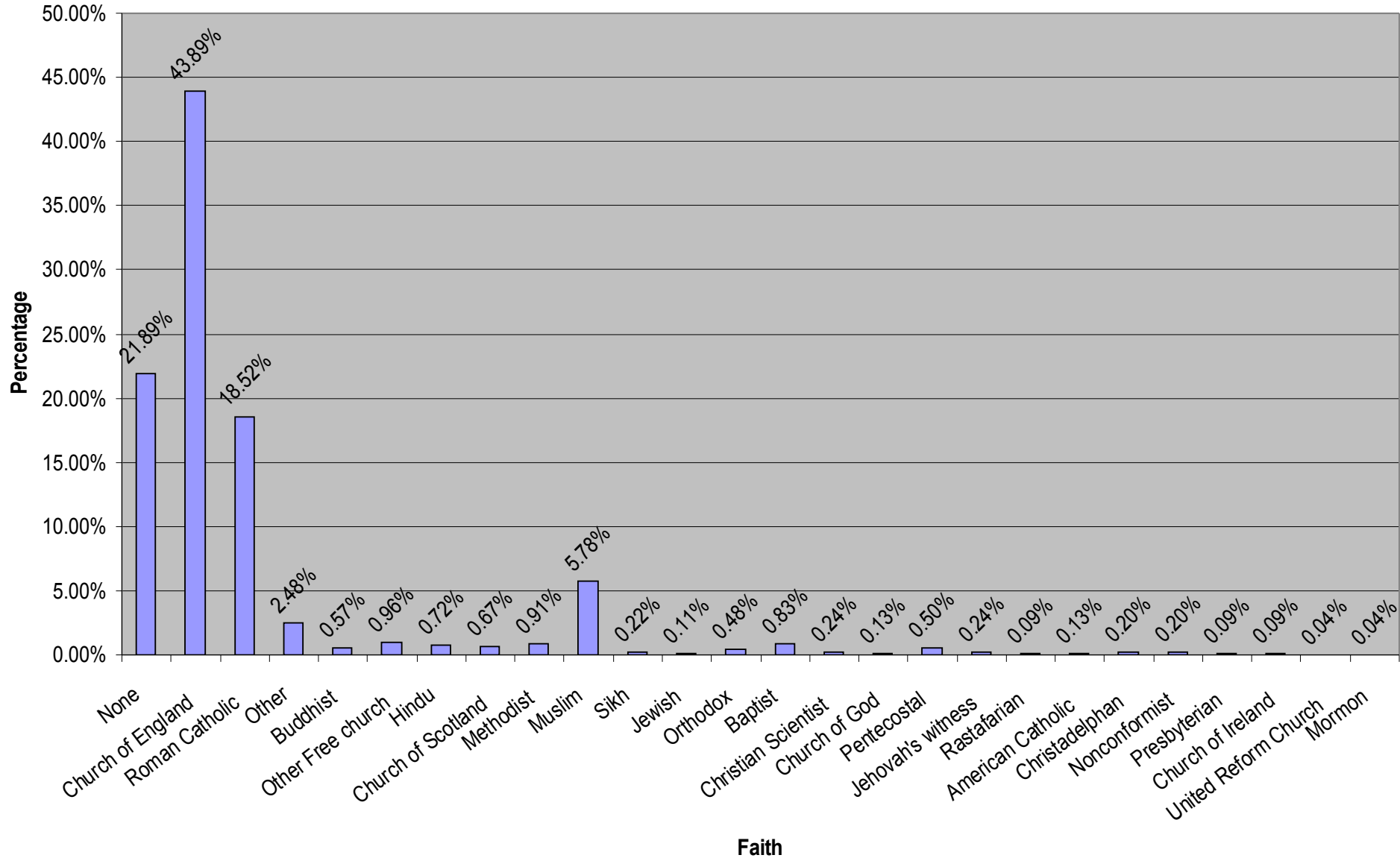
- Consideration should also be given to making clear contractual arrangements with suppliers of food for hospitals, nursing homes etc. to make sure that food for people from different religions or beliefs meets all the religious requirements and is clearly labelled. Catering suppliers should be educated and informed of the requirements, for example for Halal, Kosher or vegetarian or vegan food. It makes sound business and ethical sense to source dietary requirements from suppliers within the religious or cultural groups under consideration
- (Equality Impact Assessments, DH 2008)

# Religious affiliations of GSTFT patients and staff (March 2008 )

Religious affiliation for both Patients and Staff (excluding not recorded/disclosed which for patients is 57.69% and staff 50.45%)



## Recorded Religion for Inpatients (excluding "Not Recorded" which equals 57.69%)

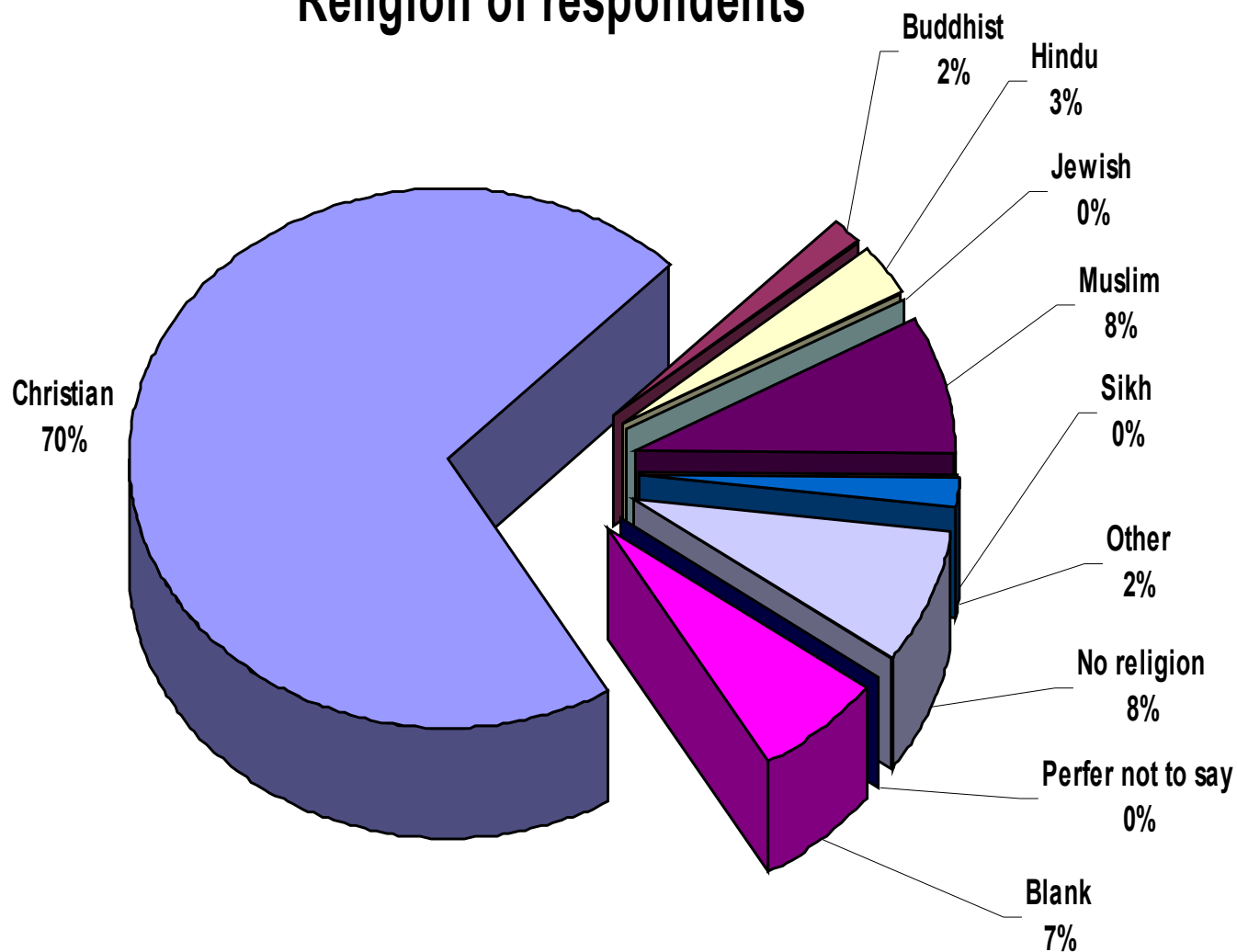




# Results of the Patient Survey 2008

## GSTFT Wallis

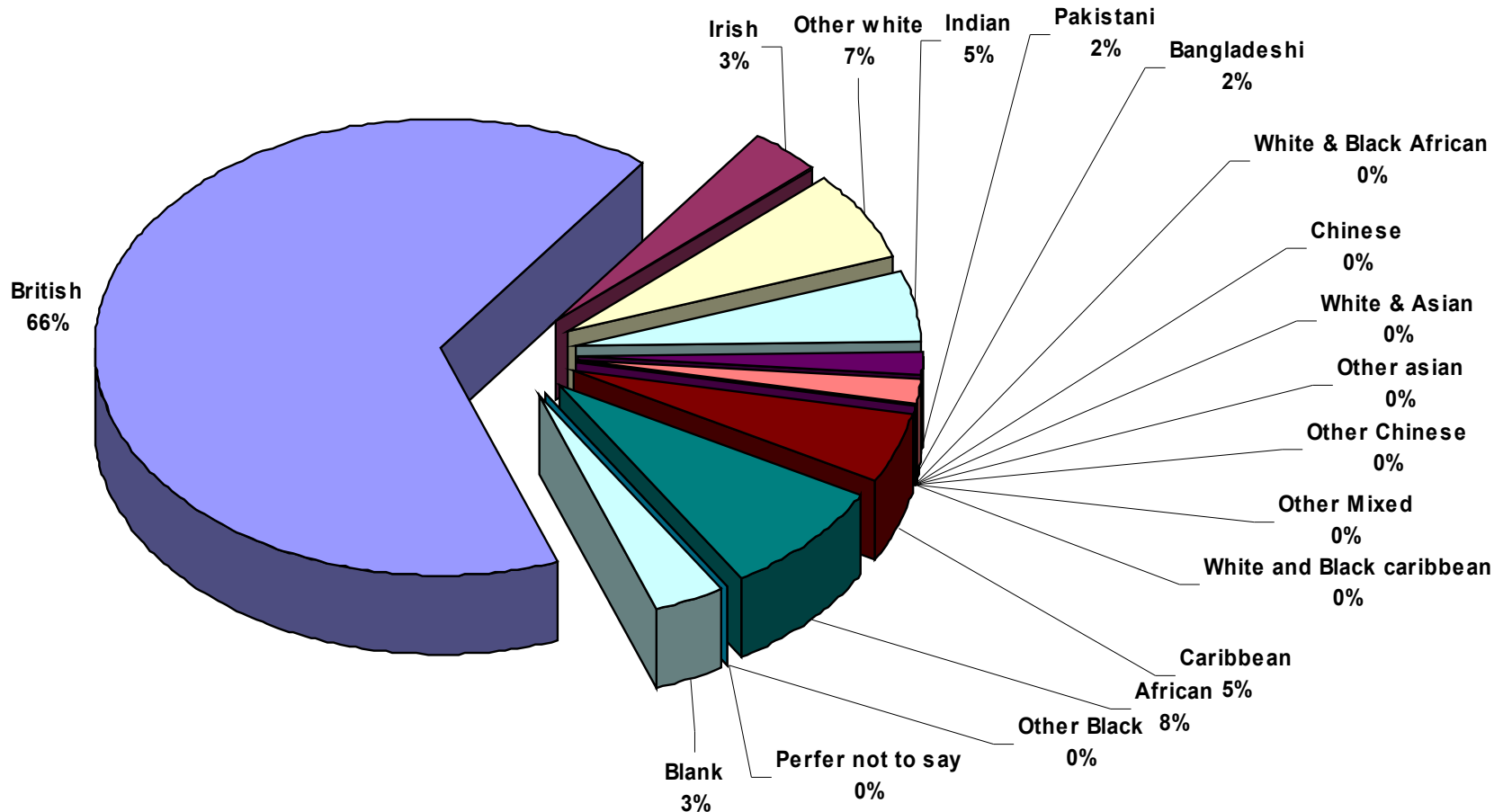
### Religion of respondents



# Results of the Patient Survey 2008

## GSTFT Wallis

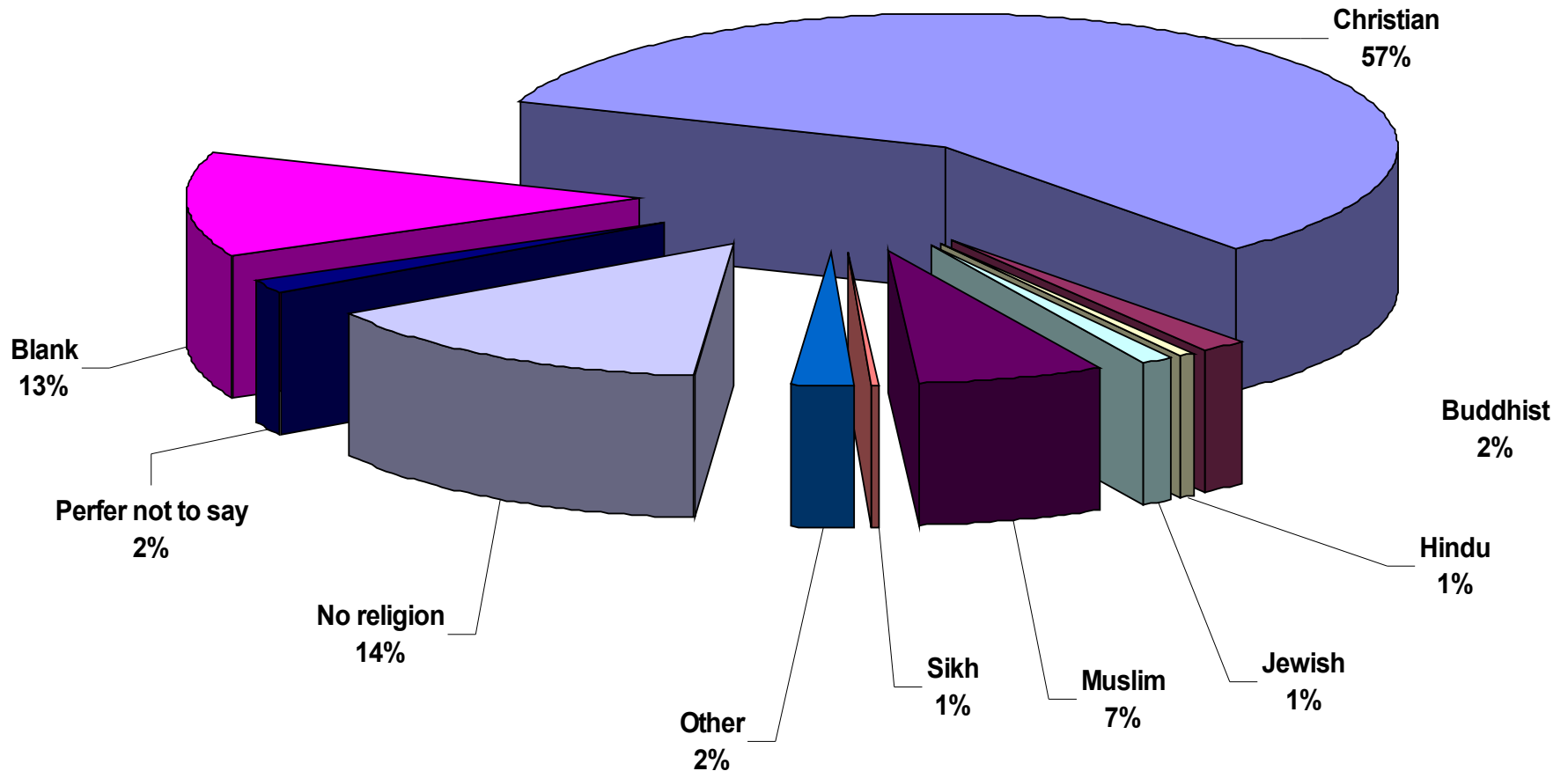
### Ethnic Background



# Results of the staff Survey 2008

## GSTFT Wallis

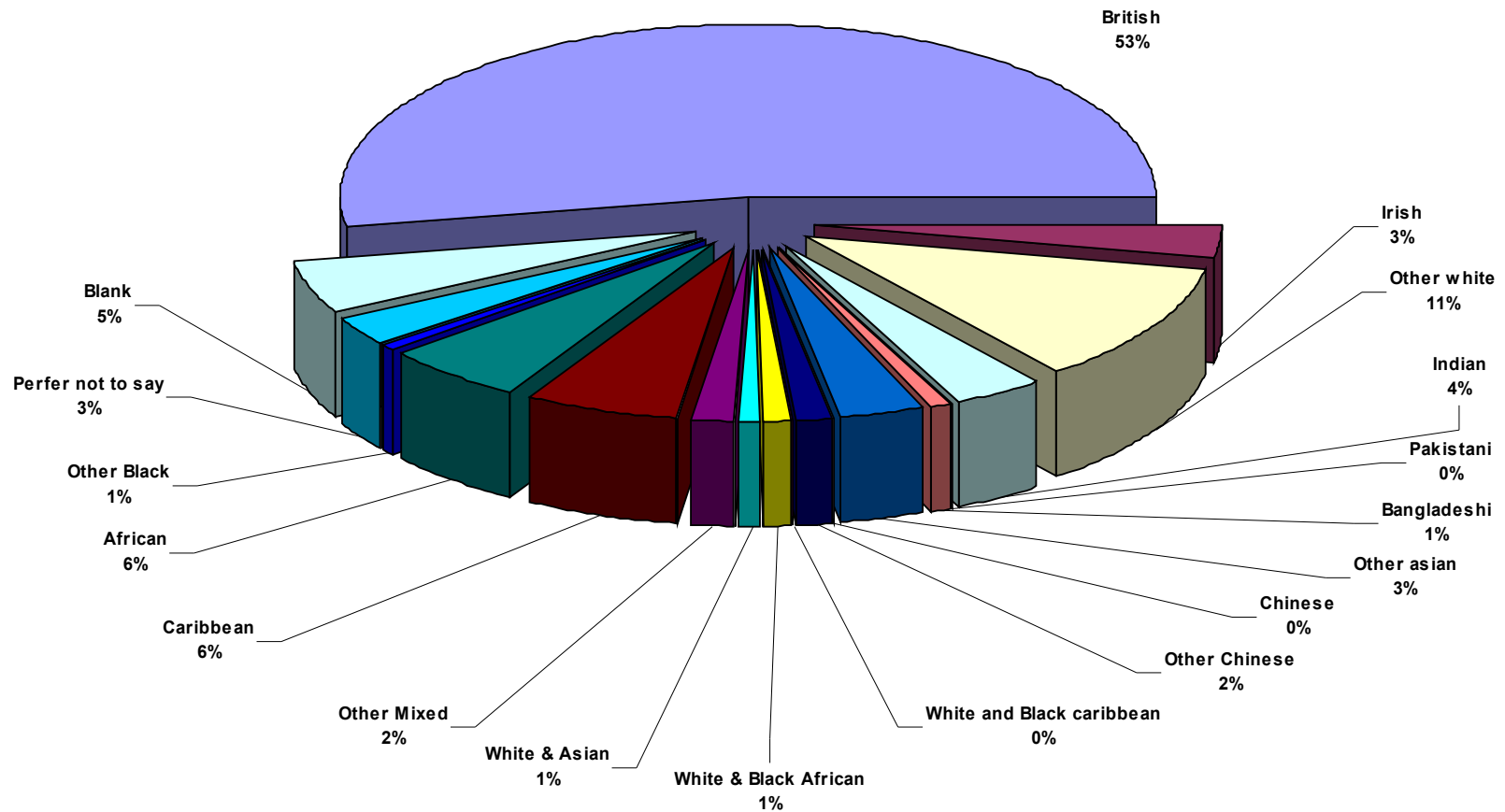
### Religion of respondents



# Results of the staff Survey 2008

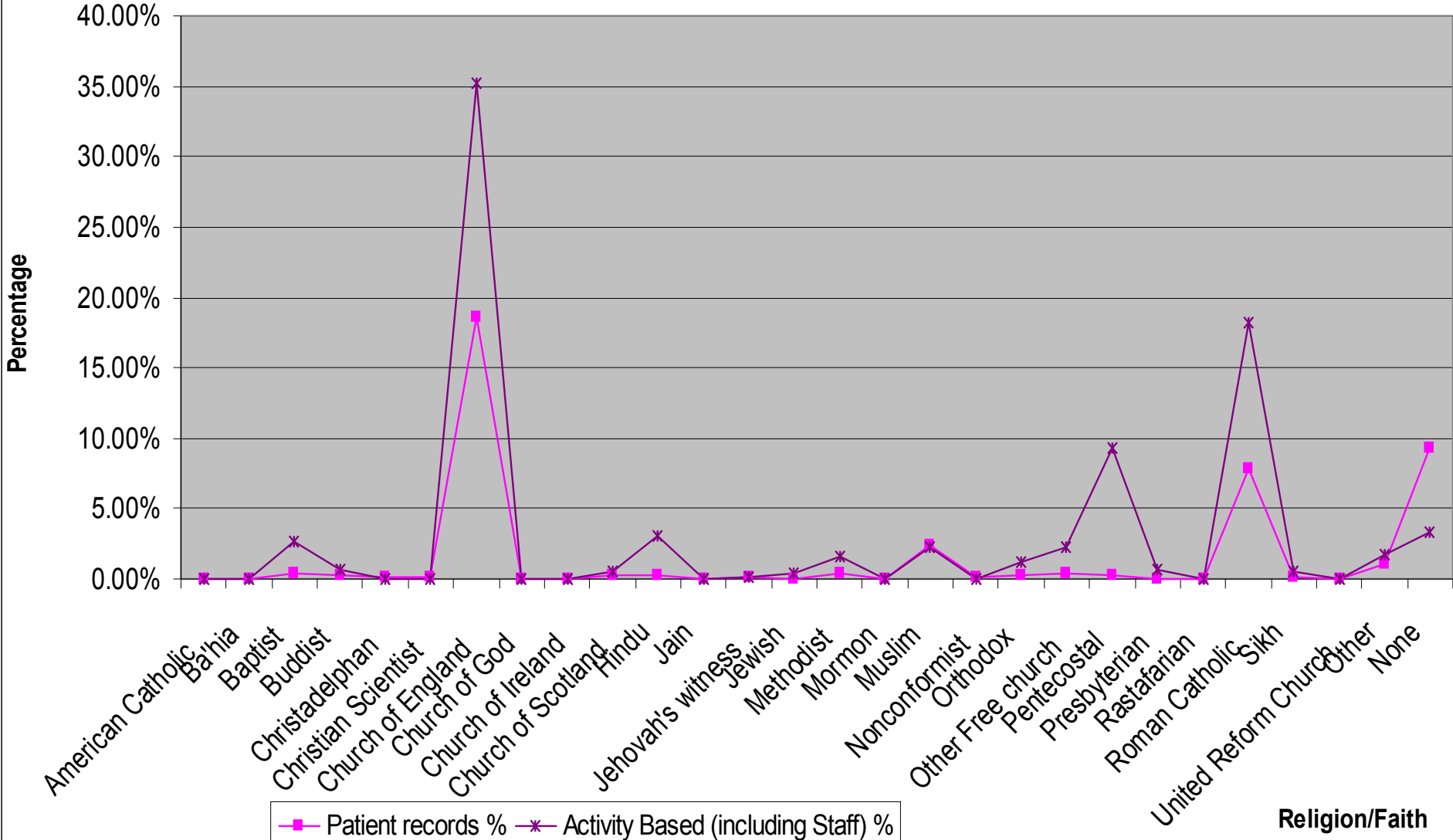
## GSTFT Wallis

### Ethnic Background



# GSTFT 2008 Wallis

Patient Religious affiliation (as recorded on admission) mapped against the religious affiliation of patients seen by the Chaplaincy Department



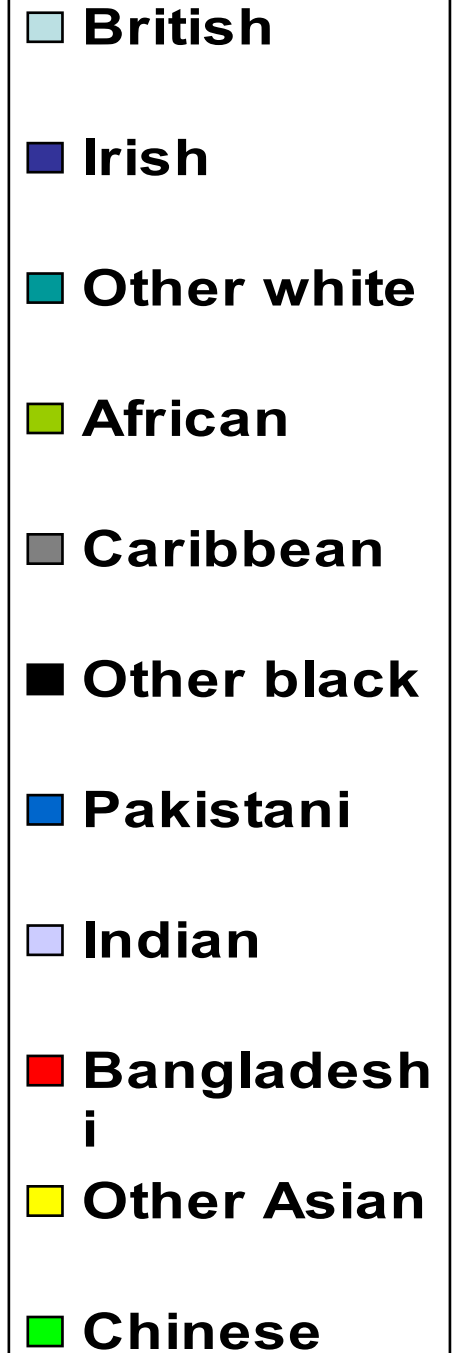
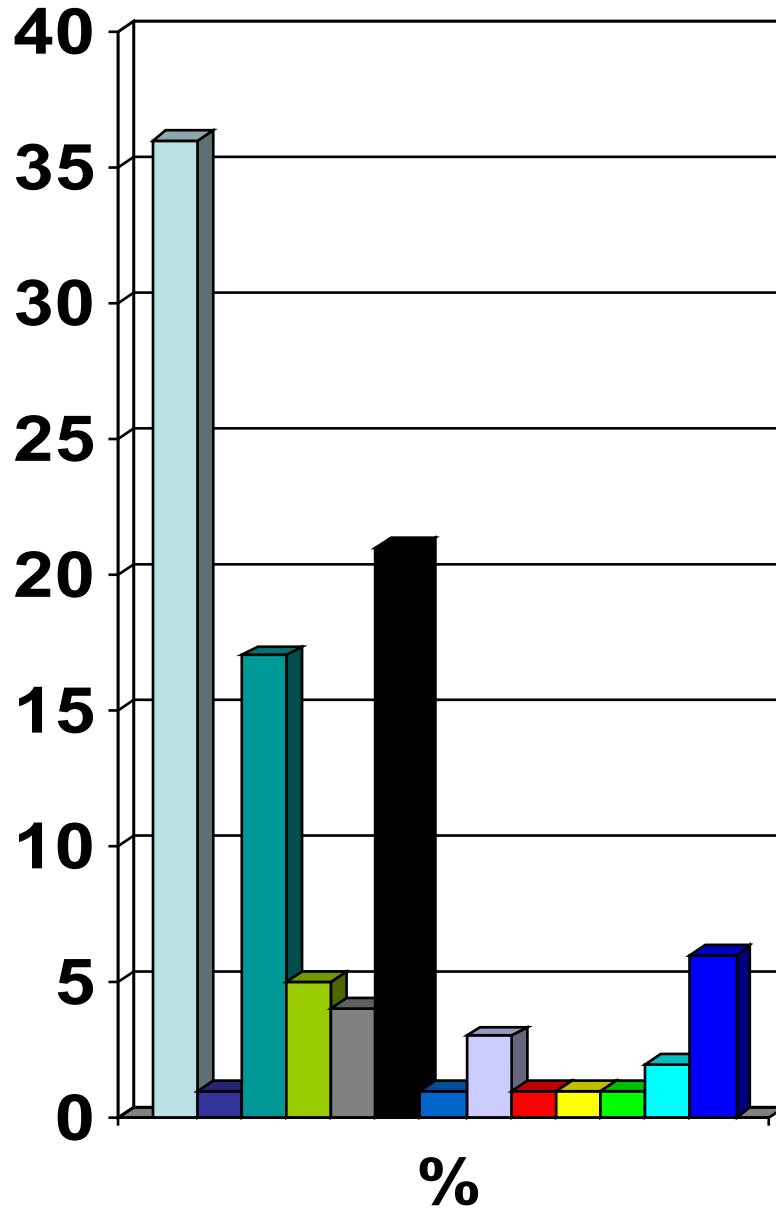
***From: 01/04/2007 To: 31/03/2008***

**Children's Services GSTFT**

- White 53%
- Black or black British 31%
- Asian or Asian British 6%
- Mixed 3%
- Other Ethnic 7%

01/04/2007 to 31/03/2008

Children's Services  
GSTFT



- British 36%
- Irish 1%
- Other white 17%
- African 5%
- Caribbean 4%
- Other black 21%
- Pakistani 1%
- Indian 3%
- Bangladeshi 1%
- Other Asian 1%
- Chinese 1%
- Mixed 2%
- Other 6%

Children's Renal Unit  
ethnicity project 2004 Guy's

**Population need for renal replacement  
therapy in Thames regions: ethnic dimension**

**Roderick PJ, Jones I, Raleigh VS, McGeown M,  
Mallick N**

BMJ. 1994 Oct 29; 309(6962): 1111-4



# Hypotheses

- ethnic minority children

- are over-represented in the paediatric ESRF population and particularly so in London
- are more likely to be dialysed
- are less likely to receive a LD graft
- are likely to wait longer for a cadaveric graft
- are less likely to receive a well matched kidney

# Hypotheses

- ethnic minority children

- are over-represented in the paediatric ESRF population and particularly so in London -  
yes, Asian children
- are more likely to be dialysed - yes, BAPN data
- are less likely to receive a LD graft - yes, BAPN data
- are likely to wait longer for a cadaveric graft - not answered

# Hypotheses

## - ethnic minority children

- are less likely to receive a well matched kidney - not so, Guy's data
- tend to have less good outcomes - not answered
- are more likely to be non-compliant - not addressed
- require more resources (money) to care for them – yes, dialysis, social worker time, translation services.....

# Spiritual, Cultural, Religious Health Care

## Spiritual Assessment Tools:

### **FICA**

**F Faith** What gives meaning to life?

**I Importance/Influence** How important is your faith/spirituality to you?

**C Community** Are you part of a religious or cultural or spiritual community?

**A Address/Application** How can the hospital address these issues?

# Spiritual, Cultural, Religious Health Care

## Spiritual Assessment Tools:

### **HOPE**

- H Hope**, sources of hope, strength, comfort, meaning, peace, love, connection
- O Organised**, organised religion/culture, groups
- P Personal**, spirituality, practice
- E Effects**, on clinical care and EOL decisions

# Spiritual, Cultural, Religious Health Care

## **What can you do after assessment:**

- Do nothing. May have no way of answering spiritual concerns. Listening may be only option
- Encourage individual's spirituality in health care, role of self-help
- Document spirituality into care plan, leave space eg saying prayers before surgery
- Modify treatment plan according to spiritual/religious/cultural needs